



04/07/2017

RAP/RCha/LVA/3(2017)

EUROPEAN SOCIAL CHARTER

3rd National Report on the implementation of
the European Social Charter

submitted by

THE GOVERNMENT OF LATVIA

- Article 3, 11, 12, 13, 14 and 30 for the period 01/01/2012 - 31/12/2015
- Complementary information on Article 8§2 (Conclusions 2015)

Report registered by the Secretariat on
4 July 2017

CYCLE 2017

**MINISTRY OF WELFARE
OF THE REPUBLIC OF LATVIA**



**12th Report
on the implementation of the
European Social Charter (Revised)
(Article 3, Article 11, Article 12§1, and §2, Article 13,
Article 14 and Article 30)**

**Riga
2016**

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ARTICLE 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

ARTICLE 3 PARA. 1

“With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers’ and workers’ organisations:

to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment;”

1. Please describe the national policy on occupational health and safety and the consultation with employers’ and workers’ organisations in formulating this policy. Please specify the nature of, reasons for and extent of any reforms.

The leading government authority in the field of occupational health and safety at work is the Ministry of Welfare of the Republic of Latvia.

The strategic framework of the policy of health and safety at work consists of Strategy for the Development of the Labour Protection Field 2016-2020 and Strategic Action Plan 2016-2018.

The basic objective of the labour protection policy is to improve quality of workplaces and promote safe and healthy work environment.

Consequently, it would contribute to a longer working life, as well as economic growth of the State and undertakings, which, in turn, would also increase the welfare level of the whole society.

Objectives of the strategy are:

- Raising public awareness about health and safety issues;
- Promotion of effective implementation of health and safety requirements;
- Health promotion of employees;
- Supervision and control of Labour protection field;
- Safe working environment for non-standard forms of employment, as well as self-employed work.

The National Strategy is closely connected to some of the requirements of the EU Strategic Framework Health and Safety at Work 2014-2020, especially in terms of overall targets and matching the strategic direction of EU strategic developments.

The previous National Strategy 2008-2013 had been ex-post evaluated with the aim to assess the fulfillment of the targets and to set out next steps for improvement health and safety at work in the enterprises of Latvia.

Social partners' organization such as the Free Trade Union Confederation of Latvia (hereinafter - LBAS) and the Employers' Confederation of Latvia (hereinafter - LDDK) participate in elaboration of policy planning documents regarding occupational safety and health policy issues as well as in drafting of legal acts. Social partners help to arrange and improve occupational safety and health policy. Involvement of social partners in policy making helps to reach the results/solutions that satisfy all interest groups, thereby also facilitating the implementation of legal acts in practice.

In addition consultations between employees' organizations and employers' organizations take place within the National Tripartite Cooperation Council (hereinafter - NTCC) and sub-council of the Tripartite Cooperation in Labour Affairs.

The Sub-council of the Tripartite Cooperation in Labour Affairs (hereinafter - STCLA) is created to ensure and facilitate a social dialogue - a participation and cooperation of the state, the employers' organizations and their unions and employees' trade unions - in the issues of labour protection, regulation of legal labour relationships and ensuring equal opportunities in legal labour relationships.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the national policy in consultation with employers' and workers' organisations.

The Strategic Action Plan 2016-2018 has been developed for implementation of the Strategy for the Development of the Labour Protection Field 2016-2020. The Plan consists of number of activities with the aim to promote safe and healthy work environment.

The most representative social partners organizations such as the LBAS and the LDDK also participate in elaboration of The Strategic Action Plan 2016-2018.

Furthermore, each year the Occupational Health and Safety Prevention Measure Plan is developed for 12 months period. The Plan is confirmed by Information Council, which includes representatives from Ministry of Welfare, State Labour Inspectorate, LBAS, LDDK and Institute for

Occupational Safety and Environmental Health, which decide and determine the necessary activities. The examples of measures can be – organization of the OSH conferences or lectures and seminars, elaboration of informative materials about health and safety at work and informative campaigns, development and promotion of the web-site (www.stradavesels.lv) etc.

In compliance with the Paragraph 1 of the Article 3 of the State Labour Inspectorate Law the main function of the State Labour Inspectorate is the implementation of the State supervision and control in the field of employment legal relationships and labour protection. In order to ensure the implementation of the function referred to in the Paragraph 1 of this Article, the State Labour Inspectorate shall supervise and control observance of the requirements of the regulatory enactments regarding employment legal relationships and labour protection (Subparagraph 1, Paragraph 2, Article 3, State Labour Inspectorate Law). The State Labour Inspectorate Law, the Labour Protection Law, the Regulation of Cabinet of Ministers and the Latvian Administrative Violations Code regulate the procedures how it is done.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Strategy for the Development of the Labour Protection Field 2016-2020 sets out the following policy indicators:

- The share of well-informed inhabitants of all inhabitants of Latvia about health and safety at work issues has decreased by 5% (comparing to 2013).
- Decreased number of fatalities at work and number of workers suffered in serious accidents at work per 100 000 employees has decreased by 5% (comparing to 2013).

The overall description of results of supervision of State Labour inspectorate, including the statistical data of number of accidents at work, first-time confirmed occupational disease patients is included in annual reports of State labor inspection. The Annual reports are available on <http://www.vdi.gov.lv/en/About%20us/annual-reports/> .

ARTICLE 3 PARA. 2

“With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation

***with employers' and workers' organisations:
to issue safety and health regulations;"***

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The legal framework of the policy of health and safety at work in Latvia comprises Labour Protection Law and more than 25 regulations of the Cabinet of Ministers based on this law.

The majority of laws and regulations on health and safety at work are in line with EU *aquis communautaire*, all requirements of EU directives on health and safety at work are transposed into national legislation. In addition, these laws and regulations are constantly amended to reflect the results achieved over time, the results of research as well as to reduce the administrative burden.

Labour Protection Law lays down the essential requirements for the protection of the safety and health of employees at work. Basically, the law requires that the employer has a duty to ensure the occupational safety and health of employees, safe working environment as well as the duty to lay down the measures to be taken.

Existing national regulations relating to occupational safety and health in general are as follows:

Labour Protection Law:

http://www.vvc.gov.lv/export/sites/default/docs/LRTA/Likumi/Labour_Protection_Law.doc

Labour Protection Law and Regulation of the Cabinet of Ministers No.660 adopted on 2 October 2007 "Procedures for the Performance of Internal Supervision of the Working Environment" determines that the employer shall carry out the internal supervision of the working environment and assessment of risks, including chemical, biological, physical, psychosocial risks, etc. Risk assessment shall be carried out or reviewed not less than once a year in all enterprises.

On the basis of the Labour Protection Law several regulations of the Cabinet of Minister are issued. They determine the labour protection requirements for different risk factors at work, fields and different procedures as the investigation and registration of accidents at work and occupational diseases, mandatory health checks, etc.

The main health and safety at work regulations are as follows:

- Regulation of Cabinet of Ministers No.660 “Procedures for the Performance of Internal Supervision of the Work Environment”
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_660_-_Internal_Supervision_of_the_Work_Environment.doc
- Regulation of Cabinet of Ministers No. 359 adopted on 28 April 2009 “Labour Protection Requirements in Workplaces”:
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_359_-_Labour_Protection_Requirements_in_Workplaces.doc
- Regulation of Cabinet of Ministers No.950 “Procedures for Investigation and Registration of Accidents at Work”
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_950_-_Investigation_and_Registration_of_Accidents_at_Work.doc
- Regulation of Cabinet of Ministers No.219 “Procedures for Performance of Mandatory Health Examinations”
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_219_-_Procedures_for_Performance_of_Mandatory_Health_Examinations.doc
- Regulation of Cabinet of Ministers No.400 “Labour Protection Requirements for Use of Safety Signs”
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_400_-_Labour_Protection_Requirements_for_Use_of_Safety_Signs_.doc
- Regulation of Cabinet of Ministers No.749 “Regulations Regarding Training in Labour Protection Matters”
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_749_-_Training_in_Labour_Protection_Matters.doc
- Regulation of Cabinet of Ministers No.99 “Regulations regarding the Types of Commercial Activities in which an Employer shall Involve a Competent Authority”
http://www.vvc.gov.lv/export/sites/default/docs/LRTA/MK_Noteikumi/Cab_Reg_No_99_-_Regs_re_the_Types_of_Commercial_Activities_etc..doc

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organisations.

In compliance with the Paragraph 1 of the Article 3 of the State Labour Inspectorate Law the main function of the State Labour Inspectorate is the implementation of the State supervision and control in the field of employment legal relationships and labour protection. In order to ensure the implementation of the function referred to in the Paragraph 1 of this Article, the State Labour Inspectorate shall supervise and control observance of the requirements of the regulatory enactments regarding employment legal relationships and labour protection (Subparagraph 1, Paragraph 2, Article 3, State Labour Inspectorate Law). The State Labour Inspectorate Law, the Labour Protection Law, Regulations of the Cabinet of Minister and the Latvian Administrative Violations Code regulate the procedure how it is done.

ARTICLE 3 PARA. 3

“With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

to provide for the enforcement of such regulations by measures of supervision;”

1. Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.

In compliance with the Paragraph 1 of the Article 3 of the State Labour Inspectorate Law the main function of the State Labour Inspectorate is the implementation of the State supervision and control in the field of employment legal relationships and labour protection. In order to ensure the implementation of the function referred to in the Paragraph 1 of this Article, the State Labour Inspectorate shall supervise and control observance of the requirements of the regulatory enactments regarding employment legal relationships and labour protection (Subparagraph 1, Paragraph 2, Article 3, State Labour Inspectorate Law). The State Labour Inspectorate Law, the Labour Protection Law, Regulations of the Cabinet of Minister and the Latvian Administrative Violations Code regulate the procedure how it is done.

Officials of the Labour Inspectorate have the right to issue warnings and orders to employers in order to ensure the observance of the requirements of the regulatory enactments regulating employment legal relationships and labour protection; as well as to impose administrative fines on employers, as well as on other persons for the examination of administrative violations in accordance with the procedures prescribed (Subparagraphs 6, 9, Paragraph 2, Article 5, State Labour Inspectorate Law).

In accordance with Article 41 Paragraph 1 of the Latvian Administrative Violations Code in the case of violation of regulatory enactments – the fines regulating health and safety at work are as follows:

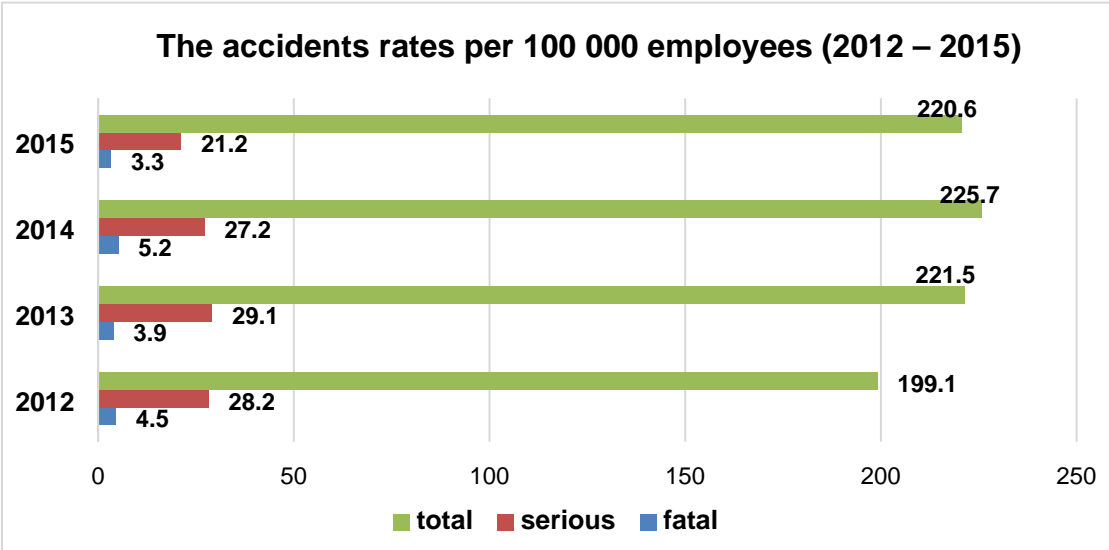
- 1) In the case of non-performance of a work environment risk assessment and the non-development of a labour protection measures plan or the non-conformity thereof with the requirements of regulatory enactments regulating labour protection – a fine shall be imposed on the employer – for a natural person or an official in an amount from 70 EUR up to 350 EUR, and for a legal person – from 140 EUR up to 1100 EUR.
- 2) In the case of not using safety signs and not placing them appropriately in the work environment – a fine shall be imposed on the employer – for a natural person or an official in an amount from 70 EUR up to 350 EUR, and for a legal person – from 140 EUR up to 700 EUR.
- 3) In the case of not sending employees for the performance of mandatory health examinations, if such are provided for in regulatory enactments – a fine shall be imposed on the employer – for a natural person or an official in an amount from 70 EUR up to 350 EUR, and for a legal person – from 140 EUR up to 700 EUR.
- 4) In the case of not ensuring employees with personal means of protection necessary for work – a fine shall be imposed on the employer – for a natural person or an official in an amount from 350 EUR up to 700 EUR, and for a legal person – from 1400 EUR up to 2900 EUR.
- 5) In the case of failing to instruct employees or the non-performance of training on issues regarding the safety and health of employees at work – a fine shall be imposed on the employer – for a natural person or an official in an amount from 350 EUR up to 700 EUR, and for a legal person – from 1400 EUR up to 2900 EUR.

The State Labour Inspectorate also provides consultations free of charge to employers and employees regarding the requirements of regulatory enactments with respect to employment legal relationships and labour protection, examines received claims and provides replies on questions at presence and by advisory phone.

2. Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on the number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardised accident rates per 100,000 workers; on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections; and on the number of breaches to health and safety regulations and the number and type of sanctions imposed.

According to the State Labour Inspectorate data statistical data on accidents at work and occupational diseases are as follows:

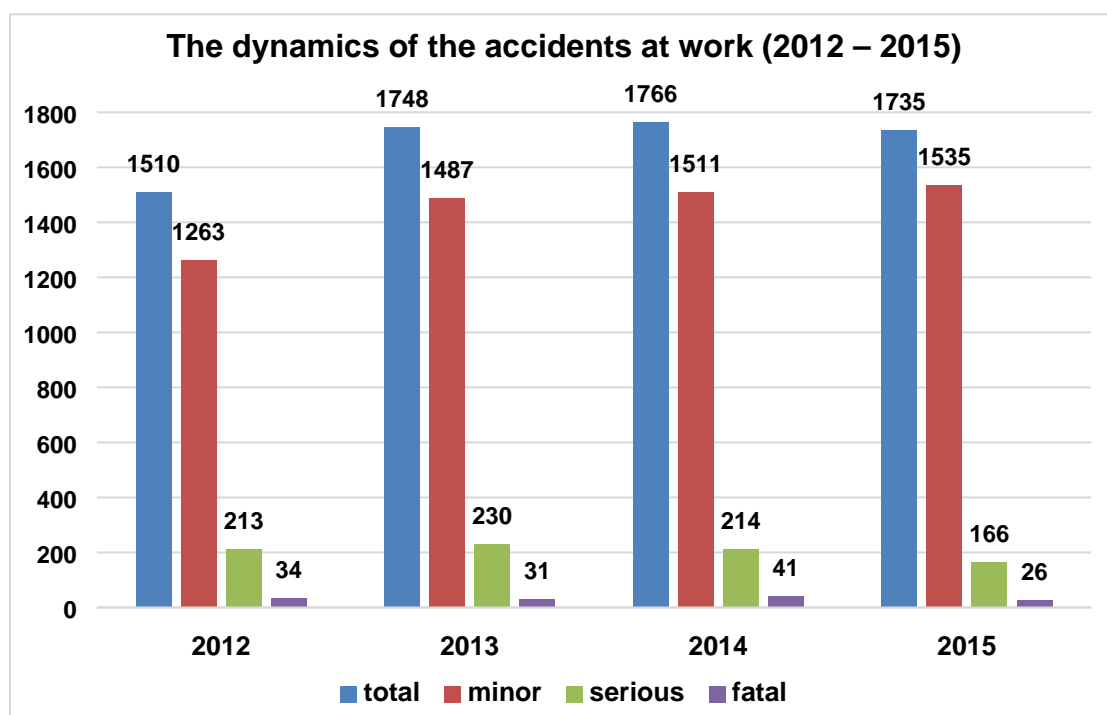
Table no.1



source: State Labour Inspectorate

Data

Table no.2



source: State Labour Inspectorate

Table no.3

The number of first-time confirmed patients suffering from occupational diseases (absolute figures and rate per 100 000 employees) are as follows:

Year	The number of first-time confirmed patients suffering from occupational diseases	The number of first-time confirmed patients suffering from occupational diseases per 100 000 employees
2012	647	102,3
2013	832	137,8
2014	954	155,5
2015	934	147,25

Data source: State Labour Inspectorate

Data on companies under the control of Labour Inspection and number of employees working in these companies according to the statistical data of the Central Statistical Bureau of Latvia:

Number of companies under the control of the Labour Inspection are 119 022 (in 2013 - 115 771).

Number of employees in the companies under the Labour Inspection's supervision in 2015 are 783 000 (in 2014 -782 400; 2013 – 790 400).

According to Article 3 Paragraph 1 of the State Labour Inspectorate Law the function of the State Labour Inspectorate is the implementation of the State supervision and control in the field of employment legal relationships and labour protection. Therefore inspection visits are not strictly divided into health and safety inspections and legal relation inspections.

Number of companies inspected by the Labour Inspection in 2015 are 7 914 (in 2014 - 7 704, 2013 – 8082).

The Labour Inspection carried out 10 514 inspections in companies in 2015 (in 2014 – 10 317, 2013 – 10 817).

The statistical data on the established violations and imposed sanctions: In 2015, inspectors of the Labour Inspection issued 3 105 orders to employers (in 2014 – 3258, 2013 – 3 562) in violations of labour legal relations and OSH legislative enactments, in total 16 998 violations (in 2014 - 16 252, 2013 – 13 658), from them: 11 602 (in 2014 – 10 815, 2013 – 10 252) – on occupational safety and health.

Labour Inspection officials in due time (2015):

- 273 – warnings (2014 – 355; 2013 – 419);
- 1806 - fines (2014 – 1638; 2013 - 1 710) – in total for EUR 988 260 (in 2014 - 840 317, out of them:
 - 1260 - on violations of requirements in labour legal relations – EUR 712 518 (in 2014 – 989; EUR - 640 523);
 - 196 - on violations of requirements in OSH – EUR 69 728 (in 2014 - 129; EUR 83 104);
 - 653 - failure to comply with legal requirements of the Labour Inspection officials in due time – EUR 206 014 (in 2014 – 520; EUR 116 690).

ARTICLE 3 PARA. 4

“With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers’ and workers’ organisations:

to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.”

1. Please describe the occupational health services. Please specify the nature of, reasons for and extent of any reforms.

Labour Protection Law stipulates to create the labour protection system where the enterprises have an opportunity, but in some cases an

obligation, to involve competent experts and competent institutions in the labour protection field. Basically, involving the competent institution and competent experts is voluntary. Yet there are cases when, according to the Labour Protection Law, such involvement is obligatory.

There are a list of branches set out in the Appendix 1 of the Regulation of Cabinet of Ministers No.99 of 8 February 2005 "Regulations about the Kinds of Entrepreneurship where a Competent Institution has to be Involved by the Employer" where the enterprises are obliged to use the services of a competent institution.

The Regulation of Cabinet of Ministers No.723 of 8 September 2008 "Regulations about the Requirements to the Competent Institutions and Competent Experts in the Labour Protection Matters and about the Procedure of Evaluation the Competence" determines the basic requirements for Competent Institutions and Competent Experts. The competent specialists and the competent authorities, when providing services in the area of labour protection, shall co-operate with the labour protection specialist or other employee and trusted person assigned by the employer, as well as with the employees of the undertaking.

In order to perform internal work environment supervision in enterprises, the competent specialist must possess the advanced level of knowledge (professional higher education) in labour protection in accordance with the second level professional higher education programme (Professional Standard "Senior Specialist in Labour Protection") accredited by the Ministry of Education and Science. A senior specialist in labour protection is certified to by a relevant document, is comparable to a competent specialist and shall be entitled to perform internal supervision of the work environment in undertakings for five years from the date of receipt of the document attesting the education. Upon expiration of the term of five years, the senior labour protection specialist (hereinafter – the applicant) in order to obtain the competent specialist certificate attesting to the person's competence in labour protection issues (hereinafter – competent specialist certificate) shall turn to the personnel certification authority, which has been accredited by the State agency Latvian National Accreditation Bureau in accordance with the requirements of the Standard LVS EN ISO/IEC 17024:2005 "Competence Evaluation – General Requirements for Personnel Certification Authorities" and regarding which the Ministry of Economics has published a notification in the official newspaper "Latvijas Vēstnesis" [the official Gazette of the Government of Latvia] (hereinafter – personnel certification authority), and shall submit an application and the following documents to the personnel certification authority:

- 1) a document attesting education regarding professional higher education in labour protection in accordance with the Professional Standard "Senior Specialist in Labour protection" (copy) or a competent specialist certificate regarding the previous activity period (copy);
- 2) one or more documents (or their copies) attesting the applicant's experience of at least three years in practical activity in the field of labour protection within the previous five years;
3. documents (copies) attesting the applicant's obtained knowledge regarding labour protection issues for not less than 80 hours during the previous five years.

The applicant's knowledge and practical skills in the certification examination shall be evaluated by the competent specialist certification commission.

Before commencing practical activities, a competent specialist shall insure his/her civil liability in such an amount that would cover any losses incurred by the service recipient, that might be caused as a result of his/her professional actions, but not less than in the amount of EUR 14 230. The civil liability of the competent specialist must be insured throughout all of his/her time of activity.

Regarding competent institutions the Regulation of Cabinet of Ministers No.723 of 8 September 2008 "Regulations about the Requirements to the Competent Institutions and Competent Experts in the Labour Protection Matters and about the Procedure of Evaluation the Competence" determines that the competent authority is entitled to perform work environment surveillance in undertakings if a relevant notification regarding this has been published in the official newspaper "Latvijas Vēstnesis" and it ensures fulfillment of the following minimal requirements:

- 1) it shall provide for the requirements specified in the Standard LVS EN ISO 9001:2009 "Quality Management Systems – Requirements", and its competence in labour protection issues are in accord with the requirements of these Regulations;
- 2) the competent authority has insured its civil liability in such an amount that shall cover any losses incurred by the service recipient, which have been calculated in co-operation with the insurer selected by the authority for the risk evaluation of the authority's field of activity, but not for amount less than EUR 28 460. The civil liability of the competent authority must be insured throughout all of its time of activity.

The competent authority in order to evaluate its technical resources shall prepare a work environment risk assessment report. The work risk

assessment report shall include an overview regarding ensuring measurement of the work environment factors. The referred procedure report shall be presented to the quality system certification authority during the certification process.

During evaluation of the competence of the authorities in the area of labour protection, the quality system certification authority, shall take into account:

- 1) requirements for the personnel of the competent authority;
- 2) the compliance of the resources and technical capabilities of the institution for the intended services.

In performing the examination of the competent authority's activities the quality systems certification authority shall visit at least one undertaking, where the competent authority has performed internal work environment supervision (including risk assessment), paying special attention to the work performed by the competent authority in work environment risk assessment, the preventative measures plan that has been developed.

A competent authority shall employ at least the following specialists:

- 1) a senior labour protection specialist;
- 2) an occupational disease or occupational health doctor.

After receiving a quality system certificate the competent authority should submit the following documents to the Ministry of Welfare:

- 1) a copy of the competent authority's quality system certificate issued by the quality systems certification authority;
- 2) the employer's attestation regarding employment of the specialists, indicating the date when their labour agreements were entered into force, number and term thereof;
- 3) copies of documents certifying to the qualifications and competence of the competent authority's personnel (for example, university diploma; certificates);
- 4) proofs regarding the civil liability insurance of the competent authority for an amount not less than EUR 28 460, that guarantee covering of losses incurred due to errors by the competent authority;
- 5) if the competent authority is a division of some undertaking – the scheme of the undertaking's structure;
- 6) a description of the competent authority's planned services.

The Ministry of Welfare takes decision regarding recognition of the authority as a competent institution and place information on its Internet homepage regarding the competent authority.

In providing labour protection services to an undertaking engaged in commercial activities in accordance with the regulatory enactments regarding the requirements for types of commercial activity, for which a competent authority shall be mandatorily involved, the internal work

environment supervision (including work environment risk assessment) shall be performed by both competent authority specialists (senior labour protection specialist and an occupational disease doctor or occupational health doctor), confirming with their signatures both the work environment risk assessment and the labour protection measures plan.

The mechanism of the operation of the competent institutions and competent experts and the services provided by them the enterprises should consider as an opportunity to improve their working environment and not as an additional burden. Enterprises that already have their own labour protection experts, who deal successfully with the issues of labour protection in the enterprise and who have created a well-functioning system of labour protection, do not have to use the services of competent institutions.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

In compliance with Article 3 Paragraph 1 of the State Labour Inspectorate Law the function of the State Labour Inspectorate is the implementation of the State supervision and control in the field of employment legal relationships and labour protection. In order to ensure the implementation of the function referred to in this Article Paragraph 4, the State Labour Inspectorate shall supervise and control observance of the requirements of the regulatory enactments regarding employment legal relationships and labour protection (Article 3, Paragraph 2, Subparagraph 1, State Labour Inspectorate Law). The State Labour Inspectorate Law, the Labour Protection Law, Regulations of Cabinet of Ministers and the Latvian Administrative Violations Code regulate the procedures how it is done.

According to the Latvian Administrative Violations Code there are violations of provision of “Labour Protection Services Violating the Requirements specified for Competent Specialists and Competent Institutions in the Regulatory Enactments regulating Labour Protection” set out (Section 41.6).

In the case of the provision of labour protection services, including risk assessment, violating the requirements specified for competent specialists and competent institutions in regulatory enactments, or in the case of the provision of labour protection services without a competent

specialist certificate or a competent institution quality system certificate – a fine shall be imposed for a natural person in an amount from EUR 350 up to EUR 700, and for a legal person – from EUR 1400 up to EUR 4300.

In the case of not performing internal supervision of the work environment in conformity with regulatory enactments regulating labour protection, including risk assessment, or the violation of the requirements specified for competent specialists and competent institutions in regulatory enactments – a fine shall be imposed for a natural person in an amount from EUR 140 up to EUR 350, and for a legal person – from EUR 700 up to EUR 1400.

In the case of not performing internal supervision of the work environment in conformity with regulatory enactments regulating labour protection, including risk assessment, or the violation of the requirements specified for competent specialists and competent institutions in regulatory enactments, which cause a direct threat to the safety and health of an employee – a fine shall be imposed for a natural person in an amount from EUR 500 up to EUR 700, and for a legal person – from EUR 1400 up to EUR 4300.

In the cases of the violations provided for in this Section, if they have been recommitted within a year after the imposition of administrative sanction – a fine shall be imposed for a natural person in an amount from EUR 570 up to EUR 700, and for a legal person – from EUR 4300 up to EUR 7000.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

In Latvia there are 70 competent institutions which are allowed to provide labour protection service in undertakings.

Regarding the information from State Labour Inspectorate there are 6 competent institutions and 5 competent specialists sentenced according to the Latvian Administrative Violations Code.

ARTICLE 11: THE RIGHT TO PROTECTION OF HEALTH

ARTICLE 11 PARA. 1

“With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia:

to remove as far as possible the causes of ill-health;”

1. Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

In Latvia the public health policy is implemented in line with the main policy planning documents, for example:

- 1) "Sustainable Development Strategy of Latvia until 2030"- quality and availability of health and social services;
- 2) "National Development Plan of Latvia for 2014–2020"- fit for work, promotion of health and preventive measures;
- 3) "National Development Plan of Latvia 2007-2013"- human health as a value.

The main public health policy planning document in Latvia is "The Public Health Strategy 2014-2020" (hereinafter - Strategy). The Strategy has been approved in 2014 by the Cabinet of Ministers and it is a medium-term policy planning document, which is based on the World Health Organisation (hereinafter- WHO) Regional Strategy for Europe "Health 2020" and has been drawn up in order to update "The Public Health Policy Strategy 2011-2017" and to align the objectives and the tasks defined in action directions of the new term strategy with the "National Development Plan of Latvia 2014-2020". According to the Strategy the overarching objective of the public health policy is to increase the number of healthy life years of inhabitants of Latvia and to prevent premature death, preserving, improving and restoring health.

Main action directions for achievement of the objective of the Strategy are:

- provision of partnership and intersectoral co-operation, promoting equal health opportunities for all inhabitants;
- reduction of the spread of non-communicable disease risk factors;
- health improvement of pregnant women and children;
- reduction of injuries and the impact of environmental risks on the public health;
- prevention of communicable diseases;
- establishment of a high quality, safe and sustainable system of health care services (including reduction of patient contributions, reducing of queues to planned services, increase of work remuneration for employees of the health care sector, access to medicinal products for patients), ensuring equal access to services for all inhabitants of Latvia.

The priority areas defined in the Strategy are:

- 1) Oncologic diseases;
- 2) Cardiovascular health;
- 3) Perinatal and neonatal health;

4) Mental health.

The main cause of death in Latvia is non-communicable diseases (including oncologic diseases, cardiovascular diseases and mental health disorders) and the development of non-communicable diseases is largely influenced by factors related to the lifestyle – unhealthy diet, insufficient physical activity and harmful habits (smoking, use of alcohol and drugs).

The information about activities to reduce prevalence and mortality from non-communicable diseases by reducing the negative impact of risk factors in Latvia is provided under Article 11 Paragraph 2.

In order to achieve the renunciation from the use of psychoactive substances, thereby improving persons physical and mental health and promoting the return to a fulfilling life - children (persons under age of 18) and adults addicted to psychoactive substances – alcohol, narcotic, toxic or other intoxicating substances – are eligible to receive social rehabilitation, financed from the State budget.

Children shall receive social rehabilitation after the completion of a full motivation and treatment course in an addiction treatment institution or after the completion of a medical treatment course prescribed by a narcologist. Duration of rehabilitation course does not exceed 18 months. Children may receive social rehabilitation repeatedly after every new completion of a full motivation and treatment course or medical treatment course prescribed by a narcologist.

Adults may receive rehabilitation after receipt of a complete medical treatment course. Duration of rehabilitation course does not exceed 12 months. Adults may receive social rehabilitation repeatedly after new completion of medical treatment course, but not more than once every two years.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

To implement the public health policy in order to remove as far as possible the causes of ill-health Ministry of Health of the Republic of Latvia (hereinafter- Ministry of Health) has taken a lot of measures, for example:

Ministry of Health in line with the Strategy has elaborated specific plans, legislation measures and activities:

Oncologic diseases:

- "The Oncologic Diseases Control Programme for 2009-2015" has been approved in 2009 by the Cabinet of Ministers. The aim of this program is to reduce the oncological disease morbidity risk, to extend the life expectancy of oncological patients and to improve the quality of life for oncological patients.
- In accordance with the Regulation of Cabinet of Ministers No. 1529 of 17 December 2013 "The Procedure of Organising and Funding Health Care" since 2009 cancer screening has been organised and introduced for breast, cervical and colorectal cancer in Latvia.
 - 1) oncocytological screening for cervical cancer for women aged 25 – 70 every three years;
 - 2) mammography screening for breast cancer for women aged 50 till 69 every two years;
 - 3) occult blood screening for colorectal cancer for men and women from the age 50 - 74 once a year.
- The coverage for the target group for breast and cervical cancer exceeds 95 per cent (letters are sent to this section of the target group); (except for Bowel cancer – the GP is responsible for offering this test); however, the response (actual participation in screening) is not satisfactory - it is significantly lower than the internationally accepted minimum indicators (the coverage for the target group should reach 75 per cent at least).
- National Health Service which involves patients in screening provides regularly data collection and evaluation. In 2015 participation in cervical cancer screening was 25 per cent; breast cancer screening – 35 per cent; bowel cancer screening – 11 per cent.
- In order to pay attention to oncology and to raise awareness about oncologic diseases in society the Ministry of Health announced 2015 as the Oncology Awareness Year.

Cardiovascular health:

- "The Cardiovascular Health Improvement Action Plan 2013-2015" has been approved in 2013 by the Cabinet of Ministers. It includes activities in the fields of health promotion, improving cardiovascular disease treatment and early diagnostics of congenital malformation of the heart.
- In order to draw attention of public and to raise awareness in society about cardiovascular health issues the Ministry of Health announced 2013 as the Year of Heart Health. The public awareness campaign "Love Your Heart" was launched and continued in 2014/2015 (3 stages) was implemented with the aim to inform and educate society about cardiovascular disease risk factors and how to prevent them by changing of dietary habits (limitation of salt, sugar and trans-fatty acids in nutrition), reducing tobacco use, increasing of physical activities and early diagnosis of heart and cardiovascular diseases.
 - 1) The campaign included design and distribution of recipes for heart-friendly meals, video episodes, and a video book, cooperation with bloggers, bookmarks distributed at green markets with heart-friendly nutrition basics, a healthy eating

campaign for the public, creation of infographics and other informative materials on healthy and heart-friendly eating (posters, stickers etc.) and other special activities at schools, publicity and advertising in print media, online, in social networks, on the radio, outdoor advertising and other activities.

2) The residents had the possibility to check their heart disease risk factors and get expert advice in the festivals of local municipalities (heart health buses) and had the possibility to participate in organized gymnastics groups to carry out physical activity, also experts (doctors and medical specialists) gave educational lectures in companies about healthy lifestyle and prevention of cardiovascular disease risk factors.

- An opening event starting the activities of the Year for Heart Health was organized in Liepaja as a screening pilot project, where residents (men over age of 45 years and 11-year old children) were able to check their heart disease risk factors - to determine glucose and cholesterol levels in blood, to measure blood pressure and body mass index (BMI), and also get expert advice on heart health issues.

Perinatal and neonatal health:

- "The Maternal and Child Health Improvement Plan 2012 – 2014" has been elaborated and amendments have been adopted in the Regulation of Cabinet of Ministers No.611 of 25 July 2006 "On the order of provision of puerperal care" that prescribes additional tests for pregnant woman in order to diagnose early the risk of pathology including hereditary pathology of foetus. Furthermore to improve access to pregnancy related healthcare services and also to promote timely start of antenatal care (before the 12th gestation week) the amendments in the Regulation of Cabinet of Ministers No.1046 of 19 December 2006 "Procedures for the Organization and Financing of Health Care" have been elaborated and adopted including gynaecologists and other specialists from private sector involving into the state-funded maternity care (currently – The Regulation of Cabinet of Ministers No.1529 of 17 December 2013 "Procedures for the Organization and Financing of Health Care").

- Latvian Association of Gynaecologists and Obstetricians is working to update the pregnancy care and birth management guidelines.

- The Ministry of Health in collaboration with Latvian Association of Gynaecologists and Obstetricians and WHO Regional Office for Europe within the Priority 3 in Biennial Collaborative Agreement between the Ministry of Health and the Regional Office for Europe of the WHO 2012/2013 in order to develop confidential mother mortality auditing system organized national seminar "Beyond the Numbers" (hereinafter – BTN) of March 6 – 9, 2012. Another seminar "Technical workshop on initial implementation of BTN in Latvia" was held on 16 - 17 October, 2013 as well as WHO expert in BTN presented observations of NMCR (near-miss case review)¹ sessions in 3 hospitals in Latvia.

- In order to improve the functioning maternal mortality analysis scheme, in April 2012, the Ministry of Health created a working group for the development of a new concept of maternal mortality analysis at the national level. The working group based its activity on the latest WHO recommendations from the BTN manual, national seminar BTN materials and WHO expert's recommendations. Confidential mother

¹ "Near – miss" definition - any pregnant or recently delivered woman (within six weeks after termination), whose immediate survival is threatened, and who survives because of chance or because of the hospital care received

mortality auditing system and Committee of Experts on Confidential Analysis of Maternal Mortality have adopted in 2012 by Ministry of Health. The goal of the system's implementation is to investigate the cause of each maternal death and to develop recommendations for the medical treatment institutions, medical staff associations and policy makers in order to prevent the identified mistakes and nonconformities in the future.

- The Ministry of Health and the Centre for Disease Prevention and Control of Latvia (hereinafter- CDPC) in collaboration with Latvian Association of Gynaecologists and Obstetricians and other health professionals in order to improve the public awareness about pregnancy and pregnancy care services created a webpage <http://grutnieciba.lv/>, where credible information about various pregnancy related issues is available provided by professionals.
- Year 2012 was announced as the *Year of Mother's and Child's Health* when at the centre of government's national agenda was woman's reproductive health and child's health.

Mental health:

- Framework policy document "Improvement of Inhabitants' Mental Health for 2009-2014". Framework policy document was developed to identify priorities in the field of mental health and continue the development of community-based, efficient, effective and high-quality development mental health care sector. Mental health in this policy document is understood including not only the specific medical treatment of patients with mental disorders, but also other mental health management issues – mental health promotion, prevention of mental disorders, reduction of stigma against people suffering from mental health conditions, also emphasising the importance of mental health in the field of education, providing of adequate social conditions for service users, intersectoral collaboration, etc. The aim of this framework policy document was to provide high-quality mental health care according to the needs of citizens. Document includes situation analysis and also a separate section on mental health promotion.
- Action plan of the framework policy document "Improvement of inhabitant's mental health for years 2013 and 2014". The Action Plan was developed to define specific measures and actions to fulfill the tasks and achieve the objectives of Guidelines "Improvement of Inhabitant's Mental Health for 2009-2014".
- In 2015 the CDPC in cooperation with specialists prepared two educational films for adolescence about bullying at school, on the Internet and its prevention „Katrīna” and „Roberts” in order to promote responsible behaviour in these situations. Also the CDPD developed methodological material for teachers when working with these films.

National network of healthy municipalities:

To accentuate the importance of municipality involvement in promoting the health of residents, the National Healthy Municipality Network of Latvia was established in 2013 by Ministry of Health, part of the WHO international movement of Healthy Cities. The purpose of this network is to promote exchange of information among municipal specialists for organisation of health promotion activities, provide methodological

assistance and establish a practical support mechanism for implementation of the state's health policy; this would include implementation of local health events organised by the CDPC. This is a movement that welcomes all municipal governments that wish to get involved in health promotion; all they have to do is meet several health promotion criteria and fill out application documents. As of 31 December 2015, the network included 40 out of 119 municipalities (at the moment in September 2016 – 112 out of 119 municipalities are in the network). In 2015, the infographic "National Healthy Municipality Network" was created.

3. Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data).

The main institutions in the field of surveillance, early warning, prevention, and control of communicable diseases are the CDPC and the State Emergency Medical Service. The surveillance and control system is organised according to the Epidemiological Safety Law adopted in 1997. The purpose of this law is to regulate epidemiological safety and specify the rights and duties of state authorities, local governments, and natural and legal persons in the field of epidemiological safety, it also determines liability for the violation of this law.

Table no.4

	2012	2013	2014	2015
Life expectancy at birth (total)	74.1*	74.3*	74.5*	74.7**
<i>males</i>	68.9*	69.3*	69.1*	69.7**
<i>females</i>	78.9*	78.9*	78.4*	79.3**
Perinatal mortality, per 1,000 live and stillbirths	6.0***	4.9***	4.8***	4.4****
Infant mortality, per 1,000 live births	6.4***	4.5***	3.9***	4.1****
Maternal mortality, per 100,000 live births	20.5***	24.7***	14.0***	55.2****
SDR all causes, all ages, per 100,000 population	910.9***	891.5***	865.9***	
SDR, diseases of circulatory system, all ages, per 100,000 population	470.5***	462.4***	447.5***	
SDR, malignant neoplasms, all ages, per 100,000 population	194.5***	192.5***	191.7***	
SDR, external causes of injury and poisoning, all ages, per 100,000 population	89.0***	77.9***	81.8***	

Data sources:

* EUROSTAT

**Central Statistical Bureau of Latvia

*** WHO European Health for All database (HFA-DB)

**** CDPC

Table no.5

Mortality rate*

	2012	2013	2014	2015
Death rate, all ages, per 100,000 population	1428.3	1425.4	1414.7	1425.0
Death rate of diseases of circulatory system, all ages, per 100,000 population	801.9	812.8	806.1	815.9
Death rate of malignant neoplasms, all ages, per 100,000 population	295.7	296.1	299.6	297.1
Death rate of external causes of injury and poisoning, all ages, per 100,000 population	92.9	89.6	93.8	88.7

Data source: Register of Causes of Death, CDPC

* Crude death rate cannot be compared with standardised death rate (SDR), which is calculated on the standard population.

Table no.6

Persons, receiving social rehabilitation - addicted to psychoactive substances

		2013	2014	2015
Number of service providers	total	2	2	3
	children (persons under age of 18)	1	1	2
	adults	1	1	1
Number of persons, who received social rehabilitation	total	96	65	52
	children (persons under age of 18)	65	39	29
	adults	31	26	23
Number of persons, who began receiving of social rehabilitation in respective year	total	62	31	32
	children (persons under age of 18)	40	17	19
	adults	22	14	13
Number of persons, who received social rehabilitation repeatedly	total	8	2	5
	children (persons under age of 18)	8	2	4
	adults	0	0	1

Data source: Ministry of Welfare

ARTICLE 11 PARA. 2

“With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia:

to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;”

1. For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

N/A

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

In line with activities planned under the Strategy following activities have been carried out to reduce negative impact of risk factors and to promote health:

Smoking:

- On 20 May 2016 the new Handling of Tobacco Products, Herbal Smoking Products, Electronic Smoking Devices and Their Liquids Law entered into force. The new law prohibits smoking in workplaces working in communal areas, with the exception of premises, which are specially designed for smoking.

Alcohol:

- In 2012 the "Action plan for reduction of alcohol consumption and restriction of alcohol addiction for 2012–2014" was adopted (a comprehensive action plan for the reduction of alcohol consumption, including prevention activities and health care service improvement).
- The excise tax rates on different groups of alcoholic beverages were raised in 2013 (came in force in 2014) and 2015.
- Amendments in the Handling of Alcoholic Beverages Law were made, including:
 - 1) Prohibiting outdoors advertising of alcoholic beverages;
 - 2) Persons aged 18 to 25 years old are obliged to present an identity card with the purchase of any type of alcoholic beverage to the retailer, regardless of whether the retailer has requested it or not;
 - 3) Alcoholic beverages are prohibited to be sold to persons if there is doubt about their age and if the person is declining to show an identity conforming document. Every buyer is requested to prove his identity and age by presenting a personal identification document. The retailer shall ensure that staff directly involved in the retail of alcoholic beverages is trained at least once a month on the retail of alcoholic beverages regulations;

4) Alcoholic beverage retail is prohibited by means of distance contracts. Alcoholic beverage retail is prohibited in State and local government premises, except cultural institutions and sports facilities with the local area.

Drugs:

- In 2014 the informative report "On Narcotic Drugs and Psychotropic Substances and their dependence on containment and control guidelines 2011- 2017 implementation from 2011 to 2013" was compiled. The report marks the most significant trends regarding drug use (till 2014), namely: the number of recent users in general population has somewhat decreased; the rising problem is use and trade of new psychoactive substances (hereinafter – NPS); use of marijuana is increasingly accepted by the general population. It has to be taken into account that currently the situation regarding NPS has improved – the use and trade of NPS have decreased since 2014, and the researches explain it as a success of amendments in legislation (temporary ban system and criminalization). However the situation regarding marijuana use can be linked to the global trend.

- Public awareness campaigns for prevention of addictive substance use (CDPC)

- 1) In 2014 the campaign "Free" was implemented in order to decrease tobacco use among children and young people (grades 5–9). The Green Cuff Movement "Free" was created and promoted among children and young people during the campaign, topics against smoking were updated in the media, thought-exchange afternoons for adolescents were organised in Latvian schools, and a mobile application for quitting smoking and promoting a healthy lifestyle was created;

- 2) The campaign aimed at reduction of children's exposure to passive smoking was implemented in 2014; the campaign urged parents and the society as a whole to protect children from passive smoking and contact with cigarette smoke. During the campaign, the web site www.pasivasmekesana.lv was created, video "If you are smoking, your child is smoking" was made, audio advertisement jingles were broadcast on the radio, a photo exhibition "Free" was created, etc. The second stage of the campaign "Avoid the smoker" was held in 2015; the website created in 2014 was updated; the website contains useful information about passive smoking, all materials made during the campaign, and the information about other activities held within the framework of the campaign;

- 3) In 2015, the campaign was implemented to address alcohol use problems among children and adolescents "Let's Make it Clear!", aiming to change society's attitude towards alcohol use among minors and make use by children/adolescents a socially unacceptable behaviour. The campaign included creation of the website www.skaidrs.lv and the animated film "Let's Make it Clear!" on how parents should speak to children and adolescents on alcohol use problems, with control purchases performed involving minors. A socially responsible movement among traders was established and developed, discussion series were organised for parents, topical articles and address made in various media (TV, radio, social networks, online portals); informative material was created and disseminated to traders, adults and parents.

- Educational activities for prevention of addictive substance use (CDPC)

1) In 2012, educational activities were implemented on matters of dependence prevention for pupils of grade 10–12 at general education institutions and 1st/2nd-year students at vocational education institutions to provide awareness of dependence on various substances (tobacco, nicotine, alcohol, drugs) and their negative effects on health;

2) In 2014, the project "*Be Smart, Don't Get Hooked*" for adolescents in Latvian schools (grades 6–7) on prevention of dependence-inducing substances (types of dependence, negative impact of new so-called designer psychoactive substances on the body and psyche, reasons behind use etc.). The project included development of an interactive video lecture, methodological materials and instructions for teachers on using the video lecture in their activities with pupils;

3) In 2015, educational activities were implemented for addressing issues regarding smoking, in order to reduce tobacco use among children and adolescents (grades 5–9). Activities continued the earlier initiative of green bracelets for smoking-free pupils. A "*Free*" thought-exchange afternoon was organised (with participation of a family doctor and dependence psychologists), the "*80 Days Off*" mobile app was presented for smoking cessation and a healthy lifestyle.

- Informative materials for prevention of addictive substance use (CDPC)

Distributed for various target groups in schools, medical institutions, municipalities, pharmacies, workplaces, during health promotion events etc. These materials are also available on the website of the CDPC <http://www.spkc.gov.lv/>.

1) Informative material "*How much is too much? Count your Alcohol Units*", "*Synthetic Cannabinoids*", "*How to Quit Smoking*", "*What's Inside Tobacco Smoke*", "*Recommendations for Family Doctors in Prevention of Alcohol Dependence*", "*Passive Smoking*", "*The Truth about Water Pipes*";

2) Posters "*Mommy! Should we have a cigarette?*", "*Smoker's Body*";

3) Infographics "*Smoking in Numbers*", "*Myths and Realities of Passive Smoking*", "*Alcohol Poisoning: What it Looks Like and How to Respond*", "*Alcohol Prevention – Guidelines for Adolescents*", "*Adolescents and Alcohol – Believe the Facts, not the Myths*", "*A Responsible Trader Doesn't Sell Alcohol to Children*", "*Impact of Illegal Alcohol on the Body*", "*Impact of Alcohol on the Body*", "*Novel Psychoactive Substances*", "*Drug Use among Residents*".

Diet:

Following regulating measures have been taken to ensure healthy diet:

- In 2012 Regulation of Cabinet of Ministers No.172 "Regulations Regarding Nutritional Norms for Educatees of Educational Institutions, Clients of Social Care and Social Rehabilitation Institutions and Patients of Medical Treatment Institutions" has been approved by the Cabinet of Ministers in order to promote availability of healthy and nutritious food for children in school and for clients of social care and social rehabilitation institutions and patients of medical treatment institutions. The standards define the energy and norms, the amount of salt and sugar added to meals and also food products that need to be included (example fresh vegetables, fruits, milk, etc.) or excluded from daily diet (for example French fries, sausages, dried, smoked, salted meat, fish or meat products, frozen meatballs, fish fingers, etc.). In

addition in 2015 and 2016 Latvian government has approved amendments to the dietary standards to improve the quality of schools meals and medical treatment and social care and rehabilitation institutions. The amendment defines that the meals must be freshly prepared from natural food products without certain food additives (colourings, flavourings, preservatives, flavour enhancers and sweeteners). Quality requirements (including amount of fat, added sugar and salt) have been set for several food products that could be included in meals (meat products, confectionery, mayonnaise and ketchup). At the same time amendments change the approach defining the list of food products that could be distributed in schools (including school cafes, snack and beverage vending machines) in addition to school lunch, to promote healthy choice as the easiest available one. These products are for example fresh and dried fruits, berries and vegetables, water and natural juices, milk and dairy products etc. Quality requirements (including amount of fat, added sugar and salt) have been set also for these products, for example, maximum permissible sugar content in dairy products 5g per 100 g of product.

- Since 2013 the Ministry of Health has developed "Regulation on the maximum permissible content of trans fatty acids in foodstuffs" (approved by the Cabinet of Ministers of Latvia on 17 May 2016). The regulation limits content of trans fatty acids (hereinafter- TFA) in foodstuffs to 2g per 100 g of the total fat content in products which are produced in Latvia, including those in public catering establishments, and/or sold in Latvia. In products where total fat content is less than 3% TFA may not exceed 10 g per 100 g of total fat content, and where total fat content is between 3-20%, TFA may not exceed 4 g per 100 g of total fat content. The requirements mentioned above will not apply to fats of animal origin and foodstuffs where TFA are found naturally and have not been added during manufacturing processes. Full market compliance across Latvia is expected by 1 June 2018.

- In 2014 and 2015 Ministry of Health participated in drafting for Law on the handling of energy drinks (approved by the Parliament of Latvia on 21 January 2016; and has been implemented on 1 June, 2016). The law bans the sale of energy drinks containing more than 150mg/L caffeine or at least one or several stimulants such as taurine and guarana to people under the age of 18, and they may not buy the drinks. Also the law places strict regulations on their advertising including prohibition to address energy drinks advertisement to children. Retailers are also required to display all energy drinks separately from other food items, and at the point of sale display a note: "*High caffeine content. Not recommended for children and pregnant and breastfeeding women*".

- Public awareness campaign on healthy diet (CDPC)

In 2013, a public awareness campaign "*Love Your Heart*" was launched and continued in 2014/2015 (3 stages) – covering cardiovascular disease risk factors that can be prevented with appropriate nutrition. The campaign included design and distribution of recipes for heart-friendly meals, video episodes, and a video book, cooperation with bloggers, bookmarks distributed at green markets with heart-friendly nutrition basics, a healthy eating campaign for the public, creation of infographics and other informative materials on healthy and heart-friendly eating (posters, stickers etc.) and other special activities at schools, publicity and advertising in print media, online, in social networks, on the radio, outdoor advertising and other activities.

- Educational activities on healthy diet (CDPC)

1) In 2012, "*Healthy Day*" educational activities were organised for pupils in grades 1–4 and 6–8 aiming to inform and promote a positive attitude towards healthy, physically active lifestyle and healthy, diversified nutrition. The workshops included serving of a healthy breakfast, an engaging lecture on healthy eating and a sporting activity; other activities aimed at promoting healthy nutrition and lifestyle;

2) In 2013, educational activities were organised for pupils in grades 7–9, aiming to provide knowledge on principles of a healthy diet, the damage to health from energy drinks. The activities used dedicated informative materials (film, food pyramid etc.) and provided information on the importance of a healthy diet for maintaining health and wellness, focusing on the negative effects energy drinks have on the body, and providing practical advice for preparing a healthy menu.

- Informative materials on healthy diet (CDPC)

Distributed for various target groups in schools, medical institutions, municipalities, pharmacies, workplaces, during health promotion events etc. These materials are also available on the website of the CDPC <http://www.spkc.gov.lv/>.

1) Informative materials "*Compiling a balanced diet for grade 1 – 4 pupils*", "*Life without Gluten*", "*Go for Healthy!*", "*Did You Know What Affects the Health of Your Heart?*", "*What Shall We Eat?*", "*Dietary Fruit and Vegetables*", "*Water: Don't Forget to Take a Sip*";

2) Posters "*What Should You Know About Life Without Gluten?*";

3) Infographics "*What My Heart Thinks is Tasty*", "*Top 10 Foods for a Healthy Heart*", "*For Your Heart's Health*", "*Don't Forget to Take a Sip*", "*The Truth about Sugar*", "*Your Garden is Full of Vitamins and Minerals*", "*Sugary Fizzy Drinks*", "*Salt*", "*Dietary Fats*".

Physical activity:

- Public awareness campaigns (CDPC)

1) In 2014, the public awareness campaign "*Health Summer*" was developed to highlight the significance of physical activity in maintaining health, and most suitable types of activity for various groups of people (seniors, residents of working age and children). The campaign included development of five infographics, video advice involving prominent figures, the public event "*Sports Rendezvous*" was organised etc.;

2) In 2015, the public awareness campaign "*Active Lifestyle*" was organised, covering maintenance of health and suitable activities for various groups of people (seniors, residents of working age and children). The campaign included establishment of health trails in five cities throughout Latvia (Jūrmala, Tukums, Ogre, Cēsis and Varakļāni), 2–3 km long with 8–10 large posters on exercise. A health promotion card initiative was introduced, offering discounts for healthy leisure services in the cities with the aforesaid health routes. The website www.aktivadiena.lv was developed, providing all information on the campaign and specific activities.

- Educational activities (CDPC)

- 1) In 2012, educational activities on the importance of physical activity were organised, detailing suitable exercises for residents aged 45 and up. The theoretical section of the activities provided information on the importance of physical activity for maintenance of health. The practical part included an event where residents were given options for suitable physical activity to choose from;
- 2) In 2013, educational activities were organised for motivating residents of working age to increase their physical activity. The events included essentials on the importance of physical activity for health and wellness, skills for increasing everyday physical activity by selecting the appropriate physical activity type and intensity;
- 3) In 2014, "*Exercise Your Brain*" educational activities were organised for pupils, detailing the importance of physical activity in the learning process. The activities included lectures and practical exercise demonstrating the positive effect of physical activity on health, academic performance, and behaviour; an interactive methodological material containing 100 exercises was developed for teachers and pupils; pupils were involved in compiling the material;
- 4) In 2014, educational activities were organised for informal physical activity group leaders in municipalities, educating them on innovative physical activity methods – one of the key topics was the functional workout. This knowledge informed the group leaders for more comprehensive everyday group leadership and involvement of the local population in physical activities.

- Informative materials (CDPC)

Distributed for various target groups in schools, medical institutions, municipalities, pharmacies, workplaces, during health promotion events etc. These materials are also available on the website of the CDPC <http://www.spkc.gov.lv/>.

- 1) Informative materials "*Be Active, Be Healthy*", "*Physical Activity Pyramid*", "*Stay Active All Year*", "*Putting Calories to Work with Pleasure*", "*Active Work Day*", "*Exercise Regimen for Seniors*", "*Exercise Regimen for Strengthening Back Muscles*", "*Exercise Regimen for Learning Workout Basics*", "*Exercise Regimen for Office Workers*", "*Exercise Regimen for a Morning Boost*";
- 2) Infographics "*We Move Too Little! What Should We Do to Change It?*", "*A Walk is an Investment in Your Health All Year Round*".

Sexual and reproductive health:

- For prevention of HIV **drug-related harm reduction strategy** is carried out in Latvia. In the framework of this strategy the network of injecting drug users is created.
- **HIV prevention network**
 - 1) The network of HIV prevention points (hereinafter - HPP, also Low threshold centre) was created in 1997. There are 19 HPPs in 16 municipalities (in Latvia there are 119 municipalities) across the country. There are also NGOs involved in the functionality of some HPP. Mobile needle and syringe programmes, provided by special team, are offered in two cities and outreach workers provide syringes at eight cities. The activities of HPP network are coordinated by CDPC: provision of medical supplies (syringes, condoms, rapid tests etc.), methodological support, leadership and education, data analysis. HPPs target groups include drug users, former prison

inmates, sex workers, ethnic minorities, men who have sex with men etc. HPPs perform rapid tests for HIV, hepatitis B,C and syphilis (available at 15 sites).The service offered by HPPs include also counselling by medical, social workers or psychologist;

2) In 2012 HPPs distributed 310 234 syringes for injecting drug users; in 2013 - 341 421; in 2014 – 409 869 and in 2015 – 524 949 syringes. HPPs provide medical, social worker consultations in 2012 - 10 801; in 2013 – 12 195; in 2014 – 13 093 and in 2015 – 15 800 consultations for clients;

3) Overall in 2012, 1974 HIV rapid tests were performed for clients, in 2013 – 1953; in 2014 – 1984 and in 2015 – 3449 HIV tests were performed;

4) HPPs are involved in different campaigns and actions: *World AIDS day*; *World hepatitis day*, *European HIV-hepatitis testing week*, *World TB day*. During these activities HPPs provide HIV, hepatitis and syphilis rapid testing for free and counselling.

- Public awareness campaigns (CDPC)

In 2015, the "*HIV Does not Pick Sides: Why It Matters to You*" public awareness campaign was organised, aiming to change the public attitude to HIV as a "bad" illness, explain matters related to HIV prevention and the importance of HIV rapid testing for early detection. The campaign included development of a virtual test, a public health project contest for students – "*Knowledge against HIV*", organisation of a series of lectures and events at businesses, a campaign at public leisure locations, HIV Testing Week activities, various informative hand-outs (booklets, badges, condoms in custom packaging etc.) and other activities.

- Educational activities (CDPC)

1) In 2012, educational activities were organised for youths on matters of sexual and reproductive health, with lectures covering topics such as sexuality, contraception, STIs. In cooperation with experts (gynaecologists and psychologists) and young people, an informative material was developed on sexuality and contraception, which was handed out to lecture attendees;

2) In 2013, educational activities were organised covering matters of sexual and reproductive health for 1st/2nd year students at vocational education institutions;

3) In 2014, educational activities were organised on matters of sexual and reproductive health for students at vocational education institutions, including topics on sexuality, a safe and responsible sex life (methods of contraception, risk of contracting STIs including HIV, etc.);

4) In 2015, educational activities were organised for pupils grade of 8–10 at general education institutions and students at vocational education institutions, aiming to improve awareness and educate on sexuality, safe and responsible sex life, contraception methods, STIs (including HIV). The activities included two 40-minute webinars, where an urologist, a gynaecologist and a public health specialist talked about matters concerning sexual and reproductive health.

- Educational films (CDPC)

In 2014, two educational films and methodological guidelines were developed for pedagogues working with matters of reproductive health, sex life, establishing responsible relationships – called "*Girls, Boys and Puberty*" – 4 episodes – and "*Relationships and Health: My Responsibility*" – 3 episodes.

- Informative materials (CDPC)

Distributed for various target groups: in schools, medical institutions, municipalities, pharmacies, workplaces, during health promotion events etc. These materials are also available on the website of the CDPC <http://www.spkc.gov.lv/>.

- 1) Informative materials "*Sexually transmitted diseases*", "*HIV and viral hepatitis A, B, C. More Serious than You Think*", "*HIV/AIDS, Hepatitis B and C, Sexually Transmitted Diseases*", "*HIV/AIDS Consultation Room*", "*Tuberculosis*", "*Tuberculosis: Anyone Can Catch It*", "*HIV Infection*", "*Hepatitis C*", "*Girls, Boys and Puberty*", "*Relationships and Health: My Responsibility*", "*HIV/AIDS, Viral Hepatitis B and C: Detection and Prevention*";
- 2) Posters – "*Take an HIV Test*", "*HIV Rapid Test*", "*Hepatitis Prevention*";
- 3) Infographics "*Be informed! HIV Does not Pick Sides: Why It Matters to You*", "*Tuberculosis*".

Health education:

- Overall the **health education at schools** is not a separate subject but it is integrated in various subjects in school curriculum such as biology, social studies, natural sciences, class education lessons, sports etc. The Ministry of Education and Science in cooperation with the Ministry of Health has worked to ensure that children received necessary knowledge on health related issues.

- **Network of health promoting schools:** to unite schools that prioritise making school a health-promoting environment, the *Network of health promoting schools* was established by CDPC. Network schools can share experience and get new ideas on health promotion practice in schools, receive support for their health promotion activities, and encourage pupils and staff to stay healthy by integrating health-promoting activities in curriculums and everyday life. In 2015, the infographic "*Network of health promoting schools*" was created.

According to the Regulation of Cabinet of Ministers No.277 of 23 March 2010 "Procedure for providing students with preventive health care and emergency medical assistance in education institutions", the head of education institution is obliged to organize:

- implementation of principles of healthy nutrition / lifestyle and control;
- consultations for teachers regarding the popularization of healthy nutrition / lifestyle;
- anthropometric measurements, vision and hearing testing, posture disorders and arterial blood pressure control of students (once per school year);
- pediculosis and mange test for students (at least once per school year);
- vaccination of students in accordance with corresponding regulations and informing parents about planned vaccination.

Pursuant to the Sports Policy Guidelines 2014–2020 (the main policy planning document in the field of sport), the leading motive of the sports policy is: sport for the quality of life.

One of the four directions of the sport policy is *Sport for all* – to provide an opportunity for every citizen to engage in regular physical activities and health-enhancing sports events, as well as to raise public awareness of the importance of physical activities in maintaining and strengthening of health.

Implementation of Sports Policy Guidelines 2014–2020 is an indirect contribution to maintain the healthy lifestyle and well-being of the society.

Certain measures are implemented every year in order to financially support sports activities:

- 1) Alongside the State budgeted funding for sport federations, there is an additional State budget funding for socially significant grassroots sports events. This funding is administered by the Latvian Sports Federation Council on the basis of competition.
- 2) Within the distribution of donations of the State capital companies, the Association Latvian Sports for All gets an additional funding every year to carry out health enhancing activities for all groups of society.

Please see also information provided on the Paragraph 3 of the same Article.

As regards health checks for children every year in educational institutions, and the proportion of pupils, which actually undergo such examinations - mostly statistical data are not available, because there are no such statistics summarized, as it is gathered and available only locally.

3. Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

Proportion of preventively examined children from the total number of children in the PHC practices:

	2012	2013	2014	2015
Children (3 – 14 years), %	95.2	95.6	95.0	95.0
Adolescent (15 – 17 years), %	92.3	93.2	92.5	92.4

Data source: Report on the State of health of children - State statistical report

Note – Data submitted by the primary health care specialists (family doctors, paediatricians). Proportion of preventively examined children from the total number of children in the PHC practices.

Smoking:

- According to a survey on Health Behaviour Among Latvian Adult Population, conducted in 2014, 51.8 per cent of the male population and 21 per cent of females aged 15-64 were daily smokers; 5.6 per cent of males and 1.4 per cent of females were exposed to tobacco at the workplace more than 5 hours per day.
- Smoking in Latvia is prohibited in places of work: in work-spaces and areas of common use, with the exception of specially designated smoking premises.

Alcohol:

- Since 2010 the absolute alcohol consumption per capita has gradually increased, reaching 9 litres of absolute alcohol (registered alcohol only) per capita in 2014.

Drugs:

- According to *Mid-evaluation of the Drug Programme for the period 2011-2017* which covers years 2011, 2012 and 2013 - there is a slight decrease in trying drugs and recent drug use among general population and other society groups. During this period the use of novel psychoactive substances (NPS) increased largely which again decreased in later years – 2014 and 2015 due to effective legislative measures taken by the government. There is an increase of the role of the use of the Internet which makes NPS as well as other drugs more available for the society. In relation to drug rehabilitation and treatment facilities, it can be concluded that available resources are still insufficient to provide full-cycle services for addiction patients and to be able to respond to the rapidly increasing demand for treatment.

Information about the availability of rehabilitation facilities for drug addicts, and the range of facilities and treatments:

- According to the medical staff and medical support staff registry data of The Health Inspectorate in 2014 addiction related treatment and rehabilitation were provided by 94 narcologists in 110 ambulatory and stationary institutions in Latvia.

There have been observed regional differences in the availability of narcologists, for example, in 2013 the average 2.8 narcologists per 100 000 inhabitants were in Zemgale and 8.4 – in Riga. In 2013 69 of the total 94 narcologists were state-funded. In 2014 stationary addiction related assistance was provided in 11 medical institutions. Detoxification, Minnesota, motivational and medical rehabilitation services were provided by 11 medical institutions, of which 6 - national institutions with 198 beds and 5 private institutions with 41 beds. In 2015 the average number of hospital beds of narcotic addiction profile was 259, the average number of days spent in hospital was 3.76 days and the average bed occupancy was 56.70 per cent.

- During the period from 2011 to 2013 the state budget provided funding of social rehabilitation for 64 minors and 10 adults per year. Social rehabilitation for minors was provided by adolescent narcological collective "Saulrīti" of the narcological hospital "Straupe", but for adults- by hospital "Ģintermuiža".
- Currently there are available 12 offices of the pharmacotherapy program (Methadone and Buprenorphin therapy) in Latvia, including two offices in Riga. Methadone program is state-funded, whereas Buprenorphin program is a paid service. Methadone program is also available in Latvian prisons. In 2014 13 inmates received methadone.
- Patient's fee for the state-funded consultation of narcologist - 4.27 EUR. For the narcological treatment in stationary institution – 7.11 EUR. Children narcological treatment and social rehabilitation are entirely State-funded. Children receive social rehabilitation after psychotherapeutic and drug treatment have been completed, adults - after psychotherapeutic treatment has been completed.

ARTICLE 11 PARA. 3

“With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia:

to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.”

1. For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

N/A

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

To implement the public health policy in order to prevent as far as possible epidemic, endemic and other diseases, as well as accidents Ministry of Health and The Health Inspectorate of Latvia (hereinafter – Health Inspectorate) has taken a lot of measures, for example:

Injury reduction:

- In 2012 Ministry of Health in cooperation with an association "Mother's Club" carried out public awareness campaign for new parents about injury and sudden infant death syndrome prevention. The purpose of this campaign was to inform the society about the causes and risks of child injuries, injury prevention, safe environment for child at home and to inform society about risks and prevention for sudden infant death syndrome.

- In 2012 Ministry of Health carried out health promotion project for **pre-school and primary school educates on injury prevention "How Ruksis and Duksis me"** in order to develop children's social skills on how to protect themselves and to inform them about injuries prevention.

- Prevention activities (CDPC)
 - 1) In 2012 public awareness campaign implemented to reduce child traumatism and prevent sudden infant death syndrome. During the campaign, information was prepared which educates young parents and the public on the causes of traumatism among children up to the age of 4, as well as sudden infant death syndrome, risks, and ways of preventing them. Audio and visual advisory materials were broadcast on Radio and television regarding sudden infant death syndrome, burns, scalds, falls from heights, poisoning, drowning, choking. All materials prepared for the campaign are available on the CPDC website (<http://www.spkc.gov.lv/bernu-drosiba/>);
 - 2) In 2013 reissue of informative material – the brochure "*How to Protect the Life of Your Child*" in 10 000 copies regarding children's safety, practical advice and suggestions for parents to establish a safe environment at home, keep children safe in the street or in nature, and descriptions of actions to take and assistance to seek in the event of an accident. The brochure dissemination to the target audience was ensured through the *National Healthy Municipality Network*;
 - 3) In 2013 video materials prepared and made available on various child safety topics: "*Sudden Infant Death Syndrome*", childhood traumatism – "*Falls from Heights*", "*Burns and Scalds*", "*Drowning*", "*Choking*", "*Poisoning*". The informative videos are available on the CPDC's YouTube channel (https://www.youtube.com/results?search_query=slim%C4%ABbu+profilakses+un+kontroles+centrs&page=4);
 - 4) In 2014 reissue of 10,000 copies of the brochure "*How to Protect the Life of Your Child*". Material disseminated to the target audience through the *National Healthy Municipality Network*.

Infectious diseases:

- In 2013 with Ministry of Health order (Order No.72/12.03.2013) "*National Plan for Control of the Spread of Tuberculosis in 2013-2015*" has been approved. This plan defines main courses of action according to control the spread of tuberculosis, including on restriction of the spread of tuberculosis, improvement of tuberculosis prevention and improvement of the results of tuberculosis treatment, engaging various institutions.

- In 2015 Regulation of Cabinet of Ministers No.413 "*Procedures for the Persons Mandatory Medical and Laboratory Examination Performance, Mandatory and Forced Isolation and Treatment of Infectious Diseases*" has been amended in

order to improve diagnostics and to promote early detection of tuberculosis. These amendments define additional risk group - persons in prisons which are transferred within the prison system and their last medical check-up for tuberculosis was at least six months before. In addition these amendments define more specific methods for tuberculosis diagnostics.

- "The Program for Limiting the Spread of HIV for 2009-2013" (Order of Cabinet of Ministers No. 437/30.06.2016) integrates the issues related to HIV and tuberculosis, including the tuberculosis diagnostics and treatment for HIV/AIDS patients. In 2014 the elaboration process "Action Plan for the Elimination of HIV infection, sexually transmitted infections and hepatitis B and C for 2016-2018" has been started, this Action Plan continues the work started within the framework of the above mentioned Program, and also includes additional measures for limiting the spread of sexually transmitted infections and hepatitis B and C.

- In 2015 Cabinet of Ministers allocated additional funding for treatment of hepatitis C and HIV, therefore in 2016 the compensation for the treatment expenses of hepatitis C have been increased from 75 per cent to 100 per cent and have been increased the CD4 cell count limit for treatment initiation - from CD4<200 cells (cells/m3) to CD4≤350 cells (cells/m3).

- In 2012 Regulation of Cabinet of Ministers No.752 "Regulations Regarding Counter-epidemic Measures of Measles and Rubella" has been approved, in order to reduce and eliminate the risk of spread of measles and rubella in Latvia. Also in 2013 Ministry of Health established the National Verification Commission for Measles and Rubella in order to provide supervision of the measles and rubella elimination process according to the WHO and European Centre for Disease Prevention and Control guidelines and recommendations.

- In 2013 Regulation of Cabinet of Ministers No.890 "Hygiene Requirements for the Providers of the Child Supervision Service and Educational Institutions Implementing a Pre-school Education Programme" has been approved. This regulation specifies hygiene requirements for the providers of the child supervision service and pre-school educational institutions in order to ensure fair competition, as well as to reduce risks to children health.

- In 2014 amendments in Epidemiological Safety Law has been approved in order to define tattooing and beauty services regulation and to ensure safety of these services, as well as these amendments increase requirements for national reference laboratory.

- In 2015 Regulation of Cabinet of Ministers No.182 "Regulation on the Hygiene Requirements for tattooing and body piercing services and special requirements for tattooing devices" has been approved in order to reduce high risk for health and to provide quality of mentioned services.

- In 2015 Regulation of Cabinet of Ministers No.639 "Procedures by which beauty and tattooing service providers announce the commencement of the economic activity" has been approved in order to prevent infectious diseases from spreading, in particular hepatitis B and C.

- In 2014 Regulation of Cabinet of Ministers No.746 "The Register of Patients Suffering with Certain Diseases Creation, Replenishment and Maintenance Procedure" has been amended. The purpose of these amendments is to make changes in mentioned register according to the latest treatment guidelines for oncology, diabetes and other patients in order to improve data quality in this register.
- In 2015 Regulation of Cabinet of Ministers No.7 "Procedures for Registration of Infectious Diseases" has been amended, in order to improve supervision of infectious diseases in health care according to the latest trends in the spread of infectious diseases.

Vaccination:

- "*Immunization Plan 2012-2014*" as a continuation of previous National Immunization Programme with the aim to reduce the prevalence with vaccine-preventable infectious diseases.
- In 2015 Regulation of Cabinet of Ministers No.330 "Vaccination Regulations" has been amended in order to clarify vaccination calendar according to human papillomavirus vaccines including vaccination schedule.

Hygiene and environmental safety:

- In 2012 Regulation of Cabinet of Ministers No.38 "Procedures for Establishing and Maintaining Bathing Sites" has been approved in order to simplify legislation for the hygiene and safety requirements at a bathing sites (beaches). This regulation prescribes the procedures for establishing and maintaining a bathing site, placing of informative notices regarding the bathing site, as well as the safety and hygiene requirements at a bathing site.
- In 2012 amendments in Regulation of Cabinet of Ministers No.608 "Regulations Regarding Monitoring of Bathing Water, Quality Assurance and Requirements for Informing the Public" has been approved and it specifies the information signs with an indication regarding prohibition to bathe or advice against bathing.
- The Health Inspectorate organises and carries out monitoring of the **drinking water** quality according to the financial possibilities and the Regulation of Cabinet of Ministers No.235 (adopted on 29 April 2003) "Mandatory Harmlessness and Quality Requirements for Drinking Water and the Procedures for Monitoring and Control thereof". Within the audit monitoring procedure the Health Inspectorate is evaluating drinking water quality and harmlessness by assessing microbiological, organoleptical, physical and chemical parameters. As seen in the table below during 2012-2015 chemical quality for drinking water has improved (from 31.7 per cent of audit monitoring water samples that fail to meet the standard for chemical water quality in 2012 to 14.0 per cent in 2015). Non-compliance with the legal requirements was observed mostly for indicator parameters e.g. exceeded levels were observed for iron and sulphates content and turbidity. Non-compliance for microbiological quality parameters of drinking water fluctuated from 3.7 per cent to 7.4 per cent and did not show any clear trends.

Table no.8

Drinking water non-compliant samples share dynamics

Year	2012	2013	2014	2015
Chemical indicator parameters	31.7%	22.9%	16.1%	14.0%
Microbiological parameters	6.3%	3.7%	7.4%	7.2%

Data source: Ministry of Health

According to the audit monitoring results 79-83 per cent of all population in Latvia (2012 – 79 per cent; 2013 – 81 per cent; 2014 – 83 per cent; 2015 – 81 per cent) received drinking water that complied with the legislation and quality standards.

- In 2015 amendments in the Regulation of Cabinet of Ministers No.235 have been approved in order to specify requirements for monitoring of **radioactive substances in water** intended for human consumption according to the Directive 2013/51/EURATOM² (including information about radon, tritium, indicative dose, ground water sources).

- The Health Inspectorate organises and carries out monitoring of the quality of **bathing water** according to the Regulation of Cabinet of Ministers No.608 (adopted on 6th July 2010) "Regulations Regarding Monitoring of Bathing Water, Quality Assurance and Requirements for Informing the Public". Within the framework of monitoring data were obtained on bathing water microbiological parameters (Intestinal enterococci, *Escherichia coli*) and visual observations (cyanobacterial proliferation, petroleum products, contamination with surfactants or any type of floating material and other waste). The number of approved bathing water sites in Latvia has increased over the years- in 2012 - 46, in 2013 - 51, in 2014 -54, in 2015 - 55. Water quality of all approved bathing water sites was excellent (80 per cent) or good (20 per cent). 16 bathing water sites in Latvia received *Blue Flag beach certificate* (29 per cent from all approved bathing water sites in Latvia) in 2015. The Health Inspectorate has prepared bathing water profiles for 29 approved bathing water sites and these profiles are available on the website of the Health Inspectorate.

- The Health Inspectorate regularly communicates about environmental health in order to increase public interest in environmental health issues. Topical information about environmental health is available on the website of the Health Inspectorate.

- The Health Inspectorate participates in INSPIRE Geoportal data sets establishment according to human safety and health. It is planned that data sets about quality of drinking water and bathing water according to the INSPIRE demands will be available in the national Geoportal by the end of 2016.

- The Health Inspectorate is carrying out the following activities to reach aims put forward by the Strategy:

² Padomes 2013.gada 22.oktobra Direktīva 2013/51/EURATOM, ar ko nosaka iedzīvotāju veselības aizsardzības prasības attiecībā uz radioaktīvām vielām dzeramajā ūdenī.

- 1) public education on the negative effects on health caused by drinking water and bathing water pollution and the possibilities to avoid and reduce the pollution;
- 2) public education through information on the Health Inspectorate website on issues important for the public such as electromagnetic radiation, low frequency noise, climate change, correct storage of chemical preparations at home and prevention of accidents and injuries;
- 3) carrying out the study on the school environment safety and quality;
- 4) preparing recommendations for local municipalities on promoting safe and harmless environment for population by advising how to create bathing sites and recreational territories, perform appropriate territory planning procedures and plan construction works and business activities.

- The Health Inspectorate in cooperation the WHO is carrying out WHO Schools Survey “*Indoor air quality in EU schools, and its impact on children's health*” (in school year 2012/2013 - 4 schools; in school year 2015/2016 - 14 schools). In this survey school environment and indoor air quality is monitored and evaluated, including assessment for mould, dampness, concentration of carbon dioxide in air and access to sanitary facilities. Conclusions of this survey (including the fact that ventilation in schools was not sufficiently effective as carbon dioxide was exceeding 1000 ppm in classroom air) will form the basis for the section on the air quality within the guidelines for ergonomics of the school environment.

Smoking, alcoholism and drug addiction control requires not only post-problem solving actions, but also preventive actions. The field of education provides these actions, promoting health education as a system that provides knowledge and skills, as well as forms attitudes, which are necessary for maintenance of healthy lifestyle.

According to the Regulation of Cabinet of Ministers No.468 (adopted on 12 August 2014) on State Basic Education Standard, basic education subjects’ standards and programmes’ examples, health education issues, including the impact of smoking, alcohol and drugs are included in the content of basic education subjects’ standards and programmes’ examples, for example, *Social Sciences, Biology, etc.*

The main requirements state that 3rd grade’s graduates should know that smoking, alcohol and drugs are harmful for human health. They should also detect the environment that might be dangerous for their health, as well as understand that it is important to take care of their own health.

6th grade’s graduates should know that smoking (even passive), alcohol and drugs are harmful, as well as understand benefits of health-friendly environment and evaluate factors that may affect their health condition.

9th grade’s graduates should understand that addiction is a sickness that is harmful for human physical and psychic health, as well as should be aware of normative acts in Latvia that regulate distribution of drugs, using alcohol and smoking.

According to the Regulation of Cabinet of Ministers No.281 (adopted on 21 May 2013) on State General Secondary Education Standard, general secondary education subjects' standards and programmes' examples, health education issues, including the impact of smoking, alcoholism and drugs are included in the content of general secondary education subjects' standards and programmes' examples, for example, *Health Studies, Natural Sciences, Biology*, etc. They are designed to deepen students' knowledge about the impact and consequences of bad habits, as well as normative regulation on these issues.

Methodological document "The example of class hour programme" offers discussion topics on health education, including the impact of addictions and preventive measures.

Issues on prevention of smoking, alcoholism and drug addiction and way of discussing it with students are also included in teachers' professional development programmes.

Education Development Guidelines 2014-2020 (adopted on 22 May 2014) and Action Plan for the implementation of these Guidelines in 2015-2017 (adopted on 29 June 2015) include the development of competence-based general education content, inter alia covering issues like healthy lifestyle, and new learning materials on human safety for general education and vocation education and training, including issues like healthy nutrition, sport and the impact of addictions.

The necessity to reduce road traffic accidents in Latvia to the minimum level is an essential, because the year 2014 was very dramatic for Latvia in terms of road traffic safety. In 2014 there were 212 fatalities in road traffic accidents, which was the worst road safety record in EU that year. Unfortunately, the situation was not satisfactory also in 2015 - there were 187 fatalities in road traffic accidents.

Improvement of road safety is complex of measures, because all social groups need to be reached. Thus it is all-embracing long-term effort – coordinated activities of different institutions, shared actions and events, information of society and preventive measures, improvement of the infrastructure and traffic management. Also ensuring the safety of vulnerable road users in Latvia is very crucial.

Targets for road safety policy are defined in Transport Development Guidelines 2014-2020 and Road Safety Plan 2014-2016 that determines targets and actions for shorter period in order to achieve the objectives defined in Transport Development Guidelines and actions aiming to cut road deaths and to improve overall situation. Targets for the road safety in Latvia are to reduce road fatalities and serious injuries at least by 50 per cent between 2010 and 2020. Unfortunately, the 2014 statistics show

the deteriorating situation, it is probable that these objectives will not be achieved. For this reason, Latvia evaluates accomplished the impact of measures to reduce road accidents - focusing on vulnerable road users as very important factor improving road safety level. Road accidents with vulnerable road users often are those with most serious consequences. In Latvia according to figures approximately 38 per cent of all road fatalities are vulnerable road users. Road Safety Plan in Latvia foresees targets and indicates measures of necessary activities for vulnerable road users such as pedestrians, cyclists and motorcyclists. Recent amendments in national regulation determine additional requirements for cyclists and pedestrians.

According to recent actions in road safety in Latvia there should have been an impact in road safety improvement.

In 2015 completely new road traffic regulations have been adopted. The new road traffic regulations lay down conditions, aimed at improving road safety, especially safety for vulnerable road users, including drivers of bicycle.

Since the project for stationary speed cameras was stopped for several reasons in the year 2013, road safety deteriorated. In the year 2012, when the speed cameras were in use, the number of accidents with victims decreased by 3.6 per cent (compared with the same period in 2011, when speed cameras were not in use). And already in 2013 the total number of accidents with victims increased by 5.3 per cent, just as the number of fatalities. It should be stated, that during speed camera operation the number of deaths fell by 3.5 per cent, but after the termination of speed cameras in 2013, there was an increase by 14.6 per cent. By the moment there has been started a new project for speed cameras, which aims to install 100 speed cameras on Latvian roads till 2020. In the 2015 there were 16 speed cameras in use – at the beginning phase of the second speed cameras installation project.

Aim of Road Safety Council (hereinafter – Council), which was founded in the year 2003, is to promote a unified State policy development and implementation of road safety in order to raise the overall level of road safety in the country. Council meetings are being held at least two times a year. This Council combines both the political level and a wide range of industries, as well as expert representation.

Meanwhile road traffic safety campaigns are also important factor to reduce road fatalities, therefore in the last years at least 4-5 thematic campaigns for public awareness of road safety have been organised: driving in winter, drunk driving, pedestrian safety, importance of the seat belts etc.

In order to avoid last year negative trend in road fatalities substantial growth, one of the key measures agreed in one of the 2015 year Council meeting was a necessity to set up a Think Tank under the national Road Traffic Safety Council. It constitutes of representatives from the Ministry of Transport, the Road Traffic Safety Directorate, Latvian State Roads, State Police, Latvian Vehicle Insurance Bureau, the State Court Expertise Bureau, NGOs, researchers and road safety enthusiasts. The Think Tank concentrates on generating ideas and feasible solutions for road traffic safety improvement performing all related analysis and discussions before bringing a particular proposal to the political level.

In order to establish the basis for environmental quality conservation and restoration, as well as the sustainable of natural resources, while limiting the harmful impact of environmental factors on human health, in 2014 was approved Environmental Policy Strategy 2014–2020, which was developed by Ministry of Environmental Protection and Regional Development. It deals with different aspects associated to environment including air pollution, water pollution, noise pollution and soil pollution. It sets the general framework for coping with these problems in terms of necessary improvement of legislation and action programs.

According to monitoring results Latvian capital city and the biggest city Riga has local air quality problems. There is elevated PM₁₀ and NO₂ concentrations in the city centre on the “canyon type” streets. In order to solve these air quality problems, the new Action Program on Improvement of Riga air quality is elaborated for 2016.-2020. In general, the air quality problems are not expressed in other parts of Latvia.

In addition, the Action Program on Minimizing of Environmental Noise in Riga is approved by the Riga City Council determining the actions to be carried during 2011-2019.

As regards the general water pollution and quality, second River Basin District Management Plans for Daugava, Gauja, Lielupe and Venta river basin districts have been approved in 2015^[1] for the time period 2016-2021. River Basin District Management Plans are elaborated according to requirements laid down by the Directive 2000/60/EC of the European Parliament and of the Council establishing a framework for the Community action in the field of water policy (Water Framework

^[1] Order No.335 of 17 November 2015 on the adoption of the management plan and flood risk management plan for the Daugava river basin district.

Order No.378 of 22 December 2015 on the adoption of the management plans and flood risk management plans for the Gauja, Lielupe and Venta river basin districts.

Directive). River Basin District Management plans are medium-term planning document that characterizes quality of water, pressures, impact, provide risk assessment and programme of measures to achieve good ecological quality of water bodies delineated in the country.

Since 2008, Latvia has implemented the EU Bathing Water Directive (2006/7/EC) setting new criteria and approach for assessment of bathing water quality. The mentioned directive was transposed into national legislation by the Regulation of Cabinet of Ministers No.608 of 6 July 2010 “Regulations Regarding Monitoring of Bathing Water, Quality Assurance and Requirements for Informing the Public”. According to the assessment for 2008-2011, 93 per cent of Latvian bathing places are in excellent, good or sufficient quality status complying with 2006/7/EC criteria to be reached by 2015.

Concerning drinking water quality, the steadily improvement of its chemical status has been shown during 2008-2011 (from 60.7 per cent of inadequate samples to 32 per cent with respect to EU Drinking Water Directive (98/83/EK) criteria). In its turn, the microbiological quality is fluctuating within the range 3.6-6.3 per cent of inadequate samples. It shall be stressed that the chemical quality of drinking water is mainly determined by naturally elevated concentrations of iron and sulphates in the groundwater, no dangerous substances have been found.

With respect to ionising radiation, the “umbrella” law - Law on radiation safety and nuclear safety was adopted by Parliament of Latvia in 2000 followed by a number of amendments up to 2014. Regulation of Cabinet of Ministers No.752 of 22 December 2015 “Procedures for licensing and registration activities with sources of ionising radiation” determines activities with sources of ionizing radiation which do not require a license or registration as human behavior cannot influence the actions or potential dose of ionizing radiation exposure and the exposure is negligible from the point of view of radiation safety.

Concerning the plans to ban smoking in indoor offices as well as information on the impact concerning trends in drug consumption please see the information provided on Paragraph 2 of the same Article in this Report.

3. Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.

Immunisation and epidemiological monitoring:

The Report mentions the adoption of the Strategy, which proposes immunisation against 14 infectious diseases within the childhood vaccination schedule. Immunisation coverage rates for the mentioned vaccines were over 90 per cent during the reference period (2015) excepting of vaccination against varicella (85,6 per cent) and human papillomavirus infection (49,4 per cent).

Table no.9

Immunization coverage rates (%) 2010 – 2015

Infectious diseases	Age	Immunization coverage (%)					
		2010	2011	2012	2013	2014	2015
Tuberculosis	Live birth	91,7	92,9	94,3	94,2	92,0	93,9
B hepatitis	12 months	90,8	89,2	89,5	93,7	92,3	94,4
Diphtheria, tetanus, pertussis	12 months	91,5	92,0	90,8	94,2	92,5	94,9
<i>Haemophilus influenza</i> disease	12 months	90,4	90,9	90,1	93,8	91,9	94,4
Pneumococcal disease	12 months	65,1	86,0	82,6	86,9	85,7	90,8
Diphtheria, tetanus, pertussis, poliomyelitis	24 months	94,2	103,1	93,6	92,0	92,1	94,0
Measles, mumps, rubella,	24 months	95,2	92,3	90,3	95,5	94,9	96,0
Varicella	24 months	84,0	85,3	76,0	77,2	85,2	85,6
Pertussis	7 years	79,7	94,5	97,0	99,2	95,1	97,4
Diphtheria, tetanus, poliomyelitis	7 years	94,6	98,2	97,7	99,4	95,3	97,4
Measles, mumps, rubella,	7 years	92,5	92,1	92,0	91,6	88,5	92,0
Human papillomavirus infection	12 years girls	49,2	61,0	56,9	57,9	50,2	49,4
Diphtheria, tetanus, poliomyelitis	14 years	92,7	95,3	86,9	91,5	86,5	91,0

Data source: Data of immunization monitoring (CDPC, 2015)

ARTICLE 12: THE RIGHT TO SOCIAL SECURITY

ARTICLE 12 PARA. 1

“With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

to establish or maintain a system of social security;”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Constitution of the Republic of Latvia - Article 109 prescribes that everyone has the right to social security in old age, incapacity for work, for unemployment and in other cases as prescribed by law.

General organizational and financial principles of State social insurance are regulated by the Law on State Social Insurance of 1 January 1998. The law identifies personal scope – persons to whom social insurance is compulsory (employees, self-employed persons) and persons who can join the social insurance scheme voluntary.

Paragraph 4 of Article 5 of the Law On State Social Insurance provides that a person is socially insured for occupational accident insurance, insurance against unemployment, invalidity insurance, maternity and sickness insurance and parents’ insurance, and he/she must make mandatory contributions (regarding thereof) from the day when such person has acquired the status referred to in Paragraph 1 of this Article, except for the status of a self-employed person. A person shall be socially insured for pension insurance if mandatory contributions have been actually made.

Paragraph 1 and 2 of Article 6 of the Law on State Social Insurance stipulates that employees shall be socially insured in conformity with all types of social insurance. All employees who have reached 15 years of age are subject to social insurance mandatorily. The base for social insurance contributions is all income received as remuneration for work before any deductions. Self-employed can choose the level of income from which to make social insurance contributions, however, the base for the contributions may not be lower than a certain threshold set by the Cabinet of Ministers.

Employees, who have reached the age that gives the right to receive the State old-age pension or to whom the State old-age pension has been granted (including before term) shall be subject to pension insurance, maternity and sickness insurance, parents’ insurance and occupational accident insurance. Employees who receive a service pension, State special pensions or are disabled – shall be subject to pension insurance,

invalidity insurance, maternity and sickness insurance, parents' insurance and occupational accident insurance.

Total contribution rate may vary, depending on the insured person's employment status, age and disability status: e.g., employees above the retirement age are not insured against unemployment and disability; self-employed are not insured against unemployment, work accidents and occupational diseases and disabled persons are not eligible for unemployment benefit etc. When a self – employed person reaches the retirement age, he/she is also not insured against the risk of disability. (For more information please see Table no.10 and no.11, summarizing the rates of social insurance contributions faced by employees and self-employed and the distribution of the rate across different insurance cases on pages 78. – 80. in this Report).

Paragraph 1 of Article 12 of the Law on State Social Insurance stipulates that a mandatory insurance contribution is a mandatory payment specified by Law made into special budget account, which gives the right to a socially insured person to receive social insurance benefits prescribed by Law.

Paragraph 1 of Article 13 of the Law on State Social Insurance provides that employers and self-employed persons shall be registered with the Taxpayer Register of the State Revenue Service in accordance with the procedures specified by the Cabinet of Ministers (Regulation of Cabinet of Ministers No. 827 of 7th September 2010, Regulations regarding the registration of the payers of the mandatory State social insurance contributions and reports on the mandatory State social insurance contributions and the personal income tax).

An employee who has not reached the age providing the right to receive the State old-age pension (or an employee to whom the State old-age pension is granted at an earlier age) is insured for all types of social insurance, in particular, the State pension insurance, the maternity and sickness insurance, the parents' insurance, disability insurance, occupational accident and occupational diseases' insurance, as well as unemployment insurance.

In the event an insurance risk materializes, a person is entitled to insurance benefit. In case of short-term benefits, in the process of determining eligibility, the condition whether the mandatory State social insurance contributions have actually been made is not applicable. The calculation is based on the wage, as stated in the employer's reports submitted to the State Revenue Service on monthly basis. The only exception refers to the old-age pension which is calculated on the basis

of mandatory State social insurance contributions actually made (from 1st January 2011).

Thus, the Law on State Social Insurance does not provide different conditions for residents and non-residents or for the citizens of third countries as regards the mandatory State social insurance contributions to be made and the types of insurance applicable.

Paragraph 1 Article 18 of the Law On State Social Insurance, stipulates that if an employee has been insured for all types of social insurance, the mandatory contribution rate shall be 34.09 per cent of gross earnings (total) from which an employer shall pay 23.59 per cent and an employee shall pay - 10.50 per cent. Paragraph 2 of this Article stipulates that the Cabinet of Ministers shall determine the mandatory contribution rate for persons subject to mandatory social insurance and the distribution thereof according to the types of social insurance for the following year. Accordingly in 2014 the rates stayed the same but in 2013 the mandatory contribution rate was 35.09 per cent from which an employer paid 24.09 per cent and an employee - 11 per cent.

Social insurance contribution rate for self-employed persons is 30.58 per cent of declared earnings, while the minimum amount of earnings subject to contributions is 4 400 EUR per year.

Voluntary insurance:

- the voluntary pension insurance contribution rate is 23.86 per cent, but for spouses of self-employed person it amounts to 31.47 per cent. The contribution base is declared by the voluntarily insured person. The minimum amount of earnings subject to contributions is 4 400 EUR per year;
- the voluntary contribution rate for employees of a micro-enterprise paying the micro-enterprise tax is 34.09 per cent (covering all types of social insurance). The contribution base is declared by the voluntarily insured persons themselves, provided that their income does not exceed 720 EUR per month.

The State budget pays compulsory contributions of 20 per cent of 71.14 EUR per month on behalf of:

- spouses residing abroad with their partners who are on diplomatic or consular duties;
- persons during child care period receiving child care benefit for adoptee;
- persons receiving disabled child care allowance;
- spouses of persons in the military service residing in the respective foreign country;

- persons performing paid temporary public work.

The State budget pays compulsory contributions of 20 per cent of 142,29 EUR per month on behalf of individuals taking care of a child under 1.5 years of age and receiving child raising allowance.

The State social insurance special budget covers the compulsory contributions on behalf of:

- recipients of unemployment benefit: 20 per cent of unemployment benefit;
- unemployed disabled persons: the rate is 20 per cent from 50 per cent of the national average insurance contribution wage of the previous year or 20 per cent of the compensation for the loss of the capacity of work;
- recipients of maternity benefit, paternity benefit or sickness benefit: 20 per cent of sickness, paternity or maternity benefit;
- individuals taking care of a child below one year of age and receiving parental benefit: 20 per cent of 142,29 EUR per month.

Family benefits, except parental benefit are financed by the State. In case the amount of parental benefit granted is lower than the guaranteed minimum parental benefit, the difference is topped up from the State budget.

Starting from 1st January 2009 to 31st December 2013 the object of maximum social contributions was not determined (as part of anti-crisis budget austerity measures) i.e. persons must make social insurance contributions from the entire earned income within the mentioned period. In 2014 the maximum social insurance contribution object was 46 400 EUR, but in 2015 – 48 600 EUR, which is binding for both employees and self-employed.

The untaxable minimum income for the purpose of the Personal Income Tax is maintained at the level of 235 EUR per month (2820 EUR per year) for the pensioners.

Law on State Social Insurance Article 3 Paragraph 1 stipulates that State social insurance is a set of measures organised by the State in order to guarantee a certain income substitute when a person who has made social insurance contributions loses the earned income in case social risks, mentioned before, materialize. Amounts of social insurance benefits are individual and depend on former social contributions made. According to Paragraph 2 the guiding principles of social insurance shall provide for:

- 1) solidarity between social insurance contribution payers and beneficiaries of social insurance services;

2) utilisation of social insurance funds only for social insurance services in accordance with the Law.

Persons who pay social insurance contributions are entitled to the following social insurance benefits and compensations:

Sickness benefit

Legislation governing the general system of cash benefits in case of sickness is stipulated in the Law on State Social Insurance, Law on Maternity and Sickness Insurance, Regulation of Cabinet of Ministers No.270 of 28 July 1998 "Procedures for Calculation of Average Wage Subject to Insurance Contributions and Procedures for Granting, Calculation and Payment of State Social Insurance Benefits", Regulation of Cabinet of Ministers No.152 of 3rd April 2001 "Procedures for Issuance of Sick-Leave Certificates". The social insurance scheme is compulsory for all employees and socially insured self-employed as well as to a spouse of a self-employed persons who have joined the social insurance and provides earnings-related benefits (continued payment by the employer for the initial period).

According to the Law on Maternity and Sickness Insurance, Article 11, a sickness benefit shall be granted if a person is absent from work and thereby loses paid labour income or if a self-employed person loses income due to the following reasons:

- 1) loss of capacity for work due to sickness or injury;
- 2) a need to receive medical assistance of therapeutic or prophylactic nature;
- 3) isolation is necessary due to quarantine;
- 4) treatment in a health care/medical treatment institution during the period of recuperation after a sickness or injury, if such treatment is required in order to restore capacity for work;
- 5) taking care of a sick child aged below 14 years; and/or
- 6) prosthetics or orthotics in a hospital.

The employers pay compensation of no less than 75 per cent of average earnings for the 2nd and the 3rd day of temporary incapacity for work, and no less than 80 per cent from the 4th until the 10th day of incapacity. The total period of continued payments by the employer does not exceed 10 continuous calendar days (no ceiling). Starting from the 11th day, the benefit is paid by the State Social Insurance Agency. The benefit amounts to 80 per cent of the average gross wages upon which contributions have been made during 12 months. This 12-month period ends two months before the month in which the incapacity occurred.

The benefit is paid for a maximum of 26 weeks from the first day of incapacity. Based on a conclusion issued by the State Medical

Commission for the Assessment of Health Condition and Working Ability, the benefit payment period may be extended, but not more than for 52 weeks from the first day of incapacity for work over a three year period if incapacity has been repetitive with interruptions.

Sickness benefit is granted to the insured person who takes care of a sick child under the age of 14. The benefit is paid from the 1st until the 14th day of incapacity for work if the child has been nursed at home. Starting from 15th until the 21st day - if the child has been hospitalized.

In order to provide social security to persons within the scope of available financing in accordance with the laws on the State budget during the crisis the Law on State benefits payment during the period 2009 to 2014 was adopted.

In accordance with this law on a temporary basis (from the 1st January 2010 till the 31st December 2014) the sickness benefit granted in accordance with Article 17 of the Law On Maternity and Sickness Insurance, was disbursed in the following amount:

- 1) if the amount of the granted benefit per one calendar day is lower or equal to 16,38 EUR – in the amount granted; or
- 2) if the amount of the granted benefit per one calendar day exceeds 16,38 EUR, – person receives full sum of that part of the benefit, which does not exceed 16,38 EUR per day and 50 per cent of the sum of that part of the benefit, which exceeds 16,38 EUR per day.

Starting from 1 January 2015 the restrictions, according to the Law on State benefits payment during the period 2009 to 2014 for the amount of sickness benefit, have been abolished.

The benefit must be claimed within 12 months (starting from 2016 within - 6 months) from the first day of the temporary disability and it is subject to personal income tax.

Maternity benefit

According to the Paragraph 1 of the Article 154 of the Labour Law prenatal leave of 56 calendar days and maternity leave of 56 calendar days shall be aggregated and 112 calendar days granted irrespective of the number of days prenatal leave has been utilised prior to child-birth. Thereby the Labour Law guarantees the right of employed women to take leave before and after childbirth up to a total of at least 16 weeks. Furthermore the Paragraph 2 of the Article 154 specifies that a woman, who has initiated pregnancy-related medical care at a preventive medical institution by the 12th week of pregnancy and has continued for the whole period of pregnancy, shall be granted a supplementary leave of 14 days,

adding it to the prenatal leave and calculating 70 calendar days in total. At the same time the Paragraph 7 of the Article 37 of the Labour Law prescribes that it is prohibited to employ a pregnant woman two weeks prior to the expected birth and a woman two weeks after childbirth. The time of the expected birth and the fact of birth shall be certified by a doctor's opinion.

The first part is paid for 56 or 70 days of the maternity leave. The benefit for 70 calendar days is paid to expectant mothers who are undergoing medical supervision from their 12th week of pregnancy.

The second part – for 56 or 70 calendar days – is paid after childbirth. The benefit for 70 days can be obtained, if:

- The mother has had health problems during her pregnancy, childbirth or postpartum period;
- Two or more babies are born.

The maximum period for which the maternity benefit can be obtained is 140 days.

In the event of a preterm birth, i.e. a birth before the start of the maternity leave, the maternity benefit is granted on the same terms, not less than for 112 calendar days.

If an employment relationship is terminated due to winding-up of the workplace, the maternity benefit is granted, if the maternity leave has started not later than within 210 days after the termination of the employment relationship.

The mentioned provisions of the Labour Law were drafted in accordance with the Article 8 of the Council Directive 92/85/EEC of 19th October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC), thereby transposing the Directive's requirements into the Labour Law.

Legislation concerning the general system of cash benefits in case of maternity is stipulated in the Law on State Social Insurance, Law on Maternity and Sickness Insurance, Law on State benefits payment during the period 2009 to 2014 of 16 June 2009, Regulation of Cabinet of Ministers No.270 of 28th July 1998 "Procedures for Calculation of Average Wage Subject to Insurance Contributions and Procedures for Granting, Calculation and Payment of State Social Insurance Benefits", Regulation of Cabinet of Ministers No. 152 of 3rd April 2001 "Procedures for Issuance of Sick-Leave Certificates".

According to the Article 10 of the Law on Maternity and Sickness Insurance maternity benefit and paternity benefit is granted in an amount

of 80 per cent of the average insurance contributions wages upon which contributions have been made.

Under the Article 31 of the Law on Maternity and Sickness Insurance average insurance contribution wage for a calculation of State social insurance benefit (including maternity benefit) shall be identified from insurance contributions wage for period of twelve calendar months, terminating this period two calendar months before the month, when the case of insurance occurred.

If during the aforementioned period the insured person is not registered as payer of the State social insurance contributions or he/she has not received wage due to leave without retention of work remuneration, the State social insurance benefit – in case of maternity or paternity benefit – shall be calculated for the amount of 70% of the State monthly average insurance contribution wage.

In the event that during aforementioned period the insured person has not received the average insurance contribution wage due to temporary disability, pregnancy and childbirth, or childcare leave, then for the calculation of the State social insurance benefit average insurance contribution is calculated from insurance contribution wage for previous twelve calendar months providing opportunity to step back and calculate the average insurance contribution wage for another period of one year from the day when the insurance case occurred.

The average insurance contribution wage and the benefit amount are calculated in accordance with Regulation of Cabinet of Ministers No 270 of 28th July 1998 "Procedure of average insurance contribution wage calculation and the procedure of allocation, calculation and payment of the State social insurance benefits". According to the Regulation mentioned the average insurance contributions wage for a calculation of maternity benefit for person, who has obtained the insurance contribution wage during the twelve month period (stipulated by the Law on the Maternity and Sickness Insurance), shall be calculated according to the following formula:

$Vd = (A1 + A2 \dots + A12) : D$, where

Vd – average insurance contribution wage per calendar day. Average insurance contribution wage per calendar day for calculation of maternity benefit shall not exceed 1/365 from the maximum annual amount of the State social insurance compulsory contributions, being effective on the day when the case of insurance occurred, (Paragraph four of the Article 31 of the Law on the Maternity and Sickness Insurance);

A1, A2... – insurance contribution wage payment sum, obtained during the period of twelve calendar months prescribed by the Article 31 of the Law on the Maternity and Sickness Insurance within respective calendar

month (except for premiums, bonuses, benefits and other types of compensation, which the employer has disbursed to the person in accordance with that provided for in the collective work agreement or employment contract during temporary incapacity or while the person was on pregnancy and maternity leave, child care leave or leave without maintaining remuneration for work that was granted in relation to the necessity to take care for a child);

D – number of calendar days during the twelve month period prescribed by the Article 31 of the Law on the Maternity and Sickness Insurance (not including therein the calendar days of temporary incapacity for which the sickness benefit has been paid, calendar days for pregnancy and maternity leave, calendar days for leave granted to the father of the child, leave without maintaining remuneration for work that was granted in relation to the necessity to take care of a child and child care leave).

If during the period of determination of average insurance contributions wage prescribed by the Article 31 of the Law on the Maternity and Sickness Insurance (twelve month period) a person was not registered as a payer of the State social insurance contributions or he/she has not received the average insurance contribution wage due to leave without retention of work remuneration, average insurance contribution wage per calendar day shall be calculated according to formula as follows:

$V_d = V_{vid} \times 0,7 \times 12 : D_k$, where

V_d – average insurance wage per calendar day;

V_{vid} – average insurance wage payment sum per month determined in the State, calculated from insurance wage payment in the State for twelve month period of calendar year, by end of this period one calendar year, before the year, when the entitlement for benefit occurred;

D_k – number of calendar days during the twelve month period prescribed by the Law on the Maternity and Sickness Insurance.

Maternity benefit is calculated according to formula:

$P_m = V_d \times D_g \times 0,8$, where

P_m – amount of maternity benefit;

V_d – average insurance payment wage per calendar day;

D_g – number of calendar days for prenatal and postnatal leave.

Starting from 1st January 2013 according to the Law on State benefits payment during the period 2009 to 2014 on a temporary basis – until 31st December 2014, parent who is caring for a child born after 2nd November 2010, receives full sum of benefits (maternity, paternity and parental benefit) with a precondition that the benefit amount per day is lower or equals to 32,75 EUR. If the benefit amount per day is higher than 32,75 EUR, the parent receives full sum of that part of the benefit, which does not exceed 32,75 EUR per day plus 50 per cent of the sum of that part of

the benefit, which exceeds 32,75 EUR per day.

Starting from 1st January 2015, the restrictions, according to the Law on State benefits payment during the period 2009 to 2014 for the amount of maternity benefit, have been abolished.

For self-employed women, the average insurance contributions wage is calculated in accordance with the average contributions made during the period of the last 12 months ending one quarter (3 months) before the quarter in which the pregnancy leave began. The benefit must be claimed within 12 months (starting from 2016 within - 6 months) from the first day of the maternity leave and it is not taxable.

Maternity benefit can be transferred to the beneficiary's bank account or postal accounts system (PNS).

Paternity benefit

In accordance with the Law "On Maternity and Sickness Insurance" paternity benefit is granted to socially insured person if this person is employed on the day the benefit is granted (is deemed to be an employee or a self-employed person in accordance with the Law "On State Social Insurance").

Article 10.1 prescribes that paternity benefit shall be granted and disbursed to the father of a child for ten calendar days of the leave granted due to the birth of the child. An application from the benefit claimant, the birth certificate of a child with an entry regarding the father of the child and an employer's certification regarding the father being on leave due to the birth of a child form the grounds for granting a paternity benefit. Paternity leave due to the birth of a child has been granted not later than two months after the birth.

According to the Article 10 of the Law on Maternity and Sickness Insurance paternity benefit is granted in an amount of 80 per cent of the average insurance contribution wage upon which contributions have been made during 12 months. This 12 months period ends two months before the month in which the leave started.

The average insurance contribution wage and the benefit amount are calculated in accordance with Regulation of Cabinet of Ministers No 270 of 28th July 1998 "Procedure of average insurance contribution wage calculation and the procedure of allocation, calculation and payment of the State social insurance benefits".

For self – employed person, the average insurance contribution wage is calculated for the 12 month period ending one quarter before the quarter in which the leave in relation to the child's birth begins.

Paternity benefit shall be calculated according to formula:

$P_p = V_d \times D_p \times 0,8$, where

P_p – amount of maternity benefit;

V_d – average insurance payment wage per calendar day;

D_p – number of calendar days of the leave granted to the father of the child.

Starting from 1st January 2013 according to the Law on State benefits payment during the period 2009 to 2014 on a temporary basis – until 31st December 2014, the parent who is caring for a child born after 2nd November 2010 receives full sum of benefits (maternity, paternity and parental benefit) with a precondition that the benefit's amount per day is lower or equal to 32,75 EUR. If the benefit amount per day is higher than 32,75 EUR, the parent receives full sum of that part of the benefit, which does not exceed 32,75 EUR per day plus 50 per cent of the sum of that part of the benefit, which exceeds 32,75 EUR per day.

Starting from 1st January 2015 the restrictions, according to the Law on State benefits payment during the period 2009 to 2014 for the amount of paternity benefit, have been abolished.

The benefit must be claimed within 12 months (starting from 2016 within - 6 months) from the first day of the leave, granted in relation to child's birth and it is not taxable.

Paternity benefit can be transferred to the beneficiary's bank account or postal accounts system (PNS).

Family benefits

Legislation governing the general system of family benefits is stipulated in the Law on State Social Insurance of 1st October 1997, Law on State Social Benefits of 19th November 2002, Law on Maternity and Sickness Insurance, of 23rd November 1995, Law on State benefits payment during the period 2009 to 2014 of 16th June 2009. The childcare benefit and supplement to the care benefit or parental benefit is granted in accordance with Regulations of Cabinet of Ministers No.1609 of 22nd December 2009 "Regulations regarding the amount of the allowance for child care and supplement to the allowance for child care and parental benefit for the birth of twins or more children born during one delivery, its review, granting and disbursement procedure of the allowance and the supplement". The average insurance contribution wage and the benefit amount are calculated in accordance with Regulation of Cabinet of Ministers No 270 of 28th July, 1998 "Procedure of average insurance contribution wage calculation and the procedure of allocation, calculation and payment of the State social insurance benefits". Regulation of Cabinet of Ministers No.1517 of 22nd December 2009 "Regulations

regarding the amount of the family state benefit and supplement to the family state benefit for a disabled child, reviewing procedure and the procedures for granting and payment of the benefit and supplement”.

In accordance with the Article 3 of the Law on State Social Benefits there are following benefits paid for facilitation of family welfare:

Family state benefit (Article 6 of the Law on State Social Benefits) shall be granted to a person raising a child. Non-contributory benefit is paid to one of a child’s parents or a person who actually takes care of a child according to a court’s decision. Benefit shall be granted for each child who: 1) is in the age from one year to 15 years; 2) is older than 15 years, studies in a general education or vocational training institution and has not entered into marriage. In such case an allowance shall be granted for the time period during which a child attends an educational institution and up to, but not after, the day when he/she has reached 19 years of age or entered into marriage. If a child who has been under guardianship has reached 18 years of age, an allowance shall be granted directly to the child who has reached the age of legal majority. An allowance shall not be granted for a child who, in accordance with the number of places financed by the State or local government, has been admitted to a vocational education programme and receives a scholarship in accordance with the procedures set out in regulatory enactments.

According to the Law “On State benefits payment during the period 2009 to 2014”, some restrictions were introduced regarding payment of State benefit. In the period from 1st July 2009 to 31st December 2014 family state benefit was defined in constant amount – 11,38 EUR per month for each children in family, without differentiating of benefit amounts based on the number of children in a family. In 2012 reposing on the decision of the Cabinet of Ministers and informative report “On evaluation of social security provisions planned to come into force in 2013 - 2015” it has been approved to continue the temporary payment of the family state benefit in reduced flat rated amount of 11,38 EUR per month per each children in 2013 and 2014 (Amendments to law on State social benefits, Paragraph 16 of Transitional regulation adopted on 15th November 2012).

On 1st January 2015, Paragraph 3, Article 15 Paragraph 3 of the law on State social benefits came into force prescribing that the state family allowance for the second child shall be 2 times, for the third and the next children – 3 times higher than for the first child in a family. Therefore the differentiation of benefit amount depending on the number of children in the family and payment of benefit in doubled amount for the second child in the family and tripled amount for the third and each subsequent child in the family was introduced. Thus in 2015 the system of family state

benefit was optimized, targeting the support to large families with children.

A supplement to the family state benefit is granted for a disabled child under 18 years of age in the amount specified by the Cabinet of Ministers. The right to this supplement for a person raising a disabled child is from the day of granting of the status of a disabled child, regardless of the payment of the State family allowance, until the disabled child is aged 18. The amount of benefit is 11,38 EUR per child. The benefit is not taxable.

Supplement to family state benefit for disabled child (Article 6 Part 3 of the Law on State Social Benefits)

Family State benefit is granted in accordance with the Regulation of Cabinet of Ministers No. 1517 of 22nd December 2009 “Regulations regarding the amount of the family state benefit and supplement to the family state benefit for a disabled child, reviewing procedure and the procedures for granting and payment of the benefit and supplement”.

Amount of the supplement to the family state benefit for disabled child under 18 years of age is 106,72 EUR per month, granted to one of child’s parents, guardian or adopter or a person who is actually raising a child established by the decision of the orphan’s court.

Child birth benefit (Article 8 of the Law on State Social Benefits)

The benefit is granted in accordance with the Regulation of Cabinet of Ministers No. 1546 of 22nd December 2009 “Regulations Regarding Procedures for Granting and Payment of Child Birth Benefit”.

Child birth benefit (non-contributory benefit) is granted in case of child birth to one of the parents of a child; or to a person who has taken guardianship of the child below one year of age. The entitlement to the child birth benefit arises from the eighth day of the child’s life who has received the personal identification code or from the day of the establishment of guardianship. The amount of child birth benefit (lump-sum) is 421,17 EUR as well as the supplement for every child is paid. In the period until 4 April 2010 – 421,17 EUR and the supplement, but after 4 April 2010 only the benefit is paid, without any supplements. The benefit amount is 421,17 EUR per child. The benefit is not taxable.

Disabled child care benefit (Article 7.1 of the Law on State Social Allowances)

The benefit is granted according to the Regulation of Cabinet of Ministers No. 1607 of 22nd December 2009 “Regulations regarding the amount of the disabled child care benefit, reviewing procedure and the procedures for granting and payment of the benefit”.

In order to provide additional support for families caring for children with disabilities with serious functional disorders, and to ensure more wholesome development of such children and safer care at home, the State provides for those families disabled child care benefit (non-contributory benefit). The benefit is a monthly lump-sum payment to one of the disabled child's parents or to a person who actually takes care of the child following the court decision. The benefit shall be granted to the person caring for the child up to the age of 18 or until the end of term of established disability or the statement for need of special care. The person may receive the benefit even if he/she is working. The amount of benefit is 213,43 EUR per month. The benefit is not taxable.

Child care benefit (Article 7 of the Law on State Social Benefits)

Till the 20th November 2013 in accordance with the Article 7 of the Law on State Social Benefits child care benefit was granted to a person taking care for a child:

- 1) up to one year of age, if this person was not been employed on the day of the granting the benefit (is not deemed to be an employee or self-employed person in accordance with the Law on State Social Insurance);
- 2) from one year up to two years of age.

The amount of childcare benefit on 1st January, 2013 was:

- for persons who were not employed and who were raising children under 1 year of age: 142,29 EUR per month;
- for persons who are raising children under 1,5 year of age 142 EUR per month;
- for persons who are raising children between 1,5 to 2 years of age 42,69 EUR per month.

The amount of the supplement is:

- to persons who are raising children under 1,5 year of age: 142 EUR per month for each forthcoming child;
- to persons who are raising children between 1,5 to 2 years of age: 42,69 EUR per month for each forthcoming child.

In accordance with amendments to the Article 7 of the Law on State Social Benefits adopted by the Parliament on 17th October 2013 and on the 20th November 2013, child care benefit is granted to a person taking care for a child up to two years of age without any restrictions in relation to employed or self-employed person. The benefit for child care shall not be granted for the child in relation to the birth of whom a maternity benefit or parental benefit has been granted during the same period.

In accordance with amendments to the Article 7 and Transitional provisions of the Law on State Social Benefits, adopted by the

Parliament on 11th November 2013 on 1st October 2014 the new system regarding childcare and parental benefit was introduced and child care benefit is now granted simultaneously with parental benefit.

If the child care benefit or parental benefit has been granted for twins or more children born during one delivery, a supplement is granted for twins or more children born during one delivery. This supplement is granted for each next child in the amount specified by the Cabinet of Ministers.

The child care benefit and supplement to the care benefit or parental benefit is granted in accordance with Regulations of the Cabinet of Ministers No.1609 of 22nd December 2009 “Regulations regarding the amount of the allowance for child care and supplement to the allowance for child care and parental benefit for the birth of twins or more children born during one delivery, its review, granting and disbursement procedure of the allowance and the supplement”.

On 1st January 2014 amounts of child care benefit and supplement increased for persons who are raising children under 1,5 years from 142 EUR to 171 EUR. The benefit is not taxable.

The benefit must be claimed within 12 months (starting from 2017 – 6 months) from the moment of acquiring the right.

Parental benefit

In accordance with the Law On Maternity and Sickness Insurance of 1st January 2008 a parental benefit is granted and paid to socially insured person who are on child care leave or continue to work during child care period (after 3rd May 2010 only to persons who are on child care leave) and who are raising children under 1 year of age, if person has been employed on the day the benefit is granted (is considered to be an employee or self-employed person in accordance with the Law on State Social Insurance). The benefit is granted to one of the parents or a person who has taken guardianship of a child. A person is eligible for the parental benefit starting from the moment when maternity benefit is over. The benefit is not taxable.

Average insurance contribution wage and benefit amount is calculated in accordance with the Regulations of Cabinet of Ministers No.270 of 28th July 1998 “Average insurance contribution wage calculation procedure and procedure for granting, calculation and payment of State social insurance benefits”.

Since 1st January, 2013 until 31 December, 2014 a socially insured person who is on the leave for child care or does not gain income as self-

employed person due to taking care of the child, receives the parental benefit for child, in the following amount:

- 1) if the amount of benefit granted per one calendar day is lower or equal to 32,85 EUR - in the allocated amount;
- 2) if the amount of benefit granted per one calendar day exceeds 32,85 EUR, then 32,85 EUR plus 50 per cent from the sum of allocated benefit exceeding 32,85 EUR.

Starting from 1st January 2015 the restrictions, according to the Law on State benefits payment during the period 2009 to 2014 for the amount of parental benefit, have been abolished.

If parental benefit is granted for twins or more children born during one delivery then besides the benefit, State grants an additional payment for each additional child in the amount specified by the Cabinet of Ministers. One of child's parents taking care of the child up to 1,5 year of age receives an additional payment to parental benefit – 142,8 EUR per month for each additional child. One of parents taking care of the child from 1,5 to 2 years of age receives the additional payment in the amount of 42,85 EUR per month for each additional child.

From October 1st, 2014 following provisions came into force:

- person can choose length of parental benefit payment – up to 1 year of child's age (in the of 60 per cent from social insurance contribution wage) or up to 1,5 year of child's age (in the amount of 43,75 per cent from social insurance contribution wage);
- person can receive parental benefit and work at the same time (in amount 30 per cent from granted benefit);
- simultaneously with parental benefit the person can receive also child care benefit -171 EUR per month;
- the minimum amount of parental benefit is not applied.

This is a compulsory social insurance scheme for all employees and self-employed persons, providing earnings-related benefits.

Unemployment benefit

Legislation governing the general system of unemployment benefits is stipulated in the Law on State Social Insurance of 1st October 1997, Law on Unemployment Insurance of 25th November 1999, Law on State benefits payment during the period 2009 to 2014 of 16th June 2009. The legal framework in regard to employment, including vocational guidance and training is The Support for Unemployed Persons and Persons Seeking Employment Law. The purpose of this Law is to provide support

for unemployed persons, persons seeking employment and persons subject to the risk of unemployment. The average insurance contribution wage and the benefit amount are calculated in accordance with Regulation of Cabinet of Ministers No 866 of 21st October 2008 "Procedures for the Calculation of the Average Wage Subject to Insurance Contributions for the Determination of the Amount of Unemployment Benefit and Procedures for the Granting, Calculation and Disbursement of Unemployment Benefit and Funeral Benefit".

Unemployment benefit – a contributory benefit paid to registered unemployed, given that the person is complying with the PES requirements - actively looking for a job, undertaking training, etc. Persons receiving old-age pensions (including early retired), disabled, self-employed, persons working while incarcerated, are not eligible for unemployment benefit. There is a minimum length of service which makes a person eligible for the unemployment benefit. The benefit is not taxable.

Pursuant to the Law on Unemployment Insurance - unemployment benefit can be received if a person:

- has registered in State Employment Agency and acquired the status of unemployed person;
- if social insurance contribution duration is no less than one year and social insurance contributions before acquisition of the status of unemployed person were made or had to be made not less than for 9 months during previous 12 months before the status of unemployed person was granted;
- was disabled or was taking care of a disabled child up to 16 (starting from 3rd July, 2015 up to 18) years of age;
- has regained ability to work after a disability.

The maximum duration of the eligibility for unemployment benefit is 9 month within one year after it has been granted. The benefit calculation formula is unified for all benefit receivers.

The average insurance contribution wage (income from which State social insurance contributions are made) for determining unemployment benefit is calculated from the person's insurance contribution wage for a 12 month period, such period ending two calendar months prior to the month in which the person became unemployed.

In order to provide social security to persons within the scope of available financing in accordance with the laws on the State budget during the crisis the Law on State benefits payment during the period 2009 to 2014 was adopted.

In accordance with this law on a temporary basis (from the 1st January 2010 till the 31st December 2014) unemployed person receives full sum of unemployment benefit with a precondition that the benefits' amount per day is lower or equal to 16,38 EUR. If the amount of the benefit per day is higher than 16,38 EUR, the person receives full sum of that part of the benefit, which does not exceed 16,38 EUR per day plus 50 per cent of the sum of that part of the benefit, which exceeds 16,38 EUR per day.

Accordinging amendments adopted to the Law on Unemployment Insurance Article 9, since 2013 the duration of the unemployment benefit has been extended irrespective of the length of service – socially insured persons may receive the unemployment benefit for 9 months, thus promoting self-activation of the unemployed in job search and improvement of their situation.

Starting from 1st January 2015 the restrictions, according to the Law on State benefits payment during the period 2009 to 2014 for the amount of unemployment benefit, have been abolished. The benefit is now paid in accordance to actual social insurance contributions made.

In accordance with the Law on State Social Insurance for the unemployed, who until the day of obtaining of the status of the unemployed was an employee, the benefit amount is determined in proportion to the total length of the insurance (employment) record, and in accordance with income, from which unemployment contributions have been made:

- 1) with an insurance period from one to nine years (inclusive): in the amount of 50 per cent from average insurance contribution wage;
- 2) with an insurance period from ten to nineteen years (inclusive): in the amount of 55 per cent from average insurance contribution wage;
- 3) with an insurance period from twenty to twenty-nine years (inclusive): in the amount of 60 per cent from average insurance contribution wage;
- 4) with an insurance period above thirty years (inclusive): in the amount of 65 per cent from average insurance contribution wage.

The unemployment benefit is payable in the following amount depending on duration of unemployment:

- first 3 months of unemployment: 100 per cent of the set benefit;
- from 4-6 months of unemployment 75 per cent of the set benefit;
- from 7-9 months of unemployment 50 per cent of the set benefit.

If, before acquiring the status of the unemployed the person:

- raised a child under the age of eighteen months and received the child care benefit (contributions have been made by the State);
- has been disabled and regained working ability;
- has taken care of a disabled child below 16 (starting from July 3, 2015 – 18).

The unemployment benefit is granted in the amount of 60 per cent of the double amount of the State social security benefit (currently 76,84 EUR per month for the first three months (State social security benefit 64,03 EUR x 2 x 60 per cent = 76,84 EUR), after that the amount of the unemployment benefit is reduced – for the following three months the benefit is 75 per cent of the benefit amount granted, and for the last three months – 50 per cent of the benefit amount granted).

In the aforementioned cases a person is entitled to receive the benefit, even if during the last 12 months prior to obtaining the unemployed status no unemployment contributions have been made on behalf of him/her, or they have been made for a period of less than 9 months.

It should be noted, however, that the benefit will be granted only if the person requesting this benefit has been registered at the State Employment Agency for obtaining the unemployed status within 1 month after regaining work capacity or after his/her disabled child has reached the age of 16 (starting from July 3, 2015 – 18).

Person can't receive the parental benefit and unemployment benefit at the same time. Payment of the parental benefit is suspended for the duration of the unemployment benefit.

Payment of the unemployment benefit shall be suspended for the duration of the sickness benefit or maternity benefit.

Unemployment allowance during occupational training, retraining and raising of qualification and during obtaining of informal education – the training allowance is paid to registered unemployed, who participate in a training programme. The allowance amounts to a fixed amount per month, or, if training takes less than one month, the allowance is paid proportionally to the time spent in training. The allowance is not taxable.

Accident at work or occupational disease

The main legislation concerning the general system of benefits in respect of accidents at work and occupational diseases is stipulated in Law on State Social Insurance of 1st October 1997 and Law on Compulsory Social Insurance against Accidents at Work and Occupational Diseases of 2 November 1995 according to the insurance compensation is paid. Regulation of Cabinet of Ministers No. 908 of 6th November 2006 "Procedures for Investigation and Registration of Occupational Disease",

Regulation of Cabinet of Ministers No. 950 of 25th August 2009 "Procedures for Investigation and Registration of Accidents at Work", Regulation of Cabinet of Ministers No. 378 of 23rd August 2001 "Procedures for Calculation, Financing and Payment of Insurance Indemnity Related to Accident at Work", Regulation of Cabinet of Ministers No. 152 of 3rd April 2001 "Procedures for Issuance of Sick-Leave Certificates".

Procedure on the calculation of insurance compensation is stipulated by Regulation of Cabinet of Ministers No. 50 of 16th February 1999 "Procedures for Granting and Calculation of Insurance Compensation of Compulsory Social Insurance against Accidents at Work and Occupational Diseases.

According to the Law on Compulsory Social Insurance against Accidents at Work and Occupational Diseases a socially insured person who due to the work injury or occupational disease has a temporary incapacity for work, loss of capacity for work or death, is entitled to receive insurance compensation. In case of death of an insured person, family members who are incapable for work and who were dependent on deceased person, are entitled to receive the insurance compensation (indemnity). Person, who after 1st January 1997 was insured against risks of accident at work and occupational diseases, is entitled to receive insurance compensation due to occupational disease. Types of insurance compensation:

- sickness benefit;
- compensation for the incapacity for work;
- compensation for additional expenses due to medical treatment and rehabilitation, care of a person, purchase and repair of special equipment, transportation costs for the visitation of a doctor. The total amount of the following expenses may not exceed 25 times the amount of the State social security benefit (64.03 EUR) per case.

In case a person has died due to an accident at work or an occupational disease, his/her family members are entitled to receive:

- a survivor's benefit;
- a funeral allowance.

Insurance compensation amount depends on the average contribution wage, considering the last 12 months (except two month before the month, when the accident at work occurred or the occupational disease was diagnosed, the person has temporarily lost the ability to work or died due to an accident at work or an occupational disease.

Sickness benefit is paid for a maximum of 26 weeks from the first day of incapacity. Based on a conclusion issued by the State Medical

Commission for the Assessment of Health Condition and Working Ability, the benefit payment period may be extended, but not more than for 52 weeks from the first day of incapacity for work over a three year period if incapacity has been repetitive with interruptions.

Sickness benefit is allocated in the amount of 80 per cent of the average contribution wage and is paid from the State social insurance special budget:

- in the event of an accident at work - starting from the 11th day of the incapacity for work (the employers pay compensation of no less than 80 per cent from the 1st until the 10th day of incapacity for work. The total period of continued payments by the employer will not exceed 10 continuous calendar days);
- in case of an occupational disease – starting from the 1st day of the incapacity for work.

The compensation for the loss of work capacity is calculated depending on the degree (proportion) of incapacity determined by the competent institution – State Medical Commission for the Assessment of Health Condition and Working Ability and the average social insurance contribution wage.

Percentage of the average monthly earnings depending upon reduced loss of work capacity:

Reduced capacity	Percentage of earnings
100 %	80 %
90-99 %	75 %
80-89 %	70 %
70-79 %	65 %
60-69 %	60 %
50-59 %	55 %
40-49 %	50 %
30-39 %	45 %
25-29 %	35 %

If insured person who receives compensation for the loss of ability to work is unable to take care of himself/herself and is in need of assistance from another person, the State Social Insurance Agency may increase compensation for the loss of ability to work by up to 50 per cent of the compensation a person is entitled to. In case of accumulation with service or old age pension, the difference between service or old age pension and accident at work benefit is paid. If the amount of the granted service or old-age pension equals to or exceeds the benefit for loss of capacity for work, the payment of the benefit for loss of capacity for work is terminated. No accumulation possible with survivor's pension, invalidity pension and unemployment benefit.

The amount of survivor's benefit depends on the number of persons that were provided for. Thus the benefit shall be calculated on the basis of the average monthly wage subject to insurance contributions of the insured person, and benefits shall be granted in the following amounts:

- 1) to the surviving spouse and the parents – up to 25 per cent;
- 2) to the surviving spouse, one of the grandparents (irrespective of their age), one of the adult brothers/adult sisters, if he/she is raising a child of the insured person under the age of eight years - up to 25 per cent. The same applies to the surviving spouse who is expecting a child of the insured person after his death;
- 3) to the children of the insured person until reaching the age of 18, if one of the parents has survived: a) to one child – up to 25 per cent; b) to two children – up to 35 per cent; c) to three children – up to 45 per cent; and d) to four and more children – up to 55 per cent;
- 4) to the children of the insured person until reaching the age of 18, if they have become orphans: a) to one child – up to 40 per cent; b) to two children – up to 50 per cent; c) to three children – up to 60 per cent; and d) to four and more children – up to 70 per cent.

Children who at the time of the death of the provider are full-time students of secondary or higher educational institutions, receive the compensation for the loss of a provider till the age of 24.

The benefit is not taxable. Concerning the indexation, please see the information provided below.

Pensions

The main legislation governing the general system of the pension policy is stipulated in Law on State Social Insurance of 1st October 1997, Law on State Pensions of 2nd November 1995, Law on State Funded Pensions of 17th February 2000, Law on Private Pension Funds of 5th June 1997, Law on State Social Benefits of 19th November 2002, Regulation of Cabinet of Ministers No. 205 of 27 March 2007 "Procedures for Calculation of Insurance Contribution Wage Index and Updating of the Old-Age Pension Capital", Regulation of the Cabinet of Ministers No. 1445 of 10th December 2013 "Regulation Regarding the Planned Time Period of the Old Age Payment Applied for Pension Calculation", Regulation of Cabinet of Ministers No. 1024 of 16th December 2008 "Regulations Regarding Monthly Supplement to Old Age and Disability Pension", Regulation of Cabinet of Ministers No. 542 of 27th June 2006 "Procedures for Payment of State Pensions Granted in the Republic of Latvia to Persons After Departure for Permanent Residence in Foreign States", Regulation of Cabinet of Ministers No. 165

of 23rd April 2002 “Procedures for Producing Evidence, Calculation and Registration of Insurance Periods”, Regulation of Cabinet of Ministers No. 398 of 15th July 2014 “Regulations for Reviewing Amount of State Pension”, Regulation of Cabinet of Ministers No. 924 of 5 December 2011 “Regulations on Minimal Amount of Old Age Pension”, Regulation of Cabinet of Ministers No. 1605 of 22nd December 2009 “Regulations Regarding the Amount of the State Social Security Benefit and Funeral Benefit, Procedures for the Review thereof and Procedures for the Granting and Disbursement of the Benefits”, Regulation of Cabinet of Ministers No. 272 of 27th May 2003 “Regulations Regarding the Activity of State Funded Pensions Scheme”, Regulation of Cabinet of Ministers No. 46 of 22nd January 2013 “Regulations on Certificate for Service Pension Receiver”, Regulation of Cabinet of Ministers No. 237 of 29th June 1999 “Procedures by which a special State Pension is Granted, Disbursed and Recalculated to Former Deputies of the Supreme Council of the Republic of Latvia”.

There is a three-pillar pension system in Latvia:

- First - state obligatory non-funded pension scheme;
- Second - state obligatory funded pension scheme;
- Third - private voluntary pension scheme.

It is an insurance system combining the individual personal interest for secured old age with solidarity of generations. The key principle of pension system: the higher social insurance contributions today higher is pension tomorrow. Simultaneousness of all three pillars ensures the stability of pension system.

The amount of pension in all three pillars depends on the contributions therefore those who contribute more or delay retirement to older age gain more income when retired. A common trait is also the fact that in all three levels these contributions are being accumulated (conditionally or directly) by earning the interest and forming pension capital.

Participating in the three pillar scheme one has more opportunities to secure the old age. Since the financial condition of the first pillar scheme is mainly influenced by demographic and labour market factors but funded schemes - by the financial capital market, these levels support one another by mutually squaring out the risks on their way to implementing a common objective - welfare of pensioners.

The national defined contribution pension scheme (NDC PAYG) as a 1st pillar of State pension system (State obligatory non-funded pension scheme) is regulated by the Law on State Pensions which came into force on 1st January 1996. This pension scheme is based on social insurance contributions and functions according to the principle of

generation solidarity. It means that contributions made by socially insured persons are directed to pay of current pensions. The intention is that the able-bodied population would fully engage in the State social insurance and continue working as long as possible, delaying the retirement to older age.

A following principle is implemented:

- higher contributions give more old- age income,
- older retirement age yields even more income.

The State pension system (based on social insurance contributions) guarantees old age pensions, survivor's pensions and disability pensions.

Old age pension

Notional defined contribution pension scheme (NDC PAYG) covers both pensioners, whose pension was granted before 1996 and pensioners, whose pension according to the new legislation, is calculated by the new pension formula basing on social insurance contributions, which have been made since January 1996 registered in a personalized account. Social insurance contributions, earmarked for the old-age pensions (20 per cent of wage) are recorded in notional (virtual) individual accounts, earning return until retirement and accumulating notional pension capital, while real contributions are used for financing current pension expenditure. At retirement, pensions are calculated by dividing the accumulated notional pension capital by the average number of years projected for the pension payouts at each specific age of retirement (i.e. number of years of projected life expectancy at the date of retirement, average for men and women).

A long transitional period has been defined in Latvia that will end when the generation which began to accumulate its pension capital under the new regulations (since 1st January 1996) will retire. Insurance record in the transition period (before 1st January 1996) is being formed by initial pension capital, it's amount being dependent on the social insurance contribution wage during 1996-1999. Such persons, whose insurance record is not shorter than 30 years, but whose income has been below the State average income level are also supported financially, e.g. for starting capital calculation in relevant years (1996–1999) the average wage in the State is taken into account and not the individual insurance contributions wage.

Socially insured persons (employees, self-employed etc.) paying social insurance contributions provide pensions for current pensioners, while simultaneously accumulating pension capital for their own pensions. In order to ensure uninterrupted pension insurance record during the periods, when a person is economically inactive – being unemployed,

disabled, on parental leave, serving in obligatory military service or in the event of the incapacity for work - social insurance contributions are made from the State budget.

Women and men who have reached 62 years of age (and whose insurance length is at least 10 years, but starting from January 1st, 2014 till December 31st, 2024 whose insurance length is at least 15 years, while from 2025 - no less than 20) are entitled to a pension (amendments to the Law "On State Pensions" were introduced in 14th June 2012, as in force from 2014).

According to the amendments to the Law "On State Pensions" the retirement age gradually increases until 65 (starting from January 1st, 2014 and reaching 65 years in 2025).

Over the period from 2011 to 2013, retirement age for both men and women was 62. Due to the current increase, retirement age for both men and women was 62 and 3 months in 2014 and 62 years 6 months in 2015.

Early pension

The pension can be claimed in advance - before reaching the retirement age, but not before reaching 60 years of age provided the insurance length is no less than 30 years. Early retirement age also increases from 60 to 63: gradually by 3 months every year, starting from 2014 and reaching 63 years in 2025. Voluntary participation in the system is possible.

Article 11 Part 6 of the Law "On State Pensions" prescribes that men and women with an insurance period of no less than 30 years may claim an early pension two years before the standard retirement age. In case of early pension 50 per cent of the granted pension is paid until standard retirement age. The granted amount is restored after reaching standard retirement age.

If a person to whom the early pension (two years before the standard retirement age) has been granted becomes a subject to mandatory social insurance (employee, self-employed person or a person who participates in temporary public works with remuneration) disbursement of the old-age pension is discontinued during the time period until reaching the general retirement age). After that time an old age pension as well as salary could be received.

The following persons may claim an early pension five years before the standard retirement age:

- politically repressed persons with an insurance period of not less than 30 years;

- persons with an insurance period of not less than 25 years if they have taken care of five or more children or of a disabled child during a period of at least 8 years until the child reached the age of 18, and if they have not been deprived of the right to provide care or of custody rights.

Minimum old age pension

The level of the minimum pension depends on the length of the individual pension insurance record. If the insurance record is less than 20 years, the minimum pension is 1.1 x State social security benefit, i.e. 70,43 EUR per month (117,39 EUR per month for a disabled person since childhood);

If the insurance record is between 21 and 30 years, the minimum pension is 1.3 x State social security benefit, i.e. 83,24 EUR per month (138,73 EUR per month for a disabled person since childhood);

If the insurance record is between 31 and 40 years, the minimum pension is 1.5 x State social security benefit, i.e. 96,04 EUR per month (160,07 EUR per month for a disabled person since childhood);

If the insurance record is 41 or more years, the minimum pension is 1.7 x State social security benefit, i.e. 108,85 EUR per month (181,42 EUR per month for a disabled person since childhood).

Old – age pensions are subject to personal income tax.

The State mandatory funded defined contribution (DC) pension scheme as a 2nd pillar of State pension system (State obligatory funded pension scheme) according to the State Funded Pension Law which came into force on July 1, 2001, is administered by State Social Insurance Agency. The aim of State funded pension scheme is without increasing the rate of social insurance contributions for State old-age pensions (i.e. 20 per cent from the salary) to achieve the increase of pension by investing a part of these contributions into financial capital market.

The State Funded Pension Law provides that participants of the 2nd pillar pension scheme upon reaching the statutory retirement age or later, have two options for spending pension capital:

- 1) adding accrued funded pension capital to the notional pension capital, registered at the 1st pillar PAYG pension scheme in the State social insurance pension budget, or
- 2) acquiring life assurance policy.

The second pillar of pension system is compulsory to those under the age of 30 on 1st July, 2001 (born after July 1st, 1971), when the scheme started operation. But those in the age group from 30 to 49 (born from July 2nd, 1951, to July 1st, 1971) could and still can join this pillar

voluntarily. In the long run all the working population will be involved in the 2nd pillar.

Social insurance contributions of those involved in the 2nd pillar or pensions by mediation of their chosen administrator of means are invested in financial market and accumulated for the pension that particular person.

According to the State Funded Pension Law the State funded pension is part of the State old age pension.

When joining the 2nd pillar or pensions no additional social insurance contributions must be made. The total amount of contributions for pension capital (20 per cent from the income) remains constant; nevertheless it is divided between the 1st and the 2nd pillar or pensions. In 2011 - 2012, 2 per cent from the income have been directed to the 2nd pillar, in 2013 - 2014 – 4 per cent, but in 2015 – 5 per cent.

The 3rd level of pension system (private voluntary pension scheme) is effective since July 1, 1998, and it aims to accumulating and investing the personally and voluntarily contributed monetary contributions. Pension funds can be closed or open and they can have one or more pension schemes. Participants of a pension scheme can participate in pension plan both directly and through mediation of their employers. Already from 55 years of age a participant can receive all the accumulated capital or continue the participation and receive capital in parts. Accumulated capital is a property of private person irrespective of the entity who made the contributions; moreover it is subjected to inheritance rights. Alleviations of income taxes and social insurance contributions are also determined.

Old – age pensions are subject to personal income tax.

Disability pension

Insured person is entitled to receive disability pension in accordance with the Law on State Pensions Article 14, if a person:

- has not reached the retirement age determined by the law;
- has been acknowledged to be disabled (except the cases when disability has resulted from job accident or occupational disease after January 1st 1997);
- insurance period (social contribution history) is not less than three years.

Amount of the disability pension for groups I and II depends on:

- the persons average insurance contribution wage, that is determined for any 36 months in succession during the last five years before the disability is determined;

- the person's individual insurance period length (social security history);
- from the maximum possible insurance period length, that is determined from the age of 15 until the retirement age determined by the law.

In the case of disability group III the pension is granted in the amount of the State social security benefit – 64,03 EUR, to the disabled since childhood – 106,72 EUR.

If the person during the five year period before granting of disability pension has not been subject to disability insurance, disability pension is granted in a minimum amount

In the case of group I disability pension minimum amount is equal to the State social security benefit to which the ratio of 1.6 is applied (102,45 EUR, to the disabled since childhood – 170,75 EUR),

In the case of group II disability pension minimum amount is equal to the State social security benefit to which the ratio of 1.4 is applied (89,64 EUR, to the disabled since childhood – 149,41 EUR).

Disability pension is subject to personal income tax.

Survivor's pension

The following persons, if they live in Latvia are entitled to receive survivor's pension, if the deceased person has been a socially insured person:

1) children of the deceased person irrespective of the fact whether they had been supported by him/her:

- children under 18 years, irrespective of age;
- children if they have become disabled before reaching the age of 18.

2) family members incapable of work, that had been supported by the deceased person:

- brothers, sisters, grandchildren, younger than 18, if they do not have parents capable of work;
- brothers, sisters, grandchildren, they have become disabled before reaching the age of 18, if they do not have parents capable of work.

Above mentioned persons older than 18 have the right to this pension if they are full time students and are not older than 24.

Pension is granted in accordance with the Law on State Pensions Article 18., 19., 21.,22.

Survivor's pension is calculated taking into account the breadwinner's possible old age pension, but may not be less than 65 per cent of the State social security benefit for each of child (41,62 EUR, to the disabled since childhood – 69,37 EUR).

Survivor's pension is calculated, taking into account the breadwinner's possible old age pension:

for one child – 50 per cent from the pension;

for two children – 75 per cent from the pension;

for three and more children – 90 per cent from the pension.

The estimated old-age pension shall be calculated, assuming that until the month in which the provider would have reached the necessary age to be granted an old-age pension, social insurance contributions have been made for such a wage subject to insurance contributions that was the average for the provider for work or in equivalent periods.

The total amount of the calculated pension shall not be less than the State social security benefit. If survivor's pension is not granted because of inadequate qualifying period, the State social security benefit of 64,03 EUR per month is granted.

For the children, who have lost both parents the survivor's pension is calculated from both – the father's and mother's possible old age pension.

Survivor's pension is subject to personal income tax.

Service pension

The main legislation concerning the service pension policy is stipulated in Law on Service Pensions for Military of 19th March 1998, Law on Service Pensions to Servants of the Military of the Interior with Separate Rank of 2nd April 1998, Law on Service Pensions to Public Prosecutors of 13th May 1999, Law on Service Pensions of State and Local Government Professional Orchestra, Choir, Concert Organisation, Theatre and Circus Artists of 17th June 2004, Law on Service Pensions to Justices of 22nd June 2006, Law on Service Pensions to Diplomats of 2nd November 2006, Law on Service Pensions For Officials of the Corruption Prevention and Combating Bureau of 2nd October 2008, Law on State Social Benefits of 19th November 2002. Persons employed in certain professions whose further work is related to the loss of professional skills or social danger after working a certain amount of time in the profession, have the right to receive a service pension. The amount of the service pension depends on the length of service and on the average contribution wage.

Service pension is granted and calculated in compliance with the Law On

Service Pensions for Employees with Special Service Ranks of the Ministry of Interior”, Law On Service Pensions for Judges”, Law On Service Pensions for Attorneys, Law On Service Pensions for Diplomats”, Law On Service Pensions for Officials of the Corruption Prevention and Combating Bureau”, Law On Service Pensions for Artists of State and Local Government Orchestras, Choirs, Concert Organizations, Theatres and the Circus, Law On Creating Work Benefits for Ballet Artists. In compliance with regulation on service pensions: judges, attorneys, diplomats, officials from the Corruption Prevention and Combating Bureau, employees with special service ranks who were employed in any institution of the Ministry of Interior or the Latvian Prison Administration, artists of State and local government professional orchestras, choirs, concert organizations, theatres and the circus are entitled to service pensions, if the following requirements are met:

- the person has been employed in the profession which provided entitlement to the service pension, for the time defined in the laws of service pensions;
- certain age has been reached;
- person is no longer employed in the profession which provided entitlement to the service pension.

Service pensions are paid from the State budget.

This pension is taxable object in accordance with Article 3, Article 8, Article 12 and 13 of the Law on Personal Income Tax.

As an example diplomat is eligible for a service pension if:

- a person has reached the age of 55 and his/her length of service is not less than 20 years;
- irrespective of the age and the statement of a medical experts' commission has been dismissed from his office due to his/her health condition and whose length of service is not less than 20 year.

The length of service is calculated from the day in which a position of diplomat is granted. The service pension for the diplomat, who has reached the age of 55 with the length of service not less than 20 years and has been dismissed from diplomatic and consular service, is granted in the amount of 65 per cent of the average monthly wage. The amount of the service pension increases by 2 per cent for each service year above 20 years of service.

The official of the Corruption Prevention and Combating Bureau is eligible for a service pension, if:

- a person has reached the age of 50 and his/her length of service is not less than 20 years;
- irrespective of the age and the statement of a medical experts'

commission has been dismissed from his office due to his/her health condition and whose length of service is not less than 20 years.

The service pension for the official, who has reached the age of 50, is granted in the amount of 55 per cent of the average monthly wage. The amount of the service pension increases by 2 per cent for each service year above 20 years of service.

Accumulation is not possible with other State pensions (old age survivor's, service pensions). Claimants entitled to more than one State pension (invalidity, old-age or survivor's pension) shall be granted the highest amount.

Service pension is also subject to indexation.

Indexation

State pensions and compensations are reviewed according to the Law "On State Pensions" Article 26. There is a statutory indexing regime for the State pensions (old-age, disability and survivors pensions as well as service pensions), which takes account of consumers price index (CPI) growth and average wage growth. In 2013 – 2015, old age pensions below a certain threshold are indexed. Also, there is an indexation regime for compensation for the loss of capacity for work due to a work accident or occupational disease, and compensation for the loss of breadwinner.

On 1st September, 2013 the old age, disability, long service pension and pension in case of loss of supporter as well as compensation related to occupational disease and insurance indemnity after the loss of supporter granted (recalculated) by 31st August, 2013 and not exceeding 284,57 EUR are reviewed, applying the index of 1,04.

On 1st October, 2014 state pension or a part of it not exceeding 50 per cent of the average social insured wage is adjusted in accordance with the price index and 25 per cent of the wage index. The above mentioned pensions exceeding 285 EUR are reviewed only partly – the part amount to 285 EUR, applying the index of 1,0274. Starting from October 2015 the above mentioned pensions exceeding 311 EUR are reviewed only partly – the part amount to 311 EUR, applying the index of 1,0158.

The State pensions of politically repressed persons, persons with I group of disability and for liquidators of Chernobyl nuclear power station (NPS) accident (regardless of the type of the pension) are being reviewed each year on 1st October by applying the particular index of that year regardless of the amount of the pension. Starting from 2014 pensions for politically repressed persons is indexed in full amount but from 2015 also for persons with I group of disability and for liquidators of the Chernobyl nuclear power station (NPS) accident.

State social security benefit

According to Article 13 of Law on State Social Benefits State social security benefit is granted to a person who is not entitled to receive the State pension (old age/invalidity/survivors) (except for pension in case of loss of the supporter for a disabled person) or insurance indemnity in case of accident or occupational disease. The benefit is a fixed amount per month, not taxable.

It is granted to:

- disabled persons (including disabled persons since childhood) older than 18 years of age and not entitled to State pension except for pension in case of loss of the supporter for a disabled person. In such cases the benefit is granted for the set period of disability;
- unemployed persons who have exceeded the statutory age of retirement by five years. In such cases the benefit is granted for the entire lifetime;
- children who have lost their supporter in case they have not reached the lawful age and have lost one or both supporters and have not entered into the marriage. State social security benefit is granted to these persons and cannot be less than 50 per cent from the amount of statutory State social security benefit per each child in case when benefit is granted to 3 and more children. In this case the State social security benefit is granted until 18 years of age. Benefit is paid afterwards if they attend general educational establishment or vocational school and are not older than 20 years or study full time in high-school and are not older than 24 years.

The amount of State social security benefit in 2013 - 2015 is:

- in general case – 64,03 EUR per month;
- for disabled persons since childhood – 106,72 EUR per month;
- in the case of disability group I – 1.6 x State social security benefit;
- in the case of disability group II – 1.4 x State social security benefit.

The disability pension for disability group III is a fixed amount of 64.03 EUR per month, for disabled persons since childhood – 106,72 EUR per month.

The amount of State social security benefit starting from July 2014 to disabled persons (including disabled persons since childhood) older than 18 years of age and not entitled to State pension except for pension in case of loss of the supporter for a disabled person is:

- in the case of disability group I – 83,24 EUR per month (for disabled persons since childhood – 138,72 EUR per month);
- in the case of disability group II – 76,84 EUR per month (for disabled persons since childhood – 128,06 EUR per month);

- in the case of disability group III – 64,03 EUR per month (for disabled persons since childhood – 106,72 EUR per month).

State social security benefit can be received:

- on the bases of disability or statutory retirement age – citizens of Latvia, non-citizens, foreigners and stateless persons who have been issued an ID code and live constantly in the territory of Latvia if they have resided in Latvia without interruptions for the last 12 months before applying for the benefit but in total – not less than 60 months;
- in case of the loss of supporter – citizens of Latvia, non-citizens, foreigners and stateless persons who have been issued an ID code and live constantly in the territory of Latvia if they have lost the supporter.

If beneficiary of State social security benefit leaves Latvia for a permanent residence in a foreign country the payment of benefit is terminated paying out the benefit for the next two months before leaving.

The allowance may be applied for within 12 months (starting from 2017 – 6 months) after the day, when the person has become entitled to request the allowance.

Funeral benefit

The lump sum benefit is granted in accordance with Article 20 and 23 of the Law On Maternity and Sickness Insurance, Article 12 and 13 of the Law On Unemployment Insurance, Article 22 of the Law On Mandatory Social Insurance Against Job Accidents and Occupational Diseases, Article 37 of the Law On State Pensions and Article 14 of the Law On State Social Benefits.

The following persons are entitled to receive the funeral benefit:

- an insured person in the case of death of a family member who was dependent on this person, receiving double monthly average insurance contributions wage of the insured person (the death grant is calculated from the average contribution wage of a 12 month period which ends two month before the month in which the incapacity occurred), however not less than average contribution wage set by the State;
- a family member of an insured person or a person who has actually undertaken the funeral arrangements if the deceased person was an insured person, an unemployed, a receiver of pension or State social insurance benefit, receiving (non-contributory lump-sum benefit).
- a family member or a person who has undertaken the funeral arrangements if the insured person or a dependent family member has died within one month after the end of the contribution period.

In case of death of the member of family who was in the upkeep of insured person – funeral benefit is granted and paid as triple amount of State social security benefit. In case of death of the receiver of pension

or insurance indemnity - funeral benefit is granted and paid in the amount of two month pension of the deceased person. In case of death of the receiver of State social security benefit – allowance is granted and paid as double amount of State social security benefit. If insured person is a receiver of pension or insurance indemnity, one allowance in the largest amount is paid.

State social security benefit amount is 64,03 EUR, for person disabled since childhood – 106,72 EUR.

The allowance may be applied for within 12 months after the day, when person has become entitled to request the allowance.

Funeral benefit is not taxable.

Disabled person care allowance

Disabled person care allowance 213,43 EUR per month is granted to persons above 18 years of age, in respect of whom the Health and Capacity for Work Expert Physicians' Commission has stated that disability exists and has issued an acknowledgment of the necessity for special care. The allowance is granted in accordance with Article 12.1 of the Law on State Social Allowances and the Regulation of Cabinet of Ministers No. 1608 of 22 December 2009 "Regulations regarding the amount of allowance to disabled person who needs care, reviewing procedure and the procedures for granting and disbursement of the allowance". Disabled person care allowance is not taxable.

Benefit to persons with vision disability of disability group I for the use of assistant is 17,07 EUR per week (for 10 hours per week).

Benefit to the surviving spouse in the case of death of a pensioner, the surviving spouse who is also considered as a pensioner is entitled to a lump sum allowance of twice the monthly pension of the deceased spouse.

Material support paid to those who responded to the emergency at the Chernobyl nuclear power station (NPS) accident and families of persons who died as a result of their response to that disaster is 100 EUR per month.

Transport allowance for disabled persons with restricted mobility

Some persons with disabilities have a right to transport allowance for disabled persons with restricted mobility 79,68 EUR every 6 month, fixed amount, not taxable. This allowance is awarded to a person with disability or to person with dependent disabled child, upon presentation of a medical certificate stating the need to acquire a specially adapted vehicle and to receive an allowance for the compensation of

transportation expenses pursuant to Article 12 of the Law on State Social Allowances and the Regulation of Cabinet of Ministers No. 1606 of 22nd December 2009 “Regulations regarding the amount of allowance to compensate transport expenses of disabled persons with mobility problems, reviewing procedure and the procedures for granting and payment of the allowance”.

Law on Social Services and Social Assistance of 31st October 2002 (hereinafter- LSSSA) establishes principles for the provision and receipt of social work, social care, social rehabilitation, vocational rehabilitation and technical aids services (hereinafter — social services) and local government social assistance benefits (hereinafter- social assistance), the range of persons who have the right to receive these services and social assistance, as well as the principles for payment and financing of social services. The law stipulates duties of State institutions and local governments in the provision of social services and social assistance benefits as well.

In order to prevent misinterpretation regarding the personal scope entitled to the rights to receive social care services, social rehabilitation services and vocational rehabilitation services and social work to certain groups of persons, which existed some period of time because of wording of the Law On Social Services and Social Assistance Article 3, in 2014 the Ministry of Welfare of the Republic of Latvia elaborated the amendments to the Law On Social Services and Social Assistance regarding defining the personal scope entitled to the rights to receive social services and social assistance. They were adopted by the Parliament in 26th November 2015. These amendments aim to stipulate the principle that social services and local government social assistance are accessible to all persons who have lawful rights to reside and who are lawfully residing in Latvia, if they meet certain requirements in order to receive respective assistance or social service.

According to LSSSA social services is provided only on the basis of an evaluation of the individual needs and resources of a person carried out by a social work specialist. Social services shall be provided at the place of residence of a client or as close thereto as possible and only if the scope of such services is not sufficient, shall social care at a long-term care and social rehabilitation institution be provided. In providing social services, the institutions shall ensure inter-professional and inter-institutional co-operation. Social services may be provided only by such a social service provider who meets the requirements determined by the Cabinet of Ministers and is registered in the register of social service

providers. The same requirement applies to all providers, regardless of their affiliation (State, municipal, private, NGO).

The LSSSA also stipulates that person, receiving social services or his/her supporter has a duty to pay for the received social care and social rehabilitation services if it is not specified otherwise in this Law.

Different institutions are involved in fulfilling the tasks in the field of social services.

The Ministry of Welfare has tasks:

- to develop a State policy and to organize and co-ordinate the implementation thereof;
- to organize the administration of funds granted from the State budget for the provision of the social services ;
- to supervise the implementation of this LSSSA, control the conformity of the quality of social services and the provider of social services with the requirements of regulatory enactments.

Local governments have tasks:

- to provide the persons whose place of residence is in territory of respective local government with a possibility to receive social services corresponding to their needs;
- to ensure a survey of the living conditions and an evaluation of the needs of the person in cases a person wishes to receive social service, which is financed from the State budget.

These tasks are performed by local government's social service offices.

According to LSSSA State shall ensure (to organize providing as well as financing from State budget):

- Social care in long-term social care and social rehabilitation institutions for persons with mental impairments and children deprived of parental care;
- the vocational rehabilitation of disabled persons;
- the social rehabilitation of persons with impaired vision and hearing;
- the social rehabilitation of children who have suffered from violence;
- social rehabilitation services for adult persons who have suffered from violence;
- the social rehabilitation in appropriate institutions for adult persons and of children who have become addicted to narcotic, toxic or other intoxicating substances;
- technical aids services;
- for persons with functional disorders of a working age, as well as for persons with functional disorders who are employed -social rehabilitation

services for restoration of capacity for work at social rehabilitation institutions;

- the social rehabilitation of victims of the trafficking in human beings;
- social rehabilitation services for persons who have committed violence.

State shall participate in the financing for the establishment and equipping of group houses (apartments) and halfway houses intended for persons with mental impairments and of establishment and maintenance for the day centers intended for persons with mental impairments.

Social services ensured by local governments:

- social services ensured by local governments:
- institutional care for elderly people and disabled persons with physical disabilities;
- institutional care for child orphans and children without parental care over age of two years;
- home care;
- day-care centers;
- shelters / night shelters;
- crisis centers;
- social rehabilitation for the person after returning from imprisonment
- group houses;
- service apartments;
- service of an assistant.

For persons with mental impairments who move from the long-term social care institutions to live in group houses (apartments) expenses are covered from State budget. State participated in the financing for the establishment and equipping of 1 group house for persons with mental impairments in year 2014 and 1 group house in year 2015.

With State financing there were established 3 day centers intended for persons with mental impairments in year 2014 and 1 center in year 2015.

The service of an assistant for person is provided by local government's social services offices and financed from the State budget.

Paragraph 23 of Regulation of Cabinet of Ministers No.1529 of 17th December 2013 "Procedures for the Organization and Financing of Health Care" (hereinafter – Regulation No.1529) ensures that specific categories of residents (politically repressed persons, poor persons (who have been recognised as such in accordance with the regulatory

enactments regarding the procedures by which a family or a person living alone is recognised as poor), persons with disability group I etc.) are exempt from payment of patient contributions. This means that previously mentioned categories of residents can receive medical consultations and certain health care services, which are covered from the State budget (set in Regulation No.1529) free of charge.

Paragraph 3.¹ of Regulation of Cabinet of Ministers No.899 of 31st October 2006 “Procedures for the Reimbursement of Expenditures for the Acquisition of Medicinal Products and Medicinal Devices Intended for Out-patient Medical Treatment” (hereafter – Regulation No.899) declares that the expenditures for the acquisition of medicinal products and medical devices shall be covered in full amount from the funds granted for reimbursement for a patient who has been recognised as needy in accordance with the procedures laid down in laws and regulations and who has the right to reimbursement of expenditures for the acquisition of medicinal products and medical devices in accordance with Regulation No.899.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

From 1st January 2014, the maximum amount of the object of the State social insurance mandatory contributions was renewed (in 2014 – 46,400 EUR per year and in 2015 – 48,600 EUR per year). Thus, starting from 2015, the ceiling of the State social insurance benefits is mainly regulated by the State social insurance mandatory contributions ceiling, because the assessment period of the State social insurance benefits does not exceed one year (except the cases when a person has been on a child-care leave, an unpaid leave granted for taking care of a child or maternity leave and has not been employed prior to obtaining the status of an unemployed person).

Since 2015 the current approach to the calculation of the family state benefit is more favourable for families with children (especially these with many children) than the policy that existed before the economic crisis, when the coefficients related to the amount of the family state benefit and connected to the child’s birth sequence were comparatively smaller. (Since 2008, the average amount of the monthly benefit has increased by 6 EUR: in January 2008 the average amount of the benefit was 13,37 EUR, in 2015 – 18,93 EUR but in July 2016 – 19,08 EUR per month.)

Responding to the decision of the Cabinet of Ministers and an informative report "On evaluation of social security provisions: starting from 1 January 2015, the family benefit amounts are based on the number of children in a family: these amounts are doubled for the second child (11,38 EUR x 2 = 22,76 EUR) and tripled for the third and subsequent children in the family (11,38 EUR x 3 = 34,14 EUR).

Beside that number of activities has been implemented to ensure effective exercise of the right to social security for families with children. State social benefits for families with children have been increased: increased financial support for child care up to 1 and a half years of age both for parents who received the benefit from the State social insurance system and for parents who have not made sufficient social insurance payments until the child is born; the supplement has been increased for twins or several children born during one delivery aged 0-18 month.

In accordance with amendments to the Article 7 of the Law on State Social Benefits adopted by the Parliament on 17th October 2013 on the 20 November 2013 child care benefit is granted to a person taking care for a child up to two years of age without any restrictions in relations to employed or self-employed person. The benefit for child care shall not be granted for the child in relation to the birth of whom a maternity benefit or parental benefit has been granted during the same period of time.

Since 1st January 2013, the amount of childcare benefit:

- for persons who are raising children up to the age of 1,5 - 142 EUR per month;
- for persons who are raising children between the age of 1,5 to 2 - 42,69 EUR per month.

The amount of the supplement is:

- to persons who are raising children up to the age of 1,5 - 142 EUR per month for each forthcoming child;
- to persons who are raising children between the age of 1,5 to 2 - 42,69 EUR per month for each forthcoming child.

In turn in accordance with amendments to the Article 7 and regulation of the Law on State Social Benefits adopted by the Parliament on 11 November 2013 on 1st October 2014 the new system of child care and parental benefit was introduced and child care benefit is granted simultaneously with parental benefit.

From 1st October 2014 following provisions came into force:

- person could choose length of parental benefit payment – up to 1 year of child age (in amount of 60 per cent from social insurance contribution wage) or up to 1,5 year of child age (in amount of 43,75 per cent from social insurance contribution wage);

- person could receive parental benefit being employed or self - employed at the same time (in the amount of 30 per cent from granted benefit);
- simultaneously with parental benefit person could receive also child care benefit 171 EUR per month;
- the minimum amount of parental benefit is not applied.

There is a possibility to combine parental benefit (payable in the amount of 30 per cent plus child care benefit in the amount of 171 EUR) with work.

The parent can only make a choice once regarding the time period (until the child reaches the age of one or one and a half) during which to receive the parents' benefit. The choice has to be made when the parent is claiming the benefit.

Thus on 1st January 2014 amounts of childcare benefit and supplement increased to persons who are raising children up to the age of 1,5 - from 142 EUR to 171 EUR, being financed from the State budget.

Also starting from 1st October 2014, upon the date a child reaches the age of one year, one of the parents is entitled to child care benefit (EUR 171 per month) and a monthly payment of EUR 100 for taking care of a child aged below 1,5 years.

From 1st October 2014 parents, who have been granted parents' benefit in the amount of 70 per cent from the gross salary until 30 September 2014, are continuing to receive such a benefit until the child reaches 1 year of age in the same way as before. From 1 October 2014 allowance for child care is granted for a child up to the age of 1,5 in the amount of 171 EUR (but that does not apply to those recipients who have started to receive the benefit before this date). At the same time the parent (who has been granted parents' benefit until 30th September 2014) receives compensation for the transition period (due to the reformation of the benefit) regarding monthly parents' benefit for a child from 1 to 1,5 years of age in the amount of 100 EUR.

Taking into account the fact that from 1st October 2014 the parents is eligible to receive both - parents' benefit and allowance for child care at the same time - no supplement is being added to the parents' benefit for taking care for twins or more children born during one delivery any more. The supplement is being granted to the allowance for child care.

According to the legislative changes starting from 1st January 2015, the Law "On Payment of State Benefits during the Time Period from 2009 to 2014" lost its force. Abolishing restrictions to benefit amount in case of maternity, paternity, parental, sickness and unemployment benefits are

not applicable since then and are paid based on social insurance contributions made, with no benefit ceiling applied, i.e. in the amount granted. The aforementioned applies as well as to beneficiaries to whom the benefits were previously (until 31st December 2014) paid in a restricted amount. Restrictions for the amount of the benefit were established due to financial and economic crisis in 2009 and were in force until 31st December 2014.

In relation to that the compulsory social insurance contributions have been doubled both for parents who take care for children up to the age of 1,5 and receive allowance for child care and for parents who take care for the child up to the age of 1 and receive parents' benefit. It means that social insurance contributions have been increased for the State pension fund insurance, insurance against unemployment and insurance of disability.

According to the amendments in Article 25, Paragraph 1 and Article 30, Paragraph 3 of the Law on Maternity and Sickness Insurance, adopted by the Parliament on 23rd October 2014, starting from 1st January, 2016 shorter period – 6 months (instead of 12 months) was set for claiming benefit for the previous period.

According to the amendments in Article 13, Paragraph 2 and Article 15 of the Law on Unemployment Insurance, adopted by the Parliament on 18th June 2015, starting from 1st January, 2017 shorter period – 6 months (instead of 12 months) was set for claiming benefit for the previous period.

According to the amendments in Article 25, Paragraph 1 and Article 18, Paragraph 1 of the Law on State Social Benefits, adopted by the Parliament on 18th June 2015, starting from 1st January, 2017 shorter period – 6 months (instead of 12 months) was set for claiming benefit for the previous period.

Starting from September 2013 pension indexation for small pensions has been restored (Law on State Pensions Article 26). However, in 2009 – 2012, as part of budget austerity measures, State pensions were temporarily frozen. Please see information provided in Paragraph 1 of this Article of this Report.

According to the amendments of 9th July, 2013 in the Law on State Pensions (based on the Judgement of the Constitutional Court of 31st January 2013) recalculation method was changed for those persons with disability who have worked after disability pension was granted. Old age pensions not exceeding 284,57 EUR are indexed by the factor 1.04 since October 2013.

The same rule applies to insurance compensations which do not exceed 284,57 EUR are indexed by the factor 1.04 since October 2013.

According to the amendments of 23rd May 2013 in the Law on State Pensions starting from May 2014, supplement to old age pension for insurance period until 31st December 1995, taken into account in calculation of the old age pension, is granted for the period of disability of persons, who have been granted old age pension instead of disability pension as of 1 January 2012 and until the day of granting of old age pension were granted a supplement to disability pension for insurance period until 31st December 1995.

Public works programme – workplaces with stipends in local governments - since September 2009 until mid – 2011 was organised. Latvian government with support from the European Social Fund and the World Bank implemented a public works programme to mitigate the negative consequences of the crisis. Those unemployed who were not eligible for the unemployment benefit could participate in public works programme in local governments, which involved up to 6 months of low-skilled work and was rewarded with a monthly stipend. The stipends were not taxable. In 2012, the programme was replaced by a new programme “Paid Temporary Public Works”, which was also aimed at long-term unemployed not receiving the unemployment benefit and covered up to four months of paid work in local governments. The remuneration received by the unemployed under the latter programme was subject to social insurance contributions (for old – age pension). The latter programme was in place until the end of 2014.

On 23rd December 2014, the Cabinet of Ministers adopted the amendments to the Regulation No.1529, which include persons who receive palliative care and health care at home in categories of residents that are exempt from patient contribution payments.

Since 2014 a new program which provides 100 per cent compensation for medical products for children below 18 years of age was initiated. Medical products are compensated in full amount if the doctor of the patient has prescribed cheaper medicine with equivalent efficacy from the list of reimbursable medical supplies.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Table no.10

**Social security contributions rate faced by employee and employer,
2011-2015**

	2011	2012	2013	2014	2015
Employee under the retirement age: Total rate/ Employee rate/ Employer rate, %	35.09/ 11.00/ 24.09	35.09/ 11.00/ 24.09	35.09/ 11.00/ 24.09	34.09/ 10.50/ 23.59	34.09/ 10.50/ 23.59
<i>of which</i>					
Pension social insurance	25.56	26.74	26.60	25.16	24.39
Unemployment social insurance	2.56	1.50	1.48	1.63	2.10
Insurance against work accidents and occupational diseases	0.31	0.41	0.42	0.46	0.53
Disability social insurance	3.02	3.16	3.37	3.21	3.14
Maternity and sickness social insurance	2.27	2.28	2.28	2.46	2.79
Parents' social insurance	1.37	1.00	0.94	1.17	1.14
Employee above the retirement age: Total rate/ Employee rate/ Employer rate, %	29.36/ 9.20/ 20.16	30.30/ 9.50/ 20.80	30.13/ 9.45/ 20.68	29.12/ 8.96/ 20.16	28.70/ 8.84/ 19.86
<i>of which</i>					
Pension social insurance	25.56	26.74	26.60	25.16	24.39
Insurance against work accidents and occupational diseases	0.31	0.41	0.42	0.46	0.53
Maternity and sickness social insurance	2.12	2.15	2.17	2.33	2.64
Parents' social insurance	1.37	1.00	0.94	1.17	1.14
Employee receiving service pension or qualified as disabled of 3rd degree: Total rate/ Employee rate/ Employer rate, %	31.78/ 9.96/ 21.82	32.82/ 10.29/ 22.53	32.55/ 10.20/ 22.35	31.48/ 9.69/ 21.79	31.07/ 9.57/ 21.50
<i>of which</i>					
Pension social	25.56	26.74	26.60	25.16	24.39

insurance					
Insurance against work accidents and occupational diseases	0.31	0.41	0.42	0.46	0.53
Disability social insurance	2.42	2.52	2.42	2.36	2.37
Maternity and sickness social insurance	2.12	2.15	2.17	2.33	2.64
Parents' social insurance	1.37	1.00	0.94	1.17	1.14

Data source: The Ministry of Welfare

Table no.11

Social security contributions rate faced by self-employed, 2011-2015

	2011	2012	2013	2014	2015
Self-employed under the retirement age: Total rate, %	31.52	32.46	32.17	31.06	30.58
<i>of which:</i>					
Pension social insurance	25.56	26.74	26.60	25.16	24.39
Disability social insurance	2.42	2.52	2.42	2.36	2.37
Maternity and sickness social insurance	2.17	2.20	2.21	2.37	2.68
Parents' social insurance	1.37	1.00	0.94	1.17	1.14
Self-employed above the retirement age: Total rate, %	29.05	29.89	29.71	28.66	28.17
<i>of which:</i>					
Pension social insurance	25.56	26.74	26.60	25.16	24.39
Maternity and sickness social insurance	2.12	2.15	2.17	2.33	2.64
Parents' social insurance	1.37	1.00	0.94	1.17	1.14

Data source: The Ministry of Welfare

Table no.12

Income ceiling for employees and employers for obligatory social contributions in 2011-2015, EUR per year

2011	2012	2013	2014	2015
-	-	-	46,400	48,600

Data source: The Ministry of Welfare

Table no.13

Minimum income from which self-employed can make social security contributions in 2013 - 2015, EUR (LVL) per year

	2013	2014	2015
Minimum	3,414.89 EUR (2,400 LVL)	3,840 EUR (2,698.77 LVL)	4,320 EUR (3,036.10 LVL)

Data source: The Ministry of Welfare

Table no.14

Total amount of contributions for pension capital

Pillar/Year	2001-2006	2007	2008	2009-2012	2013-2014	2015	2016
1st pillar	18 %	16%	12%	18%	16%	15%	14%
2nd pillar	2%	4%	8%	2%	4%	5%	6%

Data source: The Ministry of Welfare

Main social security benefits based on social insurance contributions (financed from the State social insurance special budget):

Table no.15

Maternity benefit

	2012	2013	2014	2015
Number of recipients, in year	15 020	16 459	17 413	18 276
Average amount per day, EUR	14,90	17,09	18,41	20,72
Replacement rate of benefit to average insurance wage per day	68%	74%	75%	79%
Average duration on 1 benefit recipients (in days)	108,52	107,31	107,52	106,66
<i>int.al.</i>				
<i>pregnancy leave</i>	69,60	68,96	70,58	70,92
<i>childbirth leave</i>	60,53	59,15	59,51	58,66
Expenditure for benefit as % of GDP	0,1%	0,1%	0,2%	0,2%

Data source: The Ministry of Welfare

Table no.16

Paternity benefit

	2012	2013	2014	2015
Number of recipients, in year	7 913	8 785	9 761	10 625
Average amount per day, EUR	17,47	20,82	22,16	26,20
Expenditure for benefit as % of GDP	0,006%	0,008%	0,01%	0,01%

Data source: The Ministry of Welfare

Table no.17

Parent's benefit

	2012	2013	2014	2015
Number of recipients, per month	10 152	11 670	12 541	16 188
<i>women</i>	9 460	10 841	11 612	13 122
<i>men</i>	692	830	929	3 066
Average amount per month, EUR	409,89	469,98	497,30	380,13
<i>women</i>	401,51	454,21	481,34	395,18
<i>men</i>	524,31	676,01	696,02	316,87
Expenditure for benefit as % of GDP	0,2%	0,3%	0,3%	0,3%

Data source: The Ministry of Welfare

Table no.18

Sickness benefit

	2012	2013	2014	2015
Number of cases, in year	209729	234318	222922	254670
Average amount per day, EUR	12,66	13,09	13,69	16,80
Expenditure for benefit as % of GDP	0,3%	0,4%	0,4%	0,5%

Data source: The Ministry of Welfare

Table no.19

Unemployment benefit

	2012	2013	2014	2015
Number of recipients, in year	80 219	81 175	89 376	95 310
Average amount per month, EUR	157,63	189,01	196,85	221,98
Expenditure for benefit as % of GDP	0,3%	0,3%	0,4%	0,4%

Data source: The Ministry of Welfare

Table no.20

Old age pension

	2012	2013	2014	2015
Number of recipients, per month	488 014	480 521	474 261	468 794
Average amount per month, EUR	270,54	272,99	280,60	288,61
Expenditure for pension as % of GDP	7%	7%	7%	7%

Data source: The Ministry of Welfare

Table no.21

Criteria and conditions for obtaining the right to a service pension

Criteria	Ministry of Defence	Ministry of Interior	Ministry of Culture	The Constitution Protection Bureau (SAB)	Corruption Prevention and Combating Bureau	Ministry of Justice	The Prosecution Office	Ministry of Foreign Affairs
Retirement age	-	50	38-55	50	50	62	50	55
Accumulated service period	10-20	20	10-30	20	20	20	20	20
Monthly pension as per cent of average monthly contribution wage (in general case)	40-55%	55%	45-55%	55%	55%	65%	55%	65%

Data source: The Ministry of Welfare

Table no.22

Invalidity pension

	2012	2013	2014	2015
Number of recipients, per month	71 047	70 429	73 161	74 024
Average amount per month, EUR	169,01	167,16	168,84	169,04
Expenditure for pension as % of GDP	0,6%	0,6%	0,6%	0,6%

Data source: The Ministry of Welfare

Table no.23

Survivor's pension

	2012	2013	2014	2015
Number of recipients, per month	21 391	20 238	18 973	17 852
Average amount per month, EUR	134,42	133,39	132,59	135,22
Expenditure for pension as % of GDP	0,2%	0,1%	0,1%	0,1%

Data source: The Ministry of Welfare

Table no.24

Insurance indemnity related to accident at work or occupational disease

	2012	2013	2014	2015
Number of recipients, per month	7 162	7 913	8 467	9 205
Average amount per month, EUR	239,80	274,05	286,58	292,89
Expenditure for benefit as % of GDP	0,1%	0,1%	0,1%	0,1%

Data source: The Ministry of Welfare

Table no.25

Funeral benefit in case of death of the insured person (single-payment)

	2012	2013	2014	2015
Number of recipients, in year	1 934	2 130	2 272	2 255
Average amount per month, EUR	989,47	1 005,45	1 064,50	1 072,09
Expenditure for benefit as % of GDP	0,01%	0,01%	0,01%	0,01%

Data source: The Ministry of Welfare

Table no.26

Funeral benefit in case of death of the receiver of old-age pension (single-payment)

	2012	2013	2014	2015
Number of recipients, in year	23 897	23 878	23 800	23 789
Average amount by month, EUR	415,36	421,51	438,59	450,64
Expenditure for benefit as % of GDP	0,05%	0,04%	0,04%	0,04%

Data source: The Ministry of Welfare

Table no.27

Non-contributory benefits

(financed from the State budget)

		2012	2013	2014	2015
Family state benefit	number in month	314 689	306 022	306 315	313 106
	average monthly amount, EUR	11.38	11.38	11.38	18.93
	a year expenditure as % of GDP	0.2%	0.2%	0.2%	0.3%
Supplement to the family state benefit for a disabled child	number in month	7 300	7 411	7 617	7 755
	average monthly amount, EUR	106.72	106.72	106.72	106.72
	a year expenditure as % of GDP	0.04%	0.04%	0.04%	0.04%
Child-care benefit (<i>at the end of year</i>)	number in month	25 439	26 577	30 984	39 831
	average monthly amount, EUR	49.59	104.68	126.68	133.29
	a year expenditure as % of GDP	0.1%	0.1%	0.2%	0.2%
Disabled child care benefit	number in month	1 750	1 883	2 012	2 013
	average monthly amount, EUR	213.43	213.43	213.43	213.43
	a year expenditure as % of GDP	0.02%	0.02%	0.02%	0.02%
Child-birth benefit	a year number	19 823	20 351	21 717	22 052
	average monthly amount, EUR	421.17	421.17	421.17	421.17
	a year expenditure as % of GDP	0.04%	0.04%	0.04%	0.04%
Benefit for disabled person who needs care	number in month	11 011	11 940	13 098	13 837
	average monthly amount, EUR	142.29	142.29	178.26	213.43
	a year expenditure as % of GDP	0.1%	0.1%	0.1%	0.1%
State social security benefit	number in month	16 694	17 136	17 482	17 759
	average monthly amount, EUR	92.94	92.98	99.20	105.21
	a year expenditure as % of GDP	0.1%	0.1%	0.1%	0.1%
State support to the children suffering from celiac disease without formally stated disability	number in month	1 372	1 421	1 389	1 398
	average monthly amount, EUR	106.72	106.72	106.72	106.72
	a year expenditure as % of GDP	0.008%	0.008%	0.008%	0.008%
Funeral allowance in the case of death of the state social security benefit recipient	a year number	341	307	315	335
	average monthly amount, EUR	155.16	155.36	175.98	183.61
	a year expenditure as % of GDP	0.0002%	0.0002%	0.0003%	0.0002%
State social benefit for transport compensation to the disabled persons with mobility problems (<i>benefit for a six months period</i>)	number in month	16 058	17 778	19 642	21 142
	average monthly amount, EUR	79.68	79.68	79.68	79.68
	a year expenditure as % of GDP	0.01%	0.01%	0.01%	0.01%
State social benefit to participants of the ChNPS accident - up or the family members of the deceased participant	number in month	3 521	3 484	3 461	3 434
	amount, EUR	85.37	85.37	85.37	100.00
	a year expenditure as % of GDP	0.02%	0.02%	0.02%	0.02%

Compensation for damages to the participants of the ChNPS accident - up with a stated loss of capacity for work 10 - 25%	number in month	423	419	427	421
	average monthly amount, EUR	67.20	69.28	74.58	79.99
	a year expenditure as % of GDP	0.002%	0.002%	0.002%	0.002%

Table no.28

Social services, financed from State budget - receivers (persons in thousands) and spending (EUR in thousands)

	2013		2014		2015	
	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR
social care in long-term social care and social rehabilitation institutions for persons with mental impairments and children deprived of parental care	5,6	38 076, 0	5,4	39 592,8	5,3	40 716,3
Social rehabilitation for persons with impaired vision	0,5	410,2	0,5	442,7	0,5	495,6
Social rehabilitation for persons with hearing disability	1,0	546,9	1,0	545, 6	1,0	521,0
Service of sign language interpreting for education	0,08	63,2	0,08	60,1	0,07	65,6
Service of sign language interpreting to communicate	1,0	296,2	1,1	328,6	1,2	432,2
Social rehabilitation for children addicted to psychoactive substances	0,07	133,3	0,04	89,0	0,03	152,1
Social rehabilitation for adults addicted to psychoactive substances	0,03	79,8	0,03	81,4	0,02	83,5
Social rehabilitation for children who have suffered from illegal acts	1,2	1 391,5	1,3	1 504,1	1,3	1 476,8
Technical aids	12,4	3 841,1	16,86	6 84,3	16,7	4 431,5
Social rehabilitation in institution for persons with functional disorders	2,2	1 249,2	3,0	1 985,0	3,5	2 268,6
Vocational rehabilitation	0,6	1 474,3	0,6	1 242,2	0,6	1 169,0
Service of an assistant*	3,0	2 049,2	6,8	8 612,9	9,2	14 003,0
Expenses of living in	0,1	121,5	0,1	146,1	0,1	158,1

group houses (apartments) for persons with mental impairments who moves from the long-term social care institutions to group houses **						
Expenses of establishment and maintenance for the day centers intended for persons with mental impairments.	0	0	0,05	62,5	0,1	193,5

*service is provided (organized) by municipalities and financed from State budget

** including expanses of establishment of group houses (apartment)

Data source: The Ministry of Welfare

Table no.29

Social services, financed from municipal budget - number of receivers (persons in thousands) and spending (EUR in thousands)

	2012		2013		2014		2015	
	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR
Institutional care for elderly people and disabled persons with physical disabilities	7,1	21716,2	10,3	25783,5	7,3	25190,2	7,1	25687,0
Institutional care for child orphans and children without parental care over age of two years	2,1	10160,6	2,0	11831,9	1,8	11349,4	1,5	14073,6
Home care	10,8	7800,7	11,3	8528,7	12,5	10884,0	14,5	13295,8
Day-care centers*	20,6	4374,6	19,8	4410,1	31,1	5165,8	23,8	5584,8
Shelters/ night shelters	6,5	2294,9	6,6	2411,3	5,4	2213,1	5,5	2344,1
Crisis centers	1,3	1,3	1,4	1,5	1,5	1,5	1,2	1,6
social rehabilitation for the person after returning from imprisonment	0,008	2,3	0,008	2,8	0,004	0,1	0,04	3,5
group houses/ apartment*	0,2	500,6	0,2	622,0	0,2	685,6	0,2	766,7
service apartments	0,004	3,4	0,003	2,4	0,005	5,6	0,007	1,0

* Persons and expenses from State budget not included

Data source: *The Ministry of Welfare*

Data from the yearly statistical reports on social assistance and social services in the municipality

According to the data provided by National Health Service in 2014 the State has granted reimbursable medicines for 626,054 patients (in 2013 – 597 472 patients). On average one patient has received 190,79 EUR worth of reimbursed medical products. Compared to 2013, expenditures have increased by 4810 830,31 EUR or 4.14 per cent.

ARTICLE 12 PARA. 2

“With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security.”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Please see information provided in Paragraph 1 of this Article of this Report.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Please see information provided in Paragraph 2 of this Article of this Report.

3. Please provide pertinent figures, statistics or any other relevant information, in particular on the extent to which the branches of social security in your country fulfils (or goes beyond or falls short of) the requirements of the European Code of Social Security.

Please see information provided in Paragraph 3 of this Article of this Report for general statistics.

ARTICLE 13: THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

ARTICLE 13 PARA. 1

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The Law on Social Services and Social Assistance, which came into force on 1 January 2003, determined the types of social assistance benefits and basic principles of awarding these benefits. According to Law on Social Services and Social Assistance social assistance is defined as a benefit in cash or in kind, the granting of which is based on the evaluation of the material resources of persons (families or households) who lack the means to satisfy basic needs (Paragraph 17, Article 1). The aim of social assistance is to provide material support to needy and low-income households in a crisis situation in order to satisfy their basic needs and promote the participation of able-bodied persons in the improvement of their situation (Article 32). While the basic needs according to this Law are food, clothing, housing, health care, compulsory education (Paragraph 11, Article 1). When determining entitlement to benefits, real property is taken into account. Household consists of the claimant, his/her spouse and those persons having common expenses for food and living in the same dwelling.

Social assistance is financed from the budget of each local government and is granted to families or households, whose place of residence is situated in local governments' territory.

According to this Law there are mentioned two basic benefits (Part 1, Article 35):

1. Guaranteed minimum income (hereinafter - GMI) benefit;
2. Housing benefit.

As an exception, from the point of view of social assistance framework aforementioned Law provides a lump sum benefit in an emergency situation (Part 2, Article 35), that the municipality can grant without assessing the income, if the person is in an emergency situation, unforeseen circumstances and are unable to provide for their own and family member's basic needs.

As specified by Law, if it is satisfied justified demand of residents of the local government GMI benefit and housing benefit, the local government in evaluating the family or household income, is entitled to pay other benefits (Part 3, Article 35) (for example, food, health care services, for compulsory education, etc.) from the basic budget of the local government for satisfying basic needs of families or households. The amount of benefits and the conditions, including the income levels are determined by local government's binding regulations.

These benefits are not subjected to taxation and social security contributions are not paid.

From 1 October 2009 until 31 December 2012 in the framework of Social Safety Net Strategy (hereinafter – Strategy) was provided support by the State to local governments by performing co-payment for actual expenses for the provision of disbursements of the GMI benefit (50 per cent of the last month local government funds spent GMI benefit) and for the provision of disbursements of the housing benefit (20 per cent of the money spent during the previous month).

According to Law a person at working age (Part 1, Article 37), who wants to receive a social assistance benefit, except a lump sum benefit in an emergency situation, and is not employed (is not considered as an employee or self-employed person in accordance with the Law On State Social Insurance), shall register with the State Employment Agency as unemployed person, except a case when the person is:

- 1) a recipient of disability pension, old-age pension or State social security benefit;
- 2) a woman on maternity leave, one of a child's parent or other person during a child care period;
- 3) one of a disabled child's parents, if the child does not receive appropriate care services;
- 4) a person at 15 years of age who is acquiring full-time education in general secondary or vocational secondary education institution or he/she is a full-time student in an institution of higher education.

To activate the capability of social assistance recipients, Law was established margin (from 30 December 2011), it means that the social service office has the right to involve social assistance recipients (longer than 3 months) in a valid public work – up to 12 hours a week, broken down by several days of the week. These measures are implemented by municipalities, associations or foundations with no profit motive.

Social assistance shall be granted for those persons that are recognized as needy (household income doesn't exceed 128.06 EUR per person per month) or low income (in addition, it shall be established by each government) for families or households.

The Regulations of Cabinet of Ministers No.299 of 30 March 2010 "Regulations on the Recognition of a Family or Person Living Separately as Needy" determines the types of property and assets that are not taken into account in the means test:

- real property or a part thereof which is used as dwelling of the household,
- the child's property and cash savings,
- the housing furniture as well as clothes and household objects which belong to the person (household) at the time of the claim,
- shares which cannot be disposed of due to pending insolvency proceedings.

Municipalities may establish additional criteria, including:

- landed property, woods and buildings,
- cars and/or other vehicles.

Benefits are organized locally. Benefits are granted on the basis of a discretionary entitlement; the claimant is not automatically guaranteed a benefit even if she/he satisfies all the conditions lay down by law; the decision on whether or not to award the benefit is taken with free discretion.

The fundamental aim of the GMI benefit is to ensure a minimum level of income for each member of households in need whose income is lower than that set by the Cabinet of Ministers or the municipality. The Cabinet of Ministers sets up the minimum level of income for everyone, while municipalities set the minimum level for specific categories of people.

According to Regulations of Cabinet of Ministers No.550 "Procedures for the Calculation, Granting, Disbursement of the Benefit for Ensuring the Guaranteed Minimum Income Level and for the Entering into an Agreement Regarding Participation" of 17 June 2009 GMI benefit is of a differential amount, calculated as the difference between the GMI level set by the Cabinet of Ministers or the municipality and the claimant's average monthly income over the last three months.

The GMI benefit is granted in cash or in kind.

The GMI benefit shall be granted for the period during which the household is in the status of needy. The status of needy for a family or person shall be determined for a period of three to six months. At the end of this period the family (person) may be repeatedly determined the status of needy, resubmitting the necessary documents.

According to Law (Part 3, Article 35) if the composition of the family, family's (person's) material or social situation changes, the local government social service shall assess anew the compliance of a client with the conditions for receipt of social assistance and, where appropriate, take a decision on granting of a social assistance benefit or refusal to grant a social assistance benefit. In accordance with the legislation social assistance can be provided for as long as the situation of need persists.

Since July 2009 there are no more restrictions for GMI receiving period and since October 2009 – restrictions for maximum amount of GMI benefit for household.

According to Regulations of Cabinet of Ministers No.913 "Regulations of Guaranteed Minimum Income Level of 18 December 2012 the GMI level for a person was determined - 49,80 EUR per month.

From 1 October 2009 until 31 December 2012 the GMI level for adult increased to 56,91 EUR and for children 64,03 EUR per month. At the end of the State co-financing in the framework of the Strategy, a large part of the local government disagreed to maintain the existing GMI level. Therefore, According to Regulations of Cabinet of Ministers No.913 (from 1 January 2013) the local municipalities is entitled to determine a different GMI level for various social groups (e.g. children, persons receiving old-age pension or disability pension) but it should not be lower than 49.80 EUR and not exceed 128.06 EUR per month.

The GMI level is defined in a centralised manner at national level, and the decision regarding the granting of the benefit for ensuring the GMI level, on the basis of the evaluation of the material resources (income and properties) of a family (person), and the calculation of the benefit is adopted by each individual municipality, in particular, the municipal social service office.

According to the Law (Part 1, Article 36), the GMI level is reviewed annually in conjunction with the annual State budget law. The Cabinet of Ministers adjusts the level according to available budgetary resources. The GMI level amount is negotiated every year between the Latvian Association of Local Governments (LALG) and the Ministry of Welfare.

Thus, the GMI level is not justified on the basis of accurate calculations or set indicators, it is provided for in regulatory enactments based on the prior political agreement between the administration of the Ministry of Welfare and the Latvian Association of Local and Regional Governments. The GMI level has been gradually increasing since 2004, only in 2013 the above authorities agreed to reduce the GMI level to the level of 2008/2009.

A municipality also may define a higher income level of a low-income person and provide for the entitlement to assistance, for example, the housing benefit, a support for health care and mandatory education for more people. Thus, only the minimum social assistance level is defined at national level and municipalities have a legal entitlement to develop social assistance policy which is more favourable to people. This creates unequal situation of local people.

There are two main legal acts which regulate the housing benefit awarded by the municipalities:

- Law on Assistance in Solving Apartment Matters – determines the content of the housing benefit;
- Law on Social Services and Social Assistance.

According to Law on Assistance in Solving Apartment Matters local municipalities are responsible for providing housing benefit to ensure material support for families or separately living persons with low income to pay rent and public utilities. According to the Law on Social Services and Social Assistance (Part 1, Article 35) a housing benefit is the second mandatory benefit that shall be paid to a person or a family of the relevant local municipality.

A person shall be recognized as a person with low-income if his/her income and material conditions do not exceed the level specified by the relevant municipality council, which may not be less than the level of income and material conditions of a needy person, which the Cabinet of Ministers has specified on the basis of the Law on Social Services and Social Assistance (the needy person level during 2010-2015 was 128,06 EUR per person per month).

As regards the funding of social benefits and housing allowances Article 7, Paragraph 2 of the Law on Local Governments, generally prescribes that the performance of the autonomous functions shall be financed from the budget of the relevant municipality if the law does not specify it otherwise. The Article 35 of the Law on Social Services and Social Assistance stipulates the obligation of municipality to pay the housing allowance from the municipal basic budget.

The amount and award principles of this benefit vary from one municipality to another depending on the available resources and the local government priorities.

The income level at which the household is entitled to the housing benefit ranges from 128 EUR to 356 EUR per person. Some municipalities grant a housing benefit once a year, others calculated it on a monthly basis.

According to Law on Social Services and Social Assistance the local government may, without assessing the income, grant to the family or a single person lump sum benefit in an emergency situation (Part 2, Article 35) if, due to a natural disaster or unforeseen circumstances he/she is not able to satisfy his/her basic needs.

According to Law on Social Services and Social Assistance amount of other benefits (Part 3, Article 35), duration and granting conditions are established by local government's regulation. The purpose of other benefits is to ensure such basic needs (meal, clothing, health care, obligatory education).

The decision of the social service of the local government by the family or individual person may be contested in the local government council. The decision taken by the local government council family or individual person may appeal to a court in accordance with the procedures specified in the Administrative Procedure Law.

According to State Ensured Legal Aid Law (Point 1, Part 2, Article 35) the persons have the right to request legal aid if they have obtained the status of a low-income or needy person in accordance with the procedures specified in the regulatory enactments regarding the recognition of a natural person as a low-income or needy person.

Article 111 of the Constitution of the Republic of Latvia states: the State shall protect human health. Likewise, Article 152 of the Treaty Establishing the European Community sets out: a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. In accordance with Article 16 of the Medical Treatment Law: Everybody has the right to receive emergency medical care in accordance with procedures prescribed by the Cabinet of Ministers. According to the Article 17 of the Medical Treatment Law:

1) The categories that can receive healthcare paid from the State basic budget and from the funds of the recipient of services in accordance with the procedures prescribed by the Cabinet of Ministers: Latvian citizens; Latvian non-citizens; citizens of Member States of the European Union, of European Economic Area states and Swiss

Confederation who reside in Latvia in relation to employment or as self-employed persons, as well as the family members thereof; third-country nationals who have a permanent residence permit in Latvia; refugees and persons who have been granted alternative status; persons detained, arrested and sentenced with deprivation of liberty and the children of the persons previously mentioned have the right to receive free of charge the amount of medical treatment services paid from the State basic budget and from the funds of the recipient of services;

2) Medical treatment services, which are paid from the State basic budget and from the funds of the recipient of services in accordance with the procedures prescribed by the Cabinet of Ministers, shall be provided at the time and place where it is necessary, in conformity with the medical practitioner's qualifications and the diagnostic, medical treatment and equipment for patient care level of the relevant medical treatment institution;

3) The spouses of Latvian citizens and Latvian non-citizens who have a temporary residence permit in Latvia have the right to receive free of charge the care for pregnant women and birth assistance paid from the State basic budget and from the funds of the recipient of services according to the procedures specified by the Cabinet of Ministers.

Regulation of Cabinet of Ministers No.1529 of 17 December 2013 "Procedures for the Organization and Financing of Health Care" (hereinafter – Regulation No.1529) prescribes:

- 1) The procedures for the organisation and financing of health care;
- 2) The types and amounts of medical treatment services that shall be paid from the State budget and from the resources of the recipient of services;
- 3) The procedures for the payment of medical treatment services;
- 4) The medical treatment service rates and procedures for organising the waiting times for planned health care services financed by State budget.

To receive State funded health care services the patient should pay the amount of own contribution – the patient co-payment. Total amount of patient contributions paid by the patient for each treatment cannot exceed 355.72 EUR and in one year it cannot exceed 569.15 EUR (excluding co-payments for operations). Medical institution can charge a co-payment of no more than 31 EUR per surgical manipulation preformed in the operating room per one hospitalization time.

The following categories of residents which are defined in Regulation No. 1529 Article 23 shall be exempt from a patient contribution:

- 1) children up to 18 years;

- 2) pregnant women and women in the period following childbirth up to 42 days for health care services related to the medical supervision of the pregnancy and during the period following childbirth, as well as to the course of pregnancy;
- 3) politically repressed persons, participants of the National Resistance Movement and persons who suffered during the liquidation of the consequences of the accident at the Chernobyl Atomic Electricity Station;
- 4) poor persons who have been recognised as such in accordance with the regulatory enactments regarding the procedures by which a family or a person living alone shall be recognised as poor;
- 5) tuberculosis patients and patients for whom examinations for the determination of tuberculosis are conducted;
- 6) mentally ill persons, upon the receipt of psychiatric medical treatment;
- 7) patients, upon the receipt of chronic haemodialysis, haemodiafiltration and peritoneal dialysis treatments;
- 8) persons who receive health care services in the cases of such infectious diseases that have been confirmed in a laboratory and are subject to registration in accordance with the regulatory enactments regarding the procedures for the registration of infectious diseases;
- 9) persons to whom emergency medical assistance is provided by emergency medical assistance teams;
- 10) persons who are under the care of State social care centres and local government rest homes (centres);
- 11) all residents for whom a preventative examination is conducted in accordance with the procedures specified of Regulations;
- 12) all residents for whom vaccination (in accordance with the procedures specified in the regulatory enactments regarding vaccination) or passive immune-therapy (within the framework of the State immunisation programme) is performed;
- 13) persons receiving permanent artificial lung ventilation at home settings (since 29.07.2008.);
- 14) organ donors;
- 15) persons, who receive palliative care and health care at home;
- 16) persons with I disability group;
- 17) persons working for Emergency Medical Service;
- 18) asylum seekers (2016).

In compliance with Regulation of Cabinet of Ministers No. 899 of 31 October 2006 "Procedure for reimbursement of expenditures for acquisition of medicinal products and medicinal devices intended for out-patient medical treatment" Clause 3.1 issued in compliance with the

Pharmacy Law the full amount expenditures for acquisition of medicinal products or medicinal devices with certain exceptions shall be reimbursed to needy persons from the funds allocated for reimbursement.

Please see also information provided on this Article's 2nd Paragraph 1st Part.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

In 2013 the World Bank (WB) scientific research was performed: Latvia: "Who is Unemployed, Inactive or Needy? Assessing Post-Crisis Policy Options" (hereinafter – WB Research). The research examines the situation of the long-term unemployed and inactive population and looks at how tax, benefit and employment policies interact to protect low-income individuals while providing incentives to work. The objective of the research is to provide background analysis for the Government of Latvia to motivate reforms to its tax and benefit system, and employment programs, including active labour market programs.

In order to improve the social security system, on 30 October 2014 Cabinet of Ministers with an order No.619 supported the concept paper „Setting of the minimum income level”. The overarching goal for setting the minimum income level is the reduction of poverty and income inequality on the basis of solidarity principles. The goal is to define methodologically justified minimum income level compliant with the socioeconomic situation that would serve as a benchmark for the improvement of the support measures defined within the fields of social security system (state social benefits, social insurance and social assistance). At the same time it is important to apply the minimum income level for the improvement of the labour tax system in order not to create the motivation for the passive receipt of the support, but to encourage active involvement in the labour market along with receiving the assistance. Within the context of both the provision of the minimum income level and the promotion of employment, the role of the policy for reducing the shadow economy is particularly important because the share of shadow economy to a great extent impacts the support available to the population that could be received from different fields and systems which are important and indispensable for ensuring a dignified life.

The solution No.2 was supported: setting the minimum income level at 40 per cent of national median equivalised disposable income by

applying the equivalence scale (1; 0.7; 0.7) and develop a new minimum subsistence consumer basket of goods and services for various types of households according to territorial division - providing that the minimum income level will enter into force in 2019.

The WB Research identifies³ the problems in the form of organisation of the social assistance system of Latvia preventing persons to accept low-paid jobs.

It is planned to introduce a legal rule on preserving the payment of social assistance benefit for 3 months when a person has started to work thereby motivating a person to take up a job. The draft law "Amendments to the Law on Social Services and Social Assistance" (No.148/Lp12), which was supported by the Parliament on the 2nd reading, contains the following proposal (Part 31 of Article 37):

„If the material condition of a needy family (person) has improved and his/her income has increased based on the employment relationship or economic activity, [..], the municipal social service shall not take into account the income up to the amount of the minimum wage defined in the country from the above income for once during a calendar year for a period of three months regarding a person at the age capable of working who has started gaining income.”

In the second reading of the above draft law (No.148/Lp12) also another proposal was supported (Paragraph 2 of Part Three of Article 5) providing that the family state benefit shall not be regarded as income for the purpose of evaluating the client's material resources. This will allow providing more support to families with children because a major part of the families who do not qualify for the status of needy families and for receipt of social assistance benefits now will be able to receive them.

It is planned that the amendments in the Law on Social Services and Social Assistance will enter into force in 2017.

In accordance with the Law on The Rights of Patients and in order to ensure patients' rights to compensation for any harm (also moral harm) caused to his/her life or health, which has been caused by the medical practitioner working in the medical treatment institution through his/her acts or failure to act or caused by the conditions during medical treatment, as well as the right to compensation for expenses related to medical treatment (hereinafter – medical expenses), if medical treatment

³ WB Scientific research: Latvia: „Who is Unemployed, Inactive or Needy? [..]”; Analysis of the incentive structure created by the tax and benefit system, Financial incentives of the tax and benefit system in Latvia, on page 50.

had been necessary in order to eliminate or reduce the unfavourable consequences of the harm caused to the life or health of the patient by the medical practitioner or the conditions during medical treatment, Medical Treatment Risk Fund on 5 November 2013 (hereinafter – MTRF) was created.

The aim of the creation of MTRF is to ensure the patient an opportunity to assert their rights and receive compensation in extrajudicial process, which is considerably more accessible and faster than regular trial procedure in court. By contrast, medical staff is provided with an opportunity to protect his/her professional activities and the potential consequences of risk.

Patient has the right to receive compensation from the Medical Treatment Risk Fund for the following:

- 1) harm (also moral harm) caused to his/her life or health – in the amount of the harm caused, but not more than 142 290 EUR;
- 2) medical expenses incurred to him/her – in the amount of the incurred expenses, but not more than 28 460 EUR.

From the MTRF funds only those medical expenses are repayable that were taken to prevent or minimize harm to patients health, but not for expenditures that caused damage to the health of the patient. Similarly MTRF does not pay for expenses other than medical expenses/ related to treatment, for example transport costs or expenses that already were reimbursed by the insurer.

Patient claims regarding damage to his/her life or health, as well as medical reimbursement are examined within six months of submission of the claim to the MTRF.

3. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

The statistical information provided by the local governments and Central Statistical Bureau, gives the possibility to conclude that the assistance provided by the local governments are significantly reduced. The reason is the post-crisis period.

Table no.30

Monitoring indicators of social assistance provided by local governments

Indicator	2012	2013	2014	2015
The first quintile group coverage with persons recognized as needy (in private households),%	43.6	33.6	26.5	21.0
The first quintile group coverage with GMI benefit recipients (in private households),%	23.4	16.1	11.6	8.7
The two quintile group coverage with persons receiving housing benefits (in private households),%	22.9	19.9	16.9	14.4
The average amount of the income tested social assistance of local municipalities during the month per person, EUR	18.4	15.8	15.7	15.4

Data source: Central Statistical Bureau and Ministry of Welfare

Table no.31

Statistical information on social assistance 2012 - 2015

Indicator	2012	2013	2014	2015
The number of people living in private households in the beginning of year	2 017 990	1 997 460	1 975 920	1 961 234
Number of households (source: CSB)	817 000	822 000	823 300	803 800
The average household size (source: CSB)	2.47	2.43	2.40	2.44
Determined compliance of the status of needy family (person), number of families	71 657	57 856	46 594	39 309
Determined compliance of the status of needy family (person), number of persons	176 042	134 397	104 569	82 361
of those children	61 734	46 334	36 078	26 707
of those children with disabilities	2 256	1 927	1 629	1 366
percentage of needy persons of the number of people living in private households, %	8.72	6.73	5.29	4.20
1. GMI benefit, EUR	22 844 020	12 873 936	9 854 067	7 849 905
of those National co-financings, EUR	8 349 154	512 541		
The number of people received benefit (needy persons)	94 528	64 408	46 026	34 218
of those children	36 867	22 075	10 351	6 465
of those children with disabilities	1 410	973	509	336
the average benefit amount per person per year, EUR	220.00	152.25	163.05	185.35
the average benefit amount per person on month, EUR	34.45	30.55	32.39	35.76

the average duration of the receipt of the GMI benefit	6.18	4.94	5.05	5.15
<i>percentage of GMI benefit recipients of the number of people with determined a needy status, %</i>	53.70	47.92	44.01	41.55
<i>percentage of GMI benefit recipients of the number of people living in private households, %</i>	4.68	3.22	2.33	1.74
<i>percentage of GMI benefit of local expenditure of social assistance, %</i>	35.62	25.10	21.60	20.37
2. Housing benefit, EUR	26 743 486	23 422 685	20 472 702	18 390 069
<i>of those National co-financings, EUR</i>	2 091 065			
The number of people received benefit (needy and low-income persons)	185 146	158 893	133 864	113 018
<i>of those the purchase of fuel (wood, etc.), EUR</i>	4 998 205	4 828 483	4 784 682	4 701 644
<i>of those the number of people received benefit</i>	82 712	73 444	62 605	54 410
<i>the average benefit amount per person per year, EUR</i>	144.45	147.41	152.94	162.72
<i>the average benefit amount per person on month, EUR</i>	12.04	12.28	12.74	13.56
<i>percentage of housing benefit recipients of the number of people living in private households, %</i>	9.17	7.95	6.77	5.76
<i>percentage of housing benefit of local expenditure of social assistance, %</i>	41.70	45.66	44.88	47.72
3. Benefit in emergency situations, EUR	1 417 149	2 187 439	2 172 391	1 242 334
The number of people received benefit	12 086	16 900	11 222	8 970
<i>percentage of benefit in emergency situation of local expenditure of social assistance, %</i>	2.21	4.26	4.76	3.22
4. Other municipal benefits for basic needs, total EUR	8 790 609	8 365 486	8 608 998	6 774 808
The number of people received benefit (needy and low-income persons)	101 363	91 735	93 810	77 380
<i>of those health care benefits, EUR</i>	2 416 152	3 024 989	3 248 553	3 503 708
<i>the number of people received ben.</i>	38 150	40 858	41 293	42 852
<i>of those benefits for schooling and upbringing of children, EUR</i>	1 042 766	1 083 387	737 876	583 105
<i>the number of people received ben.</i>	21 847	20 683	16 971	11 929
<i>of those benefits for meals, food</i>	5 256 219	4 201 367	4 547 068	2 645 694
<i>the number of people received ben.</i>	59 237	45 824	50 932	31 139
<i>of those benefits for clothing</i>	75 472	55 743	75 501	42 301
<i>the number of people received ben.</i>	1 802	1 445	1 226	1 091
<i>percentage of other municipal benefits of local expenditure of social assistance, %</i>	13.71	16.31	18.87	17.58
5. Benefits for orphans and foster families, EUR	4 332 084	4 449 244	4 505 129	4 278 598
<i>the number of people received ben.</i>	4 149	4 796	3 566	3 425

<i>percentage of the benefits for orphans and foster families of local expenditure of social assistance, %</i>	6.76	8.67	9.88	11.10
Total expenditure on social assistance, EUR	64 127 349	51 298 790	45 613 286	38 535 714
of those National co-financings, EUR	10 440 219	512 541		
Total number of people received benefits	285 011	249 306	216 365	186 789
<i>average amount of social assistance benefits per person per month, EUR</i>	18.75	17.15	17.57	17.19
<i>percentage of total social assistance recipients of the number of people living in private households, %</i>	14.12	12.48	10.95	9.52
of those income tested social assistance benefits, EUR	58 378 116	44 662 107	38 935 767	33 014 783
of those number of persons received income tested social assistance benefits (needy and low-income persons)	264 758	235 094	207 025	179 034
<i>of those the average amount of the income tested social assistance benefits per person per month, EUR</i>	18.37	15.83	15.67	15.37
<i>percentage of income tested social assistance recipients of the number of people living in private households, %</i>	13.12	11.77	10.48	9.13
the first quintile group indicative coverage with income tested benefit recipients (in private households),%	64.74	58.08	51.72	51.72
The minimum wage (per month), EUR	284.57	284.57	320.00	360.00
The income level of a needy person, per person per month, EUR	128.06	128.06	128.06	128.06
GMI level (EUR per person per month)	56.91 and 64.03	49.80	49.80	49.80

Data source: Central Statistical Bureau and Ministry of Welfare

During the time period from 2012 to 2015 statistics were not collected about the number of negative resolutions adopted by municipal social services regarding requests for social assistance benefits. In order to have an insight on application of the provision of the Administrative Procedure Law, Riga City Municipality summarised information about the resolution of Riga Social Service regarding social assistance, social service and compliance with the set status that have been disputed with the Municipality Council and appealed against at the court.

Number of resolutions of Riga Social Service disputed at Riga Municipality and appealed against at the court

Indicator	2012	2013	2014	2015
The total number of the received application	203 059	202 328	202 595	162 622
<i>of those the number of negative administrative acts adopted in the area of social benefits</i>	3 183	2 673	2 580	2 293
Number of administrative acts disputed with the municipality	232	224	177	163
<i>of those the resolutions of the subordinated institution which were maintained irrevocable</i>	191	178	128	125
<i>of those cancelled resolutions</i>	28	35	43	37
<i>of those where the term of appeal was missed</i>	13	11	6	1
Number of appeals against administrative acts adopted by the municipality (litigations initiated)	33	22	18	12
<i>of those active litigations</i>	5	-	5	8
<i>of those where persons' applications were rejected (terminated cases)</i>	25	17	11	3
<i>of those where persons' applications were satisfied</i>	1	1	1	1
<i>of those where persons' applications were partially satisfied</i>	2	4	1	-

Data source: The Welfare Department of the Riga City Council

The administrative statements issued or actual actions of institutions as providers of social services, financed from State budget may be contested in the Ministry of Welfare, but the decisions thereof may be appealed in a court.

According to information of Department of Social Services of Ministry of Welfare, there are 3 cases of contest of decisions on allocations of technical aids in period from year 2013 to year 2015. Ministry of Welfare has no information how many of the decisions of Ministry of Welfare on these cases have been appealed in courts.

Decisions on covering of expenses of living in group houses (apartments) from State budget are taken by Ministry of Welfare. In this case administrative statements issued or actual actions of officials of the Ministry of Welfare may be contested by turning to the State Secretary of the Ministry of Welfare, but the decisions thereof may be appealed in a court. According to Ministry of Welfare information, there is no appeal case in period from year 2013 to year 2015.

If a person considers that the social service provided by the institution of the social service provider does not meet the defined level of quality, he/she turns with a submission to the Ministry of Welfare. The Ministry of Welfare verifies the facts referred to in the submission.

Table no.33

Complaints on social services, financed from State budget, number of persons

Indicator	2013	2014	2015
Social care in long-term social care and social rehabilitation institutions for persons with mental impairments and children deprived of parental care	0	17	12
Social rehabilitation for persons with impaired vision	0	0	0
Social rehabilitation for persons with hearing disability	0	1	4
Service of sign language interpreting	1	0	0
Social rehabilitation for children addicted to psychoactive substances	0	0	0
Social rehabilitation for adults addicted to psychoactive substances	0	0	0
Social rehabilitation for children who have suffered from illegal acts	1	3	3
Technical aids	24	28	46
Social rehabilitation in institution for persons with functional disorders	0	0	2
Vocational rehabilitation	0	0	1
Service of an assistant*	0	5	57

Data source: Ministry of Welfare

*Service is provided (organized) by municipalities and financed from State budget

Table No. 34

Relative poverty rates, absolute number and proportion of population under the poverty rates in 2012 – 2015

Indicator	2012	2013	2014	2015
At risk of poverty threshold (60% of median equivalised income) single person, EUR per year	2 670	2 799	3 122	3 497
At risk of poverty rate (cut-off point: 60% of median equivalised income after social transfers), thousand persons	388	387	418	441
At risk of poverty rate (cut-off point: 60% of median equivalised income after social transfers), % of total population	19.2	19.4	21.2	22.5
At risk of poverty threshold (50% of median equivalised income), single person, EUR per year	2 225	2 333	2 601	2 914
At risk of poverty rate (cut-off point: 50% of median equivalised income after social transfers), thousand persons	272	259	261	289
At risk of poverty rate (cut-off point: 50% of median equivalised income after social transfers), % of total population	13.5	12.9	13.2	14.7
<i>Percentage of income tested social assistance recipients of the number of people living in private households, %</i>	<i>13.1</i>	<i>11.8</i>	<i>10.5</i>	<i>9.1</i>

Data source: Eurostat and Ministry of Welfare

Table No. 35

Relative poverty lines and the social assistance level comparison

Indicator	2012	2013	2014 **	2015
At risk of poverty threshold (60% of median equivalised income), single person, EUR per month	223	233	260	291
The minimum wage (per month), EUR	284.57	284.57	320.00	360.00
At risk of poverty threshold (50% of median equivalised income), single person, EUR per month	185	194	217	243
The income level of a needy person, per person per month, EUR	128.06	128.06	128.06	128.06
GMI level (EUR per person per month)	56.91 and 64.03	49.80	49.80	49.80
The food part of the subsistence minimum basket per capita, average per month EUR*	74.98	77.09		

Data source: Eurostat and Ministry of Welfare

* The complete minimum consumer basket of goods and services represents the amount of goods and services that meet the needs of the minimum level of living standards accepted by society. This is

the minimum consumption standard the value of which varies according to changes in consumer prices. Complete minimum consumer basket of goods and services and consumer regulations are stipulated by Annex No.3 to Cabinet Decision No.95 of 8 April 1991 (expired).

** From 2014 the Central Statistical Bureau terminates calculation of subsistence minimum.

There it is also proposed to develop a new **minimum subsistence basket**. It is planned to attract the resources within the framework of European Union Investment Fund planning period 2014-2020, starting 2017.

Table No. 36

The State social security old age allowance

	2012	2013	2014	2015
number of recipients	565	521	503	484
amount of the allowance (EUR)	64.03	64.03	64.03	64.03

Data source: The Ministry of Welfare

Table No. 37

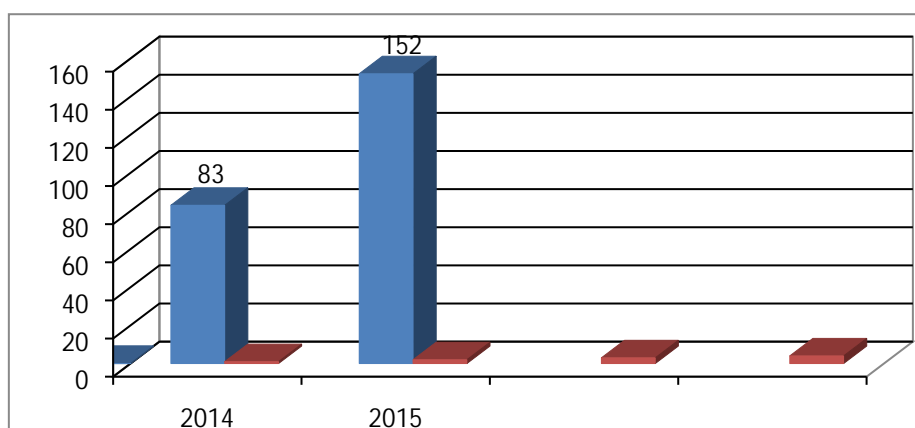
Medical assistance for needy persons

Indicator	2012	2013	2014	2015
Number of needy persons received the exemption from the patient's contribution (for out-patient services, including day hospital services)	95 842	62 084	48 049	38 330
Number of needy persons received the exemption from the patient's contribution (for in-patient services)	11 810	8 921	7 435	6 206
Number of needy persons for whom the co-payment (up to 31.00 EUR) for specific surgical operations performed in operating room during the hospitalisation was covered by the state health care budget.	2 073	1 328	1 145	1 024
Number of needy persons for whom the pharmaceuticals and medical devices eligible for reimbursement were covered in full (100% reimbursement category), including	19 328	14 834	12 774	10 096
Number of children by the age of 18 for whom the pharmaceuticals and medical devices eligible for reimbursement were covered in full (100% reimbursement category)	2 313	1 756	1 695	370

Data source: Ministry of Health

Table no.38

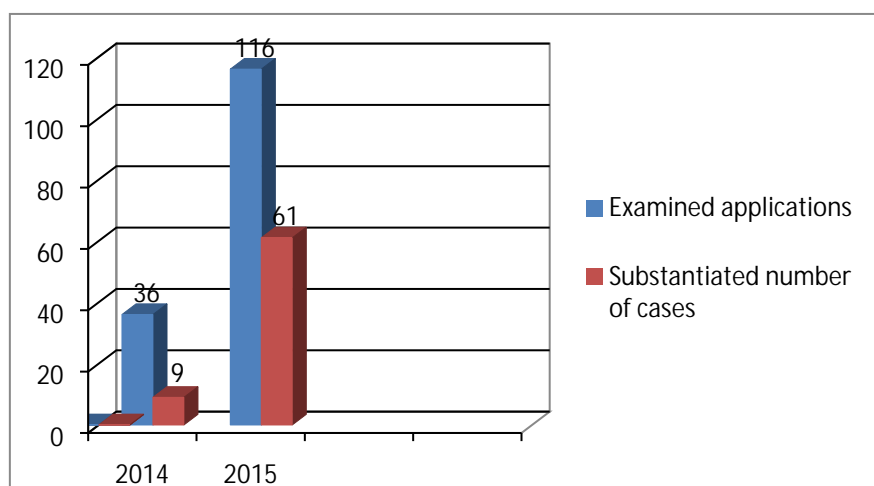
Number of applications received at Medical Treatment Risk Fund in 2014 and 2015



Data source: Health Inspectorate

Table no.39

Number of examined and substantiated number of cases



Data source: Health Inspectorate in 2014 and 2015

ARTICLE 13 PARA. 2

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

According to the Law on Social Security (Paragraph 1, Article 2¹) in ensuring social services, differential treatment based on a person's race, skin colour, gender, age, disability, state of health, religious, political or other persuasion, national or social origin, property or marital status or other circumstances shall be prohibited (amendments of 26 November 2015).

In order to prevent misinterpretation regarding the personal scope entitled to the rights to receive social care services, social rehabilitation services and vocational rehabilitation services and social work to certain groups of persons, which existed some period of time because of the wording of the Law On Social Services and Social Assistance Article 3, in 2014 the Ministry of Welfare of the Republic of Latvia elaborated the amendments to the Law On Social Services and Social Assistance regarding defining the personal scope entitled to the rights to receive social services and social assistance. They were adopted by the Parliament in 26 November 2015. These amendments aim to stipulate the principle that social services and municipal social assistance are accessible to all persons who have lawful rights to reside and who are lawfully residing in Latvia, if they meet certain requirements in order to receive respective assistance or social service.

According to the Law on Social Services and Social Assistance (Article 3; in force from 2 December 2015) the right to receive social services and social assistance shall be enjoyed by:

- 1) citizens and non-citizens;
- 2) third-country nationals who have been issued a permanent residence permit or granted the status of a permanent resident of the Republic of Latvia;
- 3) the Member States of the European Union, the countries of the European Economic Area and nationals of the Swiss Confederation, which:
 - (a) acquire the right of permanent residence,
 - (b) shall be entitled to reside in the Republic of Latvia, the Republic of Latvia and have been resident for at least three months,
 - (c) the presence in the Republic of Latvia for at least six months, if the aim of residence is to establish legal employment relationships in the Republic of Latvia, and there is evidence that they are continuing their search for work, which certifies the registration of the State Employment Agency;
- 4) refugees and persons who have been granted alternative (subsidiary protection) status as well as their family members.

According to the mentioned Law Article 6 a client has the right:

1) to obtain information free of charge from a social service and social assistance provider regarding the possibilities of receiving social services and social assistance as well as the conditions and procedures for the receipt thereof;

2) to receive a consultation free of charge from a social work specialist regarding the resolution of social problems;

3) to request and receive the social services or social assistance referred to in this Law;

4) to receive a substantiated written refusal in case a decision has been taken not to provide a social service or social assistance to the client;

5) to participate in the decision-taking process related to the receipt of a social service;

6) in accordance with the procedures specified by law, to appeal against a decision on the provision of social services or social assistance;

7) to submit a complaint regarding the unsatisfactory quality of the social services provided and the infringement of the rights of the client. (amendments of 1 July 2009).

According to the Law On Social Services and Social Assistance (Paragraph 3, Article 45) social workers and caritative social workers in performing their tasks shall comply with the social workers' code of ethics, which shall be approved by the Latvian Association of Professional Social and Care Workers.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

No special studies have been undertaken in Latvia during the reference period. All the measures are regulated by legal acts.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

In the light of the answer to this question, there are no such statistics.

ARTICLE 13 PARA. 3

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Pursuant to the Law on Social Services and Social Assistance social services shall be provided only on the basis of an evaluation of the individual needs and resources of a person carried out by a social work specialist. Social services shall be provided at the place of residence of a client or as close thereto as possible and only if the scope of such services is not sufficient, shall social care at a long-term care and social rehabilitation institution be provided. In providing social services, the institutions shall ensure inter-professional and inter-institutional cooperation. Social services may be provided only by such a social service provider who meets the requirements determined by the Cabinet of Ministers and is registered in the register of social service providers. The same requirement applies to all providers, regardless of their affiliation (State, municipal, private, NGO).

State shall ensure (to organize providing as well as financing from State budget):

- Social care in long-term social care and social rehabilitation institutions for persons with mental impairments and children deprived of parental care;
- the vocational rehabilitation of disabled persons;
- the social rehabilitation of persons with impaired vision and hearing;
- the social rehabilitation of children who have suffered from violence;
- social rehabilitation services for adult persons who have suffered from violence;
- the social rehabilitation in appropriate institutions for adult persons and of children who have become addicted to narcotic, toxic or other intoxicating substances;
- technical aids services;
- for persons with functional disorders of a working age, as well as for persons with functional disorders who are employed - social rehabilitation services for restoration of capacity for work at social rehabilitation institutions;
- the social rehabilitation of victims of the trafficking in human beings;
- social rehabilitation services for persons who have committed violence.

Besides State shall participate in the financing for the establishment and equipping of group houses (apartments) and halfway houses intended

for persons with mental impairments and of establishment and maintenance for the day centers intended for persons with mental impairments.

Social services ensured by municipalities:

- Social services ensured by municipalities:
- institutional care for elderly people and disabled persons with physical disabilities;
- institutional care for child orphans and children without parental care over age of two years;
- home care;
- day-care centers;
- shelters / night shelters;
- crisis centers;
- social rehabilitation for the person after returning from imprisonment
- group houses;
- service apartments;
- service of an assistant.

For persons with mental impairments who move from the long-term social care institutions to live in group houses (apartments) expenses are covered from State budget. State participated in the financing for the establishment and equipping of 1 group house for persons with mental impairments in year 2014 and 1 group house in year 2015.

With State financing there were established 3 day centers intended for persons with mental impairments in year 2014 and 1 center in year 2015.

The service of an assistant for person is provided by municipal social services offices and financed from State budget.

According to the Law on Social Services and Social Assistance Article 10 each local government shall establish a local government institution – a social service office. In order to ensure the professional assessment of inhabitants' needs and the qualitative provision of social services and social assistance, each local government shall have at least one social work specialist per every thousand inhabitants.

According to Regulations of the Cabinet of Ministers No.291 "Requirements for Social Service Providers" of 3 June 2003 social work specialists (not less than three) shall work in a local government social service, in that number including one social worker for work with families with children, the second – for work with adults and the third – a social

assistance organizer. The head of the social service is entitled to ensure social services and social assistance by involving other specialists.

Since 2013, when the rate came into force the local government has increased the number of staff, in order to comply with the legal act. It turns out that at least three social work specialists of the local government social service office, regardless of population in the municipality are provided (Please see the Table no. 40 - The number of social work specialists in social services of local governments on page 114. in this Report).

According to this Law a client has the right to receive a consultation free of charge from a social work specialist regarding the resolution of social problems.

Information on social service office is available also on each local government's internet home page.

Please see also information provided on this Article's 2nd Paragraph 1st Part.

The State provides a family physician advisory telephone service (when family doctor offices are closed):

- To decrease the unnecessary emergency visits to patients, and to provide opportunity to receive doctor's consultation after working hours and on weekends (when family doctor offices are closed). Family physician advisory telephone service was introduced in May 2011. Service is available:

- 1) in working days from 17:00 till 8:00 a.m.
- 2) in weekends and holidays – round the clock.

Consultations can be received also by e-mail and Skype.

Medical assistance for asylum seekers:

- The amount of medical assistance guaranteed by the State is offered to citizens and non-citizens of the Republic of Latvia, citizens of the European Union, the European Economic Area and of Switzerland who reside in Latvia due to employment or self-employed persons as well as to their family members, to foreign nationals who have a residence permit in Latvia, refugees and persons who have assigned an alternative status, to detained persons taken into custody and those sentenced to imprisonment and to the children of all previously mentioned persons.

- In order to facilitate the access of asylum seekers and beneficiaries of international protection to affordable and quality health care services,

in accordance with the organisation of the health care system in Latvia, several amendments in national legislation were made.

- On 30 August 2016, the Cabinet of Ministers adopted the amendments to Regulation No.1529, which set forth that the following health care services for asylum seekers shall be paid for from the national budget funds: emergency medical assistance, childbirth assistance, dental assistance in acute cases, medical care for children, general practitioners provided health care, reimbursable medicinal products and medical devices for treatment provided in outpatient treatment, psychiatric assistance, prenatal care and other secondary ambulatory health care which require urgent assistance as well as services set in Epidemiological Safety Law and necessary medicines to treat tuberculosis.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

In the previous report of Latvia for the period 2008 – 2011 concerning the accepted provisions of the following Article belonging to the thematic group “Health, social security and social protection” different data were presented regarding the number of social work specialists in municipalities until 2010 and afterwards. It’s related to the changed reporting form according to Regulations of the Cabinet of Ministers No.338 “Regulations regarding the State statistical reports in the field of social services and social assistance” of 6 April 2010.

The report of Latvia for the previous period - 2008 and 2009 presented the number of social work specialists in all social services institutions (some institutions are directly subordinated to the Head of the social service and some to the management of the local government). But from 2010 only the number of social work specialists (without units of local government social service office and without administration of the social service) per municipal institution is indicated, i.e. the municipal social service is presented excluding structural units.

Since 2010, the statistical data are collected according to the same principles in all local governments. The total number of social work specialist’s has not decreased but has increased in all positions (Please see the Table no. 40 - The number of social work specialists in social services of local governments on page 114. in this Report).

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Table no.40

The number of social work specialists in social services of local governments

Indicator	2012	2013	2014	2015
The number of the declared population taken by the beginning of the year (<i>source: Central Statistical Bureau</i>)	2 044 813	2 023 825	2 001 468	1 986 096
Number of local governments	119	119	119	119
The number of social work specialists in all local government social services institutions (without administration of the social service), total	1894	1995	2010	2086
The number of total social work specialists in local government on 1000 people, %	92,6	98,6	100,4	105,0
The number of social work specialists in local government social service office (without administration of the social service)	1581	1617	1645	1733
The number of social work specialists in local government social service office (without units of local government social service office and without administration of the social service)	1162	1281	1312	1405
The number of social work specialists in local government social service office on 1000 people, %	56,8	63,3	65,6	70,7
of these, social workers	851	974	1021	1089
of those, with a second level vocational higher or academic education in social work	1010	1004	1063	1101
The number of administration personnel of the social service	119	119	119	119
of those, with a second level vocational higher or academic education in social work	81	84	85	82
The number of the declared population in urban localities taken by the beginning of the year (<i>source: Central Statistical Bureau</i>)	1382105	1366325	1357682	1348855
The number of the declared population in rural localities taken by the beginning of the year (<i>source: Central Statistical Bureau</i>)	662708	657500	643786	637241
The number of social work specialists in urban local government social service office on 1000 people, %	31.0	31.3	33.4	38.6
The number of social work specialists in rural local government social service office on 1000 people, %	110.6	129.7	133.3	138.9

The number of the social services, where there is only one social work specialist and administration of the social service with a second level education in social work	15	3	3	3
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Data source: Ministry of Welfare

Comparatively urban local governments have an insufficient number of social work specialists – in 2015 the fulfilment of the statutory rate was 38.9 per cent. While in rural local governments this provision is fulfilled, as Regulation of Cabinet of Ministers No.291 provides - the local government social service office cannot have less than 3 social work professionals, regardless of the number of inhabitants of the local municipality. From 2013 to 2015, the provision specified by Regulation of Cabinet of Ministers No.291 (regarding 3 social work specialists in the social service) was not fulfilled by 3 local governments where the population is equal to or below 2000 persons.

ARTICLE 13 PARA. 4

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The legal framework to right to receive social services and social assistance according to the Law on Social Services and Social Assistance is stipulated in Article 3. Please see as well the information provided on the Article 13 Paragraph 2.

According to this Law Article 3 Paragraph 11 the right to receive the GMI benefit and night shelters services, as well as social service information and advice are to those persons residing in the Republic of Latvia to whom has been granted alternative status, as well as their family members who reside in the Republic of Latvia. The social service of the local government is entitled to a housing benefit for a person who has been granted alternative status in accordance with the procedures and in the amount specified in the relevant local government.

Pursuant to Article 3 Paragraph 12 children who have acquired alternative status have the right to receive social care services and the social rehabilitation services on the same ground as citizens and non-citizens of Latvia.

Article 3 Paragraph 4 stipulates that foreigners recognised as a victim of trafficking in human beings, as well as minor children accompanied by him/her, receive social rehabilitation services for victim of trafficking in human beings.

According to the Article 3 Paragraph 6, other persons with temporary residence permit residing lawfully in the Republic of Latvia social services, required in their situation, shall request directly to the service provider, and shall pay for the services received from their own resources.

Article 4 Part 1 Paragraph 5 of the Immigration Law prescribes that a foreigner is entitled to enter and reside in the Republic of Latvia, if he/she concurrently [...] has the necessary financial means in order to reside in the Republic of Latvia or another Schengen Agreement Member State and return to the country of residence or to depart to a third country which he/she has the right to enter. The Cabinet of Ministers determines the amount of necessary financial means and the existence of financial means.

In accordance to the Immigration Law Article 4 Paragraph 6, the procedures for foreigners' health insurance, as well as the procedures by which a foreigner receives health care services in the Republic of Latvia, the minimum insurance amount, the minimum amount of services to be covered and cases when a visa or a residence permit without health insurance policy may be issued to a foreigner is determined by the Cabinet of Ministers.

Article 17 Part 1 Paragraph 5 of the Law on Medical Treatment stipulates that the amount of medical treatment services paid from the State basic budget and from the funds of the recipient of services shall be provided to refugees and persons who have been granted the alternative status according to the provisions of Regulation of Cabinet of Ministers No.1529 of 17th December 2013 "Procedure of organisation and financing of health care".

Emergency medical service is a unified direct administration institution subordinated to the Minister of Health providing emergency medical assistance at the pre-hospital stage to patients in the condition which is critical to one's life and health.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

The Action Plan “Action Plan for movement and acceptance in Latvia of persons in need of international protection” approved by Cabinet Order No.759 of 2nd December 2015 provides to implement the rights to social and medical assistance on equal basis with the citizens of the own country. It includes the following measures:

- Provision of food, hygiene items and items of the first necessity to a person depending on the place of accommodation;
- Provision of emergency medical treatment, as well as the primary, secondary and ambulatory health care;
- Assignment of a social worker (during a period of asylum seeking of 3 months) and a social mentor (during a period of asylum seeking of 3 months and 12 months following obtaining the status) to each refugee/family providing support for implementation of the social economic inclusion plan.

A social mentor provides support to a person during the integration transition period by developing the understanding of living in the society, by helping with mastering daily skills within the actual society environment, encouraging development and creation of new skills.

Social mentors provide support in solving daily situations on the basis of using own knowledge, the resources available in the environment, identify the actual situation and provide an eventual solution in cooperation with the client or the client’s family.

In the Asylum Seekers Accommodation Centre „Mucenieki” (opened on 17 February 1999) it is possible to accommodate 150 persons. The main task of the Asylum Seekers Accommodation Centre „Mucenieki” is to provide accommodation for asylum seekers during the time while their cases are being reviewed and the resolution is adopted on the asylum case, to encourage their adaptation in the society of Latvia. Every asylum seeker (except the cases when an asylum seeker has sufficient resources) receives a daily allowance (in the amount of 3 EUR) for acquisition of food, hygiene items and items of the first necessity. Afterwards every asylum seeker who has received an asylum status receives monthly allowance of 139 EUR per month and 97 EUR for each next family member.

Within the above mentioned project of the European Return Fund footwear was purchased for foreigners accommodated in the Centre for

Accommodation of Detained Foreigners „Daugavpils”. At present, within the projects of the Asylum, Migration and Integration Fund, it is not planned to purchase footwear for foreigners accommodated in the Centre for Accommodation of Detained Foreigners „Daugavpils”, but the State Border Guard will evaluate the possibility of making amendments to the project for providing for this opportunity. Asylum seekers who stay at the Asylum Seekers Accommodation Centre „Mucenieki” can receive clothing from St. John’s assistance fund or the Red Cross.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Table no.41

Changes in the number of asylum seekers, refugees and persons having received the alternative status in Latvia 2012 - 2015

Indicator	2012	2013	2014	2015
Number of asylum seekers (first time)	189	185	364	328
Including minor asylum seekers of them unaccompanied	26	27	56	90
Number of refugees	10	14	3	6
Number of persons having received the alternative status	20	21	21	23
Number of persons who have stayed in the premises of the State Border Guard for housing asylum seekers at Centre for Accommodation of Detained Foreigners "Daugavpils"	143	172	318	206
Number of persons having received permanent residence permits (hereinafter – PRP) (first time and repeated)	20	21	13	8
Number of third country nationals with PRP on each year's 1 January	40 057	42 055	44 590	46 669
Number of persons having received temporary residence permits (hereinafter – TRP) (first time and repeated)	73	91	101	93
Number of third country nationals with a valid TRP on each year's 1 January	9 366	12 171	16 941	23 674

Data source: Ministry of Interior

Table no.42

An emergency medical care*

Indicator	2012	2013	2014	2015
Number of persons received an emergency medical aid, except refugees and persons who have been granted an alternative status	396 078	406 948	400 034	406 039
Number of refugees received an emergency medical care	5	5	2	7
Number of persons who have been granted an alternative status received an emergency medical care	7	6	10	9

Data source: National Health Service

* Health care provided in out-patient and in-patient settings in case of acute disease or injury, except emergency medical care provided by State Emergency Medical Service.

Table no.43

Number of completed calls by Emergency Medical Service in 2012-2015

Indicator	2012	2013	2014	2015
Number of completed calls by Emergency Medical Service ¹	457 539	449 619	433 804	440 970
including number of completed calls in the accommodation centre for asylum seekers "Mucenieki" ²	2	12	14	19
including number of completed calls in centre for detained foreigners in Dauvapils ³	10	9	7	32

Data source: State Emergency Medical Service

¹ Emergency medical service counts the number of completed calls, not the persons because there can be more than one call per person and there is not always a possibility to receive the personal data (because of the health condition, absence of documents and other reasons).

² Call address is: Ropažu region, Mucenieki, 2 Jaunceltnes street 8.

³ Call address is: Daugavpils, Andreja Pumpura street 105b.

Table no.44

The night shelter services paid by local governments

Indicator	2012	2013	2014	2015
The total number of persons who have spent the night shelter service,	6478	6556	5426	5501
<i>of those adults</i>	6395	6481	5365	5448
<i>of those children (persons under age of 18)</i>	83	75	61	53
<i>From total male</i>	5355	5376	4380	4458
<i>From total female</i>	1123	1180	1046	1043
Local municipalities spent money, EUR	2 294 924	2 411 267	2 213 134	2 344 150
The number of local municipalities which paid for night shelter services	23	24	24	25

Data source: Ministry of Welfare

In the light of the answer to the question concerning unlawfully present foreigners who benefit from the night shelters - there is no such statistics.

Information about the receiver of social services having no impact on the type of service to be provided and/or scope of as well as the period of the service provided are not included in client's records. For this reason, Ministry of Welfare has no information on how many receivers of the services of shelter/ night shelter were unlawfully present foreigners at the moment of receipt of the service.

Persons' right to medical care and social services are regulated by laws and regulations in two different areas and they are not linked. For this reason, from the fact that person has received emergency medical care, the persons' additional right nor the prohibition to receive shelter/night shelter services, if necessary, or food and clothing, does not arise.

Table no.45

Shelters/night shelters: number of receivers (persons); spending from the local government budget

		2013		2014		2015	
		persons	thous. EUR	person s	thous. EUR	persons	thous. EUR
total		6556	2411,3	5426	2216,4	5501	2344,2
From total:	adults	6481		5365		5448	
	Children (persons under age of 18)	75		61		53	
From total:	male	5376		4380		4458	
	female	1180		1046		1043	

Data source: The yearly statistical reports on social assistance and social services in the municipality

ARTICLE 14: THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

ARTICLE 14 PARA. 1

“With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Law on Social Services and Social Assistance establishes principles for the provision and receipt of social work, social care, social rehabilitation, vocational rehabilitation and technical aids services (hereinafter — social services) and local government social assistance benefits (hereinafter—social assistance), the range of persons who have the right to receive these services and social assistance, as well as the principles for payment and financing of social services.

According to the Law on Social Services and Social Assistance Article 40 the purpose of social work is to help a person, a family or a group of persons determine, resolve or diminish social problems by developing the resources of the person himself/herself and involving support systems.

In order to ensure the professional assessment of inhabitants’ needs and the qualitative provision of social work services, each local government shall establish a social service office.

Article 17 Paragraph 3 prescribes that a head of an institution which provides social services shall be a person with a second level vocational higher or academic education. According to the Article 41 of the same law - persons who have acquired a second level vocational higher or

academic education in social work or in caritative social work have the right to perform social work.

According to the Article 45 the professional activity of a social worker and a caritative social worker shall be aimed towards achieving and promoting practical resolution of the social problems of an individual and improvement in his/her quality of life, integration in the society, and the ability to help himself/herself.

After evaluation of circumstances, a social worker and a caritative social worker shall:

- 1) provide a person with assistance and support in resolving social problems;
- 2) help the person develop the ability to resolve personal, interpersonal and social problems;
- 3) support the possibilities for the development of the person, as well as the right to take decisions independently and to implement them;
- 4) attract social and economic resources and the appropriate social services for the resolution of the social problems of a person or a group of persons;
- 5) provide information regarding social service providers and establish contacts between the recipients and providers of social services.

In performing the tasks mentioned, social workers and caritative social workers shall comply with the social workers' code of ethics, which shall be approved by the Latvian Association of Professional Social and Care Workers.

According to the Law on Social Services and Social Assistance Article 17 Paragraph 1, social services may be provided only by such a social service provider who meets the requirements determined by the Cabinet of Ministers and is registered in the register of social service providers. Social service provider in compliance with Article 1 Point 24 is a person providing social care, social rehabilitation, vocational rehabilitation and social work services. Social service providers may be institutions created by State or local government as well as by private individuals or NGOs (please see information also on Article 14 Paragraph 2). Those social service providers of government and local governments are financed from the State budget or budget of the local government. Other social services mentioned are financed from the budget of their founders, gifts and donations, as well as by those person payments who receive their service.

According to the Article 7 a client has the right:

- 1) to obtain information free of charge from a social service and social assistance provider regarding the possibilities of receiving social services and social assistance as well as the conditions and procedures for the receipt thereof;

2) to receive a consultation free of charge from a social work specialist regarding the resolution of social problems;

3) to request and receive the social services or social assistance referred to in the Law on Social Services and Social Assistance.

According to the Article 11 a local government social service office shall have the following tasks:

1) to perform social work with persons, families and groups of persons;

2) to provide social services or to organize the provision thereof to families with children in which there are circumstances unfavourable to the development of the child, foster families, guardians, persons who are taking care of a family member, disabled persons, persons of pensionable age, persons with mental impairments and other groups of persons for whom it is necessary;

3) to assess the needs, material and personal (motivation, necessary knowledge and skills, education, occupation, etc.) resources of clients;

4) to determine the participation duties of a client upon reaching an agreement with him/her regarding the measures to be performed;

5) to provide social assistance;

6) to administer local government budget resources, which have been earmarked for the provision of social services and social assistance;

7) to assess the quality of the social services and social assistance administered by the social service office and financed by the local government;

8) to perform the research of the social environment, to determine problems, to develop concepts for the development of social services, target programs and proposals for the implementation of new services and to participate in the development of local government development plans;

9) to inform inhabitants regarding social services and social assistance.

According to Article 12 Paragraph 1; 2, a local government social service office shall have the following duties:

1) to provide persons with information regarding the right to receive social services and social assistance as well as the procedures for the provision thereof;

2) to inform in writing the person who has requested a social service or social assistance regarding the decision taken and, in case of refusal, to specify the reasons for refusal, as well as the deadline and procedures for appealing the decision;

3) to provide a person with psychosocial or material or psychosocial and material assistance in order to enable the overcoming of a crisis situation and promote the integration of the person into society.

The local government social service office has a duty to provide information and consultations in a manner comprehensible to the person.

In compliance with Regulation of Cabinet of Ministers No.193 of 14 November 2015 on Rules of Implementation of the Measure 9.2.1.1 “Professional Social Work Development in Local Governments” within the specific objective 9.2.1 “Improvement of Efficiency of Social Services and Professionalism of Staff Working with Persons in Risk Situations” of Operational Program “Growth and Employment” a project financed by the European Social Fund is being implemented in the Ministry of Welfare” (please see information provided in Article 14 Paragraph 2).

According to the Law on Social Services and Social Assistance Article 9 Paragraph 1, the local government in the territory of which a person has registered his/her main place of residence has a duty to provide the person with a possibility to receive social services and social assistance.

Pursuant to Article 4 Paragraph 1, social services shall be provided only on the basis of an evaluation of the individual functional needs and resources of a person carried out by a social work specialist. In providing social services, the institutions shall ensure inter-professional and inter-institutional co-operation.

Social care service in compliance with Article 1 Point 20 is a set of measures aimed at the satisfaction of the basic needs of those persons who have objective difficulties taking care of themselves due to old age or functional disorders and includes services at the place of residence of the person as well as in long-term social care institutions.

Social rehabilitation service in compliance with Article 1 Point 23 is a set of measures aimed at the renewal or improvement of the social functioning abilities in order to ensure the recovery of social status and integration into society and includes services at the place of residence of the person and at a social care and social rehabilitation institution, or at the place of residence or at a social care and social rehabilitation institution.

Social services ensured by local governments:

- home care;
- institutional care for elderly people and disabled persons with physical disabilities;
- institutional care for child orphans and children without parental care over age of two years;
- shelters / night shelters;
- day-care centers;
- crisis centers;
- service apartments;
- group houses;
- service of an assistant;

- social rehabilitation for the persons after returning from imprisonment.

For persons with mental impairments who move from the long-term social care institutions to live in group houses (apartments) expenses are covered from the State budget.

The service of an assistant for person is provided by local government social services offices but financed from the State budget.

According to the Law on Social Services and Social Assistance Article 8 Paragraph 1, 4, 5, a client or his/her provider has a duty to pay for the received social care and social rehabilitation services if it is not specified otherwise in this Law. If a client or his/her provider is unable to pay for a social care or social rehabilitation service, the costs of the service shall be covered from the local government budget in accordance with the procedures specified by the Cabinet of Ministers. The Cabinet of Ministers shall determine the procedures of the payment for social care and social rehabilitation services.

According to Regulations of Cabinet of Ministers No.275 of 27 May 2003 "Procedures for Payment for Social Care and Social Rehabilitation Services and the Procedures for Covering Service Costs from a Local Government Budget" Point 5, 6, 7 - the following requirements shall be observed when paying for a service:

5.1. the means at the disposal of a client after the payment for a service (except the payment for a service provided by a long-term social care and social rehabilitation institution (hereinafter - long-term care institution)) may not be less than the level of income and material conditions specified in regulatory enactments regarding the procedures for recognising a family or a person living separately as needy, and not exceeding the set level of income and material situation in which a person is recognised as needy;

5.2. if the income of a client prior to the payment for a service is higher than the level specified in Sub-paragraph 5.1 of the Regulation, but a client is unable to pay a full price for the service, a client shall pay a portion of the service price – the difference between the level of his/her income and the income level of a needy person specified in the State. The provider shall cover the remaining portion of the payment for the service until the payment for the service is completed;

5.3. the resources left at the disposal of a provider after payment for a service may not be less than the sum calculated by multiplying the minimum wage determined in the State by the following coefficient:

5.3.1. for a family of one person – 1.0;

5.3.2. for each next family member of a provider – 0.5;

5.4. if the means at the disposal of a provider's family exceed the level specified in Sub-paragraph 5.3 of the Regulation, but the provider is unable to pay a full price for a service, the provider shall pay a portion of the service price – the difference between the level of his/her income and the sum calculated in accordance with the procedures specified in Sub-paragraph 5.3 of the Regulation, which is left at his/her disposal. A local government shall cover the remaining portion of the payment for the service until the payment for the service is completed.

6. A local government, in accordance with financial possibilities, may determine for a client other (more favourable) procedures for the payment of a service.

7. A local government shall implement the Regulations in accordance with the budget resources of the relevant local government.

According to the Regulation a person, receiving social care or social rehabilitation service shall pay for the received service in accordance with an agreement concluded between him/her and a provider of the respective social service. The price of respective service is set in an agreement and it is different depending on the kind and composition of service, location of provider of respective service etc.

According to the Law on Social Services and Social Assistance Article 29 Paragraph 2, in cases person, receiving State pension or a State social security benefit shall pay for long-term care institution service, he/she pays not more than 90 per cent of respective pension or benefit (before the December 2009 - no more than 85 per cent).

According the same Law the State shall ensure (to organize providing as well as financing from the State budget):

- social care in long-term social care and social rehabilitation institutions for persons with mental impairments and children deprived of parental care up to age of two years;
- the vocational rehabilitation of disabled persons;
- the social rehabilitation of persons with impaired vision and hearing;
- the social rehabilitation of children who have suffered from violence;
- social rehabilitation services for adult persons who have suffered from violence;
- the social rehabilitation in appropriate institutions for adult persons and of children who have become addicted to narcotic, toxic or other intoxicating substances;
- technical aids services;
- for persons with functional disorders of a working age, as well as for persons with functional disorders who are employed - social

rehabilitation services for restoration of capacity for work at social rehabilitation institutions;

- the social rehabilitation of victims of the trafficking in human beings;
- social rehabilitation services for persons who have committed violence.

State shall participate in the financing for the establishment and equipping of group houses (apartments) and halfway houses intended for persons with mental impairments and of establishment and maintenance for the day centers intended for persons with mental impairments.

According to the Law on Social Services and Social Assistance Article 1 Point 13, vocational rehabilitation means a set of measures that ensures the acquisition of a new occupation, the renewal or development of vocational knowledge and skills, including the acquisition of a vocational education program at initial and secondary education level in conformity with the type and degree of severity of the functional disorder and the level of previously acquired education and qualifications of a person. Technical aids Article 1 Point 26, means equipment or technical system that rectifies, compensates, relieves or neutralizes the reduction of a function or disability. Technical aids service Article 1 Point 33, is a set of measures that ensures manufacture, adjusting, training for use and repair of technical aids as well as delivery thereof at the place of residence of a person.

For foreign nationals the right to receive social services and the social service of the local government information and consultation is determined by Article 3 of the same Law. (Please see information provided also on Article 13 Paragraph 2 and Article 13 Paragraph 4)

According to the Law on Social Services and Social Assistance Article 3 Paragraph 6, the right to receive social services and social assistance shall be enjoyed also by the persons not referred to in Part one of the present Section who are entitled to travel to and to stay in the Republic of Latvia if these persons request the above services directly from the relevant service provider and pay the full amount for that.

The current regulatory enactments define the principles and the organisational structure of organisation and administration of social services and social assistance, as well as split the responsibility of the State and local governments in providing supervision of the social services and social assistance provided to residents.

The Ministry of Welfare is responsible for supervision of implementation of the Law on Social Services and Social Assistance, control over

compliance with the regulatory enactments governing provision of social services, as well as the quality of social services on compliance of providers of social services with requirements of regulatory enactments and for administrative punishment of providers of social services for committed breaches.

The task of the local government social service is to assess the quality of the social services and social assistance administered by the social service and funded by the local government.

In compliance with the Law on Social Services and Social Assistance, in the cases referred to in the Law social services may only be provided by the provider of social services compliant with the requirements set by the Cabinet of Ministers and registered with the Register of Providers of Social Services. Maintenance and updating of the Register of Providers of Social Services is ensured by the Ministry of Welfare. All the registered providers of social services are subject to control and supervision. Please see also Paragraph 2 of the same Article.

If a local government administers or purchases social services, it also ensures the quality assessment of the provided service by means of obtaining the customer's opinion on the service provided to him/her and by assessing performance of the contract obligations by the provider of the social service.

If a provider of social services does not ensure compliant quality of social services or does not comply with the requirements of regulatory enactments, the Ministry of Welfare, pursuant to the Code of Administrative Violations of Latvia, is authorised to impose an administrative penalty ranging from a warning up to a fine of eight hundred EUR for a legal entity for repeated violations during a year, as well as to impose an administrative penalty for provision of the service of social care or social rehabilitation without registration with the Register of Providers of Social Services ranging from a warning up to a fine of one thousand and three hundred EUR. Adoption of the above resolutions is delegated to the Director of the Department of Quality Control of Social Services and the appeal institution is the State Secretary of the Ministry of Welfare, whose resolutions can be appealed at the court.

During the time period from January 2012 to October 2016 8 providers of social services have been administratively punished for provision of a low quality service and non-compliance with the requirements of regulatory enactments and 4 legal entities have been punished for provision of an unregistered service. 2 resolutions were appealed with the State Secretary of the Ministry of Welfare and were not cancelled.

According to the Law on Social Security Article 16 everyone has the right to the non-disclosure of information regarding their personal or material relations received by a social service provider, excluding in those cases prescribed by law. It is the duty of a social service provider to perform technical and organisational measures, as well as develop the official instructions that are necessary to fulfil the rights of a person.

For this reason some types of sensible information about person such as nationality, race, religion - which does not affect the provision of a service, are not enclosed in records about person. The data about social services and social assistance shall be submitted to the Ministry of Welfare as statistical summary and does not contain information on nationality, religion of person receiving or providing social services or social assistance.

According to Personal Data Protection Law Article 6 every natural person has the right to protection of his/her personal data.

Pursuant Article 11 Point 7, the processing of sensitive personal data is prohibited, except in cases where processing of personal data is necessary for the provision of social assistance and it is performed by the provider of social assistance services.

Concerning the issue connected to the ratio of social workers to inhabitants please see the information provided on Article 13 Paragraph 3 in this Report.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

On the basis of the Professional Social Work Development Programme 2005-2011, by the Order of the Minister of Welfare, on 28 August 2016 the Cooperation Council of Social Work Experts (hereinafter – CCSWE) was established. CCSWE is a consultation institution established for the purpose of promoting the development of the professional social work, education and provision of social work experts, thus encouraging involvement of society representatives in development of the social work policy. In the CCSWE there are representatives from the State authorities, higher education institutions, municipalities and non-governmental organisations. According to the Rules of Procedure meetings are held four times a year.

The Framework for Professional Social Work Development 2014-2020 (Order of Cabinet of Ministers No.652 of 18 December 2013) (hereinafter - Framework) is developed to continue the current action policy in the field of the development of professional social work and to identify the priorities of the abovementioned area for the EU Structural Funds planning period 2014-2020. The Framework is a medium-term development planning document, which has been drawn up for the time period of seven years by a work group under the supervision of the Ministry of Welfare. The work group involved representatives also from the Ministry of Education and Science, the Latvian Association of Local and Regional Governments, the Latvian Association of Professional Social Workers, the Social Board of Riga City Council Welfare Department, Riga Social Service, the SW Society, the Society “Caritas”, and Riga Stradiņš University Social Work Department.

As a result of the economic and financial crisis of the preceding years the socio-economic situation of inhabitants significantly deteriorated, resulting in rapid increase in the number of inhabitants who turned to the social service office. In such cases the social service office usually evaluated the client’s financial resources, which is the basis for granting social assistance, instead of a situation where a social worker would assess the client’s social situation in general, identify social problems and provide the necessary support⁴. The social service office is an institution in which every inhabitant can turn to in order to receive free professional support of a social worker, attracting the necessary social

⁴ Support - multi-dimensional structure in social work, which consists of networking resources and forms of assistance (Social Work Terminology Dictionary. – R.: HSSWSP *Atstība*, 2000. – 250; p. 22).

services and social assistance. During this time the role of social service offices and responsibility for public social protection resources accessible to the public became increasingly consolidated.

On the basis of the experience acquired through introduction of the Professional Social Work Development Programme 2005-2011 and on the basis of conclusions of the research “Ex-ante Evaluation on the Planned Structural Reforms in the Field of Professional Social Work Policy” conducted within the scope of the project administered by the State Chancellery “Support to Implementation of Structural Reforms in State Administration”, as well as discussions in different forums related to social work, the purpose of the Framework has been defined - to create a single system which would provide support for inhabitants in alleviating social problems.

The following action directions have been set in order to achieve the abovementioned objective:

- improvement of the quality of social work, provision of accessibility and increase of efficiency;
- sustainable development of the sector of social work.

Measures for implementation of which the European Social Fund financing is required, will be implemented within the scope of the resources planned for the implementation of projects and measures co-financed by the European Union policy instruments and other foreign financial assistance. The abovementioned activities will be implemented as the project of the Ministry of Welfare (no 9.2.1.1/15/I/001) from April 2015 until December 2022.

Total funding 8 526 615 EUR, including The European Social Fund funding 7 247 622 EUR.

Target group – social work specialists from social service offices and the local government established social service providers.

The tasks and measures from April 2015 until December 2022:

- 1) The development of professional competence (training) and supervision for the social work specialists;
- 2) To develop the methodology for the social workers to work with customer target groups, as well as the training of social workers to this methodology work and pilot implementation;
- 3) The development of the quality of social services of local governments and implementation of the pilot project;
- 4) Methodological support to social work specialists, including recurrent expenditure for social work and development of social work terminology dictionaries;

- 5) Developing social work in the community and the implementation of the pilot project in the municipalities;
- 6) Ex-ante and ex-post evaluations of the operational efficiency of the evaluation of the social services of local governments;
- 7) The information and publicity measures regarding project implementation.

In order to develop professionalism and competitiveness of social workers and other social work experts, the professional competence improvement was started in 2015, i.e. provision of training and supervision to social work experts of social services and social service providers established by local governments. In 2015, within the framework of the ESF funding (50 per cent) supervision was provided to 519 social work experts from 39 local governments and training to 85 social work experts from 7 local governments. In 2015 social work experts improved their knowledge on the following topics:

- 1) Improvement of professional competence in managing a social case in the social work practice;
- 2) Improvement of professional competence for social work experts in work with manipulative, aggressive clients;
- 3) Improvement of professional competence in the use of interviewing, including motivating interviewing in the social work practice;
- 4) Improvement of professional competence in solving conflicts in the practice of social work experts;
- 5) Improvement of professional competence in the social work practice with families with children (risk assessment, identification of difficulties in providing due care of children, suspension, termination of the rights of care; return of children to their biological family, youth after the receipt of out-of-family care service);
- 6) Improvement of professional competence for social work experts in the work with refugees and asylum seekers.

The social work periodical publication “Knowledge transfer in the social work practice” was prepared in September 2015 within the project financed by the ESF and published in September 2015.

The Ministry of Welfare organised annual methodological meetings of social services/ local government’s employees every year in five regions of Latvia where the Ministry of Welfare invited responsible officials of local governments in charge of the social policy and involved in its development, social workers, social work experts, heads of the social work sector and other professionals of the social area. The topic of the workshop in 2015 was “Violence towards a child and violence in the

child's family, its forms and features, interinstitutional cooperation in case of violence”.

As from 2013 the Ministry of Welfare has been organising and financing the competition “Best social worker in Latvia”. The goal of the competition is to identify the social workers in Latvia who perform their job actively and honestly. The Ministry of Welfare is implementing this competition in cooperation with the Association of Social Workers, the Latvian Association of Local and Regional Governments, the Latvian Association of Heads of Local Governments Social Services and the Latvian Association of Professional Social Work Experts. Representatives of the above organisations in the jury of the competition evaluate submitted questionnaires and allocate relevant nominations.

In 2014 the first Summer School of social workers of local government social services organised by the Ministry of Welfare was held in Vidzeme at Katvari Boarding School. The first Summer School was organised in cooperation with the Association “Social Support, Training and Information Centre “AD OPUS”” and Riga Stradiņš University Psychosomatic Medicine and Psychotherapy Clinic. 70 social workers who perform the daily social work in municipal social services participated in the Summer School in 2014. Regarding the topics, the Summer School 2014 was aimed at providing general knowledge to social workers of local government social services on topical practice matters, use of various practice approaches and models and their introduction in the daily work.

The Summer School 2015 took place in Kurzeme at Kandava region tourism and recreation centre “Plosti”. 70 social workers from 35 local governments participated in the Summer School 2015. The workshops of the Summer School 2015 were aimed at developing new ideas and possibilities in social communication, encouraging individual approach in communication with clients representing various age groups, mastering alternative ways of communication and conflict solving, encouraging the personal growth and creative potential of social workers.

3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).

Table no.46

The local government expenditures and number of persons receiving social services social assistance, 2012 – 2015

Indicator	2012	2013	2014	2015
The local government expenditure on social services, total EUR	52 201 206	59 702 864	61 930 128	69 859 827
<i>of those for bought social services, EUR</i>	15 552 982	17 114 714	20 785 621	22 465 266
<i>of those for social services provided by local governments, EUR</i>	36 648 224	42 588 150	41 144 507	47 394 561
The total number of persons receiving social services	64 323	68 065	82 363	70 613
Total expenditure on social assistance, EUR	64 127 349	51 298 790	45 613 286	38 535 714
<i>of those National co-financings, EUR</i>	10 440 219	512 541		
Total number of people received benefits	285 011	249 306	216 365	186 789
Expenditure of maintenance of the municipal social service, EUR	25 981 103	37 016 571	27 082 070	31 576 417

Data source: Ministry of Welfare

Table no.47

**Number of persons receiving social services,
financed from local government budget, and spending 2012 – 2015**

Indicator		2012	2013	2014	2015
Home care total,	persons	10 824	11 325	12 519	14 518
	<i>EUR</i>	7 800 743	8 528 691	10 884 002	13 295 823
<i>including only home care</i>	<i>EUR</i>	7 201 310	8 100 219	10 391 942	12 910 632
<i>including "security button"</i>	persons	413	434	610	589
	<i>EUR</i>	60 203	62 557	94 179	106 783
<i>including service of an guide - assistant</i>	persons	223	180	109	48
	<i>EUR</i>	6 466	25 519	52 926	2 569
<i>including hot lunch at home</i>	persons	1086	715	532	410
	<i>EUR</i>	530 350	339 996	332 634	243 570
<i>including other types of service, laundry for home care people</i>	persons	-	3	30	38
	<i>EUR</i>	2414	400	12 320	32 268
Institutional care,	adult persons	7 309	7 520	7 612	7 655
	child orphans and children without parental care over age of two years	2 107	2 021	1 785	1 491
	<i>EUR total</i>	33 037 048	38 884 060	37 699 675	42 122 944
Shelters / night shelters,	persons	6 478	6 556	5 426	5 501
	<i>EUR</i>	2 294 924	2 411 267	2 213 134	2 344 150
Day-care centers,	persons	20 592	19 834	31 132	23 808
	<i>EUR</i>	4 374 628	4 410 110	5 165 842	5 584 847
Crisis centers,	persons	1 273	1 442	1 458	1 222
	<i>EUR</i>	1 320 766	1 498 599	1 488 207	1 624 587
The crisis/ confidence phone,	the number of calls	7 955	7 430	594	2 699
	<i>EUR</i>	22 299	22 299	22 299	22 318
Service apartments,	persons	4	6	5	13
	<i>EUR</i>	3 415	2 376	5 620	954
Group houses,	persons	179	206	242	238
	<i>EUR</i>	500 560	622 008	685 595	766 737
Specialised workshops,	persons	-	34	64	69
	<i>EUR</i>	-	95 221	154 772	187 473
Social rehabilitation services for persons after the serving of a sentence of deprivation of liberty,	persons	8	8	4	43
	<i>EUR</i>	2 341	2 817	144	3 501
Social rehabilitation services for dependent persons of psychoactive substances,	persons	422	514	411	495
	<i>including child</i>	-	-	12	2
	<i>EUR total</i>	29 472	57 302	82 379	74 088

Social rehabilitation services to the victims of children from illegal activities,	persons	90	122	120	90
	EUR	6 831	24 703	9 649	7 312
Social rehabilitation services for people with vision disabilities,	persons	-	-	1	-
	EUR			582	-
Other social services	persons	13 242	3 374	22 323	16 331
	EUR	2 712 013	3 143 404	3 518 227	3 825 087

Data source: Ministry of Welfare

Table no.48

Number of persons receiving social services, financed from State budget, and spending 2013 – 2015

	2013		2014		2015	
	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR
Social care in long-term social care and social rehabilitation institutions for persons with mental impairments and children deprived of parental care	5,6	38 076,0	5,4	39 592,8	5,3	40 716,3
Social rehabilitation for persons with impaired vision	0,5	410,2	0,5	442,7	0,5	495,6
Social rehabilitation for persons with hearing disability	1,0	546,9	1,0	545,6	1,0	521,0
Service of sign language interpreting for education	0,08	63,2	0,08	60,1	0,07	65,6
Service of sign language interpreting to communicate	1,0	296,2	1,1	328,6	1,2	432,2
Social rehabilitation for children addicted to psychoactive substances	0,07	133,3	0,04	89,0	0,03	152,1
Social rehabilitation for adults addicted to psychoactive substances	0,03	79,8	0,03	81,4	0,02	83,5
Social rehabilitation for children who have suffered from illegal acts	1,2	1 391,5	1,3	1 504,1	1,3	1 476,8
Technical aids	12,4	3 841,1	16,86	6 84,3	16,7	4 431,5
Social rehabilitation in institution for persons with functional disorders	2,2	1 249,2	3,0	1 985,0	3,5	2 268,6
Vocational rehabilitation	0,6	1 474,3	0,6	1 242,2	0,6	1 169,0
Service of an	3,0	2 049,2	6,8	8 612,9	9,2	14 003,0

assistant*						
Expenses of living in group houses (apartments) for persons with mental impairments who moves from the long - term social care institutions to group houses**	0,1	121,5	0,1	146,1	0,1	158,1
Expenses of establishment and maintenance for the day centers intended for persons with mental impairments	0	0	0,05	62,5	0,1	193,5

Data source: Ministry of Welfare

* service is provided (organized) by local governments and financed from State budget

** including of expanses of establishment of group houses (apartment)

ARTICLE 14 PARA. 2

“With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.”

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Law on Social Security prescribes the principles for the structure and operation of a social security system, the main social rights and duties of a person, the basic conditions for its implementation, as well as promoting social fairness and social security. As one of principles in operating of social system according to Article 21 Paragraph 1 - lies in ensuring social services, differential treatment based on a person’s race, skin colour, gender, age, disability, state of health, religious, political or other persuasion, national or social origin, property or marital status or other circumstances shall be prohibited. Differential treatment shall include the direct or indirect discrimination of a person, infringement of a person or an implication to discriminate thereof.

According to the Article 17 Paragraph 1 - social services may be provided only by such a social service provider who meets the requirements determined by the Cabinet of Ministers and is registered in the register of social service providers.

Pursuant to Regulations of Cabinet of Ministers No.291 of 3 June 2003 “Requirements for Social Service Providers” prescribes the requirements to be complied with by social care, social rehabilitation and social work service providers (hereinafter – social service provider):

- the general requirements for the activities of social service providers;
- the requirements to be complied with by social service providers during the process of provision of services; and
- the requirements specified for the place of the provision of services if the relevant service is not provided at the place of residence of a client.

In accordance to Article 17 Paragraph 2, the Cabinet of Ministers shall determine the procedures by which a social service provider shall be registered in the register of social service providers and removed therefrom, as well as the justification for removal. The same requirement applies to all providers, regardless of their affiliation (State, local government, private, NGO).

Regulation of the Cabinet of Ministers No.951 “Procedures by which a Social Service Provider is Registered in a Register of Social Service Providers and Removed Therefrom” of 20 November 2008 prescribe the procedures by which a social service (hereinafter – services) provider shall be registered in a register of social service providers (hereinafter – Register) and removed therefrom. The Ministry of Welfare is the manager of the Register. Private individuals, State and local government authorities and the institutions, branches and territorial units thereof, who provide the social services specified in the Social Services and Social Assistance Law, shall be registered in the Register.

Local government’s social service office or State institution taking decision that the person requested for certain social service is eligible to receive it, sent the person to the certain provider of social service and enter into a contract with provider about concrete service for respective person. Local government’s social service office or State institution is entitled to enter into a contract only with social service provider registered in the Register.

According to Article 9 Paragraph 4 - local governments which have not established the necessary social service providers shall enter into agreements with other social service providers (for example NGO) in their territory or with other local governments regarding provision of the referred to social services and payment. These social services shall be fully or partially financed from the local government budget.

Article 9 Paragraph 6 prescribes that a local government has a duty to ensure consultative support to the local government social service office and the social service provider established thereof social work specialists.

According to Article 9 Paragraph 5 - if a person wishes to receive a social service, which is financed from the State budget, the local government has a duty to ensure a survey of the living conditions and an evaluation of the needs of the person, which shall be carried out by a social work specialist.

Article 13 Paragraph 21 stipulates social rehabilitation services for people with vision and hearing disabilities ensured by the Latvian Society of the Blind and the Latvian Association of the Deaf. The social rehabilitation services for child victims of violence ensured by the Latvian Children's Fund. When implementing the fulfilment of the duties mentioned above the NGOs is under the functional supervision of the Ministry of Welfare, to ensure rational use and control of the funds granted from the State budget.

Pursuant to Article 13 Paragraph 22 the technical aids services are ensured by the State limited liability company "National Rehabilitation Centre "Vaivari"".

If necessary, the Latvian Society of the Blind, the Latvian Association of the Deaf, the Latvian Children's Fund and State limited liability company "National Rehabilitation Centre "Vaivari" shall also select other service providers in accordance with the procedures specified in the regulatory enactments regulating public procurement.

According to the Public Benefit Organisation Law Article 2 a public benefit activity is an activity, which provides a significant benefit to society or a part thereof, especially if it is directed towards charitable activities, protection of civil rights and human rights, development of civil society, education, science, culture and promotion of health and disease prophylaxis, support for sports, environmental protection, provision of assistance in cases of catastrophes and extraordinary situations, and raising the social welfare of society, especially for low-income and socially disadvantaged person groups. The purpose of the Law is to promote the public benefit activities of associations and foundations, as well as religious organisations and the institutions thereof.

According to the Law On Immovable Property Tax Article 1, Paragraph 2, Point 18 - immovable property tax shall not be imposed upon buildings or engineering structures belonging to associations and foundations in accordance with the criteria determined and a list approved by the Cabinet of Ministers.

Concerning the issue connected to the monitoring of the quality of services provided by organizations please see the information provided on Paragraph 1 of the same Article in this Report.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Public organisations may become providers of social care and social rehabilitation services by participating in project tenders for developing new types of services, through the State procurements for social care and social rehabilitation services provided by the State or through local governments.

During the time period from 2012 to 2015 support for development of social care and social rehabilitation services was provided within the framework of the European Union Funds (hereinafter – EU Funds) planning period 2007 - 2013. Within the new EU Funds planning period 2014 – 2020 implementation of social care and social rehabilitation services was not performed in 2015, however, the following activities are planned in several projects of the European Social Fund (they will be mainly implemented starting from 2016) and the non-governmental sector will be able to implement them: for adult persons with mental disorders, with serious or very serious disability – provision of the service of a support person (for example, an assistant), provision of social rehabilitation services for children with functional disorders, provision of “a moment of relax” to lawful representatives or foster families of children with functional disorders.

During the planning period 2007 – 2013 the support of implementation of social care and social rehabilitation services was also provided to the non-governmental sector within the framework of the operational program “Human resources and employment”. For the purpose of supervision of the support, a management and control system was established, i.e. the managing authority (the Ministry of Finance), the responsible authority (the Ministry of Welfare), the cooperation authority (State Employment Agency). Support to the non-governmental sector was provided both as the beneficiary of financing (implementers of projects) and as cooperation partners, as well as providers of a social service.

Implementation of social care and social rehabilitation services was carried out within several EU Funds activities:

Sub-activity 1.4.1.2.2 „Development of social rehabilitation services for persons with vision and hearing disorder” was aimed at integration of persons with vision and hearing disorder in the society.

- Within the framework of this activity the Latvian Association of the Deaf implemented the project “The World of Silence” from 1 May 2009 to

31 December 2013. Within the framework of the project complex special social rehabilitation programs for the deaf (including persons with mental development disorders), motivation and inclusion measures, a creative self-expression program, awareness events on social and employment news, computer skills training was implemented, a website for ensuring information accessibility was maintained, sign-language measures for persons with hearing disorders and other activities were implemented. In order to improve the quality of career services for clients with hearing disorder, in 2013 cooperation was commenced with non-governmental organisations regarding the use of sign-language interpreters during career consultations.

- Within the Sub-activity the Ministry of Welfare implemented the project "Development of social rehabilitation services for persons with vision disorder in Latvia" where the Latvian Society of the Blind was involved as a cooperation partner. The project goal was to minimise the social isolation and social exclusion of the social exclusion risk group, i.e. persons with vision disorder, to encourage improvement of the quality of life of persons with vision disorder and their inclusion in the society by developing and implementing complex social rehabilitation programs that will encourage mastering of new skills and know-how by persons with disability and to create an active and co-responsible society. Within the project a new service was established, in particular, training of guide dogs and provision of guide dogs for persons with vision disorder (two guide dogs in 2012; the third guide dog in 2013). As this service was not available before, the project was implemented as a pilot project, and taking into account positive results, the succession of the service has been provided also in future by including the maintenance of the 3 guide dogs from the central budget.

Within the 2nd stage of Sub-activity 1.4.1.2.4 "Development of alternative services to social rehabilitation and institutions in regions" which was implemented in the form of an open selection of project applications aimed at developing social rehabilitation and social care services which are alternatives to institutions in planning regions for the purpose of improving the social and functional skills of persons with functional disorders, homeless persons and other residents subject to the social exclusion risk, increasing employment and integration with the society of the target group, 97 agreements on project implementation were signed in 2010/2011, including 51 agreements with associations and foundations. 17 projects were implemented within the Sub-activity in 2014 and 8 of them were implemented by associations and foundations. Implementation of projects within the Sub-activity was completed on 30 November 2014.

For example, within Sub-activity 1.4.1.2.4 the following social services were provided:

1) "Samaritan Association of Latvia" provided selection and training of home-care - extraordinary caretakers. Training workshops were organised about cooperation by the security button experts with care, medical treatment institutions and assistance services. Technical connections (the security button) required for provision of the service were installed at the clients' places of residence and clients were prepared for receiving this service. Consultation support was provided for maintaining and restoring the working ability of social work experts. The service was provided to 30 persons in Zemgale region and 30 persons in Latgale region.

2) The Foundation "Centre "Dardedze"" provided high quality, comprehensive and inter-disciplinary social rehabilitation services to children having suffered from violence and their family members in Riga region. Services were provided to minimum 1000 clients, 10 experts were trained, the existing program for working with teenagers was improved and a new program was developed.

3) The limited liability company "Project and quality management" provided social rehabilitation services in Riga city to 115 large and incomplete families, as well as low-income and needy families, 20 pre-retirement age needy women aimed at encouraging the integration of the target group with the labour market.

4) The Association „For the Family and Health” in Vidzeme region implemented the project “Program of opportunities for adolescents”. The target group of the project is children with various addictions in Vidzeme region aged from 14 to 18 years. Within the project implementation a program of social rehabilitation services will be developed for children with various addictions encouraging early diagnostics of addictions, providing social rehabilitation services for the target audience and motivating them to receive assistance on addiction issues, to develop social and functional skills and encouraging to explore alternatives aimed at improving awareness on selection of a profession and encouraging joining the labour market. The project implementation term was from November 2012 to March 2014. In the result of the project implementation a new program of social rehabilitation services was developed, 8 employees were trained for working with it, 73 persons of the target group received the services of the social rehabilitation program, the social worker received 12 supervisions.

5) The Evangelic Christians' parish “Blue Cross” implemented the project “Multi-stage re-socialisation services to former prisoners” where the target group was former prisoners and homeless persons to whom multi-stage social rehabilitation services were provided, including work therapy

measures and development of the system for mastering new skills, including information education measures on the impact of substances causing addiction upon a person.

6) The Association for Unity of Christian Generations "Tilts" involved 80 incomplete families (minimum 160 persons) in the project activities in Latgale region and provided complex social rehabilitation services to them aimed at improving the social and functional skills of both adults and children and encouraging their employment and integration with the society. The project implementation period was from 15 April 2011 to 14 December 2012.

7) The Association "Saules sala" within the project „Through the Thorns to the Stars 2” had set the goal of introducing a high quality, sustainable social rehabilitation service for persons addicted to psychoactive substances including various support and psycho social assistance, mastering of new life skills, work skills resulting in an essential encouragement and promotion of re-adaptation, re-socialisation and re-integration in the society of the above target groups upon a condition of refraining from the use of any substances causing addiction. The project was implemented in two stages in Kuldīga region: during the period 1st April 2011 – 31 August 2012. Services were received by 55 persons. And during the period 1st August 2012 – 31 December 2013 the service was received by 35 persons.

8) For the Children Palliative Care Society and the State Limited Liability Company Children’s Clinical University Hospital as cooperation partner in the project “Service of the children’s palliative care mobile team – home care” the territory of operation is Riga planning region. The target group of the project includes parents who have a child with disability who cannot be treated to recovery and persons who take care of sick family members.

9) Together with the Association "Latvian Red Cross" the provision of the service of home care was implemented within the project in several municipalities in Latgale region in parishes where this service had not been available due to various conditions because of the unfavourable economic situation. The target group of the project includes persons with functional disturbances, persons at the retirement and pre-retirement age who need home care.

Within a framework of Sub-activity 1.4.1.1.1 „Complex supporting activities for inhabitants’ integration in labour market” NGO’s provided a broad range of services to persons facing difficulties in joining the labour market. Starting from the fourth quarter 2012 until the second quarter 2015 support was provided to long-term unemployed persons with addiction issues by using Minnesota 12 steps program (the length of the

treatment course 28 days). The service was provided by Limited Liability Company „Akrona”, the State Limited Liability Company ”Rīgas psihiatrijas un narkoloģijas centrs” and the State Limited Liability Company "Slimnīca "Ģintermuiža"". Within the framework of this measure approximately 800 unemployed persons with addiction issues were involved during the period from 2012 to 2014.

Concerning the issue connected to the ensured dialogue with civil society in respect to social welfare services please see appropriate information provided also on the website of the Ministry of Welfare: <http://www.lm.gov.lv/text/60> as well as on the website of the Cabinet of Ministers:

<http://mk.gov.lv/content/informacija-par-nvo-un-ministru-kabineta-sadarbibas-memorandu>.

3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

Table no.49

**The number of social services
(established the Welfare Ministry Social service providers register
on 1 September 2016)**

Service provider	The number of social services
Local Government Social Service Offices	119
Local government authorities and the institutions, branches and territorial units	345
State authorities and the institutions, branches and territorial units	77
NGOs, including religious organizations and territorial units	267
Private individuals	12
Total:	820

Data source: Ministry of Welfare

In Latvia the majority of social services are provided by local governments, a certain part by the State authorities and 34 per cent of the social services registered with the Register by NGOs, including religious organizations and private individuals. Next table presents the proportion between various types of social services provided by the local government itself and procured by local governments from other places or the non-governmental sector in 2015.

Table no.50

**The local government financed social services and
the number of beneficiaries in 2015**

Indicator	Social services provided by local governments			The local governments bought social services	
	Number of institutions	The number of persons who received the services	Spending of financial resources, EUR	The number of persons who received the services	Spending of financial resources, EUR
Home care	40	6 961	4 708 150	6859	8 202482
<i>“Security button”</i>	-	-	-	589	106 783
<i>Service of a guide - assistant</i>	-	-	-	48	2 569
<i>Hot lunch at home</i>	-	-	-	410	243 579
<i>Other types of service, laundry for home care people</i>	-	-	-	38	32 268
Institutional care	103	5 825	33 268 035	3 321	8 854 909
<i>including child</i>		814		677	
Shelters / night shelters	16	2 559	1 812 058	2 942	532 092
Day-care centers	78	20 939	3 674 528	2 869	1 910 319
Crisis centers	10	588	825 396	634	799 190
The crisis/ confidence phone	-	-	-	2 699	22 318
Service apartments	2	13	954	-	-
Group houses	7	100	427 858	138	338 879
Specialised workshops	1	6	27 462	63	160 011

Data source: Ministry of Welfare

Based on the information provided by the Tax Authority of the State Revenue Service on 29 August 2016 there were 2592 public benefit organisations with a valid status in Latvia, and they enjoyed tax benefits during the period from 2012 to 2015.

Table no.51

Social services, statutory delegated for NGO's according to Law on Social Services and Social Assistance - receivers (persons in thousands) and spending (EUR in thousands)

NGO	Service		2012	2013	2014	2015
Latvian Children's Fund	Social rehabilitation for children who have suffered from illegal acts	Spending (thous. EUR)	1 136,5	1 391,5	1 504,1	1 476,8
		Receivers (thous. persons)	1,7	1,2	1,3	1,3
Latvian Society of the Blind	Social rehabilitation for persons with impaired vision	Spending (thous. EUR)	561,8	410,2	442,7	495,6
		Receivers (thous. persons)	0,5	0,5	0,5	0,5
	Technical aids for persons with impaired vision (tiflotechnology)	Spending (thous. EUR)	378,1	546,8	844,2	375,4
		Receivers (thous. persons)	2,4	2,3	3,1	3,2
		Technical aids (thous.)	2,4	2,3	3,1	3,2
Latvian Association of the Deaf	Social rehabilitation for persons with hearing disability	Spending (thous. EUR)	254,4	546,9	545,6	521,0
		Receivers (thous. persons)	1,1	1,0	1,0	1,0
	Service of sign language interpreting for education	Spending (thous. EUR)	50,8	63,2	60,1	65,6
		Receivers (thous. persons)	0,05	0,08	0,08	0,07
	Service of sign language interpreting to communicate	Spending (thous. EUR)	NI	296,2	328,6	432,2
		Receivers (thous. persons)	NI	1,0	1,1	1,2
	Technical aids for persons with hearing disability (surdotechnology)	Spending (thous. EUR)	798,9	622,7	1 712,9	715,5
		Receivers (thous. persons)	3,3	3,0	5,2	4,4

		Technical aids (thous.)	3,4	3,4	5,4	4,8
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Data source: Ministry of Welfare

Table no.52

Number of organisations to whom the status of the public benefit organisation has been granted per areas during the time period from 2012 to 2015

No.	Area	2012	2013	2014	2015
1	Welfare	556	654	740	815
2	Human rights and protection of an individual's rights	110	114	118	120
3	Development of the civic society	505	568	648	732
4	Promotion of education	285	293	300	315
5	Promotion of science	66	69	73	76
6	Promotion of culture	396	437	487	552
7	Promotion of health	103	103	113	122
8	Disease prevention	16	16	19	19
9	Support to sports	638	698	773	850
10	Environment protection	94	105	119	126
11	Provision of assistance in emergency situations and cases of disasters	18	20	22	25
12	Improvement of the social welfare of groups of needy and socially vulnerable persons	374	394	419	453

Data Source: The State Revenue Service Tax Authority

During the time period from 2012 to 2015 the Cabinet of Ministers had determined the real estate tax benefits for the following number of associations and foundations: 2012 – 22; 2013 – 27; 2014 – 27; 2015 – 32.

Social service providers were approximately one third of these unions.

ARTICLE 30: EVERYONE HAS THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

"With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;***
- b. to review these measures with a view to their adaptation if necessary."***

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

There are several legal acts which constitute a legal framework for regulation of issues for persons who live or risk living in a situation of poverty or social exclusion.

The Constitution of The Republic of Latvia - *Satversme* (hereinafter – the Constitution) covers basic principles regulating paid employment, main social security aspects as well as rights to education and medical care. These articles regulate rights that are associated with prevention of risks for people living in a situation of social exclusion or poverty.

Article 107 of the Constitution determines that every employed person has the right to receive, for work done, commensurate remuneration which shall not be less than the minimum wage established by the State. Article 109 states that everyone has the right to social security in old age, for work disability, for unemployment and in other cases as provided by law. A guarantee of a basic level of medical assistance for everyone is covered by Article 111 of the Constitution. In Latvia, everyone may acquire free primary and secondary education without charge, primary education being compulsory, as stated by Article 112.

Considering paid work as one of cornerstones of personal welfare, promoting social inclusion, minimal monthly wage helps to secure equal

opportunities on the labour market. The legal provisions of wage and minimum monthly wage in Latvia are stipulated in several normative acts. According to the Article 61 of the Labour Law, a minimum wage shall not be less than the minimum level determined by the State. Article 61 also states that the minimum monthly wage and its' review terms are set by the Cabinet of Ministers. During 2013-2015 the amount of the minimal monthly wage and the minimal hourly rate were regulated by Regulation of Cabinet of Ministers "Regulations on a Minimal Monthly Wage and a Minimal Hourly Rate":

- Regulation of Cabinet of Ministers No.1096 of 30 August 2013 (Protocol 46 21§) has been in force during 01.01.2013 - 31.12.2013. The Regulation sets a minimum wage at a level of 284 EUR and a minimum hourly rate at a level of 1.708 EUR in 2013.
- The Regulation of Cabinet of Ministers No.665 of 27 November 2010 (Protocol No.69 71§) has been in force during 01.01.2014. – 31.12.2015, accompanied with amendments set by the Regulation of Cabinet of Ministers No.734 of 2 December 2014. The regulation sets a minimum wage at a level of 320 EUR and a minimum hourly rate at a level of 1.9333 EUR in 2014, and 360 EUR and 2.166 EUR accordingly in 2015.

In cases a person cannot gain an income from paid work or such income is insufficient the social security system provides a universal support at the national (State) level through State funded benefits and also a support at a local government level through social services and social assistance for needy and low-income persons/families funded by local governments. Social security or social protection system protects the population both against short-term loss of income (disease, maternity, paternity, child care) and provides means of subsistence to persons upon leaving the labour market due to old age (retired persons), upon becoming disabled, losing a job, suffering an accident at work, etc.

Unemployment issues are regulated by the Support for Unemployed Persons and Persons seeking Employment Law that provides support for unemployed persons, persons seeking employment and persons subject to the risk of unemployment in order to facilitate their ability to compete in the labour market. The Law determines the active employment measures and preventative measures for unemployment reduction intended for unemployed persons, persons seeking employment and persons subject to the risk of unemployment, the competence of the State and local governments in the implementation of these measures, as well as the status, rights and duties of an unemployed person and person seeking employment.

The Law on Unemployment Insurance also contributes by regulating the

procedures for providing State social insurance in case of unemployment and specifying the scope of persons who have a right to receive benefits as well as the duties and obligations of such persons.

The mentioned laws are accompanied by the Regulation of Cabinet of Ministers No. 165 of 23 April 2002 “Procedures for Producing Evidence, Calculation and Registration of Periods of Insurance” setting requirements for documents when persons claim unemployment benefit.

Article 2 of the Law on Unemployment Insurance states that the following unemployment insurance benefits shall be provided:

- 1) unemployment benefit;
- 2) funeral benefit in case of the death of an unemployed person;
- 3) scholarship during vocational training or retraining of an unemployed person.

An unemployed person can receive the unemployment benefit if several conditions are fulfilled:

- the recipient shall be granted the status of the unemployed - according to the Support for Unemployed Persons and Persons Seeking Employment Law, obtaining such a status at the State Employment Agency;
- persons' total insurance (employment) period shall not be less than one year;
- a person shall have made mandatory unemployment social insurance contributions for at least 9 months during the last 12 months prior to the acquisition of the unemployed status.

Persons, who have regained their ability to work after a disability or who have taken care of a disabled child until he/she turned 18, also can be awarded the unemployment benefit. In these cases, a person shall be entitled to receive the benefit, even if during the last 12 months prior to obtaining the unemployed status no unemployment contributions have been made on behalf of him/her, or they have been made for a period less than 9 months.

There is no minimum or maximum amount for the unemployment benefit determined. However, the maximum amount for the unemployment benefit was set during the crisis period until the end of 2014. Determination of the amount and calculations of the unemployment benefit are set by the Law on Unemployment Insurance depending mainly of the length of periods of social insurance contributions and other conditions.

In compliance with the estimations made by the World Bank study

„Latvia: Who is Unemployed, Inactive or Needy?“⁵ social security measures have a high impact upon the prevention of the poverty risk. Since 1996 essential reform of the social insurance system has been made in Latvia, i.e. a new system based on social insurance contributions has been implemented, which guarantees protection in case of all the traditional social risks: upon reaching the retirement age, becoming disabled, losing a supporter, in case of a disease, maternity leave, child care, upon losing a job, as well as in case of suffering at an accident at work or from an occupational disease.

State social benefits in Latvia, by supplementing the State social insurance system, provide universal State support in the form of cash payments to the persons belonging to certain population groups in particular situations of life or upon obtaining a particular status. The State social benefits are financed from the central budget, i.e. from the general taxes and their amount depend on the financial possibilities of the State. The State social benefits are regularly revised. However, most of them are not linked to any socioeconomic indicator. In Latvia, the granting of universal benefits does not depend on the material situation of the family, no income test is applied for granting them.

The results of the World Bank study attest that the social support system of Latvia is mostly (90 per cent) not tested by income, i.e. the universal support is provided irrespective of the beneficiary's income. 60 per cent of the poor household quintile and 50 per cent of the well - off household quintile receive at least one of the social support transfers (like family benefits).

Law on State Social Benefits determines the types of State social allowances, the range of those persons who have the right to State social allowances, the conditions for granting thereof, the procedures for granting and payment, as well as the appeal procedures for decisions related to these allowances. Article 2 of this Law states that State social allowances is the State support in the form of money payments which are received by persons belonging to certain groups of population in situations when additional expenditures are necessary or when these persons cannot obtain income and when a compensation from the State social insurance system is not provided.

There are 17 types of State social benefits in Latvia:

- Child birth benefit;
- Child care benefit;

⁵ The World Bank study „Latvia: Who is Unemployed, Inactive or Needy?“ (2013), Expenditure and performance benchmarking country level; Expenditure and performance of welfare benefits and employment programs in Latvia, p. 66.

- Care benefit for the child with disability;
- Family state benefit;
- Benefit to a person with disability in need of care;
- Allowance to the family state benefit for a child with disability;
- Support to children suffering from celiac with no set disability;
- Benefit to a guardian for the child's maintenance;
- Reward for the performance of the guardian's duties;
- Reward for the performance of the foster family's duties;
- Reward for the care for a child to be adopted;
- Reward for adoption;
- State social security benefit;
- Allowance to compensate transport expenses of persons with mobility disabilities;
- Funeral benefit;
- Social state benefit to a participant of mitigation of consequences of Chernobyl Nuclear Power Station or his/her family;
- State special benefit to children of persons who died during regaining the independence of Latvia.

Article 13 of the Law on State Social Benefits determines that the State social security benefit is granted to a person who is not entitled to receive the State pension (except the pension in case of loss of supporter for a person with disability) or insurance compensation because of an accident at work or an occupational disease if the person:

- is not employed (until 2017) and has exceeded the retirement age by five years (until 2017);
- is declared disabled and is older than 18 years;
- has not reached the majority age, has lost one or both supporters and is not married.

To recompense challenges of financial vulnerability and strengthen ability of persons or households to sustain themselves the Law on Social Services and Social Assistance as well as the Law on State Social Benefits make basics of general legal framework for a provision of aid, minimising risks of poverty and social exclusion in Latvia.

The Law on Social Services and Social Assistance (came into force on 1 January 2003) establishes principles for the provision and receipt of social work, caritative social work, social care, social rehabilitation, vocational rehabilitation services (hereinafter — social services) and social assistance, the range of persons who have the right to receive these services and assistance, as well as the principles for payment and financing of social care, social rehabilitation and vocational rehabilitation services.

In Article 1 Paragraph 7 of the Law on Social Services and Social Assistance there are defined basic needs of a person or a household which should be met when social services and social assistance get provided, and those are food, clothing, housing, health care and compulsory education. It is the duty of local government to provide a possibility for persons who have declared their place of residence within the relevant local government to receive particular social services and social assistance. For the performance of these duties the social service office is established in each local government. The availability and the efficiency in implementing of support services through the social service offices determines at which level such centres ensure the access to education or training (for example, child care), to the labour market (for example, ensuring that a parent/parents could work and take care of a dependent child or father/mother/parents in need of care), healthcare (for example, rehabilitation, treatment)⁶ thus aiding to overcome social exclusion as well as poverty risks.

According to Article 1 of Law on Social Services and Social Assistance - social services are provided on the basis of an evaluation of the individual needs and resources of a person involved as follows:

- social care service — a set of measures aimed at the satisfaction of the basic needs of those persons who have objective difficulties taking care of themselves due to old age or functional disorders, and includes services at the place of residence of the person as well as in long-term social care institutions (Paragraph 20);
- social care services at the place of residence of a person — services, which are approximated to family environment (home care, services at a day care centre, service apartment, group house/ apartment) and others (Paragraph 21);
- social rehabilitation services at the place of residence of a person — services available at the place of residence (individual social work with a client, services of specialised workshops, services of crisis centres, day care centres, and others) (Paragraph 22);
- social rehabilitation service — a set of measures aimed at the renewal or improvement of the social functioning abilities in order to ensure the recovery of social status and integration into society and includes services at the place of residence of the person and at a social care and social rehabilitation institution, or at the place of residence or at a social care and social rehabilitation institution (Paragraph 23).

⁶ Informative report „Proposals for improvement of the social security system” Ministry of Welfare [the Republic of Latvia] 2013 [10.12.2013] pp.66. - p.42.
http://www.lm.gov.lv/upload/aktualitates/null/soc_dros_sist_priekslikumi_en_fin.pdf

The Law also defines social assistance as a benefit in cash or in kind granted at a local level to a single living person or a household, whose place of residence is declared at appropriate local government. Granting of social assistance is based on the evaluation of the material resources of persons (families or households) who lack the means to satisfy basic needs (Article 1, Paragraph 17), and a household is defined as consisting of a claimant, his/her spouse and those persons having common expenses for food and living in the same dwelling. According to social security system developed in Latvia control of social assistance is a competence of local government. The aim of social assistance is to provide material support to needy and low-income households in a crisis situation in order to satisfy their basic needs and promote the participation of able-bodied persons in the improvement of their situation (Article 32).

A procedure and an order of declaring a person or a family as needy is determined by corresponding Regulations of Cabinet of Ministers No.299 of 30 March 2010 "Regulations regarding the declaring a family or a single person living alone as needy". A family or a person should be recognised as needy if an average monthly income for every member of a household over a period of the last three months does not exceed 128.08 EUR and listed criteria are met (absence of certain material resources, maintenance contracts, services of a long term care and social rehabilitation institutions, as well as not being imprisoned and being registered at the State Employment Agency as an unemployed person in accordance with Article 37, Paragraph 1 of the Social Services and Social Assistance Law). In terms of assigning a status of needy there are certain types of property and assets that are not taken into account when the means test is applied, which involve the following:

- real property or a part of which is used as dwelling of the household;
- the child's property and cash savings;
- the housing furniture as well as clothes and household objects which belong to the person (household) at the time of the claim;
- shares which cannot be disposed due to pending insolvency proceedings.

Local governments are free to establish additional criteria such as landed property, woods and buildings, as well as cars or other vehicles for applying means test to assign a status of needy.

The order of recognition of a person as one with low-income is determined at local level by local governments binding regulations. A person should be recognized as a person with low-income if his/her

income and material conditions do not exceed the level specified by the local government's council. The low-income level determined by municipality might not be less than the level of income and material conditions of a needy person - 128.06 EUR per month in 2010-2015 - as it is specified by the Regulations of Cabinet of Ministers No.299 of 30 March 2010 according to the Law on Social Services and Social Assistance.

Social assistance is funded from local government's budget according to prescription of the Law on Local Governments (Article 7, Paragraph 2) to fulfil the performance of autonomous functions. Benefits are granted on the basis of discretionary entitlements. The claimant is not automatically guaranteed a benefit even if he/she satisfies all the conditions laid down by the law; the decision on whether or not to award the benefit is taken with free discretion by the social service office.

According to Article 35 of the Law on Social Services and Social Assistance local governments can grant such means tested benefits as the Guaranteed Minimum Income (GMI) and the housing allowance, and a lump sum benefit on emergency occasions without means testing, as well as other benefits. These benefits are not subjected to taxation and social security contributions.

The fundamental aim of the GMI benefit is to ensure a minimum level of income for each member of households in need whose income is lower than one set by the Cabinet of Ministers or the local government. The Cabinet of Ministers sets up the minimum level of income for everyone, while local governments set the minimum level for specific categories of persons. According to Regulations of Cabinet of Ministers No. 550 of 17 June 2009 "Procedure for the calculation, granting and payment of the benefit for the provision of the minimum income level and signing an agreement of participation" GMI is calculated as a difference between a guaranteed minimal income level set for each member of family by the Cabinet of Ministers or by the local government and a total average monthly income of a needy family (person) over three months.

The GMI benefit shall be granted for the period during which the claimant household - composed of a family or a single person - is assigned the status of needy. The status of a needy family or person shall be assigned for a period of three to six months. At the termination of the period of assigned status of needy being in force, the family (person) may repeatedly apply for the status of needy, resubmitting all necessary documentation to the social service office.

In accordance with the legislation social assistance can be provided for as long as the situation of being in need persists. The Law on Social

Services and Social Assistance (Article 37, Paragraph 3) states - if the composition of the claimant family, family's (person's) material or social situation changes, the local social service office shall assess anew the compliance of a client of the conditions for receipt of social assistance and, after an evaluation of a compliance with terms, take a decision on granting or refusal of a social assistance benefit.

The Law on Social Services and Social Assistance indicates that the GMI level is reviewed annually according to the annual State budget law. The Cabinet of Ministers adjusts the level of GMI according to available budgetary resources and annual negotiations with the Latvian Association of Local Governments and the Ministry of Welfare.

Regulation of Cabinet of Ministers No. 913 of 18 December 2012 "Regulations regarding the guaranteed minimum income level" state that the monthly GMI level per person shall be 49.80 EUR. According to the Regulation of Cabinet of Ministers No. 913 (amendments in force since 1 January 2013) the local governments are entitled to determine a different GMI level for various social groups (e.g. children, persons receiving old-age pension or disability pension) taking into account that it should not be lower than 49.80 EUR (GMI level stated by the Cabinet of Ministers) and should not exceed 128.06 EUR per month (an income threshold of assigned a status of needy)⁷. For most groups of work - age population there is a requirement to register with the State Employment Agency.

The housing allowance is awarded by the local governments to needy and low-income persons according to the Law on Social Services and Social Assistance, as well as according to the Law on Assistance in Solving Apartment Matters. The Law on Assistance in Solving Apartment Matters states the responsibility of the local governments to provide the housing allowance to ensure material support for families or separately living persons with low income to pay rent and public utilities. The Law on Social Services and Social Assistance states the housing allowance being the second mandatory benefit awarded by the local governments. The Law on Social Services and Social Assistance (Article 1, Paragraph 5) prescribes that the amount of housing allowance, the procedures for payment and persons who are entitled to receive this allowance, shall be

⁷ From 1 October 2009 until 31 December 2012 in the framework of Social Safety Net Strategy (hereinafter – Strategy) was provided support by the State to local governments by performing co-payment for actual expenses for the provision of disbursements of the GMI benefit (50% of the last month local government funds spent GMI benefit) and for the provision of disbursements of the housing benefit (20% of the money spent during the previous month). Since July 2009 there are no more restrictions for GMI receiving period, as well as there are no restrictions for maximum amount of GMI benefit for a household since October 2009. Historically during the period from 1 October 2009 until 31 December 2012 the GMI level has been differentiated as 56.91 EUR for adults and 64.03 EUR for children. At the end of the State co-financing in the framework of the Strategy, a large part of the local government disagreed to maintain the existing GMI level.

regulated by the binding regulation of the local government. Law on Assistance in Solving Apartment Matters (Article 14, Paragraph 1) prescribes that the residential space of the local government shall be ensured for low-income persons.

According to the Law on Local Governments (Article 7, Paragraph 7) the funding of social benefits and housing allowances as the performance of the autonomous functions shall be funded from the budget of the local governments, of the relevant local government if the law does not specify it otherwise. Article 35 of the Law on Social Services and Social Assistance states the obligation of the local government to pay the housing allowance from the local government basic budget.

As already mentioned above, according to the Law on Social Services and Social Assistance (Article 35, Paragraph 2) the local government can grant a lump sum benefit in an emergency situation without assessing the income, if the person is in an emergency situation, unforeseen circumstances and are unable to provide for their own and family member's basic needs. As specified in Article 35, Paragraph 3, after satisfied justified demand of residents of local government through awarding GMI benefit and housing allowance and means tests of the income of the family or household, is entitled to pay other benefits (for example, food, health care services, for compulsory education, etc.) from the basic budget of the local government for satisfying basic needs of families or households.

Fundamental directions of the reforms and actions undertaken during the 2013, 2014 and 2015 have been aimed at diminishing tax burden of the workforce, increase of income for employed with low earnings and for families with children, improvement of material support and services for persons with disabilities, as well as for those groups under the risk of poverty and social exclusion. The amount of the benefit for persons with the severe disability and with needs for special care has been increased since 1 July 2014. The State material support for persons with disability of Group I and II, who receive the State social security benefit, has also been increased since 1 July 2014.

Reforms of the service system, social work system and social security system associated with introduction of a minimum income scheme have been started in 2014 after the approval of the informative report "Proposals for improvement of the social security system"⁸ by the Government of Latvia on 10 December 2013. The report introduces the

⁸ Informative report „Proposals for improvement of the social security system” Ministry of Welfare [the Republic of Latvia] 2013 [10.12.2013] pp.66. - p.42.
http://www.lm.gov.lv/upload/aktualitates/null/soc_dros_sist_priekslikumi_en_fin.pdf

initiative to undertake a development of a new and common minimum income level. Introduction of an adequate minimum income schemes and detection of the minimal level of income considered as one of tools for diminishing risks of population to be exposed at-risk-of poverty and to break out of it. However a stronger foothold in the labour market is seen as crucial to resolve financial vulnerability, as employment and ability of people to support themselves leads to minimisation of risk of poverty and social exclusion.

On 21 October 2014 the Cabinet of Ministers (a protocol Nr.57 44.§) supported, a concept paper “Setting of the minimum income level” (approved by Regulation of Cabinet of Ministers of 30 October 2014) developed by the Ministry of Welfare. The goal of activities in terms of the concept paper is to define methodologically justified minimum income level compliant with the socioeconomic situation that would serve as a benchmark for the improvement of the support measures defined within the fields of social security system (state social benefits, social insurance, and social assistance)⁹. The minimum income concept is being implemented gradually.

Proposal of minimum income level setting mechanism was submitted to Cabinet of Ministers on 11 June 2015. One of the major challenges in the implementation of minimum income level is the additional financing from the State budget, thus the Government has decided to concentrate primarily on groups with the highest risk of poverty rate; the Governments Action Plan foresees measures aimed to ensure a minimum income support to families with children and retirement age persons.

To help persons/households who have been granted a status of a needy or low-income person/family - payment for social assistance is granted in accordance with the Social Services and Social Assistance Law Article 8, Part 4 and 5.

Housing benefit recipients are differentiated and determined by local government laws and are different in every local government. Criteria for eligibility, amount of benefits and their calculation algorithm can differ significantly - including reduced rental prices for State/local government owned apartments as well as the availability of “social housing” – apartments reserved for low-income families. Renting of Social houses and apartments is regulated by the Law on Social Apartments and Social Houses. According to Article 12 of this law rental prices for these

⁹ Concept paper „Setting of the minimum income level”. Ministry of Welfare. [the Republic of Latvia] 2014 pp.49 - p.5
http://www.lm.gov.lv/upload/sociala_ieklausana/conceptet_paper_en_fin.pdf

persons must be lower than for apartments of the same category to others, as well as the local government is allowed fully or partially cover communal expenses.

The aim of social rehabilitation services is to prevent or reduce the negative social consequences in life of an individual caused by disability, incapacity for employment, addiction or violence and other factors.

Social rehabilitation services for people with hearing disabilities, persons with impaired vision or persons with functional disorders are aimed at ensuring measures that mitigate the impact of hearing loss, sight loss or functional disorder on a person's social functioning abilities and restoring of working ability of persons with functional disorders. According to Law on Social Services and Social Assistance social rehabilitation services are provided from State budget and are free of charge for receivers.

To prevent the risk of social exclusion for persons due to their loss of hearing, the services of sign language interpreter for education or for communication are ensured from the State budget. Services are provided on the basis of statutory delegation by non-governmental organization - Latvian Association of the Deaf.

If women/men are suffering from domestic violence and are not able to stay at her/his home during the period when problems are being solved, they together with children can use crisis center. Law on Social Services and Social Assistance determines crisis center as a social institution where short-term psychological and other types of assistance are provided to persons in a crisis situation. In a crisis center social workers and psychologists work with clients. Crisis center have appropriately equipped client living quarters. If a client is temporarily accommodated in the crisis center, social service and sanitary rooms, as well as premises and equipment for washing clothes and laundry are provided. Persons' stay in crisis center is paid from the local governments' budget (of person's place of residence).

In case, a child (person under 18) suffered from violence, he/she is eligible to receive social rehabilitation in an institution or at place of residence. Social rehabilitation institutions provide services for children who have suffered from illegal acts, ensuring psychological assistance, social rehabilitation, safe lodging, catering and other assistance in crisis situation.

Provision of technical devices and other equipment for persons with impaired vision or hearing disability is organized by two non-governmental organizations – Latvian Association of the Blind and Latvian Association of the Deaf. Provision of other assistive technology is organized by the National Rehabilitation Centre “Vaivari”. If necessary,

the Latvian Society of the Blind, the Latvian Association of the Deaf and the State limited liability company “National Rehabilitation Centre “Vaivari”” also select other service providers in accordance with the procedures specified in the regulatory enactments regulating public procurement.

Assistive technology is mostly distributed to persons from socially vulnerable groups; therefore it is fully funded by the State. Person has to pay only a single-payment of 1,50 EUR if assistive technology is provided to a child or a single-payment of 7,00 EUR if assistive technology is provided to an adult. Persons with low incomes, persons living in a long-term social care and social rehabilitation institution, persons who have declared a place of residence in a medical treatment institution and persons serving a sentence in a place of imprisonment are released from the single-payment.

If a person is willing to use a specific or a higher-level assistive technology that is not included in the list of the State funded assistive technology, it is possible to apply for a co-funding. The State co-funding is a cost of an analogue assistive technology included in the list of the State funded assistive technology.

Social rehabilitation for persons (adults as well as children) addicted to psychoactive substances aims to achieve a person's rejection of the use of psychoactive substances, thereby improving his/her physical and mental health and encouraging return of full-fledged life. Social service is provided by social service providers, chosen in the procurement procedure and is fully paid from the State budget.

In order to provide the rights of independence of persons with disabilities, their social integration and participation in implementation of their rights, since 2013, the service of assistant has been carried out in Latvia.

Disability Law (in force since 2013) states that the consequences of a disability for persons with disabilities should be diminished through enforcement of the right to receive the service of an assistant for up to 40 hours per week. Assistant provides assistance to persons with very severe or severe level of limited functioning while performing such activities outside his/her dwelling that cannot be performed independently due to his/her disability – to get to the place where he/she is studying, working, receiving services; to move about and to take care of himself/herself in an educational institution, in a place of paid employment; to be in contact with other natural and legal persons, as well as assist a person with visual disability to acquire a program of basic vocational education, secondary vocational education or higher education.

The right to receive the service of an assistant has:

- citizens and noncitizens of Latvia;
- citizens of the European Union, European Economic Area state or the Swiss Confederation, or their family members who legally reside in the Republic of Latvia;
- foreigners having received permanent residence permits in the Republic of Latvia;
- persons having received permanent residence permit related to the granting of the status of refugee in the Republic of Latvia or a family member of the above, having permanent residence permits in the Republic of Latvia.

The right to receive the service of an assistant also covers persons for whom temporary residence permits have been issued in the Republic of Latvia, if:

- he/she as a socially insured person has the right to social insurance services;
- he/she has been granted the alternative status in the Republic of Latvia;
- he/she is a family member of a person who has acquired the alternative status;
- he/she has been granted a temporary protection status in the Republic of Latvia;
- he/she has been granted a temporary residence permit due to the performance of scientific activity in the Republic of Latvia;
- he/she has been granted the status of a victim of trafficking in human beings in the Republic of Latvia.

The service of an assistant is provided by the social service offices of the local governments and financed from the State budget.

According to Law on Social Services and Social Assistance the State provides persons with permanent or persistent disorders of vital body functions or anatomical defect with assistive technology after opinion of a general practitioner or other medical staff is received. Provision of technical aids allocated from the annual State budget. Persons eligible to receive State funded assistive technology are as follows:

- persons with disability and children with disability;
- persons in need of a technical assistance in order to reduce or prevent disorders of vital body functions;
- persons with a predictable disability, if a need for a technical assistance is foreseen in the individual rehabilitation plan;

- persons with anatomical defect can receive prosthesis or orthopedic shoes.

Requirements for providing assistive technology are organized by the Regulation of Cabinet of Ministers. The Cabinet of Ministers also approves a list of assistive technology that is funded from the State budget. As assistive technology has a certain period of use, persons can apply repeatedly.

Pursuant to Law on Social Services and Social Assistance the State provides vocational rehabilitation for persons with disability or predictable disability. Vocational rehabilitation is a set of activities that ensure the acquisition of a new profession, professional knowledge or skills, according to the type of level of functional disorders of a person and taking into account his/her previous education and professional qualification. Procedure, how person is claiming for and receiving vocational rehabilitation, is stipulated by the regulation of the Cabinet of Ministers. In accordance with these regulations person has the right to receive the vocational rehabilitation course several times.

Vocational rehabilitation is financed from the State budget and is provided by the Social Integration State Agency and is free of charge for persons with disability or predictable disability.

Vocational rehabilitation, provided by the Social Integration State Agency includes:

- professional adequacy and job simulation tests;
- accredited college level and professional level training programs;
- psycho-social assistance;
- assistance in placement and job finding.

Parallel to studies the Social Integration State Agency provides also social and medical rehabilitation for persons with disability or predictable disability.

Since 2012 activation measures to involve society, professionals and social partners in the process of developing new social services or carrying out changes to already established social services for different population groups have been carried out. Draft regulations on social services are published in the website of the Ministry of Welfare. During one month period the general public, NGOs and professional associations have an opportunity to submit their objections and suggestions on specific legislative proposals. Before submitting proposals to the Cabinet of Ministers for approval, the draft regulations are analyzed and decided on how incorporation into a legislative proposal should occur. Also accompanying documentation of laws and regulations - annotation, includes analyze of the proposals as well as

Ministry's opinion on the possibilities to introduce them into a normative act.

Since 2009 cooperation agreements between the Ministry of Welfare, the NGOs and professional associations have been signed. Until April 2015, 97 cooperation agreements were signed, including agreements with 14 NGOs signed in 2013, 9 – in 2014 and with 11 NGOs in 2015.

In 2013 the Society "Latvian Movement for independent living" was mandated to carry out checks on customers' quality of life in long-term social care and social rehabilitation institutions. In 2013, there have been two inspections.

According to the Support for Unemployed Persons and Persons Seeking Employment Law the State policy in the field of unemployment reduction, and in the field of support for unemployed persons, persons seeking employment and persons subject to the risk of unemployment (altogether – registered unemployed) is implemented by the State Employment Agency (hereinafter – SEA). Among other tasks the SEA provides effective and qualitative assistance to promote competitiveness in the labour market taking into account labour market developments and needs, abilities and preferences of registered unemployed and implements active labour market policy (hereinafter – ALMP) measures for unemployment reduction thus also reducing poverty and social exclusion.

In accordance with Article 5 Part 1 of the Law On Immovable Property Tax local government shall grant tax abatement to taxpayers, to whom the status of the most deprived or low-income person or family – for the most deprived persons is granted - in the amount of 90 per cent of the calculated tax amount and for low-income persons – up to 90 per cent of the calculated tax amount for the period, during which the taxpayer complies with the status of the most deprived or low-income person.

One of the Latvian government medium-term priorities is to reduce the income inequality.

According to the regulations of the Cabinet of Ministers No.656 of 27 August 2013 "Regulations on the minimum monthly wage and minimum hourly rate" and Regulations of the Cabinet of Ministers No.1210 of 29 October 2013 "Regulations of the monthly amount of the non-taxable minimum and tax relief for the personal income tax calculation" and the amendments of the Law on Personal Income Tax and Law on State Social Insurance in 2013 – 2015 the government introduced following changes:

- as of 2013 the personal income tax (hereinafter - PIT) rate is

reduced from 25 per cent to 24 per cent and from 2015 – to 23 per cent;

- as of July 1, 2013 the PIT allowance for dependents is increased from EUR 100 to EUR 114 per month and from 2014 – to EUR 165 per month;
- as of 2014 the minimum monthly salary is increased from EUR 285 to EUR 320 and from 2015 – to EUR 360;
- as of 2014 the social security contributions rate is reduced by one percentage point, of which – the employee rate is reduced from 11 per cent to 10.5 per cent and the employer rate from 24.09 per cent to 23.59 per cent;
- as of 2014 the PIT basic allowance (the non-taxable minimum) is increased from EUR 64 to EUR 75 per month;
- as of 2015 a tax payer has the rights to use the personal income tax allowance for dependents (under the age of 19), who is in education or training and who receives taxable income in the period from 1st June till 31st August.

Support to needy persons by providing the legal means for priority in receiving stipends for those students from low-income families is grants as stated in Article 14 of Education Law. There are cases when appropriate, boarding school expenses are covered in full amount for children from low-income families.

Education process is provided in accordance with the Education Law. Article 3.¹ of the Education Law defines the prohibition of unequal treatment and states the right to education regardless of economic or social status, race, nationality, ethnicity, gender, religious or political beliefs, state of health, occupation or place of residence.

Education Development Guidelines 2014-2020 promote the implementation of inclusive education principle, which ensures equal opportunities regardless of students' needs and abilities, economic or social status, race, nationality, gender, religious or political beliefs, state of health, occupation or place of residence.

According to Education Development Guidelines 2014-2020 it is planned to implement the inclusive education principle and reduce social exclusion risk by the following measures:

- availability of teachers' assistants;
- measures to integrate youth with special needs (visual disorders, hearing disorders, physical development disorders, somatic illnesses, etc.) in education institutions, including individual learning schedules, support measures for students with learning difficulties and learning

disabilities; support to ensure the necessary teaching personnel and support personnel; provision of the necessary additional teaching tools;

- implementation of preventive measures for education availability and reduction of early school leavers, especially for children and youth at the risk of poverty or social exclusion in vocational and general education institutions, providing interest-related educational events; support for development of social activities; support measures that comprise provision of transport and dormitories, paid meals, and support for purchase of individual teaching tools;
- promotion of early diagnostics of special education needs;
- availability of support personnel – psychologist, speech therapist, special educator – in education institutions;
- involvement of youth at risk of social exclusion in non-formal education programmes;
- support to obtaining higher education for socially vulnerable groups, including scholarships and grants for study fees, as well as individual study schedules for provision of availability.

According to the General Education Law, special education is part of general education. Students, who require special organisation of their learning environment, the application of special teaching methods and additional pedagogical support are entitled to special education.

Special schools or special education classes within general education schools provide education for children with special needs that correspond to their individual health condition. The structure of special education is very similar to that of the mainstream education providing opportunities for persons with special needs to attain general knowledge and skills with strong emphasis on their applicability facilitating social inclusion.

The work of pedagogical medical commissions (hereinafter - PMC) is ensured. The PMC assesses children's abilities and analyses their health condition and level of development, as well as documents from education institutions, doctors, exercise books, achievement sheets, etc. They also recommend the most appropriate educational programme; recommend education at home for pupils with long-term illnesses; and consult teachers, parents, learners and other stakeholders about issues concerning special education.

In order to develop the support system in the country eight Inclusive Education Support Centres were established in eight cities of Latvia that

provided support to individual learners, schools and local authorities. The Centres were working on assessment of the needs of learners, consulted schools and families, and conducted the work of pedagogical medical commissions. The specialists (psychologists, special teachers, speech therapists) were educated in assessment of the needs of children, were taught how to issue recommendations for the appropriate educational programs and support measures.

Principle of inclusive education is being implemented in vocational education, acknowledging the main challenges and searching for innovative solutions, including improvement of infrastructure. Assistant's service is available for students with disabilities in order to help them to move around the vocational education institutions. Vocational education institutions provide each integrated student with special needs with individual plan for acquiring the education programme. Students with special needs are able to acquire vocational education programmes both in general education institutions and vocational education institutions.

Opportunities are provided by social correction programmes.

Higher education is provided in accordance with the Law on Higher Education Institutions. It states that admission to higher education studies is based on an open and equal competition. The State funded study place is granted based on academic merit. However, in case of equal academic results preference is given to people with special needs.

Article 4 Part 1 of Medical Treatment Law, Regulation of Cabinet of Ministers No. 1529 of 17 December 2013 "Procedures for the Organization and Financing of Health Care" determines hospital payments for patients with a status of a needy person. As stated by Article 5 of Pharmaceutical Law and Regulation of Cabinet of Ministers No. 899 of 31 October 2006 "Procedures for the Reimbursement of Expenditures for the Acquisition of Medicinal Products and Medicinal Devices Intended for Out-patient Medical Treatment", needy persons are compensated in full amount for any medical products and medical devices required for ambulatory treatment up to 14228.72 EUR per person in a 12 month period.

Medical Treatment Law Article 16 prescribes that everybody has the right to receive emergency medical care in accordance with procedures stipulated by the Cabinet of Ministers. Regulation of Cabinet of Ministers No.1529 of 17 December 2013 defines categories of residents which are exempted from patient contribution payments, these categories are following:

- 1) children up to 18 years;

2) pregnant women and women in the period following childbirth up to 42 days for health care services related to the medical supervision of the pregnancy and during the period following childbirth, as well as to the course of pregnancy;

3) politically repressed persons, participants of the National Resistance Movement and persons who suffered during the liquidation of the consequences of the accident at the Chernobyl Nuclear Power Station;

4) poor persons who have been recognised as such in accordance with the regulatory enactments regarding the procedures by which a family or a person living alone shall be recognised as poor;

5) tuberculosis patients and patients for whom examinations for the determination of tuberculosis are conducted;

6) mentally ill persons, upon the receipt of psychiatric medical treatment;

7) patients, upon the receipt of chronic haemodialysis, haemodiafiltration and peritoneal dialysis treatments;

8) persons who receive health care services in the cases of such infectious diseases that have been confirmed in a laboratory and are subject to registration in accordance with the regulatory enactments regarding the procedures for the registration of infectious diseases;

9) persons to whom emergency medical assistance is provided by emergency medical assistance teams;

10) persons who are under the care of State social care centres and local government rest homes (centres);

11) all residents for whom a preventative examination is conducted in accordance with the procedures specified by Regulations;

12) all residents for whom vaccination (in accordance with the procedures specified in the regulatory enactments regarding vaccination) or passive immune-therapy (within the framework of the State immunisation programme) is performed;

13) persons receiving permanent artificial lung ventilation at home settings (since 29.07.2008.);

14) organ donors;

15) persons, who receive palliative care and health care at home;

16) persons with I disability group;

17) persons working for Emergency Medical Service;

18) asylum seekers (since 2016).

According to the Article 17 of the Medical Treatment Law:

1) The categories that can receive healthcare paid from the State basic budget and from the funds of the recipient of services in accordance with the procedures prescribed by the Cabinet of Ministers: Latvian

citizens; Latvian non-citizens; citizens of Member States of the European Union, of European Economic Area states and Swiss Confederation who reside in Latvia in relation to employment or as self-employed persons, as well as the family members thereof; third-country nationals who have a permanent residence permit in Latvia; refugees and persons who have been granted alternative status; persons detained, arrested and sentenced with deprivation of liberty and the children of the persons previously mentioned have the right to receive free of charge the amount of medical treatment services paid from the State basic budget and from the funds of the recipient of services.

2) Medical treatment services, which are paid from the State basic budget and from the funds of the recipient of services in accordance with the procedures prescribed by the Cabinet of Ministers, shall be provided at the time and place where it is necessary, in conformity with the medical practitioner's qualifications and the diagnostic, medical treatment and equipment for patient care level of the relevant medical treatment institution;

3) The spouses of Latvian citizens and Latvian non-citizens who have a temporary residence permit in Latvia have the right to receive free of charge the care for pregnant women and birth assistance paid from the State basic budget and from the funds of the recipient of services according to the procedures specified by the Cabinet of Ministers.

In accordance with Annex No.12 Section 1.4. of Regulation No.1529, nurses and physician assistants who work in general practitioners workplace (practice) or general practitioners operating territory, one of the key tasks in the performance of the duties of the general practitioner in disease diagnosis, treatment and prevention, is to participate in the patients' health care and to help the patient with addressing social issue coordination and management.

According to the Council Conclusions on an EU Framework for National Roma Integration Strategies up to 2020, as well as given the specific national situation and conditions, such as the small Roma population faces, in 2011 a set of national Roma integration policy measures¹⁰ was developed and included in the National identity, civil society and integration policy guidelines 2012 – 2018. Current measures of Roma integration policy are listed in the implementation plan of the National identity, civil society and integration policy guidelines for the period up to 2016.

Several popular State owned culture establishments have a system of

¹⁰ Available here: http://ec.europa.eu/justice/discrimination/files/roma_latvia_strategy_en.pdf

discounts for persons from low - income groups and needy persons varying in a range from a 10 to 50 per cent discount from the regular ticket price, including museums, theatres, opera and ballet as well as several music halls.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Latvia's goals for the poverty reduction and social exclusion are outlined in the National Development Plan for 2014-2020 and the National Reform Program by defining both the priority target groups and outlining the major support areas and directions of action.

To reduce inequality and poverty, the State is supporting entrepreneurial development, employment and is providing opportunity for increased work productivity and quality. Citizens at risk are the greatest beneficiaries from this program.

The goal is to decrease the number of unemployed at risk, aged 18 to 64, from 9.5 per cent in 2010 to 5 per cent by 2020. One of the main Action Programs that supports investment in education and training, including professional training and the creation of professional education competence centers and ensures the development of skills and continued education, is the "Growth and Employment" program, developed by the Ministry of Finance of Latvia in 2014. The Ministry of Economics is one of its supervising institutions. Based on global trends and labour market needs, the goal is to create a flexible and competitive vocational education system.

Some of the actions taken in order to achieve these greater aims are:

- 1) Growing the competences and skills for teachers that are involved in providing vocational education for adults according to the labour market needs;
- 2) The identification and advancement of necessary vocational education programs according to the labour market and entrepreneurs' needs;
- 3) Making vocational education programs more flexible and digital.

To create equal job opportunities and living conditions for all citizens, the state makes sure to consider regional development's potential and resources. Therefore, the aim, as set out in the National Development Plan, is to strengthen the international competitiveness of Latvia's regions. This will mainly be achieved by providing support through EU funds for entrepreneurial activity, agriculture, fisheries and forestry.

After the full liberalization of the electricity market along with removal of subsidies for household's consumers group, the measure to mitigate the negative impact of increased costs of electricity payment for socially vulnerable groups is being implemented in Latvia. Since 1 January 2015 a support mechanism for vulnerable consumers allowing them to purchase a certain amount of electricity (100 kWh or 300 kWh) at a lower rate, as well as, since 1 August 2016 reduced fixed price of electricity distribution service according to size of connection was introduced. In Latvia vulnerable consumers include poor or low-income households, families of children with disabilities, persons with I group disability, as well as large families including persons under 24 years of age, who continue education in an educational institution, using electricity for their own consumption.

The Law on Assistance in Solving Apartment Matters foresees below mentioned measures with the aim to help persons in housing issues:

- 1) Rent of local government-owned or leased thereof residential spaces;
- 2) Renting out a social apartment;
- 3) Provision with temporary residential space;
- 4) Assistance in exchanging a rented residential space for other rentable residential space;
- 5) Allocation of allowance to cover payment for residential tenancy and payment for services associated with usage of the residential space;
- 6) Allocation of allowance for orphans;
- 7) Allocation of a one-time allowance for renovation of a residential space or residential house;
- 8) Allocation of a one-time allowance for vacation of a residential space;
- 9) Renovation of a residential space;
- 10) Assistance in purchase or construction of a residential space and
- 11) Assistance in the renovation and restoration of residential housing.

There is a regulation that foresees partial State support for the housing stock development. Unfortunately, within the existing budget resources the last State support ended in 2008. Currently, the Ministry of Economics is evaluating the possible solutions to continue the abovementioned support.

There is residential housing guarantee programme. The aim of this programme is to provide housing guarantees to families with children with insufficient means for mortgage down payments. Results:

- Allocated housing guarantees for 3000 families with children (in 62 per cent of all cases – families with 1 child, 31 per cent – 2 children, 7 per cent – 3 or more children) for a total amount of 17 million EUR;

- Average size of guarantee: 6200 EUR;
- Total amount of guaranteed mortgage loans – 155 million EUR.

There are measures introduced with the aim to improve energy efficiency in multi-apartment residential buildings:

- Available funding: 166.47 million EUR;
- Fund receivers – apartment owners in multi-apartment buildings;
- Proposed support components:
 - Grant up to 50 per cent to ensure financial benefits to apartment owners;
 - Financial instruments to foster access to finance (guarantees to loans from private sector, direct State financing development institution's "Altum" loans with low costs);
 - Technical assistance to reduce risks in implementation of energy efficiency projects;
- Support is planned to the following activities:
 - Construction works in building envelope;
 - Reconstruction or implementation of building engineering systems;
 - Use of the renewable energy sources, including change of technologies, where at the moment fossil energy resources are used.

In 2013, a number of conceptual decisions have been adopted regarding the medium-term development prospects of certain social policy areas that have a direct influence on the amount, coverage and quality of support and services for population groups at the risk of poverty and social exclusion (Informative report "Proposals for improvement of social security system", Guidelines for Development of Professional Social Work for 2014–2020, Guidelines for Development of Social Services for 2014–2020, Guidelines for Implementation of the United Nations' Convention on the Rights of Persons with Disabilities for 2014–2020).¹¹

One of the budget priorities of the Law on Medium -Term Budget Framework for 2014, 2015 and 2016 determined by the government of Latvian is reducing income inequality, by assessing its impact on poverty. In 2013, 2014 and 2015 a range of measures have been implemented in the field of taxes and finance to reduce the tax burden on low-income earners, provide support to families with children, as well as disabled persons are expected to receive more State support by

¹¹ National Reform Programme of Latvia for the Implementation of the "Europe 2020" Strategy. Progress report. Riga. April 2014

increasing the material support to certain groups of disabled persons and providing a broader range of persons with technical aids.

After the approval of the informative report "Proposals for improvement of the social security system"¹² by the government of Latvia in December 2013, the process of introduction of the minimum income level in 2014 has been started. For more information please see also Part 1 of the same Article.

Decreasing the number of people at risk of poverty by providing suitable training and integration in the labour market, as well as the promotion of employment by integrating long-term unemployed and young people in the labour market is one of the directions of the EU cohesion policy investments for 2014-2020 in Latvia. It is also included as one of the key aspects in the Guidelines on Inclusive Employment 2015–2020 (hereinafter – Guidelines), which were adopted on 12 May 2015. The key aim of the Guidelines are to promote an inclusive labour market development, making full use of the human potential of Latvian population, including reducing social consequences of unemployment, supporting return of unemployed people to the labour market and employment of disadvantaged groups. People at risk of poverty and social exclusion are highlighted as a significant target group within the Guidelines.

Starting from 2013 a profiling system has been developed with an aim to shorten the period of unemployment and prevent potential risks that could delay return in the labour market by providing most appropriate support, measures and intensity. As a result of profiling, registered unemployed are involved in the most appropriate and best suited measures sequenced in a way that would ensure the most effective labour market outcome based on job opportunities by demographic characteristics, self-esteem and motivation to look for job and cooperate with the SEA.

Additionally to the existing ALMP measures providing job search support, skills enhancement and training opportunities as well as work experience and employment, the Ministry of Welfare has developed a model of long-term unemployed activation measures. The objective of long-term unemployed activation measures is to facilitate vulnerable long-term unemployed integration into society and settlement in permanent work, suitable training programme or in measures implemented by the SEA. In order to reach the objective of long-term unemployed activation

¹² Informative report „Proposals for improvement of the social security system” Ministry of Welfare [the Republic of Latvia] 2013 [10.12.2013] pp.66. - p.42.
http://www.lm.gov.lv/upload/aktualitates/null/soc_dros_sist_priekslikumi_en_fin.pdf

measures consultations, health checks, assessment of professional suitability, motivation programs and support measures for unemployed with addiction problems are provided.

In order to integrate youth into the labour market and educational system the national Youth Guarantee Implementation Plan 2014-2018¹³ was developed. The main target group for the Youth Guarantee in Latvia are young people aged 15-24, who after the registration at the SEA or gaining the status of Youth Guarantee client within the 4 month period receives a good quality offer of employment, continued education, an apprenticeship or a traineeship. The Youth Guarantees programme gives young people an opportunity to participate in general ALMP measures as well as in specific measures, which have been developed for this target group. In order to address the employment issues of those young people, who have left the school prematurely and are not in education, employment or training, flexible educational programs are developed and implemented giving opportunities to get qualification, which is relevant to the labour market requirements, in a short period.

Taking into consideration population ageing and gradual increase of the retirement age, a project of the conceptual report "Active aging strategy for longer and better working lives Latvian" (hereinafter - conceptual report) has been developed, which includes labour market support measures for the population aged 50 years and over, especially till the retirement age, who face significant barriers to involvement in the labour market. Conceptual report includes informative activities carried out in order to raise awareness about workforce aging trends and possible solutions for a longer and better working life. At the same time, support will be focused on older employed persons' ability to work and employment by identifying professional suitability, providing training and lifelong learning opportunities, adapting work places and introducing flexible forms of work, as well as promoting intergenerational skills transfer. Concerning employers it is planned to organize voluntary evaluations, assessing the work organization's suitability for older workers and to develop recommendations to improve the situation accordingly.

At the same time, volunteering can be an important tool for social inclusion by providing opportunities for those persons who want to engage in activities of public interest on the basis of good will without reward, gaining new knowledge and skills as well as socializing. Consequently, in order to promote volunteering and encourage

¹³ Ministry of Welfare, "The National Youth Guarantee Implementation Plan 2014-2018", http://www.lm.gov.lv/upload/jauniesiem/ygip_latvia_20122013.pdf

participation in voluntary activities, volunteering regulation, opportunities and coordination, including database, are being developed and improved.

In order to reduce the number of early school leavers (hereinafter - ESL) Education Development Guidelines 2014-2020 include the appropriate measures.

Data analysis on ESL shows the differences in territorial aspect: in 2015, the percentage of ESL in rural areas was 13,1 per cent (in 2014 – 11,7 per cent), and in the cities – 8 per cent (in 2014 – 6,6 per cent). There are also differences in gender aspect: in 2015, the percentage of ESL girls was 6,2 per cent (in 2014 – 5,1 per cent), and ESL boys 13,4 per cent (in 2014 – 11,7 per cent).

In order to identify necessary support measures, in 2014-2015 some opinion surveys were carried out. Based on the results of these surveys, a conceptual report “*Creating policy alternatives for preventing early school leaving*” was prepared, for planning the support of EU funds.

Basing on the assessment that current investments in the human capital of youth will deliver long-term benefits and contribute to sustainable and inclusive economic growth as well as taking into account situational background and targets set in “Europe 2020” strategy, a proposal has been delivered to establish *Youth Guarantee* measures.

European Commission has set the implementation of *Youth Guarantee* as immediate track action, calling on Member States with regions having the exceedance of youth unemployment by more than 25 per cent to submit by December 2013 a Youth Guarantee implementation plan, defining its institutional framework, partnership conditions, the financing model, planned measures and other relevant information.

In order to support youngsters (age group 15-29), *Youth Guarantee* initiative is being implemented in Latvia, giving them the opportunity to acquire skills and competence for finding a job, as well as promoting measures for NEET (Not in Education, Employment, or Training) youngsters.

Within the *Youth Guarantee*, the following measures are being implemented:

- In September 2014, in cooperation with 35 vocational education institutions and colleges the implementation of short (1-1,5 years) vocational education programmes has begun, giving youngsters the opportunity to acquire professional qualification in 72 professions;
- Since September 2014, the Agency for International Programmes for Youth started the European Union’s funds’ project “KNOW and DO!”.

The aim of this project is to develop skills of target group of young people and facilitate their involvement in education, including vocational learning to master craftsman, *Youth Guarantee* activities implemented by the State Employment Agency or the State Education Development Agency, active employment or preventive unemployment reduction measures provided by the State Employment Agency as well as in non-governmental organizations' or youth centers' activities. The project foresees several phases of youth engagement. During the first phase young people of the target group are being identified and outreached to inform them about the opportunities provided by the project. During the second phase young people are being profiled by experienced/trained specialists to identify what skills and competences the particular young person shall develop, i.e. personal, social, labor and/or others in order to successfully return to social and economic life. Based on the profiling results an individual support programme of measures is being elaborated which at a later stage of its implementation can be improved according to the young person's needs in terms of measures and programme duration. Those young people who during profiling have expressed readiness to actively participate in the process of job search or further education are directed to join *Youth Guarantee* activities implemented by the State Education Development Agency or State Employment Agency. The provisional number of young people who are going to receive the support during the project is around 5262.

– Support measures to imprisoned youngsters, allowing them to acquire skills and competences that are necessary for successful employment.

Support from the EU structural funds

Access to education for persons with special needs was promoted within a range of European Social Fund (hereinafter - ESF) and European Regional Development Funds (hereinafter - ERDF) support measures. With the support of ERDF infrastructure of all kind of educational institutions – general, special, vocational and higher education institutions – was modernized, including adjusting premises to persons with functional disorders. In total, 305,55 million EUR (including ERDF funding 261,49 million EUR) were spent for this purpose and resulted in modernized and adjusted 62 (all) special education institutions, 36 general education institutions, 32 vocational education institutions, and 31 higher education institutions.

ESF contribution was targeted mainly towards students in a risk of social exclusion due to their poor financial or social situation. 72 876 (61,2 per cent) vocational education students received scholarships for

demonstrating good learning results. It can be assumed that these scholarships contributed to students' decision to continue learning process instead of engaging in paid work without acquiring professional skills. In addition, more than 2300 students took the opportunity to acquire professional qualification in a shorter period of time (1-1,5 year programmes). ESF supported short-term vocational education programmes are continued also in EU funds planning period 2014-2020.

In general education, positive impact is achieved through activities targeted towards students from various risk groups (special needs, learning difficulties, difficult socio-economic situation etc.), including children, whose parents have left the country to work abroad. ESF support reached more than two times more students (24 386) than was previously planned.

Guidelines for Public Health 2014 – 2020 were approved in October 2014. The guidelines were developed to continue the realisation of the current policy in public health as well as to bring up new goals and directions for action, maintaining, improving and restoring the health of the population of Latvia within the next seven years especially for those exposed to the risks of social exclusion and poverty.

The Guidelines on Integrated Development of Health Care in the Field of Cardiovascular, Oncologic, Mental and Perinatal Health was also developed in 2014 with particularly focus to improve the health of persons at the risk of social exclusion and poverty.

The process of development of the concept of Unified Quality Assurance System of National Health Care and collaboration with the World Bank for research activities (to detect actions necessary for development of the healthcare system) was started in 2014 and continued in 2015. The aim of the Unified Quality Assurance System is to improve the patient security in the health sector and ensure efficient treatment, particularly to improve the health of people at the risk of social exclusion and poverty.

The State covers patient contribution payments for low-income persons whose income per family member do not exceed 128.06 EUR per month. Low-income persons are liberated from patient contributions regarding family doctors or medical specialist appointments, hospital treatment and surgical operations.

General practitioners visits for children, group I disabled persons who require long-term artificial lung ventilation and persons receiving home care and palliative care, are paid from the State budget. For previously mentioned social groups, general practitioners home visit is free of charge.

The State pays for 100 per cent of the treatment required medicines included in the list of reimbursable medicinal products, the acquisition costs for patients who have been granted poor persons status.

In order to receive State granted benefits for low-income persons, person must obtain statement from social services, which confirms persons income level and the right to receive health care services with State granted benefits.

Due to economic crises the indexation of pensions was frozen in the period from 2009 - 2012. In 2013 an extra indexation for smaller pensions was implemented. To promote an increase of income level persons of retirement age an actual consumer price index (CPI) and 25% of contribution wage sum growth are used for the pension indexation from 2014, as well as a ceiling on indexed part of pension amounts is established. According to a fact of the high at-risk-of-poverty and social exclusion rate among population of retirement age, starting from 2015 the indexed part of the pension amount shall not be higher than 50% of the previous year's average contribution wage in the State. However, starting from 2014 pensions for politically repressed persons is indexed in full amount but from 2015 also for persons with I group of disability and for liquidators of the Chernobyl nuclear power station.

The Ministry of Welfare also carries out the ESF project "Research and monitoring on inclusive labour market and poverty risks" during period of 7 December 2015 to 21 December 2022. Project includes several researches for evidence-based policy making, including scientific study to create a monitoring system of poverty and social exclusion situation, to improve an inclusive labour market action policies and support system for persons with disabilities, as well as to develop new methodologically substantiated and appropriate for socio-economic situation subsistence level of consumer goods and services basket.

Food and basic material assistance operational programme of Latvia in the period 2014-2020, is set to help reduce food deprivation and household with children material deprivation, while reducing the social exclusion of the most deprived persons. As approved by the European Commission on October 30, 2014 it substitutes the preceding European Commission food distribution programme 2006-2013 in Latvia. With total expenditure of 48 264 082 EUR the operational programme is set to ensure the distribution of food and basic material assistance to the most deprived persons nationwide, combined where applicable with accompanying measures.

Provided programme includes food packages - containing milk powder, pasta, rice, buckwheat, manna, wheat flour, canned meat, oat flakes, oil and sugar at a price of 7.99 EUR per unit. As well there are basic material assistance packages which include hygiene and household items: soap, shampoo, toothpaste, toothbrush, laundry detergent, dish detergent at a price of 3.84 EUR per unit.

In 2015, when the programme was initiated, 285 362 food packages to 68 876 persons and 49 920 basic material assistance packages to 25 675 persons were distributed. Besides additional measures have also been implemented - information in forms of seminars and lectures on opportunities to receive social assistance, social services, on the procedures in relation to employment opportunities, medical care, on the possibilities for leisure time and informal educational activities that focus on the development of practical living skills, including cooking, laundry, house cleaning, household budgeting, parenting, job search - attended all together by 9604 persons at 950 events.

Persons who are eligible to receive the assistance from the programme:

- Persons/households who have been granted a status of a low-income person or family evidenced by a written statement issued by local government;
- Persons/households who have been granted a status of person or family in crisis or emergency situation, evidenced by a written statement issued by local government.

Continuing to reduce the income inequality, the government supported to introduce following changes from January 1, 2016:

- the minimum monthly salary has been increased from EUR 360 to EUR 370;
- the personal income tax allowance for dependents has been increased from EUR 165 to EUR 175 per month. In addition as of 2016 the dependent persons who are able to work have been excluded from the dependent person list.
- the differentiated non-taxable minimum has been introduced;
- the solidarity tax has been introduced.

The differentiated non-taxable minimum varies depending on the income level: higher for lower wages, but lower for higher wages. Besides it provides that in a five-year transitional period two parallel non-taxable minimums will be applied – monthly and annual.

Namely, in 2016, as before, the non-taxable minimum (EUR 75 per month) is applied. In coming years the monthly applied non-taxable minimum will be gradually reduced: from EUR 75 in 2016 to EUR 60 per

month in 2017, to EUR 40 per month in 2018, to EUR 20 per month in 2019 until in 2020 the monthly applied non-taxable minimum will be zero.

Accordingly when a taxpayer submits annual tax return to the State Revenue Service, the tax is recalculated and in case of overpayment it is paid back to the taxpayer.

In coming years the monthly applied non-taxable minimum will be gradually reduced, while the maximum applied non-taxable minimum will be increased.

The solidarity tax represents a new progressive element in the labour taxation system. In 2014 and 2015 no social contributions were paid for wages exceeding a certain threshold (EUR 46 404 per year in 2014 and EUR 48 600 per year in 2015). From 2016 the solidarity tax is applied to workers earning more than 48 600 EUR per year. The solidarity tax rate is at the same level as the current social security contributions rates (10.5% and 23.59%). The solidarity tax revenue is transferred to the State budget and is not tied to the social services.

Regarding further steps to reduce the tax wedge for low-income earners, it should be mentioned that till 31 December 2016 the Ministry of Finance should provide to the Government the Tax Policy Strategy for 2017-2021, which will reflect the evaluation of the existing tax system and its elements, who have incentive or obstructive influence on different national economy and society processes.

To ensure the best quality of the Tax Policy Strategy 2017-2021 the Ministry of Finance has signed a contract with the World Bank, who will provide a research and evaluation of a sustainable tax policy and structure reforms. The results and the proposals of the World Bank research will be integrated into the Tax Policy Strategy 2017-2021.

The Council supervising the implementation of Roma integration policy measures is set up by the Ministry of Culture in 2012. Experts and representatives from the responsible State bodies and local authorities, as well as representatives from the Roma community were involved in the process of designing, implementation and evaluation of the Roma integration policy measures by the participation in the Council supervising the implementation of Roma integration policy measures (hereinafter – the Council). The main aim of the Council is to assess and foster the policy for Roma integration, as well as to promote civil participation of the Roma community and to strengthen cooperation between the Roma community and national authorities. The main tasks of the Council are ensuring an effective implementation and evaluation of results of the policy for Roma integration measures; providing recommendation to the authorities in order to improve the

implementation of the policy for Roma integration especially in field of education, employment, health care and housing; fostering the cooperation between Roma community, governmental institutions and local authorities, stakeholders, social partners, NGO and experts; evaluating the possibility of effective use of EU structural funds to implementation of the measures.

The Ministry of Culture as a responsible Governmental body for the coordination of implementation Roma integration policy, actively uses the Council as a platform to analyse and discuss the results of the Roma integration policy implementation, to present and share initiatives and challenges for development of Roma integration, to plan future policy measures. For instance, in 2014 the action plan of the Roma integration policy for next period¹⁴ is being discussed and elaborated within the cooperation with the Council. Since the Council was established in 2012, 6 Roma representatives, who are involved in the Council, had an active participation and made many proposals and suggestions to improve Roma integration policy at national level.

Taking into account Article 3.2. of the EU Council Recommendation on effective Roma integration measures in the Member States (9.12.2013.) and the special Recommendation of the Commission to the Republic of Latvia which is included in the working staff document of the Communication Report on the implementation of the EU Framework for National Roma Integration Strategies (4.04.2014.), the Network of regional experts on Roma integration issues (thereafter – the Network) is set in October 2014 by the Ministry of Culture. The main aim of the Network is to foster regular exchange of best practices, experience and sharing information, as well as to develop cooperation between experts of local governments, representatives of Roma communities and the Ministry of Culture in order to make the implementation and designing of the Roma integration policy measures more effective. One of the objectives of the Network is providing consultations and informative support to the local government in order to use the programs of National and EU structure funds effectively. There are 15 representatives from 14 local government's institutions who are involved in the Network as experts on Roma integration. Roma representatives are members also of governmental consultative bodies:

The Minorities Consulting Council of the President of the Republic of Latvia, the Consulting Council in Ethnic Minority Education Affairs of the Ministry of Education and Science, the Consultative Council of National minorities of the Ministry of Culture. As well representatives of Roma

¹⁴ Available in Latvian: <http://likumi.lv/doc.php?id=272471>

community are the members of several committees of municipalities at local level (Jelgava, Valmiera, Daugavpils).

Based on the results and recommendations of study “Roma in Latvia” (conducted in 2015 by the research company “Latvijas Fakti”) the consultation process has been started with experts and Roma representatives to discuss which activities should be implemented in the framework of the national policy for Roma integration to improve current situation of the Roma in key areas such as education, employment, healthcare and housing. In 2015 the Ministry of Culture has decided to establish the National Roma Platform in order to facilitate cooperation, consultation and dialogue between Roma civil society, governmental and municipality institutions’ representatives and social partners in order to ensure effective involvement of all relevant stakeholders and provide better coordination of the development and implementation of the set of policy measures on Roma integration at the national, regional and local level. On March 2016 the European Commission has confirmed the special financial support to establish the National Roma Platform in Latvia. The project is being implemented in period 16.06.2016.-15.06.2017.

Education is the national priority of Roma integration policy, including the support for the Roma NGOs and other NGO to promote educational inclusive activities, providing material support to Roma students for learning aids acquisition, motivational activities for Roma pupils and youth, who want to continue their education. The policy is focused on providing early-education, primary and secondary education to Roma and to motivate Roma parents to send their children in the school and to follow their achievement in the process of education. During the period 2013 – 2015 there have been many activities implemented. A significant achievement is the project “Integration incubator to support Roma children and youth” where mediators with Roma background are trained and employed in the resource centres for Roma children and their parents. The project is implemented by the NGO “Center for Education Initiatives” in cooperation with local governments of Daugavpils City, Jelgava city, Valmiera city, Valdermarpils city and Ventspils city. There are 4 Resource centres established for Roma children and young people in October 2014, where Roma children can get support and improve their communication and civic skills. For example, there are intercultural dialogue events and creative workshops organised in these centres in order to improve cultural competences, cooperation and communicative skills of Roma and non-Roma young people. The representatives of local governments and NGOs, Roma parents and pedagogical staff have the opportunity to receive consultations form experts in these centres. The

main actors of the Resource centres are Roma mediators which promote the bridge between Roma community and local government institutions. There are 5 Roma mediators.

Additional activities implemented during the project, include training on diversity management and non-discrimination in education, organization of innovative inter-cultural events, development of informative support materials, consultations of professionals and development of NGO cooperation network. Several informative and practical materials have been elaborated, published and distributed, including the toolkit on Roma issues and the guidelines on basic principles of Roma integration policy for local governmental (municipal) specialists, as well as the practical toolkit for Roma mediators.

In 2013/2014 the project “Different people. Various experiences. One Latvia” was implemented by the Society Integration foundation in the cooperation with the Ministry of Culture in the framework of the European Union Programme for Employment and Social Solidarity PROGRESS 2007 – 2013. Several activities were aimed at raising awareness of Roma and supporting their integration which were implemented during this project.¹⁵

There are consultations regularly provided to the representatives of Roma NGOs by experts of the Ministry of Culture to improve their capacity and skills to work out and implement projects. During 2010-2013 cooperation between the Roma NGO, non-Roma and municipality’ organizations became more fruitful, as well as the number of Roma NGO projects increased.

The Ministry of Culture as NRCP has provided financial support from the State budget directly to Roma non-governmental civil society organizations. In addition there is some Roma NGOs empowerment measures implemented at the local level.

There were 7 projects of 5 Roma NGOs supported in 2015 (total amount of funds - 8700 EUR) aiming at reducing prejudices against Roma and promoting their integration into the local community. The project „To be involve in...” is implemented by the Jelgava’s Romani Culture Society „Romani čačipen” aimed at fostering effective participation of representatives of Roma community in social life and processes, promote cultural traditions and identity, improve a human and administrative capacity of the Roma civic organisation. Another project “Civic awareness, artistic ability and talent development of convicted Roma women to promote their integration into society after release from

¹⁵ http://www.sif.lv/index.php?option=com_content&view=article&id=9033&Itemid=240&lang=en

imprisonment” is implemented by non-Roma NGO "Iļģuciema women" in cooperation with Roma NGO “Alternativas”; this project was aimed at the raising of Roma women's self-esteem and the quality of life in society after release from imprisonment.

Empowerment activities for Roma NGO and their participants at the local government level.

To provide sustainable results after the ESF project “Social rehabilitation program for Roma families with preschool or school-age children living in Jelgava”, in Jelgava the Day Centre “Atbalsts” of the Social Affairs Department of Jelgava City has set up a social rehabilitation service and professional consultations, non-formal activities for Roma families with children of pre-school and school age, hoping to boost a sense of self-worth among parents. In Jurmala City, City council provides financial support for the Day Centre for Roma, which has been established in 2011 in a framework of ESF project “Development and Implementation of Social Rehabilitation Program in the Day Centre for Roma Residing in Jurmala city” - 53 418 EUR in 2013, 52 284 EUR in 2014 and 39 200 in 2015. Every year there are up to 300 Roma per month who use the services provided by the Day Centre. The Day Centre has employed three Roma representatives.

Regarding inclusion in housing field, Roma is included in mainstreaming measures as one of target groups. According to the Article 91 of the Constitution of the Republic of Latvia all human beings in Latvia shall be equal before the law and the courts and human rights shall be realised without discrimination of any kind, consequently, discrimination on the basis of ethnicity is prohibited also in housing policy sector. Laws and regulations on housing policy do not provide a distinction between individuals based on their ethnicity. For instance, Roma have the right to apply for assistance in solving apartment matters in the general procedure. According to the Article 15, Point 9 of the law “On Local Governments” one of the autonomous functions of local governments is to provide assistance to residents in resolving issues regarding housing. The Law on Assistance in Solving Apartment Matters prescribes which persons have the right to receive assistance in solving residential space matters, as well as the procedures by which the assistance is provided for inhabitants in solving apartment matters. The Law on Assistance in Solving Apartment Matters provides the local government support in solving apartment matters is available for all persons who have declared the place of his/her residence in the respective administrative territory and who according to the Law on Assistance in Solving Apartment Matters and binding regulations of the local government council have the

right to receive assistance in solving apartment matters. The assistance is provided irrespective of ethnic origin, therefore the Roma have equal rights with others to receive the assistance in solving apartment matters.

There are implemented some short term local actions regarding HIV/AIDS prevention among the Roma women. In 2013/2014, at the initiative of Kandava local government social service, an informative campaign was carried about HIV/AIDS prevention among the Roma women. The campaign was carried out taking into account the type of communication most suitable for the Roma people, namely, by talking individually to each family, with each woman by explaining the most essential basic principles that should be observed in daily life in case the partner has been infected with HIV/AIDS.

There are several targeted Roma measures aimed at the social rehabilitation, which are implemented by the Jelgava city, Daugabpils city and Jurmala city local governments. Within the implementation of these measures several activities are directly focused on services provision to improve hygiene and health condition of Roma families' members. The targeted measures will be implemented to improve Roma health conditions based on the outcomes and recommendations of the survey. For instance, it is essential for educational institutions to commence cooperation with health care specialists organising the necessary sex education lectures or health education lessons, as they may take advantage of their practical knowledge and previous work experience and turn out to be more proficient than the teacher in imparting information on the content of health education or sex education.

3. Please provide pertinent figures, statistics or any other relevant information: on the nature and extent of poverty and social exclusion, including the number of persons or households who are socially excluded or live in poverty; and on the methodology followed or criteria used to measure poverty and social exclusion, bearing in mind that the Eurostat at-risk-of-poverty rate before and after social transfers is used as a comparative value to assess national situations.

Fighting poverty and social exclusion as a priority goal in the European Union (EU) strategy "Europe 2020" foresees that the number of persons in the EU facing poverty and social exclusion should be reduced by at least 20 million until 2020. Each EU Member State sets its quantitative target on the basis of the three indicators defined at the EU level and forming the indicator of the EU target for reduction of poverty: 1) the at-risk-of-poverty rate, 2) people living in households with very low work intensity and 3) severe material deprivation indicator or by choosing own

national indicator. Latvia's target on the poverty reduction is based on two indicators: at-risk-of poverty rate¹⁶ and/or the people living in households with very low work intensity¹⁷, defining that until 2020 the risk of poverty and social exclusion should be eliminated for 121 thousand residents of Latvia¹⁸. Latvia's goals for the poverty reduction are also outlined in the National Development Plan for 2014-2020 and the National Reform Program by defining both the priority target groups and outlining the major support areas and directions of action. The National Development Plan 2014 –2020¹⁹ states it as follows:

- 1) implement measures to raise the standard of living of employed persons by reducing the proportion of employees exposed to the risk of poverty in the 18 to 64 age group from 9.5 per cent in 2010 to 5 per cent in 2020;
- 2) by means of a comprehensive family support system that encourages a reconciliation of work and family life, reduce the at-risk-of-poverty of children from 25 per cent in 2010 to 20 per cent in 2020.

¹⁶ The at-risk-of-poverty rate is the share (percentage) of residents below the defined at-risk-of-poverty threshold.

¹⁷ A person is considered to be living in a household with a very low work intensity if the ratio of the months worked during the reporting period by all the members of the household at the working age (18 -59 years) to the total number of months that the household members could theoretically work is below 20%.

¹⁸ Concept paper „Setting of the minimum income level”; Ministry of Welfare of the Republic of Latvia 2014 pp.49 -p.4

http://www.lm.gov.lv/upload/sociala_ieklausana/concept_paper_en_fin.pdf

¹⁹ National Development Plan of Latvia for 2014-2020, Cross-Sectoral Coordination Centre (2012), p.37., p.40.

The progress towards the goal of poverty reduction level

INDICATOR/YEAR	2011	2012	2013	2014	2015	2020
Proportion of population exposed to at-risk-of-poverty (%)	19.0	19.2	19.4	21.2	22.5	21,0 (or risk of poverty and social exclusion eliminated for 121 thousand residents)
Proportion of population exposed to at-risk-of poverty and/or living in households with very low work intensity (%)	23.8	22.3	21.9	21.8	23.2	
Number of population exposed to at-risk-of poverty and/or living in households with very low work intensity (thousands)	495	454	442	434	441	

Data source: Eurostat: *Intersections of Europe 2020 Poverty Target Indicators by age and sex*

The groups of population exposed to at-risk-of-poverty and social exclusion most are single adults at age 65 or over, single person households, single parent families with dependent children and families with three and more children. Since 2011 a gradual improvement of the situation and decrease of at-risk-of-poverty and social exclusion is observed, covering mostly households with income of paid work as well as families with children. Similar to the period before economic crises, increase of at-risk-of-poverty and social exclusion is characteristic to persons with fixed income such as recipients of retirement pensions, single parent families and persons with low income.

Table no.54

People at risk of poverty or social exclusion by household type
Percentage of total population

HOUSEHOLD TYPE/TIME	2011	2012	2013	2014	2015
Total	40.1	36.2	35.0	32.6	30.7
Single person	47.4	49.5	51.6	54.3	57.9
One adult younger than 65 years	55.7	53.6	52.0	45.4	42.4
One adult 65 years or over	39.5	45.8	51.3	62.3	71.7
Two adults younger than 65 years	39.8	33.8	31.6	29.6	27.1
Two adults, at least one aged 65 years or over	34.8	31.9	32.1	29.5	30.3
Single person with dependent children	64.8	63.7	62.0	54.8	48.5
Two adults with one dependent child	36.5	29.8	27.6	21.1	22.1
Two adults with two dependent children	34.0	31.0	27.1	25.0	21.9
Two adults with three or more dependent children	56.6	52.3	48.9	40.6	44.4
Households without dependent children	39.4	36.3	35.2	33.8	33.7
Households with dependent children			34.9	31.4	27.8

Data source: Eurostat

Table No. 55 and Table No. 56 reflect the role of social transfers, i.e. pensions and benefits, in prevention of the risk of being exposed to poverty for population of different age groups.

Table no.55

At risk of poverty rate before social transfers (pensions included in social transfers) (cut-off point: 60% of median equalised income after social transfers)

Percentage of total population

AGE GROUP/TIME	2011	2012	2013	2014	2015
Total	46.8	44.6	43.0	41.7	40.9
0-17	41.9	39.5	37.5	37.5	34.0
18-64	38.2	35.5	33.7	31.4	30.6
65+	81.7	81.0	80.3	80.0	80.8

Data source: Eurostat

**At risk of poverty rate (cut-off point: 60% of median equalised
income after social transfers)**

Percentage of total population

AGE GROUP/TIME	2011	2012	2013	2014	2015
Total	19.0	19.2	19.4	21.2	22.5
0-17	24.7	24.4	23.4	24.3	23.2
18-64	20.2	19.3	18.8	18.4	18.6
65+	9.1	13.9	17.6	27.6	34.6

Data source: Eurostat

Social transfers for children reduce at-risk-of-poverty rate for children by 10.8 percentage points in 2015 (by 14.1 percentage points in 2013 and by 13.2 percentage points in 2014 accordingly) i.e., 34.0 per cent of children would be exposed to at-risk-of-poverty without benefits and pensions in 2015 (37.5 per cent in 2013 and 2014). The situation is similar regarding people at working age, after the receipt of all social transfers. At-risk-of-poverty for population aged 18-64 years decreased by 12 percentage points in 2015 (by 14.9 percentage points in 2013 and by 13 percentage points in 2014 accordingly). As regards population at the retirement age (above 65 years), the role of social transfers (mainly the pension) is most essential, as 80.8 per cent of the pensioners would be exposed to at-risk-of-poverty without social transfers in 2015 (80.3 per cent in 2013 and 80.0 in 2014). An impact of social transfer on minimising at-risk-of-poverty rate has decreased since 2011.

There are also administrative data on social assistance available. As it was already mentioned - the aim of social assistance is to provide material support to needy and low-income households in a crisis situation in order to satisfy their basic needs and promote the participation of able-bodied persons in the improvement of their situation.²⁰

A family or a person should be recognised as needy²¹ if an average monthly income for every member of a household over a period of the last three months does not exceed 128.08 EUR and listed criteria are met (absence of certain material resources, maintenance contracts, services of a long term care and social rehabilitation institutions, as well as not being imprisoned and being registered at the State Employment Agency as an unemployed person in accordance with Article 37, Paragraph 1 of the Social Services and Social Assistance Law).

²⁰ Law on Social Services and Social Assistance, Article 32

²¹ Regulations of the Cabinet of Ministers No.299 of 30th March, 2010 "Regulations regarding the declaring a family or a single person living alone as needy"

Assigning a status of needy there are certain types of property and assets that are not taken into account when the means test is applied. After the period of 3 - 6 months a status of needy could be granted repeatedly if the critical situation of a family or a person remains persistent.

The order of recognition of a person as one with low-income is determined at local level by local governments binding regulations. A person should be recognized as a person with low-income if his/her income and material conditions do not exceed the level specified by the local governments' council. The low-income level determined by local government might not be less than the level of income and material conditions of a needy person - 128.06 EUR per month in 2010-2015 - as it is specified by the Regulation of Cabinet of Ministers No.299 of 30 March 2010 according to the Law on Social Services and Social Assistance.

Several types of social assistance:

- 1) Means testes benefits: GMI/ Guaranteed Minimal Income (49,80 €); a housing allowance and other social assistance benefits for covering of basic needs of a family/ household (determined by legal documents of local governments);
- 2) Not means tested benefits: a lump sum benefit in an emergency situation and other social assistance benefits of local governments determined by out-side legal acts (social guaranties for orphans and foster families).

According to social security system providence of social assistance in Latvia is a competence of local governments, the administrative data gathered by local governments cover number of persons and its categorisation by age, employment status and presence of disability and a type of social assistance granted. As data show a number of needy persons, GMI recipients as well as a number of recipients of other allowances showed a tendency to decline during the period from 2013 to 2015.

Table no.57

Number of persons of several minimal income levels and amount of allowances (if relevant) by age, employment status and presence of disability

Year*	2013		2014		2015	
Recipients of benefits and	Number of recipients	Number of recipients	Change in % comparing	Number of recipients	Change in % comparing	

allowances			to previous year		to previous year
Needy persons (income level not higher than 128 €)	134 397 (6.64% of entire population)	104 569 (5.22% of entire population)	- 22.19	82 361 (4.15% of entire population)	- 38.72
children	46 334	36 078	-22.13	26 707	- 42.36
adult, working able persons, among those:	63 148	46 300	-26.68	35 527	- 43.74
employed		14 251		9 935	
unemployed		28 491		22 902	
of retirement age	12 932	11 393	-11.90	10 251	- 20.73
adult persons with disability	11 983	10 798	-9.89	9 876	- 17.58
Recipients of GMI (income level for GMI not higher than 49.80 €)	64 408 (3.18% of entire population)	46 026 (2.30% of entire population)	-28.54	34 218 (1.72% of entire population)	- 46.87
children	21 537	14 079	-34.63	8 994	- 58.24
adult, working able persons, among those:	34 125	24 143	-29.25	18 297	- 46.38
employed		4 927		3 292	
unemployed		17 692		14 083	
of retirement age	3 622	3 303	-8.81	2 877	- 20.57
adult persons with disability	5 124	4 501	-12.16	4 050	- 20.96
Average amount of GMI benefit	30,55 €/month	32,39 €/month		35.76 €/month	
Recipients of housing allowance	158 893 (7.85% of entire population)	133 864 (6.69% of entire population)	-15.75	113 018 (5.69% of entire population)	- 28.87
children	40 559	33 012	-18.61	25 748	- 36.52
adult, working able persons, among those:	56 424	42 800	-24.15	34 397	- 39.04
employed		16 709		12 283	
unemployed		22 412		19 222	
of retirement age	45 777	43 203	-5.62	39 240	- 14.28
adult persons with disability	16 133	14 849	-7.96	13 633	- 15.50
Average	147,41***	152.94***		162.72***	

amount of a housing allowance					
Recipients of other social assistance benefits	149 119**	154 165**		92 145**	

Data source: Ministry of Welfare, administrative data of municipalities

* Data correspond to the actual year of notification procedures and transfers unlike Eurostat data that correspond to the year of survey

** Number of recipients is approximate, because those persons, who receive other benefits and allowances, could not be calculated together due to facts that a person can be a receiver of several benefits

*** An average amount of money for a person per year

Table no.58

**Social services to prevent or reduce risks of social exclusion
caused by a disability, addiction or violence - receivers (persons in
thousands) and spending (EUR in thousands)**

	2013		2014		2015	
	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR
Social rehabilitation for persons with impaired vision	0,5	410,2	0,5	442,7	0,5	495,6
Social rehabilitation for persons with hearing disability	1,0	546,9	1,0	545,6	1,0	521,0
Service of sign language interpreting for education	0,08	63,2	0,08	60,1	0,07	65,6
Service of sign language interpreting to communicate	1,0	296,2	1,1	328,6	1,2	432,2
Social rehabilitation for children addicted to psychoactive substances	0,07	133,3	0,04	89,0	0,03	152,1
Social rehabilitation for adults addicted to psychoactive substances	0,03	79,8	0,03	81,4	0,02	83,5
Social rehabilitation for children who have suffered from illegal acts	1,2	1 391,5	1,3	1 504,1	1,3	1 476,8
Technical aids	12,4	3 841,1	16,86	6 84,3	16,7	4 431,5
Social rehabilitation in institution for persons with functional disorders	2,2	1 249,2	3,0	1 985,0	3,5	2 268,6

Vocational rehabilitation	0,6	1 474,3	0,6	1 242,2	0,6	1 169,0
Service of an assistant	3,0	2 049,2	6,8	8 612,9	9,2	14 003,0
Crisis centers	1,4	1,5	1,5	1,5	1,2	1,6
Social rehabilitation for the person after returning from imprisonment	0,008	2,8	0,004	0,1	0,04	3,5

Data source: Yearly statistical reports on social assistance and social services of local government and Department of Social Services of the Ministry of Welfare

Table no.59

Students with special needs in day education programmes

	Students with special needs integrated in general education institutions and learning by		Students in special education institutions	Students in special classes	Students with special needs (altogether)
	general education programme	special education programme			
2015/2016	376	4211	5830	1429	11846
2014/2015	353	3800	5857	1356	11366
2013/2014	356	3421	5805	1283	10865
2012/2013	328	2891	6737	1179	11135

Data source: Ministry of Education and Science

Table no.60

Students with special needs in vocational education programmes in general education institutions

Academic year	Students with special needs
2015/2016	810
2014/2015	811
2013/2014	860
2012/2013	689

Data source: Ministry of Education and Science

Table no.61

Students with special needs in vocational education institutions

Academic year	Students with special needs
2015/2016	304
2014/2015	376
2013/2014	387
2012/2013	382

Data source: Ministry of Education and Science

Table no.62

Students in social correction programme

2015/2016	25
2014/2015	49
2013/2014	41

Data source: Ministry of Education and Science

Table no.63

Early school leavers (age group: 18-24 years old, %)

	Latvia	EU average
2015	9,9	11
2014	8,5	11,2
2013	9,8	11,9

Data source: Eurostat

Table no.64

Labour tax reform in Latvia in 2013-2015

	2013	2014	2015
Personal income tax rate, %	24	24	23
Basic allowance, <i>euro per month</i>	64	75	75
Allowance for dependants, <i>euro per month</i>	114 ^a	165 ^b	165
Social security contributions rate, %, of which:	35.09	34.09	34.09
Employer rate	24.09	23.59	23.59
Employee rate	11.00	10.50	10.50

^a As of 1 July 2013.

^b As families with children are most at risk of poverty in Latvia, the income tax system is used as an instrument to support families with children. The main reason for that is the relatively small direct benefit – e.g. the family benefit comprised 11 euro per month for each child in 2014.

Data source: Ministry of Finance of Latvia

Table no.65

Tax allowance for dependent persons in 2013-2015

	2013	2014	2015
<i>Number of recipients</i>	234 364	231 778	224 861
<i>Tax allowance, EUR</i>	341 374 813,72	490 520 100,65	497 483 378,75

Data source: The State Revenue Service of the Republic of Latvia

Table no.66

Differentiated non-taxable minimum criteria

	2016	2017	2018	2019	2020
Maximum annual non-taxable minimum, euro per month	100	115	130	145	160
Minimum annual non-taxable minimum, euro per month	75	60	40	20	0
Taxable income* minimum threshold up to which the maximum non-taxable minimum will be applied, euro per month	380	400	420	440	460
Taxable income* maximum threshold up to which the non-taxable minimum will be applied, euro per month	1 000	1 100	1 200	1 350	1 500

* When calculating the taxable income, not only wages, but also other income (such as dividends and income from real estate) is taken into account. Similarly, if a person works in several jobs, the salaries are added together and the non-taxable minimum is applied to the total income.

Data source: Ministry of Finance of Latvia

Table no.67

Information about measures (projects) aimed at the improving the situation of Roma since 2011

Organization	Project	Period of the project	Allocated funds, EUR	Programme and area
Society Integration foundation	Several activities of the project aimed at sharing of good practice of Latvia on Roma integration in field of education on international level; as well as the round table discussions to strengthen Roma integration in field of education, within the framework of the project "Different people, various experiences, one Latvia" (Roma is only one of the target groups of the project)	01.08.2013.-30.07.2014.	304 117,56	Programme for Employment and Social Solidarity PROGRESS 2007 – 2013; Section 4 "Anti-discrimination and diversity"; education; anti-discrimination
The Roma Cultural Centre	Project "A Window to Roma Culture" Main activities: providing and improving the content of web site: www.romucentrs.lv .	01.01.2013.-30.09.2013.	3 561,25	Call for project proposal „Support for fostering the participation of Roma community” by Ministry of Culture
The Roma Cultural Centre	Project "Learn more about Latvian Roma - break the stereotypes and open for joint dialogue". Main activities: 1) Measures focused on young people and on human rights and intercultural dialogue threads; 2) Measures are aimed at the general public, educating the Roma Holocaust of World War II, raising the question in Latvian context.	01.08.2013.-31.12.2015.	42 500	EEA Financial Mechanism 2009-2014; Grants programme "NGO fund" ; education, anti-discrimination

The Roma Cultural Centre	Support for Centre and Roma Art and History Museum functioning	01.01.2015.- 31.12.2015.	13 000	Special grant of parliamentarian
Roma NGO "Nēvo Drom D"	„Step by step” the program of the competitiveness for Roma children and Roma young people. Formal and non-formal education activities for Roma children.	01.08.2013.- 31.07.2014.	15 150	EEA Financial Mechanism 2009-2014; Grants programme “NGO fund” ; education
Centre for Education Initiatives in cooperation with Roma NGO "Alternativas"	Project “Integration incubator to support Roma children and youth”. <u>Main activities:</u> Training on diversity management and non-discrimination in education, training of Roma mediators and action, instalment of resource centres for Roma children, implementation of innovative intercultural events, development of informative support materials, consultations of professionals and development of NGO cooperation network, etc.	01.10.2013.– 30.09.2015.	110 494	EEA Financial Mechanism 2009-2014; Grants programme “NGO fund” ; education, anti-discrimination
Organization “Me Roma”	Project “I – Latvian roma”. <u>Main activities:</u> Roma and Latvian culture and history evenings, Latvian and roma language training, workshops and Latvian roma crafts exploring cross-cultural events, concerts and roma and Latvian celebrations, shooting a film about the project activities implemented.	01.10.2013.- 30.09.2014.	17 276,40	EEA Financial Mechanism 2009-2014; Grants programme “NGO fund” ; education, anti-discrimination
Centre for Education Initiatives in cooperation with the Educational Board of Daugavpils City	Project “Roma Baby School”. <u>Goal of the project:</u> to improve home and community learning environment for Roma children of pre-school age, to empower skills and knowledge of Roma parents and Roma community leaders. <u>Main activities:</u> Development of the Baby School Program; preparation of learning materials; awareness raising lessons for Roma parents on the importance of education for their children's future, etc. The main outcomes of the project: - the programme and model for the support of Roma parents with children of pre-school age will be created and adapted; it will be offered further for realization in other local governments with Roma families living there; - Roma parents will have experience in parenting their children and preparing them for academic studies; - program will provide for Roma children equal start position to start studies in educational institution; Target group of the project is 25-30 Roma children under 5 years of age and 30-35 Roma parents (together around 60	01.09.2015. - 30.08.2016.	14 626	The World Childhood Foundation (Sweden)

	Roma persons).			
Centre for Education Initiatives in cooperation with local government of Jelgava City	<p>Project "Roma children in school".</p> <p><u>The goal of the project:</u> to promote inclusion of the Roma children and youth in the system of general education and integration of their families in the society of Jelgava city.</p> <p><u>Main activities:</u> after school activities with Roma children in the Resource Center, home visits and workshops for Roma parents, trainings for teachers on specifics of Roma children's education, Roma children's educational monitoring, the comparative analysis of the project monitoring and national monitoring, developing of the recommendations for local governments, etc.</p> <p><u>The main outcomes of the project:</u> the programme of after schools activities for Roma children has developed and implemented, thus making positive impact on learning outcomes and competences, improving social and cognitive development and decreasing drop out of Roma children; knowledge of Roma parents on the compulsory education and on the opportunities to support their children in their learning process will be improved; professional support and training provided for 20-25 pedagogues; alternative Roma education monitoring (5 – 12 years old) will be realized and recommendations for the improvement of the National monitoring and the link to the support measures for Roma children will be developed. The project involves all Roma children attending Jelgava primary school No. 4 (21 Roma children); professional support and training provided for 20-25 pedagogues.</p>	01.09.2015. - 30.08.2016.	24 669	The World Childhood Foundation (Sweden)
Centre for Education Initiatives in cooperation with local government of Jelgava City and Pedverket Resource Center (Norway)	<p>Improvement of the support system for Roma children and young people.</p> <p><u>The goal of the project</u> is to promote inclusion of Roma children and youth in the mainstream educational system, labour market and integration of their families in the society encouraging cooperation and intercultural dialogue for reduction of social disparities.</p> <p><u>Main activities:</u> the development of the Strategy of integration of Roma in Jelgava community in accordance with principles of Roma integration policy of Latvia (the set of policy measures on Roma integration) and EU program on</p>	01.05.2015.– 30.04.2016.	21 000	EEA Financial Mechanism 2009-2014; Grants programme "NGO fund" ;

	Roma integration strategy, as well as Council Recommendation on Roma integration, ensuring of activities in the Resource centre for Roma children and youth regarding to Roma education on citizenship, gender equality and volunteering, organization of innovative intercultural events, expert consultations. The project involves all Roma children and youth from Jelgava Evening secondary school (6 Roma youths) and Jelgava primary school No. 4 (21 Roma children).			
Health and social service "Artemida"	<p>Project "The Depth of Roma Cultural Traditions" in Jurmala city.</p> <p>The goal of the project to foster willingness of Roma to develop their own ethnic and cultural identity, as well as to promote the interest of citizens of Jurmala city towards Roma culture and traditions. For instance, in the framework of the project young Roma people had possibility to improve their talents and musical skills.</p> <p><u>Main activities:</u> There were organised guitar and piano trainings. The role of teachers was to show how to play on music instruments and after to do it by themselves and also to help with choosing right songs for trainings and the final concert.</p> <p>The newborn vocal band took a part in a concert in Valmiera city and had concert in Kauguru Cultures House in Jurmala.</p>	01.05.2015 – 30.10.2015.	1 085	NGO support programme (local level)

Data source: The Ministry of Culture, 2014

Since 2012 the Ministry of Culture regularly monitors the situation and elaborates Annual Informative Report on the implementation of the Roma integration policy at the national level. The information such as statistical data, a description and outcomes of initiatives and activities, as well as future planning measures which are accumulated in the report, is provided by co-responsible governmental institutions, local authorities and NGOs.

The survey "Roma in Latvia" conducted in 2015 aimed at the monitoring the situation of Roma in Latvia in the key areas - access to education, employment, healthcare and housing, identifying best practises and providing better elaboration and implementation of Roma inclusion policy in Latvia. In order to clarify and understand current problems, needs and efforts of Roma communities at the local and regional level the quantitative approach is used focused on gathering primary data directly from the target group. In the framework of the survey 5 focus discussion

and 197 in-depth interviews with specialists, experts and non-governmental representatives took place, as well as 365 Roma representatives surveyed. Based on results the consultation process is started with experts and Roma representatives to discuss which activities should be implemented in the framework of the national policy for Roma integration to improve current situation of Roma in key areas such as education, employment, healthcare and housing. The survey is available on Latvian and English. The survey is conducted by the research group "Latvijas Fakti" with cooperation with the Society Integration Foundation as well as taking into account a request from the Ministry of Culture.

Conclusions 2015 (Latvia)

Article 8 - Right to employed women to protection of maternity

Paragraph 2 – Illegality of dismissal during maternity leave

The Committee concludes that the situation in Latvia is not in conformity with Article 8§2 of the Charter on the ground that it has not been established that there is adequate protection against unlawful dismissals during pregnancy or maternity leave.

Latvia considers the declaration that it has not been established that there is adequate protection against unlawful dismissals during pregnancy or maternity leave inadequate and would appreciate that this conclusion is clarified.

The general rules set out in Labour law are applicable to all employees (*an employee is a natural person who, on the basis of an employment contract for an agreed work remuneration, performs specific work under the guidance of an employer*), irrespective of their gender or term of the employment contract.

The appointment, dismissal and other matters related to legal relationships within civil service are regulated by State Civil Service Law. A civil servant is appointed and dismissed by an order issued by a competent official. Article 2 Paragraph 4 of State Civil Service Law provides that the norms of regulatory enactments regulating legal employment relations that prescribe the principle of equal rights, the prohibition of differential treatment principle, prohibition to cause adverse consequences, working hours and rest time, remuneration, the financial liability of employees and terms shall apply to the legal relations of the State civil service insofar as such are not prescribed by State Civil Service Law. The process of dismissal of civil servants is not governed by employment laws and civil servants do not enter into employment relations with the public body. Nevertheless any kind of discrimination is prohibited in this legal relationship and also the terms and conditions of termination of civil service legal relationship is strictly prescribed by law. In addition, there have been no cases in practice to be pointed out by the State Chancellery of Latvia, concerning an employed woman working in the public sector within temporary contract to be dismissed during pregnancy or maternity leave.

Labour law strictly prescribes those cases when the dismissal of an employee is considered to be legal. This principle of strictness refers also to the exception in general rule of prohibition of dismissal of a pregnant woman, a woman in the period following the birth and a breastfeeding woman - those cases are listed in Article 109 Paragraph 1 of Labour law which prescribes that an employer is prohibited from giving a notice of termination of an employment contract to pregnant woman, woman following the period after birth up to one year, but if a woman is breastfeeding – during the whole period of breastfeeding, but not

longer than until the child reaches two years of age except in the following cases (Article 101, Paragraph 1, Clauses 1, 2, 3, 4, 5 and 10):

- 1) the employee has without justified cause significantly violated the employment contract or the specified working procedures;
- 2) the employee, when performing work, has acted illegally and therefore has lost the trust of the employer;
- 3) the employee, when performing work, has acted contrary to moral principles and such action is incompatible with the continuation of employment legal relationships;
- 4) the employee, when performing work, is under the influence of alcohol, narcotic or toxic substances;
- 5) the employee has grossly violated labour protection regulations and has jeopardised the safety and health of other persons;
- 6) the employer – legal person or partnership – is being liquidated (Article 101, Paragraph 1, Clause 10).

Labour law states that a woman who makes use of pregnancy or maternity leave shall have to be ensured her previous work. If this is not possible, the employer shall ensure to the woman similar or equivalent work with not less favorable conditions and employment provisions. Also in accordance with Article 156, Paragraph 4 of Labour Law the previous job of an employee who makes use of parental leave shall be retained. If this is not possible, the employer shall ensure to the employee a similar or equivalent work with not less favorable conditions and employment provisions.

The legal basis of dismissal set out in Labour law is not to be interpreted broadly and it is proven by the judgments of courts insofar. Please see information below.

Besides Labour law Article 101, Paragraph 2 provides that if an employer intends to give a notice of termination of an employment contract on the basis of the provisions of Paragraph 1, Clause 1, 2, 3, 4 or 5 of this Article, the employer has a duty to request from the employee an explanation in writing. When deciding on the possible termination of the employment contract, the employer has a duty to evaluate the seriousness of the violation committed, the circumstances in which it has been committed, as well as the personal characteristics of the employee and his/her previous work. This requirements set out in Labour Law ensures that the decision on dismissal is not taken lightmindedly but taking into account different subject matters.

The Senate of the Supreme Court of Latvia (concerning the interpretation of the provisions of Article 101 Paragraph 1, Clause 1 of Labour law) have clearly indicated that the dismissal on the basis of the above mentioned legal clause are

considered to be legal only in case if the employee has without justified cause significantly violated the employment contract or the specified working procedures and this violation is substantial, not formal²².

Table No.1

Claims on reinstatement in 2014

	In the first instance in Latvian courts	In the appeal instance in regional courts
Number of received cases during the reference period	211	102
Number of completed cases during the reference period	230	103 (including reviewed ancillary complaints)

Data source: TIS (<http://tis.ta.gov.lv/>)

Table No.2

Claims on reinstatement in 2015

	In the first instance in Latvian courts	In the appeal instance in regional courts
Number of received cases during the reference period	158	100
Number of completed cases during the reference period	178	104 (including reviewed ancillary complaints)

Data source: TIS (<http://tis.ta.gov.lv/>)

Table No.3

Duration of the proceedings containing the claims on reinstatement in months in 2014

	In the first instance in Latvian courts	In the appeal instance in regional courts
Until 3 (including)	90	69
3 - 6 (including)	70	27
6 – 12 (including)	48	6

²² <http://at.gov.lv/files/uploads/files/docs/petijumi/darba%20stridi.pdf>

12 – 18 (including)	6	1
18 – 24 (including)	6	0
24 – 30 (including)	3	0
30 – 36 (including)	0	0
36 and more	7	0
Number of completed cases	230	103

Data source: TIS (<http://tis.ta.gov.lv/>)

Table No.4

**Duration of the proceedings containing the claims on reinstatement
in months in 2015**

	In the first instance in Latvian courts	In the appeal instance in regional courts
Until 3 (including)	63	46
3 - 6 (including)	54	40
6 – 12 (including)	32	17
12 – 18 (including)	14	0
18 – 24 (including)	6	0
24 – 30 (including)	4	0
30 – 36 (including)	3	0
36 and more	2	1
Number of completed cases	178	104

Data source: TIS (<http://tis.ta.gov.lv/>)

Table No.5

**Number of completed cases containing claims for reinstatement in
connection with the dismissal during pregnancy or maternity leave in 2014**

Grounds for dismissal	In the first instance in Latvian courts		In the appeal instance in regional courts	
	Number of cases	cases in which the requiremen t is satisfied	Numbe r of cases	cases in which the requiremen t is satisfied
Total number of cases including:	5*	4	3**	2
Dismissal during the pregnancy period	3	2	2	2
Dismissal during the maternity leave	1	1	1***	0
Dismissal in the first day after maternity leave	1	1	0	0
* - C24168113 (C-0537-14); C31436514 (C-4365-14); C28448113 (C-2033-14); C38023514 (C-0235-14); C24147714 (C-1477-14);				
** - C38023514 (CA-0192-14); C12102213 (CA-0121-14); C28374713 (CA-0677-14).				
*** -This judgement is annulled in the 3rd instance court and the case sent for retrial to the 2-nd				

instance court [C28374713 (CA-0677-14)].

NOTE: In the case No. C24147714 (C-1477-14) dismissal has been based on the post elimination.
Judgement enters into force in 2015.

Data source: TIS (<http://tis.ta.gov.lv/>)

Table No.6

Number of completed cases containing claims for reinstatement in connection with the dismissal during pregnancy or maternity leave in 2015

Grounds for dismissal	In the first instance in Latvian courts		In the appeal instance in regional courts	
	Number of cases	Claim for reinstatement is satisfied	Number of cases	Claim for reinstatement is satisfied
Total number of cases including:	3*	0	1**	1
Dismissal during the probationary period	1	0	0	0
Dismissal (during the pregnancy period)***	1***	0	0	0
Dismissal due to the enterprise or the post elimination (during maternity leave)	1	0	1	1

* - C29724214 (C-3090-15); C12187515 (C-1875-15); C31352415 (C-3524-15);

** - C28374713 (CA-0636-15)

*** - In this case dismissal has been based on working non-compliance, violations etc. (according to Article 101, Part 1, Point 1, 2, 3 Labour Law)

Data source: TIS (<http://tis.ta.gov.lv/>)

Table No.7

Number of court's decisions (containing a claim on reinstatement from the grounds of pregnancy or maternity leave) enter into force in 2014

Courts proceedings No.	In the 1st instance court		In the 2nd instance court		In the 3rd instance court		In the 2nd instance court	
	Claim satisfied	Claim rejected	Claim satisfied	Claim rejected	Decision upheld	Decision set aside and the case sent for retrial	Claim satisfied	Claim rejected
1. C32340513	1							
2. C28448113	1							
3. C24168113	1							
4. C30386313		1	1					
5. C32378712*	1			1	1			
6. C12102213	1			1		1	1	

NOTE: 1) Results on number of decisions enter into force are provided in the yellow coloured cells. All previous trial results are provided in the white coloured cells.
2) including the judgements signed during the previous years, which enter into force in 2015.

*- Reason for rejection: the applicant before the application was notified the employer of its desire to terminate the contract of employment

Data source: TIS (<http://tis.ta.gov.lv/>)

Table No.8

Number of court's decisions (containing a claim on reinstatement from the grounds of pregnancy or maternity leave) enter into force in 2015

Courts proceeding No.	In the 1st instance court		In the 2nd instance court		In the 3rd instance court		In the 2nd instance court	
	Claim satisfied	Claim rejected	Claim satisfied	Claim rejected	Decision upheld	Decision set aside and the case sent for retrial	Claim satisfied	Claim rejected
1. C40103115	1							
2. C31436514	1							
3. C12187515*		1*						
4. C24147714**		1**						
5. C38023514	1		1					
6. C28374713		1		1		1	1	
7. C35105811**		1		1		1	1**	

NOTE: 1) Results on number of decisions enter into force are provided in the yellow coloured cells. All previous trial results are provided in the white coloured cells.
2) including the judgements signed during the previous years, which enter into force in 2015.

* - In this case dismissal has been based on enterprise elimination during maternity leave.
** - In these cases dismissal has been based on post elimination during maternity leave. A claim is satisfied in the part of monetary compensation, but the case is terminated by settlement in the part of reinstatement in the post.

Data source: TIS (<http://tis.ta.gov.lv/>)