



March 2022

EUROPEAN SOCIAL CHARTER (REVISED)

European Committee of Social Rights

Conclusions 2021

LATVIA

Ce texte peut subir des retouches de forme.

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter. In respect of national reports, it adopts conclusions; in respect of collective complaints, it adopts decisions.

Information on the Charter, statements of interpretation, and general questions from the Committee, is contained in the General Introduction to all Conclusions.

The following chapter concerns Latvia, which ratified the Revised European Social Charter on 26 March 2013. The deadline for submitting the 7th report was 31 December 2020 and Latvia submitted it on 11 January 2021.

The Committee recalls that Latvia was asked to reply to the specific targeted questions posed under various provisions (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter). The Committee therefore focused specifically on these aspects. It also assessed the replies to all findings of non-conformity or deferral in its previous conclusions (Conclusions 2017).

In addition, the Committee recalls that no targeted questions were asked under certain provisions. If the previous conclusion (Conclusions 2017) found the situation to be in conformity, there was no examination of the situation in 2020.

Comments on the 7th report by the Ombudsman of Latvia were registered on 13 July 2021. The reply from the Government to the Ombudsman of Latvia comments was registered on 31 August 2021.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerned the following provisions of the thematic group II "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3);
- the right to protection of health (Article 11);
- the right to social security (Article 12);
- the right to social and medical assistance (Article 13);
- the right to benefit from social welfare services (Article 14);
- the right of elderly persons to social protection (Article 23);
- the right to protection against poverty and social exclusion (Article 30).

Latvia has accepted all provisions from the above-mentioned group except Articles 12§3, 12§4 and 23.

The reference period was from 1 January 2016 to 31 December 2019.

The conclusions relating to Latvia concern 13 situations and are as follows:

- one conclusion of conformity: Article 13§2;
- six conclusions of non-conformity: Articles 3§3, 11§1, 12§1, 12§2, 13§1 and 14§1.

In respect of the other six situations related to Articles 3§1, 3§2, 3§4, 11§2, 11§3 and 14§2, the Committee needs further information in order to examine the situation.

The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by Latvia under the Revised Charter.

The next report from Latvia will deal with the following provisions of the thematic group III "Labour Rights":

- the right to just conditions of work (Article 2);
- the right to a fair remuneration (Article 4);
- the right to organise (Article 5);
- the right to bargain collectively (Article 6);
- the right to information and consultation (Article 21);

- the right to take part in the determination and improvement of the working conditions and working environment (Article 22);
- the right to dignity at work (Article 26);
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28);
- the right to information and consultation in collective redundancy procedures (Article 29).

The deadline for submitting that report was 31 December 2021.

Conclusions and reports are available at www.coe.int/socialcharter.

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee notes that for the purposes of this report, States were asked to reply to the specific targeted questions put to them in relation to Article 3§1 of the Charter, as well as, where applicable, previous conclusions of non-conformity or deferrals (see appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the remit of the thematic group “Health, social security and social protection”).

In its previous conclusion, the Committee deferred its conclusion (Conclusions 2017). The assessment of the Committee will therefore concern the information provided by the Government in response to the deferral and to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e., after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

General objective of the policy

The Committee had previously requested that the next report provide information on the activities implemented and results obtained by the National Strategy 2008-2013 (Conclusions 2017). The Committee notes that the report indicates that the policy outcome defined in the Strategy for the Development of the Labour Protection Field 2008-2013 and the implementation of the Strategic Action Plan 2011-2013 (a 30% reduction of fatal accidents at work per 100,000 employees) had been achieved (40.3%) – from 6.2 in 2007 to 3.7 in 2013 – both by the effective implementation of measures to improve the occupational safety and health situation and by the decline in economic activity in the most dangerous sectors in 2008-2010 due to the economic crisis.

In its previous conclusion, the Committee also requested more comprehensive information on the content and implementation of the national policy on occupational health and safety (OHS), as well as on the results achieved by the National Strategy for the Development of the Labour Protection Field 2016-2020, by the Strategic Action Plan 2016-2018 and by the Occupational Health and Safety Prevention Measure Plans, which are drawn up annually (Conclusions 2017). It also requested that the next report indicate whether the policies and strategies are periodically reviewed and, if necessary, adapted in the light of changing risks.

According to the report, the current National Strategy on occupational safety and health, in which the number of fatal and serious accidents at work is used as the main indicator, consists of the Strategy for the Development of the Labour Protection Field 2016-2020, the Strategic Action Plan 2016-2018 and the Strategic Action Plan 2019-2020. The National Strategy relies on statistical and practical information from the State Labour Inspectorate and Riga Stradins University Agency, as well as on suggestions from social partners and data from various studies.

The report also mentions that data from the study "Working Conditions and Risks in Latvia" (carried out in 2006, 2010, 2013 and 2018) provided significant information regarding the increase of different working environment risks, developments in the situation in different sectors, the level of awareness in society, as well as suggestions from experts for improvements. The report states that it is also planned to carry out such studies in the future, in order to implement a high quality and goal-oriented policy in the field of worker rights and protection.

The Committee takes note of the information provided by Latvia regarding OHS and will assess it in the context of the conclusion for Article 3§3.

The interim report on the Strategic Action Plan 2016-2018 envisaged that further developments in the field of occupational safety and health should take into account trends in Latvia and in the EU, particularly in the areas of the prevention and early diagnosis of occupational diseases and the availability of early rehabilitation services, as well as in the area of worker protection requirements for employees involved in teleworking and other forms of employment. While noting that this policy that aims to maintain a culture of prevention in occupational health and safety, the Committee observes that the report does not provide adequate information on the specific emerging or relatively new risks to health and safety that workers are exposed to in the constantly evolving work environments, notably in connection with work-related stress. This dynamic approach is considered essential from the point of view of human rights and positive obligations, as the policies and strategies adopted in the field of occupational safety and health must be regularly assessed and reviewed, particularly in the light of changing risks.

The Committee therefore requests that the next report provides more comprehensive information on the content and implementation of the national policy on occupational health and safety regarding the specific new risks to health and safety, such as those concerning new forms of occupations that involve an assumed or accepted exposure to risk, those that involve the intense attention of the worker or an expectation of high performance or increasing output or productivity, and those related to new or recurring stress or traumatic situations at work. It asks the next report to indicate whether policies and strategies are periodically reviewed and, if necessary, adapted in the light of changing risks

Organisation of occupational risk prevention

The report indicates that since 2015, the State Labour Inspectorate has increased the number of preventive inspections during which it is possible to provide consultations to employers on measures to be taken to improve the working environment. It explains that, on average, the State Labour Inspectorate organises 4 preventive thematic inspections every year visiting 600 companies in the most dangerous sectors or intensifying inspections of specific risks linked to the work environment. The Committee notes that, since 2015, the State Labour Inspectorate has increased the number of preventive inspections and the companies visited. It notes that these inspections took place in high-risk industries and were focused on safety when working with work equipment, on psycho-emotional risks in the working environment, and on the safety of the internal and external traffic routes in enterprises.

The report quotes the impact of the European Social Fund (ESF) project “Practical Application of Regulatory Enactments Regarding Employment Relationship and Occupational Safety”, whose aim is to improve occupational health and safety in enterprises in the period 2016-2023, in particular in enterprises operating in high-risk sectors. The Committee notes Latvia’s aim to improve the professional capacity and the performance of the State Labour Inspectorate by training inspectors, sharing experience, providing modern equipment, and improving information and analytical systems and working methods in line with new trends and technologies.

Improvement of occupational safety and health

In relation to occupational accidents, the report indicates that the funds of the special budget for occupational accidents will be spent on financing preventive measures which are implemented by Riga Stradins University Agency’s Institute for Occupational Safety and Environmental Health, following the recommendations of the Ministry of Social Welfare. The Information Council decides on the necessary activities which are included in the annual Occupational Health and Safety Prevention Action Plan. The measures in this plan, which

are also included in the Strategy, are essential for informing the public, especially employers, employees and labour protection specialists.

The Committee takes account of the data provided in the report regarding the prevention of occupational accidents over the period. The Committee also notes that the interim evaluation of the activities and measures set out in the Strategic Action Plan 2016-2018 concluded that these activities had contributed to improving the situation in the field of labour protection, particularly in terms of increasing public awareness and reducing the number of serious and fatal accidents at work. The interim evaluation also envisaged that further developments in the field of occupational safety and health should take into account the trends in Latvia and in the EU, particularly in the areas of the early diagnosis of occupational diseases, the availability of early rehabilitation services and the extension of labour protection requirements to employees involved in teleworking, as well as other forms of employment.

Consultation with employers' and workers' organisations

The report states that, since 2015, the State Labour Inspectorate has increased the number of preventive inspections during which it is possible to provide advice to employers on measures to be taken to improve the working environment. The report also indicates that the interim report on the Strategic Action Plan 2016-2018 envisaged that further developments in the field of occupational safety and health should take into account the trends in Latvia and in the EU, by offering support to employers in assessing the working environment; by providing information to the public and in particular to employers and employees; by providing practical training and counselling in the workplace; by promoting mutual cooperation and; lastly, by creating a preventive culture and preparing young people to start work.

The Committee considers that this approach should enable the Latvian government to identify new or emerging situations that represent a challenge to the right to safe and healthy working conditions, as it provides for dynamic consultation with workers and employers. The Committee therefore asks that the next report provide specific information on how consultation with the social partners is conducted.

COVID-19

In its targeted question, the Committee asked about the protection of frontline workers, instructions and training, the quantity and the adequacy of personal protective equipment provided to workers, and the effectiveness of these measures within the context of the Covid-19 pandemic.

The Committee notes that the Government has adopted a series of regulations with the purpose of containing the spread of Covid-19 (Order of the Cabinet of Ministers No. 103/2020 on the Declaration of the Emergency Situation), and that these regulations have been adapted to the changing circumstances (amendments of 2 April 2020 to the Order of the Cabinet of Ministers No. 103; law on the management of the spread of Covid-19 infection and the law on the suppression of consequences of the spread of Covid-19 infection of June 5, 2020; Regulations of the Cabinet of Ministers No. 360/2020 on epidemiological safety measures for the containment of the spread of Covid-19 infection; Order of the Cabinet of Ministers No.655/2020 regarding the Declaration of the Emergency Situation). It also notes the use of EUR 34,259,043.19, up to 25 October 2020, from the State budget programme heading "Funds for Unforeseen Events" for the purchase and necessary transportation of material (face masks, respirators, face shields, medical clothing, gloves, disinfectants and other products) that prevent infection from Covid-19. The Committee recalls that during a pandemic, States Parties must take all possible measures as referred to above in the shortest possible time, with the maximum use of available financial, technical and human resources, and by all appropriate means, both national and international in character, including international assistance and cooperation.

As regards general guidance for employers and training and instructions for employees, the Committee notes that specific materials and videos were made for different sectors about safety rules and the correct use of personal protective equipment. It also notes that the State Labour Inspectorate intensified consultations with employers and employees regarding the risk assessment and preventive measures to ensure protection from Covid-19. In particular, the Committee notes that, according to the report, special attention was paid to these issues at the very beginning of the pandemic. Based on the information provided in the report, the Committee understands that the Government is aware that general safety rules on training and the instruction of workers, and on personal protective equipment, still need to be applied, given the evolution of the pandemic. It therefore emphasises that the prompt provision of the necessary personal protective equipment is particularly vital in the case of frontline workers.

In line with its Statement on Covid-19 and social rights (March 2021), the Committee recalls that in the context of the Covid-19 crisis, and with a view to mitigating the adverse impact of the crisis and accelerating the post-pandemic social and economic recovery, each State Party must assess whether its existing legal and policy frameworks are adequate to ensure a Charter-compliant response to the challenges presented by Covid-19. Where those frameworks are not adequate, the State must amend them within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources, including through the adoption of any additional measures that are required to ensure that the State is able to comply with its Charter obligations in the face of the social rights risks posed by the Covid-19 crisis.

The Committee points out that, in order to secure the rights set out in Article 3, a response to Covid-19 in terms of national law and practice should involve the immediate introduction of health and safety measures at the workplace such as adequate physical distancing, the use of personal protective equipment, strengthened hygiene and disinfection measures, as well as stricter medical supervision, where appropriate. In this respect, due account should be taken of the fact that certain categories of workers, such as frontline health care workers, social workers, teachers, transport and delivery workers, garbage collection workers, and agro-food processing workers are exposed to heightened risks. States Parties must ensure that their national policies on occupational safety and health, and their health and safety regulations, reflect and address the hazardous agents and the particular psychosocial risks faced by different groups of workers in the Covid-19 context. The Committee also stresses that the situation requires a thorough review of occupational risk prevention at national policy level, as well as at company level, in close consultation with the social partners, as stipulated by Article 3§1 of the Charter. The national legal framework may require amendment, and risk assessments at company level need to be adapted to the new circumstances.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 3 - Right to safe and healthy working conditions

Paragraph 2 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 3§2 of the Charter as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”).

The Committee notes that the previous conclusion was deferred pending receipt of information (Conclusions 2017). The assessment of the Committee will therefore only concern the information provided by the Government in response to the deferrals and to the targeted question.

Content of the regulations on health and safety at work

The Committee previously examined the situation regarding safety and health regulations at work. It pointed out that regulations concerning health and safety at work must cover work-related stress, aggression and violence specific to work, especially for workers under atypical working relationships. The Committee asked that the next report provided full and detailed information on the legislation and regulations, including any amendments thereto adopted during the reference period, which specifically govern the risks listed in the general introduction to Conclusions XIV-2 (Conclusions 2017).

In response, the report indicates that the general principles on occupational health and safety are established in the Labour Protection Law adopted on 20 June 2001. The report states that the occupational health and safety regulations apply to atypical working relationships if it is possible to identify the employer and the employee.

The Committee notes that the information provided about the legislation and regulations adopted during the reference period, which specifically govern the risks listed in the general introduction to Conclusions XIV-2 is insufficient and repeats this request for information. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Latvia is in conformity with Article 3§2 of the Charter on this point.

In its targeted question on Article 3§2, the Committee asked for information on regulations adopted to improve health and safety in evolving new situations such as in the digital and platform economy by, for example, strictly limiting and regulating electronic monitoring of workers, by recognising a right to disconnect, right to be unavailable outside agreed working and standby time, mandatory digital disconnection from the work environment during rest periods. It also requested information on regulations adopted in response to emerging occupational risks.

In response, the report indicates that there were some changes in the Latvian legislation concerning remote work and the protection of the self-employed. These changes sought to ensure more effective application of the requirements of health and safety at work to the self-employed and to those who work remotely. The changes established a definition of remote work and indicated that a person working remotely must cooperate with the employer in assessing the risks of the working environment and provide the employer with information on the conditions that might affect the safety and health of the said person.

The Committee notes that it appears from the report that there is an imbalance of responsibilities for persons working remotely and it is their rather than their employer's

responsibility to cover the risks of the working environment and asks for more specific information on this point.

The Committee points out that the information requested in the targeted question is insufficient and reiterates this request for information. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Latvia is in conformity with Article 3§2 of the Charter on this point.

The Covid-19 pandemic has changed the way many people work, and many workers now telework or work remotely. Teleworking or remote working may lead to excessive working hours.

The Committee considers that, consistent with States Parties' obligations in terms of Article 3§2, in order to protect the physical and mental health of persons teleworking or working remotely and to ensure the right of every worker to a safe and healthy working environment, it is necessary to enable fully the right of workers to refuse to perform work outside their normal working hours (other than work considered to be overtime and fully recognised accordingly) or while on holiday or on other forms of leave (sometimes referred to as the "right to disconnect").

States Parties should ensure there is a legal right not to be penalised or discriminated against for refusing to undertake work outside normal working hours. States must also ensure that there is a legal right to protection from victimisation for complaining when an employer expressly or implicitly requires work to be carried out outside working hours. States Parties must ensure that employers have a duty to put in place arrangements to limit or discourage unaccounted for out-of-hours work, especially for categories of workers who may feel pressed to overperform (e.g. those during probationary periods or for those on temporary or precarious contracts).

Being connected outside normal working hours also increases the risk of electronic monitoring of workers during such periods, which is facilitated by technical devices and software. This can further blur the boundaries between work and private life and may have implications for the physical and mental health of workers.

Therefore, the Committee considers that States Parties must take measures to limit and regulate the electronic monitoring of workers.

Establishment, alteration and upkeep of workplaces

Observing that the information submitted by Latvia regarding the establishment, alteration and upkeep of workplaces was too general, in its previous conclusion, the Committee asked full and detailed information on the legislation and regulations, including any amendments thereto adopted during the reference period. It also asked information about the Government's intent to ratify or implement ILO Conventions No. 167 on Safety and Health in Construction (1998); No. 176 on Safety and Health in Mines (1995); and No. 184 on Safety and Health in Agriculture (2001). In addition, the Committee asked for more detailed information on preventive measures geared to the nature of risks, on the provision of information and training for workers, as well as on a schedule for compliance (Conclusions 2017).

In response, the report states that, as the rules in the directives of the European Union already provide a high level of protection of employees, Latvia has no intention to ratify the ILO Conventions No. 167 on Safety and Health in Construction (1998); No. 176 on Safety and Health in Mines (1995); and No. 184 on Safety and Health in Agriculture (2001) in the near future. The report states that the general requirements of legal acts governing safety and health at work are applicable to all sectors of economic activity, including construction, mining and agriculture. Specific requirements for construction sector are included in the Regulations of the Cabinet of Ministers No. 90 on labour protection requirements in performing construction work, which transpose the Council Directive 92/57/EEC of 24 June

1992 on the implementation of minimum safety and health requirements at temporary or mobile construction sites. The Regulations of the Cabinet of Ministers No. 150 on labour protection requirements for extraction of minerals contain legal norms that are transposed from the Council Directive 92/104/EEC of 3 December 1992 on the minimum requirements for improving the safety and health protection of workers in surface and underground mineral-extracting industries.

As regards the provisions for establishment, alteration and upkeep of workplaces, the report states that these are included in the Regulations of the Cabinet of Ministers No. 359 on labour protection requirements in workplaces which transpose the Council Directive 89/654/EEC of 30 November 1989 concerning the minimum health and safety requirements for the workplace. These regulations include the requirements for design, installation and maintenance of different elements at workplaces, such as electric appliances, equipment, lighting, doors, windows, stairs.

The report indicates that the Regulations of the Cabinet of Ministers No. 749 on regulation regarding training in labour protection matters provide the procedures of training on safety and health at work and applies to all sectors. The employer must make sure that each worker has passed an appropriate training and a worker must take into account the possible dangers and risks involved in a specific activity.

Protection against hazardous substances and agents

Noting that there was no information on the levels of prevention and protection in relation to asbestos and ionising radiation, in its previous conclusion, the Committee asked for detailed information on exposure limit values, on the ban of production and sale of asbestos and products containing it and on the incorporation of the requirements of the International Commission on Radiological Protection Recommendation (No. 103, 2007), as well as for information on whether ILO Recommendations No. 172 on Safety in the Use of Asbestos (1986) and No. 114 (1960) on Radiation Protection were taken into account and whether the authorities have considered drawing up an inventory of all contaminated buildings and materials. The Committee also asked information on the specific provisions relating to protection against risks of exposure to benzene (Conclusions 2017).

The report states that the Regulation No. 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the registration, evaluation, authorisation and restriction of chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) no. 793/93 and Commission Regulation (EC) No. 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC and 2000/21/EC which prescribes the requirements for restrictions on the manufacture, placing on the market and use of certain dangerous substances, mixtures and articles and which refer to asbestos fibres and benzene, is directly applicable in Latvia. Moreover, procedures for the management of asbestos waste are set by the Regulations of the Cabinet of Ministers No. 301 on regulations regarding environmental pollution from production of asbestos and asbestos-based products and management of asbestos waste. It is indicated there how to deal with the buildings, equipment or materials containing asbestos and how to transport, dispose of waste containing asbestos.

The Committee notes that Latvia has transposed Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from risks related to exposure to asbestos at work into national law. However, no information on whether ILO Recommendations No. 172 on Safety in the Use of Asbestos (1986) were taken into account is provided. Therefore the Committee repeats its request for this information.

With respect to ionising radiation, the report states that the Law on radiation safety and nuclear safety was adopted in 2000 and amended numerous times. Regulations of the Cabinet of Ministers No. 752 on procedures for licensing and registration of activities with sources of ionising radiation determine activities with sources of ionising radiation which do

not require a license or registration. New Regulations are planned to substitute regulations No. 752 and particular activities with the sources of ionising radiation will have to be notified, but will not need a license or registration.

The report explains that ILO Recommendation No. 114 (1960) on Radiation Protection has been taken into account by means of the Law on radiation safety and nuclear safety and the respective Regulations. The exposure limit values are provided in the Regulations of the Cabinet of Ministers No. 149 on the regulation for protection against ionising radiation and differs between certain categories of workers. The Regulations of the Cabinet of Ministers No. 482 on regulation regarding protection against ionising radiation in medical exposure prescribe the implementation of basic principles for radiation safety and nuclear safety in the protection of human beings against ionising radiation in medical exposure. Regulations of the Cabinet of Ministers No. 1284 on procedures for control and registration of the exposure of workers prescribe the procedures for control and registration of exposure of workers. The requirements of the International Commission on Radiological Protection Recommendation (No. 103, 2007) have been incorporated in the domestic law, namely in Regulations No. 149, Regulations No. 482 and Regulations No. 152.

The report explains that in 2019 Latvia hosted two international peer reviews to assess the radiation safety infrastructure. Comprehensive self-assessment was carried out prior to the missions.

It is noted in the report that there are no sites with radioactive contamination in Latvia, except for Salaspils research reactor, which is shut down and is planned to be decommissioned by 2030.

The Committee notes that no information about the list of buildings and materials contaminated by asbestos is provided.

Personal scope of the regulations

Temporary workers

The Committee previously noted that there was no information on the protection of workers in fixed-term employment agency and temporary workers (Conclusions 2017).

The report indicates that the Labour Protection Law as well as other legal acts governing employment relationships are binding on all employers. Fixed-term workers have the same protection as workers on permanent contracts, including regulations on safety and health at work as well as training. The same conditions are applicable to workers in fixed-term employment agency, they have to undergo mandatory health examination. The report also indicates that the employer has to carry out the internal supervision of the working environment and risks pertaining to it, including chemical, biological, physical, psychosocial risks. The report provides a template of determination and evaluation of work environment factors and in the template, under the psychological work environment factors and possible risks, work-related stress, aggression and violence is covered and it is stated that the rules are applicable to all working relationships. The report indicates that the risk assessment has to be carried out or reviewed at least once a year in all enterprises and should cover all kinds of risks that are identified. Authorised representatives may be elected if an undertaking employs five or more employees.

Other types of workers

The Committee previously noted that no information was provided on the protection of self-employed and domestic workers (Conclusions 2017).

The report indicates that the recent amendments to the Labour Protection Law ensured more effective application of the requirements of safety and health at work to self-employed and remote workers. A legal definition of remote work has been introduced, and such

workers have to cooperate with the employer in assessing the risks of the working environment. Self-employed persons have an obligation to ensure their own safety and health at work. In case of accidents when in contract with a service recipient, the latter has to assess the causes of the accident and to take precautions to prevent similar accidents from happening in the future.

The Committee reiterates its concern that it falls on the remote workers and not their employers to assess the risks of the working environment and asks the authorities to comment on this issue.

The Committee notes that there is no information about domestic workers in the report and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Latvia is in conformity with Article 3§2 of the Charter on this point.

Consultation with employers' and workers' organisations

In its previous conclusions the Committee asked for a more detailed information on how employers' and workers' organisations were consulted in the preparation of regulations on safety and health at work (Conclusions 2017).

The report indicates that social partners' organisations such as the Free Trade Union Confederation of Latvia and the Employers' Confederation of Latvia are involved in drafting of legal acts regarding occupational safety and health issues. Before new regulations or amendments to them are approved by the Cabinet of Ministers, the social partners' organisations have to provide their opinion. If they object or have certain suggestions, the Ministry of Welfare has to organise a meeting or electronic procedure in order to reach a common position. If planned regulations are more complicated, the meetings are organised or opinions from social partners are requested at the initial stage of drafting of a regulation. If regulations are related to a specific sector or covers specific issues, other organisations may also be involved if they so wish. On many occasions the Latvian Chamber of Commerce and Industry have been involved and provided their opinion on regulations before they are adopted.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Enforcement of safety and health regulations

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

In its previous conclusion, the Committee concluded that the situation in Latvia was not in conformity with Article 3§3 of the Charter (Conclusions 2017).

The Committee wishes to point out that it will take note of the reply relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e., after 31 December 2019). In other words, the information referred to in the COVID-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Assessment of the Committee will therefore concern the information provided by the Government in response to the non-conformity conclusion and to the targeted questions.

Accidents at work and occupational diseases

The Committee previously examined the situation regarding accidents at work and occupational diseases (Conclusions 2017). It considered that the situation in Latvia was not in conformity with the Charter on the ground that measures to reduce the number of fatal accidents at work were inadequate. Concerning the accidents at work, the Committee asked for information on the most frequent causes of accidents at work and the preventive and enforcement activities undertaken to prevent them. In addition, observing that the standardised incidence rate of fatal accidents was too high and that the incidence rate for accidents at work was very low in comparison with the situation in other States Parties to the Charter, the Committee asked for information on the measures taken to reduce the numbers of fatal accidents. It also asked for information on any sanctions applicable to employers in the event that they fail to meet their reporting obligations. In its targeted question on Article 3§3 with regard to accidents at work and occupational diseases, the Committee asked for information on statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

In reply, the report indicates that the total number of accidents at work was 1,727 in 2015, 2,198 in 2018 and 2,272 in 2019. The accident rate per 100,000 employees was 222 in 2015, 273 in 2018 and 282 in 2019. The number of fatal accidents at work was 26 in 2015, 30 in 2018 and 29 in 2019. The fatal accidents rate per 100,000 employees was 3.3 in 2015, 3.7 in 2018 and 3.6 in 2019. The report explains that in comparison with 2018, the total number of accidents at work increased by 3.4% in 2019, but the number of fatalities decreased by 3.3%.

EUROSTAT data confirms the trend with regard to the numbers of accidents at work (from 1,709 in 2015 to 2,168 in 2018), the standardised incidence rate for such accidents (218.33 in 2015 and 236.47 in 2018), in relation to the average standardised incident rate in the EU-28 (1643.05 in 2015 and 1639.89 in 2018). EUROSTAT data also confirms the trend with regard to the number of fatal accidents at work (26 in 2015 to 30 in 2018) and to the standardised incidence rate for such accidents (4.14 in 2015 and 4.69 in 2018). According to EUROSTAT data, the average rate in the EU-28 concerning fatal accidents at work were 2.39 in 2015 and 2.08 in 2018.

The report indicates that in 2019, the majority of accidents at work resulted from unsafe human actions (69.1%); work organisation and related shortcomings resulted in 10.1% of accidents at work; unsatisfactory working conditions (lack of safety equipment, use of damaged equipment and tools, insufficient order at workplaces etc.) as a cause of accidents was identified in 5.8% of work accident cases. It appears that this trend concerning the causes of work accidents was the same in 2018. It also appears from the report that concerning unsafe human action as cause of work accidents, most of cases concerned failure to comply with safety regulations or instructions, insufficient attention and unauthorised or inappropriate working methods.

The report indicates that in order to prevent accidents at work and occupational diseases, most of the measures in the Strategic Action Plan 2011-2013 were implemented. In this framework, support was given to enterprises of hazardous sectors, providing them free work environment risk assessment. Measures have been taken to increase the level of public awareness on occupation safety and health. The Inspectorate has been organising preventive thematic inspections every year since 2015.

The Committee takes note of the measures taken to prevent work accidents. It notes, however, firstly, that the incidence rate for accidents at work is very low in comparison with the situation in other States Parties (in 2018, the EU-28 average incidence rate is 1518.78 whereas in Latvia, 236.47). It also notes the increase in the number of work accidents, from 1,727 in 2015 to 2,272 in 2019. In addition, although the report indicates that the number of fatalities in work accidents decreased in 2019, the Committee still considers that the standardised incidence rate for fatal accidents at work in Latvia is significantly higher than the average rate in the EU-28 (see Conclusions 2017) (2.08 in the EU-28, 3.7 in Latvia in 2018 – 4.69 according to EUROSTAT data).

The Committee asks for information on targeted measures in order to prevent work accidents tailored according to the sectors and to most frequent causes of accidents as indicated in the national report. The Committee also asks that the next report provides detailed information on the causes of accidents with fatal outcome and on specific measures taken or envisaged in order to prevent/reduce fatality in work accidents.

As to occupational diseases, the Committee previously asked for information on the legal definition of occupational diseases; the mechanism for recognising, reviewing and revising of occupational diseases (or the list of occupational diseases); the incidence rate and the number of recognised and reported occupational diseases during the reference period (broken down by sector of activity and year), including cases of fatal occupational diseases, and measures taken and/or envisaged to counter insufficiency in the declaration and recognition of cases of occupational diseases; the most frequent occupational diseases during the reference period, as well as the measures taken or envisaged to prevent them.

In reply, the report indicates that according to Law on Compulsory Social Insurance, occupational diseases are diseases characteristic to certain categories of employees, which are caused by physical, chemical, hygienic, biological and psychological factors in the working environment. An Appendix to the 2006 Regulations on “Procedures for Investigation and Registration of Occupational Diseases” provides a list of occupational diseases. Under the same regulation, if the occupational disease is confirmed by the occupational physician, the person concerned is referred to the medical commission for occupational diseases

established by a medical treatment institution. The final decision on diagnosis of an occupational disease shall be taken by the medical commission.

There was an increase in the number of first-time patients of an occupational disease in 2019 (from 1,364 in 2016 to 1,421 in 2017, 1,698 in 2018 and 1,739 in 2019) and the incidence rate per 100,000 employees confirms this trend (175 in 2016, 182 in 2017, 211 in 2018 and 216 in 2019). In 2019, as in 2018, most of the first-time patients of an occupational disease were confirmed in manufacturing industry (21.2%), transport and storage (20%), healthcare and social care (12.5%).

As a result of the implementation of the Strategy for the Development of the Labour Protection Field 2016-2020 and the Strategic Action Plans 2016-2018 and 2019-2020, the level of awareness of the public about occupational health issues has increased significantly. The report refers to the above-mentioned measures against work accidents and indicates, in addition, that in order to ensure early diagnostics of occupational diseases, every year two conferences for occupational physicians were organised providing in-depth and specific information on topical issues on occupational diseases. Specific materials have been elaborated for family doctors and other health care professionals with information on current health issues, especially with regard to the prevention, early diagnosis and treatment of occupational diseases. Practical support for the assessment of work environment risks, training of employees and the use of laboratory measurements was provided to small and medium enterprises operating in high risk industry.

Despite the measures taken, the Committee notes the significant increase (more than doubling) in the incidence rate of occupational diseases from 2012 (102.3) to 2019 (216). Therefore, the Committee reiterates its previous finding of non-conformity.

Activities of the Labour Inspectorate

The targeted question with regard to accidents at work concerned the organisation of the Labour Inspectorate, and the trends in resources allocated to labour inspection services, including human resources; number of health and safety inspection visits by the Labour Inspectorate and the proportion of workers and companies covered by the inspections as well as the number of breaches to health and safety regulations and the nature and type of sanctions; whether inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors.

The report indicates that the structure of the State Labour Inspectorate consists of the Management Cooperation and Development Unit, Labour Law Unit, Labour Protection Unit, Legal Unit, Financial and Administrative Unit and five Regional State Labour Inspectorates. In 2019, there were 190 official positions in the Inspectorate (190 in 2018, 189 in 2017, 184 in 2016) and the total number of inspectors in 2019 was 123. The financing from the State budget allocated to the Inspectorate to cover expenditure was 2,719,759 € in 2016, 3,384,457 € in 2017, 3,976,502 € in 2018 and 4,363,581 € in 2019.

The inspectors of the State Labour Inspectorate are entitled to inspect all workplaces regarding labour relations and occupational safety and health in all economic sectors including agriculture, forestry, fishery, and the public sector. Private residential premises are not excluded, but the inspectors may enter in private premises with authorisation from the owner. The Committee asks that the next report provide more information on arrangements that are in place to ensure the supervision of health and safety regulations in residential premises.

Some 125,323 enterprises were under the scope of control of the Inspectorate in 2019 (123,911 in 2018, 127,111 in 2017, 123,378 in 2016). The number of employees under the Inspectorate's supervision was 804,500 in 2019, 804,600 in 2018, 781,600 in 2017 and 778,200 in 2016. The average ratio of labour inspectors is more than the EU average (one inspector per 10,000 employees). According to the report, every year, the Inspectorate

carries out about 10,000 inspections and inspects approximately 7,000 enterprises (about 5.7% of enterprises were covered by the inspections in 2019).

As regards the established violations and imposed sanctions, the report indicates that the State Labour Inspectorate issued 1,776 orders to employers in 2019 with an indication to eliminate the detected violations within a specific term. In total, 1,766 administrative penalties were imposed by the Inspectorate in 2019 (1,540 in 2018 and 1,823 in 2017). Upon discovering violations which pose a direct threat to the life and health of employees, the State Labour Inspectorate officials issued 10 orders in 2019 and 55 warnings of suspension on a person's / object's activities. Out of all orders, decisions, warnings on suspension of the activity of a person / object more than a half were issued at construction sites. Most frequently, activities were suspended or a warning on suspension was issued due to unsafe work at a height. There were 19 criminal proceedings initiated relating to accidents at work in 2019 (23 in 2018, 19 in 2017, 13 in 2016).

In order to enhance the implementation of occupational health and safety measures in small and medium-sized enterprises, the practical support for the assessment of work environment risks, training of the employees, the use of laboratory measurements are provided within the European Social Funds project "Practical Application of Regulatory Enactments Regarding Employment Relationship and Occupational Safety" implemented by the State Labour Inspectorate. In addition, 19 modules of online interactive risk assessment tool for different sectors are available now and are relevant for and popular among small and medium sized enterprises.

The Committee requests that the next report provides updated and detailed information:

- on the number of labour inspectors dealing specifically with occupational health and safety.
- on the number of employees effectively covered by inspections every year.
- concerning specifically inspection on small and medium-sized enterprises.

Pending receipt of the requested information, the Committee defers its conclusions in this respect.

Covid-19

The report states that the state of emergency was announced from 12 March to 9 June 2020 with the purpose of containing the spread of Covid-19. Following the amendments introduced to the Order of the Cabinet of Ministers No. 103 regarding Declaration of the Emergency Situation, the National Defense Military Facilities and Procurement Center (subordinate institution of the Ministry of Defense) in co-operation with the National Armed Forces took over the management of crisis-related personal protective equipment and disinfectant reserves, providing centralized procurement of goods specified in the list of needs as well as ensuring the storage and write-off of the purchased goods. Until 25 October 2020, in order to reduce and overcome the effects of Covid-19, a total 34,259,043.19 € had been spent from the State budget for the purchase of face masks, respirators, face shields, medical clothing, gloves, disinfectants and other products. As regards protection of frontline workers, the general safety rules on training and instruction of workers and providing personal protective equipment have been applied.

Special attention was made to providing guidance for employers and training and instructions for employees. Specific materials and videos were made for different sectors about safety rules and correct use of personal protective equipment. The State Labour Inspectorate intensified the consultations to employers and employees regarding the risk assessment and preventive measures to ensure the protection from Covid-19. Another state of emergency was declared from 9 November 2020 and the Order of Cabinet of Ministers No. 655 "Regarding Declaration of the Emergency Situation" (adopted on 6 November 2020) defined the epidemiological safety measures and other measures in order to contain the Covid-19 pandemic.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 3§3 of the Charter on the ground that it has not been established that measures to reduce the number of fatal accidents and occupational diseases are sufficient.

Article 3 - Right to safe and healthy working conditions

Paragraph 4 - Occupational health services

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee recalls that for the purposes of the present report States were asked to reply to targeted questions as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”). However, no targeted questions were posed in respect of Article 3§4 of the Charter.

The Committee previously examined (Conclusions 2017) Latvia’s framework on occupational health services and deferred its conclusions (Conclusions 2017). The Committee will therefore restrict its consideration to the Government’s replies to the previous conclusion of deferral.

In the previous report, the Committee considered that in view of the generality of the information provided concerning in particular the scope of obligation of enterprises to involve competent experts and competent institutions in the labour protection field and the basic requirements for external occupational health and safety (OSH) services, the Committee was not in a position to examine the conformity of Latvia’s framework on occupational health services under Article 3§4 of the Charter. It therefore deferred its conclusions and asked that the next report provide detailed information on the minimum services that must be provided by the external OSH service and on the framework on occupational health services (legislation, organisation, programmes, strategies, action plans), and number or percentage of workers under care with occupational health services.

In reply, the report indicates that under Article 5 of the Labour Protection Law, the obligation of the employer to organise the labour protection includes internal supervision and evaluation of working environment risks, establishment of an organisational structure of labour protection and consultation with employees in order to involve them in the improvement of the labour protection. These obligations concern all enterprises, including public institutions. According to Article 9 of the same law, in the fulfilment of the obligations concerning labour protection, the employer has the opportunity to either hire a labour protection specialist in the enterprise or involve an external service, competent specialist or competent authority. However, in case the enterprise operates in a dangerous sector, the enterprise is obliged to use the services of a competent authority, unless the number of employees is less than five or unless a labour protection system is established and the supervision of the work environment and risk assessment at the enterprise is performed by a labour protection specialist who has received specific education in this field. The minimum services that must be provided by the competent authority includes the evaluation of the work environment risks, supervision of the compliance of the activity with laws and regulations and the establishment of a plan of labour protection measures.

According to the report, the 2008 Regulation of Cabinet of Ministers No. 723 indicates the necessary qualifications and other requirements for competent specialists and authorities: in particular, competent specialists must obtain a certificate of competent specialist in the field of occupational safety and health every five years and their knowledge in this field should be of highest level. The competent authority shall employ at least one labour protection specialist and one occupational disease or occupational health doctor. If the authority meets all the necessary requirements, the Ministry of Welfare grants the status of “competent authority”. It appears from the figures provided by the authorities that in 2017 and 2018, 14.3% of the employers have concluded a contract with a competent specialist and 11% have concluded a contract with a competent authority to ensure the operation of the labour protection system in the enterprises.

The report further underlines that there is the need for measures to increase the level of knowledge and competence of labour protection specialists – both specialists employed at the enterprises and competent specialists that provide outsourced services. Therefore, in 2019, in the framework of the implementation of the Strategy for the Development of the Labour Protection Field 2016 – 2020, an important number of seminars concerning labour protection (including on chemical hazards at different sectors, electrical safety, dangerous equipment, explosive working environment etc.) have been organised in Riga and the regions and informative materials have been elaborated concerning investigation of accidents at work, action in emergency situations and protection from carcinogens.

The Committee requests that the next report provide information:

- on the number of workers followed by the occupational health services in all entities in Latvia, including figures concerning the number of workers followed by enterprise labour protection specialists and the number of workers followed by competent authorities/specialists and on the percentage of employees covered by occupational health services.
- on the development of access to occupational health services for temporary workers, interim workers, self- employed workers and domestic workers as well as on measures taken to ensure that employers from small and medium sized enterprises comply with the legislation.
- on any increase in the number of workers supervised by those services in comparison to the previous reference period.
- on the total number of occupational physicians in the workforce.

The Committee also requests more detailed information on the consultation processes with employers' and workers' organisations in the promotion of progressive development of occupational health services. It also requests information on any prospect in Latvia concerning the ratification of ILO Occupational Health Services Convention No. 161 (1985).

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by Latvia. It also takes note of the information contained in the comments submitted by the Ombudsman of Latvia on 13 July 2021 and of the Government's reply to these comments submitted on 31 August 2021.

The Committee recalls that for the purposes of the present report, States were asked to reply to targeted questions for Article 11§1 of the Charter, as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group "Health, social security and social protection").

In its previous conclusion, the Committee concluded that the situation in Latvia was not in conformity with Article 11§1 of the Charter on the ground that insufficient measures have been taken to effectively guarantee the right of access to healthcare (Conclusions 2017). The assessment of the Committee will therefore concern the information provided by the Government in response to the conclusion of non-conformity and to the targeted questions.

The Committee wishes to point out that it will take note of the reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section below will not be assessed for the purposes of Charter compliance in the current reporting cycle.

Measures to ensure the highest possible standard of health

The report indicates that, according to the data from the Central Statistical Bureau, life expectancy at birth has gradually been increasing over the past years and reached 75.6 years in 2019. Life expectancy varied by region in 2019 – for example, in the capital and its nearest region it was 76.5 years, in the Vidzeme region: 75.5 years, in the Zemgale region: 75.0 years, but the Latgale region had the lowest one: 73.1 years. The report also indicates that men tend to live a shorter life (70.8 years) than women (79.9 years).

The Committee notes that according to Eurostat, the lowest life expectancy for men in the European Union was recorded in Latvia (70.1 years in 2018). It notes that the average life expectancy for both sexes has increased since the previous reference period (75.6 years in 2019 compared to 74.6 in 2015). However, the Committee takes note that the average life expectancy rate in Latvia is still low relative to other European countries, almost six years less than the EU average (81.3 in the EU-27). The Committee notes that there is a substantial gender gap, with women expected to live about 10 years longer than men, and that in some regions such as Latgale, life expectancy is very low.

The Committee notes that according to the report *Latvia: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies and the European Commission), inequalities in life expectancy exist not only by gender but also by level of education. Life expectancy for the least educated men is 11 years shorter than that for the most educated, while for women the difference is eight years. The same report indicates that these gaps are largely explained by greater exposure to various risk factors among the least educated. These include, for example, higher smoking rates and poorer nutritional habits. As people with lower levels of education also tend to have lower incomes and living standards, this may also result to greater exposure to other social and environmental risk factors and capacity to access healthcare. It is estimated that 51% of all deaths in Latvia are attributable to behavioural risk factors, including dietary habits, tobacco smoking, alcohol consumption and low levels of physical activity.

The report does not provide information on life expectancy across distinct ethnic groups and minorities, longer term homeless or unemployed, as well as information on prevalence of particular diseases among relevant groups, thus the Committee reiterates this request for information.

The report indicates that infant mortality decreased during the reference period from a rate of 3.7 per 1,000 live births in 2016 to 3.4 in 2019. The Committee notes a decreasing trend in infant mortality compared to the previous reference period (4.1 in 2015). Moreover, statistical information in the current report points to a slight decrease in early motherhood – per 1,000 medically supervised pregnant women, the early motherhood rate was 1% in 2016 and 0.9% in 2019.

The report indicates that maternal mortality has increased from a rate of 23.0 per 1,000 live births or 5 deaths in 2016, to 37.6 per 1,000 live births or 7 deaths in 2019. At the same time, maternal mortality for reasons not directly related to pregnancy has decreased from a rate of 23.0 per 1,000 live births in 2016 to 10.7 per 1,000 live births in 2019. The report adds that since 2012, a confidential auditing system has been launched whose aim is to investigate the causes of death and to develop recommendations for the medical institutions, medical staff associations and policy makers in order to prevent the identified mistakes and nonconformity in future.

The report provides information on the medical services available for pregnant women and women in the period following child birth. The national programme “The Maternal and Child Health Improvement Plan 2018 – 2020” was adopted to improve maternal and child health and to reduce maternal and infant mortality. According to the activities included in this national programme, amendments were made to the Regulations of the Cabinet of Ministers No. 611 of 25 July 2006 “Childbirth assistance procedures” to determine requirements for monitoring the quality of healthcare services provided during the period of pregnancy, childbirth and in the period following childbirth. At the same time, since 2019, the screening for genetic congenital diseases of new-borns has expanded with screening for cystic fibrosis, congenital adrenal hyperplasia, galactosemia and biotinidase. Within this national programme, it is also planned to provide women belonging to the most disadvantaged groups with access to contraception covered by the State budget.

The Committee takes note of the reforms initiated and the measures taken to reduce maternal and infant mortality. It asks that the next report provide information on the implementation of such measures, their effect on reducing the maternal and infant mortality rates, updated data regarding the trends in the mortality rates and on any developments in this field.

However, the Committee notes that, despite the measures taken, maternal mortality remains high (above the rate in other European countries). The Committee considers that the prevailing high maternal mortality rate, examined together with the life expectancy rate which is still comparatively low, shows that the situation in Latvia is below the average in other European countries, and points to weaknesses in the health system. It finds that insufficient efforts and progress have been made in this field and therefore considers that the situation is not in conformity with the Charter on the ground that the measures taken to reduce maternal mortality have been insufficient.

Access to healthcare

In a targeted question, the Committee asked information about sexual and reproductive healthcare services for women and girls (including access to abortion).

In reply to the Committee’s targeted question on access to abortion services, the report indicates that abortion is legal and is available on request within the first 12 weeks of pregnancy, and for medical reasons until 22 weeks. The Law on Sexual and Reproductive

Health also sets out the termination of pregnancy resulting from rape within the first 12 weeks of pregnancy, and the termination of pregnancy for a patient younger than 16 years.

The Committee reiterates its request for information on sexual and reproductive healthcare services for women and girls. The Committee asks for information on measures taken to ensure that women and girls have access to modern contraception. It also asks for information on the proportion of the cost of contraceptives that is not covered by the State (in cases where the cost is not fully reimbursed by the State).

In its previous conclusion, the Committee found that insufficient measures had been taken to effectively guarantee the right of access to healthcare, specifically in terms of underfunding of the healthcare system (Conclusions 2017).

The current report indicates that in order to reduce out-of-pocket payments in total healthcare expenditure, different measures have been taken during the health reform launched in 2017 and continued in 2018 – 2020. The report states that the said reform will be ongoing also in the coming years 2021 – 2023 (outside the reference period), and includes measures in the following areas: provision of healthcare services; availability of well-timed diagnosis and treatment of oncological diseases; reducing the prevalence of infectious diseases; improving the quality and accessibility to the primary healthcare system; reducing cardiovascular morbidity; provision of disease treatment; etc. The report further lists the main measures which will be taken in 2021 (outside the reference period). It states that, while data on the share of out-of-pocket payments in total health expenditure in 2019 is not available, out-of-pocket payments are expected to decrease by continuing the reforms.

The Committee asks to be kept informed on the implementation of the announced reforms and their impact on reducing out-of-pocket payments.

The Committee notes from the report *Latvia: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies, and the European Commission) that in 2017, the parliament passed a law for the introduction of a Compulsory Health Insurance System, with the aim of increasing revenues for health. Under the new system, entitlement to the full benefit basket would be linked to the payment of social health insurance contributions. However, the health financing reform was postponed to 2021, on the grounds that the two-basket system initially considered would limit access to healthcare services for a significant part of the population.

The Committee further notes the data provided by the report *Latvia: Country Health Profile 2019* (OECD, the European Observatory on Health Systems and Policies, and the European Commission): the share of the GDP spent on health was 6.0% in 2017 (well below the EU average of 9.8%), and out-of-pocket spending on health accounted for 41.8% of total health expenditure in 2017 (as compared with 15.8%, the EU average). The same report indicates that, while most hospital spending is publicly funded, public coverage for outpatient medical care, pharmaceuticals, medical devices and dental care is much more limited than in other EU countries. As a result, patients have to contribute a substantial share of the costs of health services, including specialist visits, hospital stays and prescription medicines. According to the same report, access to healthcare in Latvia remains limited for a sizeable proportion of the population, with large numbers of those on low incomes reporting unmet needs because of financial constraints. The uneven geographical distribution of health professionals also constitutes a significant barrier to healthcare accessibility.

The Committee also notes that, in its comments, the Ombudsman has highlighted a number of shortcomings in relation to the provision of healthcare services which are caused by the insufficient remuneration of medical personnel and shortage of human resources and funding.

Noting that public spending on healthcare remains low while out-of-pocket payments appear to remain among the highest in Europe, the Committee considers that insufficient measures have been taken to effectively guarantee the right of access to healthcare and, therefore,

maintains its conclusion of non-conformity. It asks for updated data on the public health expenditure as a share of GDP in the next report.

In reply to a previous question concerning waiting list criteria and management methods (Conclusions 2017), the report provides detailed information on the maximum waiting times and the procedure for creating waiting lists. The report adds that in 2020, waiting times and the number of patients in the queues at healthcare facilities increased due to the reduction of healthcare services related to the spread of Covid-19 and the introduction of epidemiological safety measures. The availability of services is also limited by the shortage of medical personnel when they are ill. The Committee requests information in the next report on how the waiting times for the treatment of patients suffering from chronic diseases, such as cancer, heart diseases, diabetes, etc., have been impacted by the Covid-19 crisis, and information on trends in the waiting times.

In its comments, the Ombudsman states that notwithstanding that the situation has improved in terms of timely availability of healthcare services, compared to the previous reporting period, a large number of patients still have to pay for certain scheduled healthcare services (examinations, surgeries) normally funded from the state budget because of long waiting periods. For example, one must wait even 122 days to consult an endocrinologist; from 67 to as much as 320 days to make a neurogram, and (inpatient) child psychiatry is also not timely available.

In respect of patients who still must pay for certain scheduled healthcare services (examinations, surgeries) normally funded from the state budget because of long waiting periods, the Ministry of Health of the Republic of Latvia points out that there are different social groups (patients with oncologic diseases, pregnant women, predictable disability patient groups) who can receive state funded healthcare services within a short period, which is stated in law (The Regulations of the Cabinet of Ministers No. 555 of 28 August 2018 "Procedure for Arrangement of HealthCare Services and Payment Procedure"). There are situations (mainly in areas where there is a shortage of specialists) where the waiting time is more than 3 months, however the waiting time to get a consultation from surgeon, gynaecologist, paediatrician is generally less than 2 weeks. There are some areas (for example, hip surgery and cataract surgery) where additional state funding helped to decrease waiting times, but in some fields like child psychiatry the lack of specialists is the main factor of shortage of healthcare service and of long waiting time as well. The Committee asks for information on measures taken to reduce the waiting times and updated information on trends in waiting times.

The Committee refers to its general question as regards the right to protection of health of transgender persons in the general introduction. The Committee recalls that respect for physical and psychological integrity is an integral part of the right to the protection of health guaranteed by Article 11. Article 11 imposes a range of positive and negative obligations, including the obligation of the state to refrain from interfering directly or indirectly with the enjoyment of the right to health. Any kind of unnecessary medical treatment can be considered as contrary to Article 11, if accessing another right is contingent upon undergoing that treatment (Transgender Europe and ILGA Europe v. Czech Republic, Complaint No. 117/2015, decision on the merits of 15 May 2018, §§74, 79, 80).

The Committee recalls that state recognition of a person's gender identity is itself a right recognised by international human rights law, including in the jurisprudence of the European Court of Human Rights, and is important to guaranteeing the full enjoyment of all human rights. It also recalls that any medical treatment without free informed consent (subject to strict exceptions) cannot be compatible with physical integrity or with the right to protection of health. Guaranteeing free consent is fundamental to the enjoyment of the right to health, and is integral to autonomy and human dignity and the obligation to protect the right to health (Transgender Europe and ILGA Europe v. Czech Republic, op. cit., §§78 and 82).

The Committee invites states to provide information on the access of transgender persons to gender reassignment treatment (both in terms of availability and accessibility). It asks whether legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other medical requirements which could impair their health or physical and psychological integrity. The Committee also invites states to provide information on measures taken to ensure that access to healthcare in general, including sexual and reproductive healthcare, is provided without discrimination on the basis of gender identity.

In a targeted question, the Committee asked for information on measures to ensure informed consent to health-related interventions or treatment (under Article 11§2). The report indicates that the legal provisions concerning informed consent to health-related interventions or treatment are included in the Law on the Rights of Patients. This law prescribes that medical treatment is permitted if a patient has given his/her consent thereto. The patient has the right to ask questions and receive answers prior to giving his/her consent. Informed consent is made in writing if required by the patient or the attending physician.

The Law on the Rights of Patients also states that a patient (or a person representing the patient/ legal representative) has the right to refuse or suspend medical treatment (before or during treatment), and to receive information about the possible consequences of his/her decision. If the patient has not officially designated a person who has the right to consent to or refuse treatment on his/her behalf, or if the patient has no spouse, no closest relative or legal representative, or if the patient has prohibited in writing the spouse or closest relative from making a decision on his/her behalf as to medical treatment, the medical council decides on the treatment most beneficial to the patient's health.

The Law on the Rights of Patients prescribes that medical treatment of a minor patient (under the age of 14) is allowed if his/her legal representative is informed and has given his/her consent. The minor patient has the right to be heard and, in accordance with his/her age and maturity, to participate in decision-making related to his/her treatment. Medical treatment of a minor patient (over 14) is allowed with the consent of the patient, unless delay would endanger the patient's life and it is impossible to obtain the consent of the patient or his/her legal representative. If a minor patient (aged 14 or over) refuses to consent to medical treatment, but in the physician's opinion the medical treatment is in the patient's best interests, the minor patient's legal representative gives consent to the treatment.

Covid-19

In the context of the Covid-19 crisis, the Committee asked the States Parties to evaluate the adequacy of measures taken to limit the spread of virus in the population as well as the measures taken to treat the ill (under Article 11§3).

For the purposes of Article 11§1, the Committee considers information focused on measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel).

With regard to the capacity of the health system to treat the patients, it is reported that the National Disaster Medicine Plan and the National Civil Protection Plan have been approved, which include information on actions in cases of dangerous infections. The National Disaster Medicine Plan also includes an appendix on available resources (including human resources and medical devices) in the medical institutions that provide emergency medical assistance 24 hours a day. Information on the resources available in these hospitals was, and still is, regularly updated. The Ministry of Health has developed an informative report on capacity-building and the strengthening of sustainability in the health sector under Covid-19 conditions.

The Committee recalls that during a pandemic, States Parties must take all necessary measures to treat those who fall ill, including ensuring the availability of a sufficient number of hospital beds, intensive care units and equipment. All possible measures must be taken to ensure that an adequate number of healthcare professionals are deployed (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020) .

The Committee also recalls that access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and States must ensure that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status are adequately protected by the healthcare measures put in place. Moreover, States must take specific, targeted measures to ensure enjoyment of the right to protection of health of those whose work (whether formal or informal) places them at particular risk of infection (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

During a pandemic, States must take all possible measures as referred to above in the shortest possible time, with the maximum use of financial, technical and human resources, and by all appropriate means both national and international in character, including international assistance and cooperation (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 11§1 of the Charter on the grounds that:

- the measures taken to reduce maternal mortality have been insufficient;
- insufficient measures have been taken to effectively guarantee the right of access to healthcare.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter with respect to the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

In its previous conclusion, the Committee found that the situation in Latvia was in conformity with Article 11§2 of the Charter (Conclusions 2017).

Education and awareness raising

In its targeted questions, the Committee asked for information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community, on a lifelong or ongoing basis, and in schools.

The report indicates that the Centre for Disease Prevention and Control, with the support of the local authorities, is working to improve the availability of health promotion and disease prevention services (e.g., educational lectures for school educators covering all areas of health promotion, including healthy nutrition, mental, sexual and reproductive health, and the harmful effects of addictive substances on a child’s development and health; educational measures for women regarding reproductive health issues; lectures to young and future parents; exhibitions on sexual and reproductive health) for all the inhabitants of Latvia, particularly, those living or/and at risk of living in poverty and social exclusion.

In addition, the Centre for Disease Prevention and Control provides information on reproductive and sexual health issues for pregnant women to minimise the risks associated with their pregnancy, childbirth and postpartum, and maintains a website that provides all important information on pregnancy.

The Committee asks that more detailed information be provided in the next report about health education and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community, on a lifelong or ongoing basis.

As regards health education in schools, the report indicates that Regulation No. 747 of 27 November 2018 “On the State Basic Education Standard and Sample Basic Education Programmes” and Regulation No. 416 of 3 September 2019 “On State General Secondary Education Standard and Sample General Secondary Education Programmes” have been approved by the Cabinet of Ministers in order to introduce a new competence-based approach in education curriculum. According to these Regulations, issues on health education (including health protection) are integrated into the general education content.

In particular, the report indicates that health education in schools and secondary educational institutions is integrated into various subjects in the school curriculum, such as biology, social studies, natural sciences, class education lessons, sports, etc. Since 2015, the topic “Health Education” in the module “Society and Persons’ Safety”, which was developed in 2012 and updated in 2020, has been made compulsory in all the programmes of initial and continuing vocational education and training. The Committee notes that this topic includes reproductive education.

Moreover, the Centre for Disease Prevention and Control in cooperation with the Ministry of Health has created different support materials (films, methodological recommendations, etc.) in order to accompany teachers in the implementation of health education on issues of reproductive health, sexual development, relationship building and reproductive health responsibility.

In its targeted questions, the Committee also asked for information about awareness-raising and education with respect to sexual orientation and gender identity (SOGI) and to gender-based violence. The report does not contain any information in this respect. Therefore, the Committee reiterates its question. It points out that, should the necessary information not be provided in the next report, nothing will enable the Committee to establish that the situation in Latvia is in conformity with Article 11§2 of the Charter in this respect.

Counselling and screening

In its previous conclusion, the Committee found that the situation in Latvia was in conformity with Article 11§2 with respect to counselling and screening services available to pregnant women and children (Conclusions 2017). It asks again to confirm whether free medical checks are carried out throughout the period of schooling.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

The Committee takes note of the information contained in the report submitted by Latvia. It also takes note of the comments submitted by the Ombudsman of the Republic of Latvia.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government’s replies to the targeted questions, namely about healthcare services in prison; community-based mental health services; drug abuse prevention and harm reduction; healthy environment; immunisation and epidemiological monitoring; Covid-19; and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (namely, after 31 December 2019). In other words, the information referred to in the Covid-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In its previous conclusion, the Committee concluded that the situation in Latvia was in conformity with Article 11§3 of the Charter (Conclusions 2017).

Healthcare services in places of detention

In a targeted question, the Committee asked for a general overview of healthcare services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).

The report states that each prison has a medical unit providing primary healthcare, and that the prison system as a whole is served by a hospital providing secondary and specialist care at the same level as that available in the wider community. To the extent that a certain procedure is not available in the prison system, the individual concerned will be transferred to a suitable public establishment. The report also provides information about the organisation of medical care in prison, staffing and initial screening arrangements, and on mental healthcare .

Community-based mental health services

In a targeted question, the Committee asked for information regarding the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. The Committee also asked for statistical information on outreach measures in connection with the mental health assessment of vulnerable populations and on proactive measures adopted to ensure that persons in need of mental healthcare are not neglected.

The report provides limited information regarding the adoption of the ‘Mental Healthcare Improvement Plan 2019-2020’, a policy planning document aimed at improving access to mental healthcare as well as regarding some measures designed to raise awareness of mental health issues and reduce stigma around mental illness. The Committee asks for updated information on the implementation and impact of the 2019-2020 Plan.

In its comments on the national report, the Ombudsman highlighted issues of concern around mental healthcare services for young people. In particular, the Ombudsman noted that there is a shortage of psychiatrists and other specialists in some areas of the country and that the two Teenager Support Centres designed to provide outpatient support to 11- to 18-year-olds with substance abuse or addictive behavioural disorders were insufficient in light of the demand for such services. The Ombudsman also referred to certain systemic problems observed during visits to psychiatric hospitals for children, including the lack of social rehabilitation services, shortage of child psychiatrists, and over-medication. The State did not reply on these points. The Committee asks for information on measures to ensure adequate access to mental healthcare for children and young people.

Consistent with the World Health Organisation (WHO) Comprehensive Mental Health Action Plan 2013-2030, and other relevant standards, the Committee considers that a human rights-compliant approach to mental health requires at a minimum the following elements: a) developing human rights-compliant mental health governance through, inter alia, mental health legislation and strategies that are in line with the Convention on the Rights of Persons with Disabilities and other relevant instruments, best practice and evidence; b) providing mental health in primary care community-based settings, including by replacing long-stay psychiatric hospitals with community-based non-specialised health settings; and c) implementing strategies for promotion and prevention in mental health, including campaigns to reduce stigmatisation, discrimination and human rights violations.

The Committee notes that the report does not address most issues raised in the targeted question, namely in relation to the availability and extent of community-based mental health services and the measures taken to close down/downsize long-stay psychiatric hospitals. The Committee therefore reiterates its question and considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Latvia is in conformity with Article 11§3 of the Charter.

Drug abuse prevention and harm reduction

In a targeted question, the Committee asked for information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. The Committee also asked for an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the “available, accessible, acceptable and sufficient quality” criteria (WHO’s 3AQ) are respected, subject always to the exigency of informed consent. This rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

The report states that there were two drug-related deaths in 2017, but that was likely an underestimate. The report also contains information about the profile of drug users and about transmission of infectious diseases among people to take drugs. An Action Plan to limit the usage and spread of drugs for the period 2019-2020 switches the responsibility for drug policy from the Ministry of Interior to the Ministry of Health, and includes measures of prevention, treatment, harm reduction, rehabilitation, reducing drug supply, policy coordination, data collection, research, and evaluation. An Action Plan on Controlling the Spread of HIV, Sexually Transmitted Infections and Hepatitis B and C for the period 2018-2020 includes a wide range of preventive and supervisory activities. The Committee asks for updated information on the implementation and the impact of the actions plans mentioned above.

The report describes the treatment (methadone- and buprenorphine-based opioid substitution treatment) and harm reduction options (rapid testing, syringe and condom distribution, social and medical aid, consultation about infectious diseases and prophylactic/preventive measures, dispensed through a network of mobile services) available in Latvia. A service launched in 2019 aims to facilitate the access to health of people diagnosed with HIV, Hepatitis B and Hepatitis C by using support persons. The report also presents the available treatment options for Hepatitis B and Hepatitis C.

The Committee refers to the latest European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) report on Latvia (2017), which noted that no comprehensive strategy was in place for the provision of assistance to inmates with a drug addiction and that substitution therapy was only offered to prisoners who had been already receiving such treatment prior to their admission to prison. Furthermore, nothing was on offer in terms of harm reduction or the provision of psycho-socio-educational assistance to the prisoners concerned.

The Committee asks for information on the measures taken to improve the management of drug addiction in prison, including through dissuasion, education, and public health-based harm reduction approaches.

Healthy environment

In a targeted question, the Committee asked for information on the measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as on the measures taken to address the health problems of the populations affected, and to inform the public, including pupils and students, about general and local environmental problems.

The report provides air quality measurements that are generally positive, except those from certain areas in Riga. A new Air Pollution Control Programme 2020-2030 was adopted in 2020. The report further provides some information on the measures taken to control noise pollution, the promotional activities for a healthy lifestyle conducted by the Centre for Disease Prevention and Control, and the arrangements in place for measuring drinking and bathing water quality.

In its comments on the national report, the Ombudsman referred to pervasive noise pollution from motorways, shooting ranges and domestic sources. The Ombudsman further noted the lack of effective measures taken by the authorities to address the problem, despite a Constitutional Court ruling drawing attention to the impact of noise on health. As the State did not reply on these points, the Committee asks for information on the measures taken to combat noise pollution.

The Committee refers to the latest Environmental Implementation Review country report on Latvia (2019), which highlighted issues with waste management, due to high levels of landfilling, and substandard waste water treatment.

The Committee asks for updated and comprehensive information on the measures taken to reduce air, water and other forms of environmental pollution, to address the health problems of the populations affected, and to inform the public about general and local environmental problems.

Immunisation and epidemiological monitoring

The Committee asked States Parties to describe the measures taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

The report notes that Latvia does not have any vaccine producers.

Covid-19

The Committee asked States Parties to evaluate the adequacy of measures taken to limit the spread of the Covid-19 virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.).

The report notes that a state of emergency introduced by government decree on 12 March 2020, and applying until 9 June 2020, included measures regarding the purchase of personal protective equipment (PPE), testing and tracing, physical distancing, self-isolation, closure of public facilities and reduction of pre-arranged medical procedures. Further regulations had been adopted concerning international travel. The report notes that Latvia focused its preventive policy against Covid-19 on testing, tracing and isolation, and describes the various arrangements in place in that regard. The report describes in some detail the measures taken with a view to ensuring access to education during this period and on using public transport.

The Committee recalls that States Parties must take measures to prevent and limit the spread of the virus, including testing and tracing, physical distancing and self-isolation, the provision of adequate masks and disinfectant, as well as the imposition of quarantine and 'lockdown' arrangements. All such measures must be designed and implemented having regard to the current state of scientific knowledge and in accordance with relevant human rights standards (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020). Furthermore, access to healthcare must be ensured to everyone without discrimination. This implies that healthcare in a pandemic must be effective and affordable to everyone, and that groups at particularly high risk, such as homeless persons, persons living in poverty, older persons, persons with disabilities, persons living in institutions, persons detained in prisons, and persons with an irregular migration status must be adequately protected by the healthcare measures put in place (Statement of interpretation on the right to protection of health in times of pandemic, 21 April 2020).

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

The Committee takes note of the information contained in the report submitted by Latvia.

Risks covered, financing of benefits and personal coverage

In its previous conclusion (Conclusions 2017) the Committee noted that the Latvian social security system covers an adequate number of branches, namely: healthcare, sickness, maternity, work accidents and occupational diseases, old age, invalidity, survivors, unemployment and family benefits. The system rests on collective funding, it is financed by contributions (employees and employers) and by the State budget and covers both employees and self-employed workers, except as regards unemployment and work accidents/occupational diseases (self-employed persons are not covered for these risks).

The Committee notes from MISSOC that the social protection system is predominantly financed by the state general budget through taxation. The municipalities do not levy own taxes but manage a part of the personal income tax. In addition, some benefits (sickness, maternity, accidents at work, unemployment) are exclusively financed by mandatory social contributions paid by employees, employers and self-employed. The Committee notes that all employees and self-employed persons are covered under sickness and old age branches and all employed persons under unemployment branch. The Committee further notes from the report that with regard to the personal scope, 90% of active population was covered for sickness and 81% for unemployment.. As regards old age, all socially insured persons were covered, including those for whom contributions are paid by the State; 89% of active population were covered against work accidents and occupational diseases. 93% of employed and self-employed women were covered for maternity and 90% of employees and self-employed for disability. All socially insured persons, including those for whom contributions are paid by the State were covered for survivor's benefit. The Committee notes that the personal coverage of social security risks is adequate. It asks that each report provide information on the percentage of the population covered by healthcare and the percentage of active population covered for income-replacement benefits.

Adequacy of benefits

According to Eurostat data, the poverty level, defined as 50% of the median equivalised income, was € 341 per month in 2019. 40% of the median equivalised income corresponded to €273 monthly. The minimum wage was €430 per month.

In its previous conclusion (Conclusions 2017) the Committee considered that the situation was not in conformity with the Charter on the ground that the levels of income replacement benefits (old-age and disability pensions and unemployment benefit) were inadequate.

As regards unemployment benefit, the Committee has previously noted that the minimum level of unemployment benefit for a person earning minimum wage, for less than ten years, fell below 40% of the median equivalised income and therefore, was inadequate. The report indicates in this respect that unemployment benefit recipient is also entitled to receive state social benefits and disability pension simultaneously with the benefit as well as additional support from local governments. The Committee observes that a person earning the minimum wage for less than 10 years would receive 50% of this wage as unemployment benefit which amounted to € 215 in 2019 and which, again falls below 40% of the median equivalised income. Therefore, its aggregation with other social assistance benefits would not bring the situation into conformity with the Charter. Therefore, the Committee reiterates its previous finding of non-conformity on this ground.

In its previous conclusion the Committee asked under what circumstances the payment of unemployment benefits could be suspended or cancelled for refusing a job or a training

offer, whether the law defined the notion of "suitable job offer" and whether it provided for an initial period during which the person might refuse a job or a training offer not matching his/her previous skills without losing entitlement to unemployment benefits.

The Committee notes from the report that unemployment benefit can be claimed only if the person is registered with the State Employment Agency (SEA) and has acquired the status of an unemployed person. According to the "Support for Unemployed Persons and Persons Seeking Employment Law" one of the grounds for losing the status of unemployed is a refusal of a suitable offer of employment twice. The procedures and criteria for determination of suitable offer of employment are stipulated in the Regulations of Cabinet of Ministers No. 75 of 2011 "Regulations Regarding the Procedures for Organising and Financing of Active Employment Measures and Preventive Measures for Unemployment. The SEA in cooperation with an unemployed person determines the employment which is suitable for him/her, taking into account the professional preparedness of the person, the health status etc. The Committee further notes that for the first three months from the day of obtaining the status of an unemployed the person concerned is offered work in the profession in which he/she has previously worked or acquired education, or a work of lower qualification if the person concerned has expressed such a wish. In the subsequent three months the unemployed person may also be offered work of lower qualification. In the remaining months of the status of an unemployed person the unemployed person may also be offered semi-skilled work (work in simple professions according to the ninth basic group of the Classification of Occupations).

The Committee thus understands that there is an initial period of three months during which an unemployed person will only be offered a suitable job, which cannot be refused. It asks whether during this period an unsuitable offer of employment can be refused without losing unemployment benefits.

As regards the minimum level of old age pension, according to the report, in the period 2016-2019 the amount of the minimum old-age pension was € 70.43 – €108.85 (for persons with disability since childhood € 117.39 – € 181.42) per month depending on the length of the insurance record.

According to the report, the minimum old-age pension is paid together with the supplement to the pension for the insurance period before 31 December 1995 (granted until 2012). Since 1 July 2018 the supplement to the pension for each insurance year until 31 December 1995 was increased up to €1.50 for persons who had reached retirement age until 31 December 1996 and to whom the state old age or disability pension was granted until 31 December 1996. Since 1 October 2019 indexation is also applied to the pension supplement, considering the actual consumer price index.

According to the report, the average amount of the minimum old age pension (with the supplement) in 2019 stood at € 186.9. The Committee considers that this amount falls below 40% of the median equivalised income and is therefore inadequate.

As regards the minimum level of disability pension, according to the report, in 2016-2019 the amount of the minimum disability pension equaled € 64.03 – € 102.45 (for persons with disability since childhood – € 106.72 – € 170.75) per month depending on disability group. The amount of the minimum disability pension is determined on the day of granting a pension. If the person works after the pension is granted, the I or II disability group pension can be recalculated, considering the person's average insurance wage for the additional months during which the social insurance contributions for disability insurance were made or had to be made after the pension was granted (recalculated). The Committee notes that the average amount of the minimum disability pension with supplement in 2019 stood at € 147, which is below 40% of the median equivalised income. Therefore, it considers that this amount is inadequate.

The Committee also takes note of the Comments by the Ombudsperson of the Republic of Latvia on the 7th National Report on the implementation of the European Social Charter. In these comments the Ombudsperson notes that certain improvement has been achieved during the reporting period in the field of social security through involvement of the Constitutional Court. It indicates that the minimum levels of both old age and disability pensions have been significantly increased in 2020 and 2021, following the judgments of the Constitutional Court, where the Court held that the norms defining the minimum amount of old age pension were non-conforming with Sections 1 and 109 of Constitution of the Republic of Latvia.

According to the Ombudsperson, although the legislator has increased the minimum amount of old age pension, the norms for setting the minimum levels do not meet certain essential principles: first, the minimum amount of old age pension is not based on economically justified method, and second, no annual reviewing of the minimum amount is provided for. Therefore, the Ombudsperson believes that if the minimum levels are frozen for three years, the respective data of 2023 would be five years old, and it would not conform with the actual national social and economic situation.

The Committee asks the next report to provide comments on these statements as well as the updated information about the new minimum levels of income replacement benefits.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 12§1 of the Charter on the ground that the minimum levels of unemployment, old age and disability benefits are not adequate.

Article 12 - Right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee recalls that Article 12§2 obliges States to maintain a social security system at a level at least equal to that necessary for ratifying the European Code of Social Security. The Code requires the acceptance of at least six of Parts II to X (on the understanding that Part II, Medical care, counts as two parts and Part V, Old-age benefit, counts as three parts).

The Committee notes that Latvia has not ratified the European Code of Social Security. Therefore, the Committee cannot take into consideration the Committee of Ministers' resolutions on the application of the Code by States which are bound by it, and must make its own assessment.

The Committee also notes that Latvia has not ratified any of the following conventions of the International Labour Organisation (ILO): No. 102 on social security (minimum standards), No. 121 on employment injury benefits, No. 128 on invalidity, old-age and survivors' benefits, No. 130 on medical care and sickness benefits or No. 168 on employment promotion and protection against unemployment.

The Committee recalls that to assess whether a social security system is maintained at a level at least equal to that which is necessary for ratifying the European Code of Social Security, it assesses the information relating to the branches covered (risks covered), to the personal scope and to the level of the benefits paid.

In this respect, the Committee refers to its Conclusion 2021 on Article 12§1, which indicates that the Latvian social security system covers all the traditional branches (medical care, sickness, unemployment, old age, work accidents and occupational diseases, family, maternity, invalidity and survivors), and that the personal coverage of social security risks is adequate.

Concerning the level of benefits paid, the Committee refers to its assessment that the situation was in conformity with regard to the minimum amounts of sickness benefits and those in the case of work accidents and occupational diseases (Conclusion 2017 on Article 12§1) as well as of maternity benefits (Conclusion 2019 on Article 8§1).

However, the Committee considered that the minimum amounts of unemployment, old-age and disability benefits were inadequate (Conclusion 2021 on Article 12§1), and that family benefits were not of an adequate level for a significant number of families (Conclusion 2019 on Article 16).

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 12§2 of the Charter on the ground that it has not been established that Latvia maintains a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security.

Article 13 - Right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group "Health, social security and social protection") as well as previous conclusions of non-conformity or deferrals.

Therefore it will focus on the Government's replies to the targeted questions, namely about measures taken to ensure that the right to social and medical assistance is ensured and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the Covid-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

The previous conclusion considered that the situation in Latvia was not in conformity with Article 13§1 of the Charter on the grounds that the level of social assistance paid to a single person without resources was not adequate; non-EEA nationals, lawfully resident in Latvia are subject to a length of residence requirement of five years to be entitled to social assistance.

General legal framework, types of benefits and eligibility criteria

In reply to the request made in the questions sent on describing any reforms to the general framework, the report provided that, following the introduction of the Concept of Minimum Income Level (MIL) in Latvia in 2014, the minimum income level proposed during the reference period (2015 to 2019) is calculated according to a certain methodology and is socio-economically justified. It envisages setting the minimum income level at 40% of the median disposable income of households, recalculated per person, applying an equivalence scale (1 for the first person; 0,7 for each subsequent person). In order to ensure the gradual implementation of the MIL, the Ministry of Welfare developed the "Plan for Improvement of Minimum Income Level for 2020 – 2021". The aim was to provide support to increase the incomes of the persons with lowest income, reducing social exclusion and the risk of poverty by using a common methodological approach setting minimum support measures. The Plan was adopted at the meeting of the Cabinet of Ministers on August 13, 2019. The report further states that there have been repercussions of this MIL in the social State budget in 2018, raising from €49.8 to €53 per person per month. Pensions also increased a 2% from 2020 onwards, although this is outside the period covered by the present cycle.

As regards the Guaranteed Minimum Income (GMI), the report states that it is the last possible support from public resources for those persons with the lowest income or with no income. The purpose of the GMI benefit is mainly to meet a person's need for food, as set out in the Law on Social Services and Social Assistance. The GMI level can be compared with the food expenditure of the poorest households (1st income quintile), which in 2016 was €60,95 per household member. Thus, the amount of the GMI benefit in 2016 ensured the need for food in the amount of approximately 82%, while in addition to the support provided by the local government to the persons in need since 2015. The European Union Support Fund for the most deprived persons has been supported to cover items not under the GMI allowance for food. 27 local governments had a higher GMI level for different population groups in 2018 (€80). Local governments are currently given the right to determine a

different income level. A person whose income and material condition do not exceed the income level specified by the relevant local government shall be recognized as low-income person (family). However, this level must not be lower than the income and material situation of the person in need (€128,06). In 2018, the income level of a person with low income in local governments was set from €128,07 to above €297 in 34 municipalities (63,4% of the Latvian population lives in these municipalities), in 69 municipalities the income level of a person with low income was set between €198 to €296 (30,5% of Latvian population live there). In 16 municipalities the mentioned income level is lower than €198 per person per month (6,1% of Latvian population live in these local departments) The data in the report show that the number of persons with low income tends to decrease (from 50,283 in 2017 to 45,564 in 2019). The GMI was set between 2013 and 2017 at €49,80 (there was no increase). In 2018 and 2019, the GMI increased to €53 . In 2020 it has reached 64 euros per person per month.

The report states that the number of GMI benefit recipients is decreasing every year, as the income of the population is still slightly increasing and exceeds the GMI level set in the respective year. The number of GMI benefit recipients and the at-risk-of-poverty threshold are not correlated. The report states that it is the its unequal distribution of the income which is the basis for the high indicators of poverty and social exclusion. As the at-risk-of-poverty rate increases, people with the same income or even slightly higher than in the previous year may fall below the at-risk-of-poverty threshold. For example, the at-risk-of-poverty threshold in 2017 was €367, but in 2018 it was €409. It should be emphasised that individuals belonging to certain groups of persons are entitled to state social benefits and services as well as local governments social assistance – granted on the basis of personal means testing, besides granting untested income benefits and services.

As regards other benefits, they are available for those persons whose income does not reach a certain income threshold, €53 in 2019 and €64 per person per month from 1 January 2020. These benefits (the State family benefit and supplements to such benefit, a benefit for disabled child care, a benefit for a disabled person requiring nursing, a benefit for the use of an assistant, an allowance for the compensation of transport expenses for disabled persons who have difficulties in movement, a benefit for a child with coeliac disease, a childbirth allowance and a funeral benefit, and also the local government social assistance benefits) are not taken into account in determining entitlement to GMI benefits and all those measures in the form of support measures and benefits granted to persons in need. They are also not included in the calculation of the at-risk-of-poverty threshold. The GMI benefit is a short-term solution. The proportion of people who used the GMI benefit as a temporary support measure has increased compared to the rate during the economic downturn, with 27% receiving the GMI benefit for up to three months and another 18% for up to 6 months. At the same time, long-term GMI recipients are more likely not to stop receiving GMI benefits. The report states that this proves that the GMI benefit alone is not an effective way to reduce a person's poverty in the long term and that measures are needed to encourage a person to become involved and develop their ability to meet their basic needs and improve their standard of living.

As regards *housing benefits* during report period, it is still fully in the hands of local governments. The local governments are determining the groups of persons entitled to housing benefits, the amounts and the payment itself. In some cases, the housing benefit is paid once per year. When the amount of such benefit is divided for 12 months, the amount of the benefit per month decreases.

As regards *medical assistance*, the Committee notes from the report that needy and low-income households (or persons) are exempted from patient contributions in health care. They are entitled to 100% reimbursement of pharmaceuticals and medical devices which are reimbursed by the State with the following exceptions: when non reference drugs are prescribed the patient covers the difference between the price of non-reference and reference drug or medical device; when the cost of prescribed medicines exceeds €

14,228,72 per person per 12 months (applies only to special reimbursement, e.g. reimbursement of pharmaceuticals for individual persons). In general reimbursement for pharmaceuticals and medical devices is made according to the disease, its character and severity. There are 3 reimbursement categories: 100%, 75% and 50% – depending on the patient's diagnosis. However, 75% and 50% reimbursement categories are not applied to needy persons.

Level of benefits

- Basic benefit: the Committee notes from MISSOC that the guaranteed minimum income benefit (*Pabalsts garantētā minimālā ienākuma līmeņa nodrošināšanai*) is calculated as the difference between the amount set by the Cabinet of Ministers (€64 = GMI level) and the person's or the household's income. The municipality can establish a higher GMI level (but not higher than €128.06 per month) for various social groups. The Committee notes from the report that in 2019 17,249 persons received the GMI benefit, almost half than in 2015, and the average amount per person stood at € 42,79.
- Housing benefits: according to the report the number of people who received housing benefit has declined from 100,779 in 2017 to 70,954 in 2019. The Committee asks the next report to explain further this decline. The Committee also notes that the average amount of this benefit was € 13,56 per month in 2015 and is, according to the report of € 16,17 in 2019.
- Poverty threshold (defined as 50% of the median equivalised income and indicated in the report): it amounted to € 4,094 per year in 2019 and € 341 per person per month. 16,2% of the population is, according to the report, at risk of poverty, which is an increase in the latest years.

8. The report states that in order to ensure that local municipalities do not set illegal and or unreasonable restrictions on receiving social assistance benefits in their binding regulations, the Ministry's specialists regularly review binding regulations. The Ministry annually organizes cycles of informative meetings in the regions of Latvia, where they talk and discuss with representatives of local social services these issues.

The report also explains, in reply to the former conclusion of non-conformity issued by the Committee (Conclusion 2017), that on 9 February 2017 the Law on Social Services and Social Assistance was amended, changing the calculation to consider the income of a needy or persons with low income. The new calculation system exceeds, according to the report, the income level of the needy and persons with low income, as the satisfaction of basic needs depends not only on the support received in cash, but also on the benefits and services offered in-kind. This allows to maintain the motivated participation of the person in the labour market, with the aim of obtaining a permanent and independent income, thus reducing dependence on State and local government-guaranteed benefits.

The Committee recalls that assistance is appropriate where the monthly amount of assistance benefits – basic and/or additional – paid to a person living alone is not manifestly below the poverty threshold. It considers therefore that the level of social assistance, paid to a single person without resources, including the basic benefit and housing allowance, is not adequate on the basis that the total assistance that may be obtained is not compatible with the poverty threshold. Therefore, the situation is still not in conformity with the Charter.

Right to appeal and legal aid

The report does not submit any information in this respect. There were no targeted questions. The Committee asks the next report to provide information on the number of appeals submitted at the court and it reiterates its question concerning the power of the review bodies at the municipality level, and whether they can review the case on its merits and not merely on point of law.

Personal scope

The specific questions asked in relation to Article 13§1 this year do not include an assessment of assistance to nationals of States parties lawfully resident in the territory. Therefore, this particular issue will only be assessed if there was a request of information or a non-conformity in previous cycle.

Foreign nationals lawfully present in the territory

In its previous conclusion the Committee found that the situation was not in conformity with the Charter on the ground that nationals of States Parties were subject to a length of residence requirement for entitlement to social assistance. The requirement of permanent residence for third-country nationals is still in force, which in turn requires five years of residence. There is no specific reply on this aspect in the report. The Committee therefore asks the next report to provide further information and concludes that the situation is still not in conformity of the Charter on the ground that nationals of States Parties are subject to a length of residence requirement for entitlement to social assistance.

Foreign nationals unlawfully present in the territory

The Committee recalls that persons in an irregular situation must have a legally recognised right to the satisfaction of basic human material need (food, clothing, shelter) in situations of emergency to cope with an urgent and serious state of need. It likewise is for the States to ensure that this right is made effective also in practice (European Federation of National Organisations working with the Homeless (FEANTSA) v. the Netherlands, Complaint No. 86/2012, decision on the merits of 2 July 2014, §187).

The Committee asked to confirm that the legislation and practice comply with these requirements and deferred in the meantime in its Conclusions 2017. The report refers to persons who have acquired refugee status but does not provide sufficient information regarding the rights of persons in an irregular situation. The Committee reiterates this question again, which refers to access to social assistance of foreigners or migrants in an irregular situation which do not enjoy refugee status. If this information is not provided in the next report, there will be nothing to establish that the situation is conformity with the Charter.

Medical and social assistance during the Covid-19 pandemic

The Committee takes note of the information provided by the report on the Covid-19 pandemic, though it is outside the reference period.

When a state of emergency was declared throughout the country due to the spread of Covid-19 in 2020, local governments could also provide assistance to target groups that did not meet the provisions of Article 3 of the Law on Social Services and Social Assistance, if basic needs could not be met in other ways (including foreign students, who have remained in Latvia in the conditions of Covid-19, study remotely and have no means of subsistence to provide basic needs). In order to be eligible for local government social services and basic social assistance, foreigners, like other residents of the local government, prepared a written application in the official language describing the situation related to the spread of Covid-19 and had to attach documents or other evidence, such as a document for termination of employment or unpaid remuneration, a text message or e-mail from the employer, etc., which confirms the circumstances that have arisen during the emergency situation.

During the declared state of emergency, the provision of health care services for all persons (regardless of whether they are the Latvian citizens, non-citizens or they were legally located in Latvia) was restricted by the Order No. 59 "Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation" (<https://likumi.lv/ta/en/en/id/313481->

regarding-the-restriction-of-the-provision-of-health-care-services-during-the-emergency-situation) of the Ministry of Health. All persons could receive emergency medicine if needed.

The Committee asks the next report to produce further information on social assistance and specific measures taken during the Covid-19 pandemic.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 13§1 of the Charter on the grounds that:

- the level of social assistance paid to a single person without resources is not adequate;
- non-EEA nationals, lawfully resident in Latvia are subject to a length of residence requirement of five years to be entitled to social assistance.

Article 13 - Right to social and medical assistance

Paragraph 2 - Non-discrimination in the exercise of social and political rights

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee recalls that for the purposes of the present report States were asked to reply to targeted questions, as well as, where applicable, previous conclusions of non-conformity or deferrals (see the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”). However no targeted questions were posed in respect of Article 13§2 of the Charter. The Committee deferred its previous conclusion. It will therefore restrict its consideration to the Government’s replies to its previous request for relevant complementary information.

The Committee recalled that under Article 13§2 of the Charter any discrimination against persons receiving social and medical assistance that might result – directly or indirectly – from an express provision must be eradicated. Beneficiaries of social or medical assistance must enjoy an effective protection against discriminatory measures, particularly with regard to their access to employment and public services. The Committee asked for updated information on the legislative provisions and the practice.

The report states that Article 89 of the Constitution of Latvia recognises and protects fundamental human rights in accordance with the Constitution, laws and international agreements binding upon Latvia. Social assistance is provided to each person and/or household assessing their income, there are no other criteria in social assistance as income of the household. Furthermore, according to Article 9 of the Law on Social Services and Social Assistance the local government in the territory of which a person has his/her declared place of residence has an obligation to provide the person with a possibility to receive social services and social assistance corresponding to his/her needs. If a local government has received information from persons or institutions regarding a person (including persons in emergency situations) who due to his/her situation might require a social care or social rehabilitation service or social assistance, the local government has an obligation to verify the received information, to evaluate the needs of the person regarding social services and social assistance, and inform this person or his/her lawful representative of the rights and possibilities of receiving social services and social assistance, and also the procedures by which social services or social assistance may be received.

In emergency situations, if necessary, the local government, in the territory in which a person without a home is located, shall provide the person with night shelter or shelter, information and consultations, and also one-time material assistance.

There is no information as regards voting rights and there is no specific information about criteria applied in practice to guarantee that the exercise of political or social rights are interpreted in such a way as to prevent discrimination on the basis of receipt of social or medical assistance. The Committee asks that the next report provides concrete information on this issue. In the meantime, it considers the situation to be in conformity with the Charter.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Latvia is in conformity with Article 13§2 of the Charter.

Article 13 - Right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

The Committee notes that no targeted questions were asked under this provision. As the previous conclusion found the situation to be in conformity there was no examination of the situation in the current cycle.

Article 13 - Right to social and medical assistance

Paragraph 4 - Specific emergency assistance for non-residents

The Committee notes that no targeted questions were asked under this provision. As the previous conclusion found the situation to be in conformity there was no examination of the situation in the current cycle.

Article 14 - Right to benefit from social welfare services

Paragraph 1 - Promotion or provision of social services

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee recalls that Article 14§1 guarantees the right to benefit from general social welfare services. It notes that for the purposes of the present report, States were asked to reply to the specific targeted questions posed to States for this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government’s replies to the targeted questions, namely how and to what extent the operation of social services was maintained during the COVID-19 crisis and whether specific measures were taken in view of possible similar crises arising in the future. The Committee wishes to point out that it will take note of the information provided in reply to the question relating to COVID-19 for information purposes only, as it relates to developments outside the reference period (i.e. after 31 December 2019). In other words, the information referred to in the COVID-19 section will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In its previous conclusion (Conclusions 2017), as well as in the precedent ones (Conclusion 2013, Conclusions 2009, Conclusions 2006) the Committee concluded that the situation was not in conformity with Article 14§1 of the Charter on the ground that access to social services by nationals of other States Parties is subject to an excessive length of residence requirement.

The report indicates that in 2017 Article 3 of the Law on Social Services and Social Assistance has been amended, specifying more precisely the procedure for requesting social services referred to in the law and for each of the groups of persons legally residing in Latvia – financial sources for payment for the service. The Committee notes that scope of the right to receive social services has not changed since its last assessment – it shall be enjoyed by:- citizens and non-citizens; – third-country nationals who have been issued a permanent residence permit or granted the status of a permanent resident of the Republic of Latvia; – 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 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; – refugees and persons who have been granted alternative (subsidiary protection) status as well as their family members. The report further provides that persons who have the right to enter and reside in the Republic of Latvia and are not mentioned above, may receive the service paying its full price. If the client’s income is not sufficient to pay the full price of the social service and the provider pays for the service, in accordance with the Regulations of the Cabinet of Ministers No. 275 of 27 May 2003 “Procedure for Payment for Social Care and Social Rehabilitation Services and Procedures for Covering Service Costs from the Local Government Budget”, the funds remaining at the disposal of the family after payment for the service may not be less than the amount calculated by multiplying the national minimum wage (430 EUR per month in 2019) with the following coefficient: for a family of one person – 1.0; for each subsequent member of the breadwinner’s family – 0.5 The Committee considers that there is nothing in the information provided that would indicate that the situation of nationals of other State Parties lawfully resident in Latvia as regards eligibility to social services has changed. Most importantly, the requirement of permanent residence is still in force, which in turn requires

five years of residence. It is this excessive length of residence requirement, only after which the national could enjoy access to social services on the equal footing to nationals, which is not in conformity with the Charter. Accordingly, the Committee renews its conclusion in this respect.

In the previous conclusions (Conclusions 2016 and Conclusions 2013), the Committee requested information on fees requested for various social services. The report again does not provide information on this matter. The Committee considers that it has not been established that the fees for social services are not so high as to prevent the effective access of these services.

In reply to the Committee's targeted questions, the report provides that during the COVID 19 pandemic the provision of social services continued. Many social services were provided remotely by agreeing with the client on the desired way of providing the service (by phone, using the possibilities offered by technology. Several guidelines were developed, as well as online seminars and lessons hold to encourage the social service providers, including local government social service offices, to organize consultations with the clients online and upkeep the necessary home visits under security measures. The local government social service offices were instructed to inform the population about the opportunities to receive social services through various information channels. Social rehabilitation services with accommodation for victims of violence (both children and adults) continued to be provided in crisis centers. Decisions on granting the service were made immediately. An additional resource was the psychological assistance offered by the Crisis and Counseling Center "Skalbes" through crisis intervention by telephone to both the victim and the perpetrator of violence and emotional support.

The report does not contain information on any specific measures taken in anticipation of future crises of such type.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 14§1 of the Charter on the grounds that:

- access to social services by nationals of other States Parties is subject to a residence requirement that is excessively long;
- it has not been established that the fees for social services are not so high as to prevent effective access to these services.

Article 14 - Right to benefit from social welfare services

Paragraph 2 - Public participation in the establishment and maintenance of social services

The Committee takes note of the information contained in the report submitted by Latvia.

The Committee recalls that Article 14§2 requires States Parties to provide support for voluntary associations seeking to establish social welfare services. The “individuals and voluntary or other organisations” referred to in paragraph 2 include the voluntary sector (non-governmental organisations and other associations), private individuals, and private firms.

The Committee further notes that for the purposes of the current examination, States were asked to reply to the specific targeted questions posed to States in relation to this provision (questions included in the appendix to the letter of 3 June 2020, in which the Committee requested a report on the implementation of the Charter in respect of the provisions falling within the scope of the thematic group “Health, social security and social protection”) as well as previous conclusions of non-conformity or deferrals. States were therefore requested to provide information on user involvement in social services (“co-production”), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels, as well as in the design and delivery of services in practice. Co-production is understood here to mean that social services work together with users of the services on the basis of fundamental principles, such as equality, diversity, accessibility and reciprocity.

The report provides that according to the 2017 Regulations Regarding the Registration of Social Service Providers, social services may only be provided by a service provider registered in the State Information system "Register of Social Service Providers". Since 2018 the provision of two new social services is financed from the State budget and their provision is delegated to two NGOs: the Latvian Cancer Patient Support Society and the Children's Palliative Care Society which provide psychosocial rehabilitation for patients and their family members. The report further lists social services delegated to NGOs.

The information provided does not, however, enable the Committee to make a comprehensive assessment of the situation from the angle of all Article 14§2 requirements. Therefore, it requests that the next report provide full information on user involvement in social services, in particular, how the user involvement is fostered in legislation and other decision-making, and whether any practical measures to support it, including budgetary, have been adopted or envisaged.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 30 - Right to be protected against poverty and social exclusion

The Committee takes note of the information contained in the report submitted by Latvia, in the comments of the Ombudsman of Latvia of 13 July 2021 and in the response of the Government of 31 August 2021.

The Committee notes that for the purposes of the present report, States were asked to reply to the specific targeted questions related to this provision (questions included in the appendix to the letter of 3 June 2020, whereby the Committee requested a report on the implementation of the Charter with respect to the provisions falling within the thematic group "Health, social security and social protection") as well as previous conclusions of non-conformity or deferrals.

Therefore, it will focus on the Government's replies to the targeted questions, namely about measures (legal, practical and proactive, including some concerning supervision and inspection) taken to ensure that no person falls below the poverty threshold, during or after the Covid-19 crisis, the impact of these measures and any previous deferrals or non-conformities.

The Committee wishes to point out that it will take note of the information provided in reply to the question relating to Covid-19 which relates to developments outside the reference period (namely, after 31 December 2019) for information purposes only. In other words, the information referred to in this section – "Poverty and social exclusion in times of the Covid-19 crisis" – will not be assessed for the purposes of Charter compliance in the current reporting cycle.

In its previous conclusion, the Committee found that the situation in Latvia was not in conformity with Article 30 of the Charter on the ground that there was no adequate overall and coordinated approach to combating poverty and social exclusion (Conclusions 2017).

Measuring poverty and social exclusion

The Committee recalls that, under Article 30, States Parties must provide detailed information on how they measure poverty and social exclusion. The main indicator used by the Committee to measure poverty is the relative poverty rate. This corresponds to the percentage of people living under the poverty threshold, which is set at 60% of the equivalised median income.

The Committee notes that the data provided in the national report on the poverty indicators for 2015-2018 correspond to the 2016-2019 Eurostat data. The Committee will therefore refer to the Eurostat data.

It notes that the at-risk-of-poverty rate (cut-off point: 60% of median equivalised income after social transfers) increased during the reference period, from 21.8% in 2016 to 22.9% in 2019 (the rate in the EU-28 reached 17.3% in 2016 and 16.8% in 2019). It observes that there was a difference in the at-risk-of-poverty rate (after social transfers) between sexes, amounting to 4.5% in 2016, 5.5% in 2017, 5.4% in 2018, and 4.8% in 2019.

The Committee also notes that the unemployed (between 16 and 64 years old) are a particularly vulnerable group: more than half of all the unemployed in Latvia (55.8% in 2016 and 57.7% in 2019) were at risk of poverty during the reference period, while this figure was much lower for the employed (8.5% in 2016 and 8.7% in 2019).

The at-risk-of-poverty rate (cut-off point: 60% of median equivalised income after social transfers) among persons over 65 was high too, 38.1% in 2016 and 47.9% in 2019 (compared to 34.6% in 2015, 13.9% in 2012 or 9.1% in 2011). The Committee notes that it is almost three times as high as the EU-28 average (14.5% in 2016 and 16.5% in 2019). As

regards children (younger than 16), the at-risk-of-poverty rate decreased during the reference period, from 17.8% in 2016 to 14% in 2019.

Comparing at-risk-of-poverty rates before and after social transfers, the Committee also notes that the impact of social benefits has increased during the reference period (from 6.1% in 2016 to 7.2% in 2019).

Concerning the risk of poverty and social exclusion (AROPE), which according to Eurostat methodology, corresponds to the sum of the persons who are (1) at risk of poverty; and/or (2) face severe material deprivation; and/or (3) live in a household with very low work intensity, the Committee observes that 28.5% of the Latvian population was at risk of poverty and social exclusion in 2016, and 27.3% in 2019 (these rates in the EU-28 reached 23.5% in 2016 and 21.4% in 2019 respectively).

As regards children (younger than 16), the risk of poverty and social exclusion slightly decreased during the reference period, from 23.7% in 2016 to 18.3% in 2019; the Committee observes that these rates are lower than the average in the EU-28 (25.9% in 2016 and 23.1% in 2019 respectively).

The Committee observes that the at-risk-of-poverty rate has slightly worsened, especially for the unemployed and persons over 65. The Committee concludes that poverty levels are significant and still well above EU averages.

Approach to combating poverty and social exclusion

In its previous conclusion, the Committee found that the situation in Latvia was not in conformity with Article 30 of the Charter on the ground that there was no adequate overall and coordinated approach to combating poverty and social exclusion (Conclusions 2017).

The report provides information on various legislative acts and regulations adopted on minimum wage, state social benefits, social services, housing benefits, tax laws, and education.

The report provides information on relief measures for low-income households, such as free legal assistance, reduced electricity costs, a real estate tax rebate of 90%, exemption from patient contributions in healthcare, full reimbursement of medicines or medical equipment expenses, reduced fees for visits to cultural institutions. In addition to the support provided to the State and local government, needy and low-income households, as well as persons in situation of distress, may receive support from the Fund for European Aid to the Most Deprived. The Fund aims to reduce food and basic material insecurity and, in 2014-2020, €48.2 million were allocated to Latvia. The number of persons who receive food aid increased in the reference period from 61,497 in 2016 to 75,645 in 2019.

The report also provides information on a housing acquisition support programme for families with children. Since 2018, there is also a support mechanism in place for young professionals who have a steady income but not enough money to pay the first instalment to purchase accommodation.

The report states that families with two and more children have received more support since 2018; it adds that, from 1 July 2019, the allowance paid in cases of the adoption of a child is paid up to the age of 18, and that a special care allowance was increased for children with serious disabilities and for persons with a group I disability since childhood.

To reduce income inequality, the minimum monthly wage was increased from €370 to €430 in 2018, and the non-taxable minimum was increased to €270 in 2019.

With regard to pensions, the amounts of minimum old age and disability pensions were approved to increase as of 1 January 2020.

With respect to health, there are certain groups of the population who are exempt from patient's co-payment and are entitled to a 100% reimbursement of the costs of pharmaceuticals and medical devices, with certain exceptions.

With regard to the Roma, during the reference period, measures taken focused on the development and strengthening of Roma civil society, fostering cooperation between all stakeholders in order to improve Roma access to education, the labour market, social services, housing and health care, as well as promoting intercultural dialogue and raising awareness about Roma culture and history to combat anti-gypsyism.

The report states that, in recent years, expenditure on social protection has increased from 15% of GDP in 2016 to 15.7% of GDP in 2019. The report provides details of the increases in specific areas of social expenditure in the course of the reference period.

The report also mentions the introduction of a new active labour market measure "Activation programme for the long-term unemployed" (started in 2016) which seeks to facilitate the social integration of the long-term unemployed and improve their ability to find suitable jobs, thus minimising the risk of social exclusion. Moreover, a wage subsidy for the unemployed who participate in the measure "Practical training in the workplace" was increased – for the first three months of training, the subsidy is €200, for the last three months – €150 (previously it was €160 for the first two months, €120 for the next two months and €90 for the last two months). Furthermore, the Social Enterprise Law came into force on 1 April 2018 and its purpose is to improve the quality of life and to promote employment for groups at risk of social exclusion, through social entrepreneurship.

The Committee notes the view expressed in the comments submitted by the Ombudsman of Latvia that the availability of housing to persons with the lowest income is inadequate, that the existing housing support is not available to a large part of households if their income exceeds the minimum level of eligibility, that integration of Roma children in general education programmes remains a challenge, that the availability of higher education institutions for persons with disability is inadequate and that the tax reform does not serve the objective of reducing inequality. In its response, the Government states that a support programme for housing will be created for municipalities and for persons with average incomes. The Government notes that the premises of certain educational institutions were modernised, improving accessibility for people with functional disabilities, and that their admission conditions had been facilitated. All students with disabilities have priority to receive scholarships and students with group 1 and group 2 disabilities have preferential access to student loans. As regards the tax reform, the Government states that its objective was to minimise income inequality, and not inequalities in general.

The Committee notes from the European Semester Country Report Latvia 2019 that the risk of poverty or social exclusion has decreased steadily since 2012 and was at a historical low of 28.4% in 2018. However, the risk of poverty or social exclusion has been increasing for the elderly, the unemployed and persons with disabilities. The adequacy of social assistance benefits remains low, and they contribute little to alleviating serious poverty and inequalities.

The Committee also refers to its conclusions of non-conformity regarding other relevant provisions of the Charter for an assessment of conformity with Article 30 (see Conclusions 2013 and the Statement of interpretation on Article 30). It refers in particular to:

- Article 12§1 and its conclusion that the minimum levels of unemployment, old age and disability benefits are not adequate (Conclusions 2021);
- Article 13§1 and its conclusion that the level of social assistance paid to a single person without resources is not adequate (Conclusions 2021);
- Article 14§1 and its conclusion that access to social services by nationals of other States Parties is subject to a residence requirement that is excessively long and that it has not been established that the fees for social services are not so high as to prevent effective access to these services (Conclusions 2021);

- Article 16 and its conclusion that the equal treatment of nationals of other States Parties regarding the payment of family benefits is not ensured because the length of residence requirement is excessive and that family benefits are not of an adequate level for a significant number of families (Conclusions 2019);
- Article 31§1 and its conclusion that the measures taken to improve the substandard housing conditions of the Roma are insufficient (Conclusions 2019).

The Committee notes that progress has been made to ensure more adequate pensions, a higher minimum wage, and higher family allowances. However, an increasing share of the population is still at risk of poverty. This concerns especially the elderly, the unemployed and persons with disabilities. On the basis of the above, the Committee considers that the situation is not in conformity with Article 30 on the ground that there is no adequate overall and coordinated approach in place to combat poverty and social exclusion.

Monitoring and evaluation

In its previous conclusions, the Committee asked that the next report contain comprehensive information on monitoring mechanisms covering all sectors and areas of the combat against poverty and social exclusion (Conclusions 2017).

In response, the report states that the Ministry of Welfare has been conducting thematic impact assessments of poverty and social exclusion reduction policies since 2017, which aim to analyse statistics and survey data on the situation of poverty and social exclusion. During the reference period, three assessments were carried out covering policy changes aimed at increasing the disposable income of the population and reducing inequalities; these reforms seek to fight poverty, social exclusion and/or reduce income inequality by increasing the direct and/or indirect income available to the population. As a result of the assessments, recommendations have been formulated with a view to developing and improving policies for reducing poverty and social exclusion.

The Committee asks that the next report contain information on monitoring and evaluation of the effort to combat poverty and social exclusion. It also asks for information on the involvement of civil society and persons directly affected by poverty and social exclusion (especially older people, the disabled and the unemployed) in the evaluation of these policies.

Poverty and social exclusion in times of the Covid-19 crisis

The report indicates that, during the Covid-19 crisis, in view of the importance of avoiding interruptions in the education process, various measures were taken depending on the education levels. To address the issue of less advantaged households not having access to internet-connected devices, two initiatives were launched: providing internet-connected devices to households in need and rapidly setting up a TV channel to broadcast the educational content. In addition, technological support was provided to students who did not have internet connection at home. Guidelines and roadmaps were developed for promoting distance learning.

The Ministry of Culture in March 2020 updated the Guidelines for Roma mediators allowing them to provide Roma mediation services at the local government level during the country's lockdown related to the Covid-19 pandemic situation.

With regard to the labour market, the status of unemployed was amended introducing a more flexible approach in the course of the Covid-19 crisis. Measures were taken on 17 March 2020 allowing unemployed persons to participate in temporary paid public works up to 31 December 2020, regardless of the period of unemployment. To mitigate the impact of the crisis arising from Covid-19, temporary, subsidised employment was introduced for the period from July 2020 to December 2021.

The report states that, with regard to culture, the Ministry of Culture received €32 million to help it address the crisis caused by Covid-19; €10.6 million were allocated directly to reduce the negative impact of the crisis on the cultural sector. The State Cultural Fund created a new programme, the “Creative Persons Employment Programme”, to which creative persons could apply to find paid creative work. In addition, €4.7 million were allocated to the State Cultural Capital Foundation to establish programmes encouraging the development of the country’s cultural provision and ensuring the sustainability of cultural institutions.

In relation to housing, the report states that housing management companies were called upon to show understanding for citizens experiencing difficulties in paying for their services received, and to offer the solutions based on mutual cooperation. At the height of the crisis, the validity of certificates issued to people in need and low-income families or individuals was extended for the duration of the crisis and for one calendar month after the end of the crisis. The authorities also ensured that persons with disabilities continued to receive assistance and those assisting these persons were not left without income.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 30 of the Charter on the ground that there is no adequate overall and coordinated approach in place to combat poverty and social exclusion.