



European
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EUROPEAN SOCIAL CHARTER

7th National Report on the implementation of the European
Social Charter

submitted by

THE GOVERNMENT OF LATVIA

Articles 3, 11, 12, 13, 14 and 30

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CYCLE 2021

Appendix

Questions on Group 2 provisions (Conclusions 2021)

Health, social security and social protection

At the outset, the European Committee of Social Rights wishes to clarify that these questions and the Conclusions are not intended to form the basis for a full assessment of the efforts made by States to combat the COVID-19 epidemic. However, in the current circumstances it is justified and unavoidable to take COVID-19 into account, not least because the responses to the crisis have been shaped by measures taken and implemented during the reference period. While acknowledging that the responses were made after the reference period, the Committee therefore invites States to provide information on them and on the (provisional) results achieved, in so far as possible and as indicated in the questions set out below.

The Committee is aware of the exceptional circumstances resulting from the pandemic and the COVID-19 crisis. National administrations have been confronted with considerable demands and very difficult choices and decisions, and society as a whole has been placed under enormous strain. COVID-19 has brought about much suffering and for many different reasons.

Human rights, including their social rights dimension, permit the safeguarding of the most fundamental values of our societies over time, including through exceptionally difficult times. As stated in the very first provision of the Statute of the Council of Europe, the aim of the Organisation is to achieve a greater unity between its members for the purpose of safeguarding and realising the ideals and principles which are their common heritage and facilitating their economic and social progress. The need to pursue this objective is not suspended but, on the contrary, reinforced in times of crisis.

The thematic group of European Social Charter provisions on which States Parties are due to report for Conclusions 2021 — health, social security and social protection — and the reference period (2016 to 2019) were of the greatest importance for the shaping of responses during the COVID-19 crisis. The Committee also wishes to draw attention in this respect to its recent [statement of interpretation](#) on the right to health adopted on 21 April 2020.

The provisions in question should also inspire longer-term decisions once the worst of the pandemic is over. The Committee expects that the COVID-19 pandemic will continue to be a recurring theme in the reporting procedure over the coming years, when it will be examining other thematic groups of provisions, on labour rights, on children, family (and women) and migrants rights.

The Committee understands that, while administrations and staff may be stretched, the answers to questions related to the COVID-19 may be more readily available in the coming months. It has attempted to formulate questions in a focussed manner, preceded by some explanatory elements, but will welcome broader responses that allow for a comprehensive understanding of the human and social rights-based response given by states to the COVID-19 crisis in light of the arrangements that were in place during the reference period (2016 to 2019).

Continuing the targeted and strategic approach initiated in 2019 (for Conclusions 2020), Conclusions 2021 will focus on the questions set out below. In this respect, the Committee recalls the decision adopted by the Committee of Ministers on 11 December 2019 whereby it “took note with interest of

the steps taken by the ECSR to simplify the reporting procedure under the European Social Charter, focusing on issue-based questions on selected provisions, and invited the ECSR and the Governmental Committee to consider further ways of streamlining the procedure, including the advisability of reviewing the current system of thematic reports". The strategic and targeted approach also implies that the Committee does not request any additional information in respect of certain Charter provisions (for example Article 12§1 and 12§4), unless the previous conclusion was one of nonconformity or when it was deferred due to lack of information.

On account of the difficulties resulting from the current crisis, the Committee exceptionally proposes to extend the deadline for state reports to 31 December 2020 (and not 31 October which is the usual deadline).

Part I – 3. RESC All workers have the right to safe and healthy working conditions

The right of every worker to a safe and healthy working environment is a widely recognised principle, stemming directly from the right to personal integrity. It is closely linked to various rights protected by the Charter and also by the European Convention on Human Rights. As work environments evolve, so do the risks to health and safety that workers are exposed to. There are emerging or relatively new and there are also neglected factors that can affect health, both in the short and the medium or long terms. Of course, the right to safe and healthy working conditions applies to all workers, whether public or private sector employee, and also to the self-employed.

Certain occupations involve assumed or accepted exposure to risk (e.g. cycle delivery services, including those linked to the platform economy; performers in the contact sports entertainment industry; certain jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive substances; etc.). Other work settings also involve risks, for example when they demand ongoing intense attention (e.g. operators of certain types of machinery, vehicles or even computers) or there is an expectation of high performance or increasing output or productivity sometimes associated or conducive to off-label use of medications or of stimulants procured in illegal markets (e.g. new forms of high yield trading; performers in the sports entertainment industry, etc.).

There may also be persistent or recurring stress or even traumatic situations at work (for example in the military, law enforcement or health care) which can sometimes be associated to growing industry demands or poor employer response to problematic situations (for example related to harassment or poor management). Ubiquitous supervision or monitoring using digital technology can also affect the health of workers as can the expectation of responsiveness or almost permanent availability.

A human rights and positive obligations approach requires ongoing attention as well as fostering and preserving a culture of prevention in the areas of health and safety as opposed to purely curative or compensatory approaches. The policies and strategies adopted must be regularly assessed and reviewed, particularly in the light of changing risks.

Exposure of frontline staff to SARS-CoV-2 and the risk of developing COVID-19 placed the right to safe and healthy working conditions under the spotlight. Issues may arise both from the angle of risk of infection because of the objective working conditions (high risk settings, close contact with highly contagious patients, emergency or intensive care units), the material and other arrangements surrounding that kind of work, and the means of protection provided to frontline workers, in terms of instructions, training as well as the quantity and adequacy of protective material. In a crisis, such as the one resulting from the COVID-19 pandemic, the large degree of unpredictability does not exclude

preparedness and anticipation which is due not only to the population at large (under Article 11 of the Charter) but also to workers under Article 3 of the Charter. Beyond general preparedness, good governance arrangements must be in place enabling quick reaction and appropriate decision making as the crisis evolves in light of the best information and science available.

Article 3 – The right to safe and healthy working conditions

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

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

- a) *Please provide information about policy formulation processes and practical arrangements made to identify new or emerging situations, that represent a challenge to the right to safe and healthy working conditions; also provide information on the results of such processes and of intended future developments.*

Policy documents in Latvia are developed according to a certain procedure approved by the Cabinet of Ministers and coordinated with the social partners and within the public administration. The measures included in the policy documents are based on statistical data, research, studies and scientific information and are in line with policy documents at the EU level.

The current National Strategy on occupational safety and health consists of Strategy for the Development of the Labour Protection Field 2016-2020, Strategic Action Plan 2016-2018 and Strategic Action Plan 2019-2020. These documents are closely linked to the targets and main measures of EU Strategic Framework on Health and Safety at Work 2014-2020. When planning and elaborating the targets and activities of the National Strategy, all the available information is taken into account, especially statistical and practical information from the State Labour Inspectorate and Riga Stradins University Agency "Institute for Occupational Safety and Environmental Health", suggestions from social partners and data from studies.

The State Labour Inspectorate gather information and statistics on accidents at work and occupational diseases, as well as the most significant and frequently detected violations. Since the statistical data of serious and lethal accidents at work describes the situation more precisely than the total number of accidents at work, the decision was made to use the number of lethal and serious accidents at work as main indicator in the National Strategy.

The analysis of occupational diseases shows that the total number of occupational diseases is slightly increasing, therefore the Strategy introduced measures for the prevention and early diagnosis of occupational diseases with a special focus on prevention of musculo-skeletal disorders.

Since 2006 it is possible to evaluate information about the development and trends of the situation in Latvia in the field of occupational safety and health from the data of the study "Working Conditions and Risks in Latvia". The study was carried out for the first time in 2006, then in 2010, 2013 and 2018 repeated studies were carried out within the projects supported by European Social Funds (hereinafter - ESF). Such studies provide significant information regarding the spread of different labour environment risks, changes of the situation in different sectors, the level of awareness of the society and also suggestions from experts for improvements. In order to implement a high quality and target-

oriented policy in the field of labour rights and labour protection, as well as to be aware of the current situation, it is planned to carry out such studies also in the future.

- b) *With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.*

In view of the global situation caused by Covid-19 and the potential risks in Latvia, the state of emergency was announced from 12 March to 9 June with the purpose of containing the spread of COVID-19. During the state of emergency several epidemiological safety measures and other measures were determined in the Order of Cabinet of Ministers No.103 "Regarding Declaration of the Emergency Situation" (adopted 12 March 2020)¹.

As regards protection of frontline workers, the general safety rules on training and instructing of workers and providing personal protective equipment have to be applied. But since the situation with the spread of COVID-19 was new, emerging and evolving rapidly, a special attention was paid to these issues at the very beginning of the pandemic.

According to the amendments of 2 April 2020 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 ensured the storage and write-off of the purchased goods following the issuing thereof.

Until October 25, 2020 in order to reduce and overcome the effects of COVID-19 in total EUR 34 259 043.19 had been spent from the State budget programme "Funds for Unforeseen Events" for the purchase and necessary transporting of face masks, respirators, face shields, medical clothing, gloves, disinfectants and other products. As a result the State, local governments and social care institutions were provided with the necessary personal protective equipment and disinfectants depending on the specifics of their work, which ensured the protection from Covid-19.

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 practical information and guidance on occupational safety and health (including sector-specific advice) during the COVID-19 pandemic has been prepared and is available at <http://stradavesels.lv/materiali/>. The employer is responsible for providing specific training on occupational safety and health issues in conformity with the type of the specific work or profession in the relevant work place. 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.

In order to determine the regulation after the end of the state of emergency, the Law on the Management of the Spread of COVID-19 Infection² and the Law on the Suppression of Consequences

¹ <https://likumi.lv/ta/en/en/id/313191>

² <https://likumi.lv/ta/en/en/id/315278-law-on-the-management-of-the-spread-of-covid-19-infection>

of the Spread of COVID-19 Infection³ were adopted on June 5, 2020 and the Regulations of the Cabinet of Ministers No. 360 “Epidemiological Safety Measures for the Containment of the Spread of COVID-19 Infection”⁴ were adopted on June 9, 2020 (came into force on June 10, 2020). It was not possible to predict further risks of the spread of Covid-19, thus, in the interests of legal stability and public security, it was necessary to develop legal acts that regulate the competence and activities of individuals and institutions after the end of the state of emergency.

The situation in Latvia regarding COVID-19 during spring and summer 2020 in general was better than average in European countries. The highest point 14-day cumulative number of COVID-19 cases per 100 000 was reached on April 4, 2020 (20.52) and then decreased to 0.63 on July 5, 2020. It can be assumed that the restrictions and recommendations (distance learning, distance working when possible, limited public events, 2m distancing, using appropriate personal protective equipment and disinfectants for workers, etc.) were effective in preventing the spread of the COVID-19.

In the autumn 2020 the number of infected persons with COVID-19 increased: 14-day cumulative number of COVID-19 cases per 100 000 on October 26 had reached 104,56 and by this time it was still lower than average in Europe. A state of emergency in Latvia was announced from November 9, the epidemiological safety measures and other measures are defined in the Order of Cabinet of Ministers No.655 “Regarding Declaration of the Emergency Situation” (Adopted on 6 November 2020)⁵.

However it is not possible to predict the situation in the future and it is not yet possible to evaluate the effects of preventive measures.

- c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

The documents of the National Strategy are evaluated regularly in order to assess the results obtained and plan activities in the future. Regarding the previous Strategy the Informative report on the implementation of the Strategy for the Development of the Labour Protection Field 2008-2013 and the implementation of the Strategic Action Plan 2011-2013 was adopted on July 7, 2014.

It was concluded that the policy result set out in the strategy (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. Such results have been achieved through the effective implementation of measures that contribute the improvement of situation in the occupational safety and health. At the same time, these results to some extent can be explained by the decline in economic activity in the most dangerous sectors in 2008-2010 because of economic crisis.

Most of the measures set out in the Strategic Action Plan 2011-2013 were successfully implemented. The ESF project “Practical application of labor relations and labor safety regulations in sectors and companies” implemented by the Employer’s Confederation of Latvia and the Free Trade Union Confederation of Latvia was very useful, providing free consultations and training to employers and employees and developing various informative materials. Important support was given to enterprises of hazardous sectors, providing free work environment risk assessment, development of a plan of measures and training of employees within the project implemented by the Employer’s Confederation of Latvia.

The work of State Labour Inspectorate had been improved significantly by changing the administrative structure, increasing the number, availability and quality of consultations, introducing electronic services and carrying out preventive campaigns.

³ <https://likumi.lv/ta/en/en/id/315287-law-on-the-suppression-of-consequences-of-the-spread-of-covid-19-infection>

⁴ <https://likumi.lv/ta/en/en/id/315304>

⁵ <https://likumi.lv/ta/en/en/id/318517>

Taking into account the results of previous strategy the current National Strategy on occupational health and safety was adopted – Strategy for the Development of the Labour Protection Field 2016-2020, Strategic Action Plan 2016-2018 and Strategic Action Plan 2019-2020. Since not only lethal accidents at work, but also serious accidents are reported and registered correctly, it was decided to set the main policy result for this strategical period – reducing the number of fatal and serious accidents at work per 100 000 employees by 10% since year 2013. Special attention was paid also to increasing the level of public awareness on occupational safety and health and decreasing the percentage of occupational diseases within the age group up to 44 years.

After the end of the first half of the strategical period, the Informative report on the interim evaluation of the implementation of the Strategy for the Development of the Labour Protection Field 2016-2020 and the implementation of the Strategic Action Plan 2016-2018 was adopted. The purpose of the report was to provide an overview of the extent to which the objective of the strategy had been achieved and actions had been implemented in the period 2016 - 2018.

It was concluded that by the end of the year 2018 a 10% decrease of fatal and serious accidents at work per 100 000 employees was reached (33.02 in 2013, 29.7 in 2018). The results of the study “Working Conditions and Risks in Latvia” show that the level of awareness of the public on occupational safety and health issues had increased significantly – by 49% (36.5% inhabitants were well informed on occupational safety and health in 2013, 54.5% in 2018).

The total number of newly approved occupational diseases continues to increase annually as well as the number of diseases approved for employees under the age of 44 (9.1% from total number of occupational diseases in 2013, 10.3% in 2018). The reasons for such increase could be partly due to the fact that the common reasons for occupational diseases are associated with physical congestion which causes diseases of the musculoskeletal system. In addition, the diagnostics and investigation process of occupational diseases have been improved which leads to identification of diseases at earlier stages and promotes the increase in the total number of registered occupational diseases.

According to the Law on Compulsory Social Insurance in respect of Accidents at Work and Occupational Diseases (adopted on November 2, 1995)⁶, the funds of the special budget for occupational accidents, but not more than 0.5% from the total amount of the funds of the special budget for occupational accidents laid down in the annual State Budget Law, shall be spent on financing preventive measures which are implemented by Riga Stradins University Agency “Institute for Occupational Safety and Environmental Health”, according to the recommendations of the Ministry of Welfare. The Information Council decide on the necessary activities which are included in the annual Occupational Health and Safety Prevention Action Plan. The measures of this plan are also included in the Strategy and are essential for informing the public, especially employers, employees and labour protection specialists. Every year various informative materials are published, video materials are created, seminars on various topical issues are organized, as well as web-site www.stradavesels.lv is further developed and promoted.

During the period 2016-2018 within the Prevention Measures Plan 83 informative materials were developed, published and distributed on a wide variety of topical issues relating to occupational safety and health, including materials on stress at work. A total of 123 seminars were carried out in Riga and the regions for labour protection specialists and other persons involved in the occupational safety and health issues. Specifically on health promotion issues 14 informative events were organised with a special emphasis on psycho-emotional risk factors and reduction of stress in the work environment.

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. On average, the State Labour Inspectorate organizes 4 preventive thematic

⁶ <https://likumi.lv/ta/en/en/id/37968>

inspections every year visiting 600 companies in the most dangerous sectors or intensifying inspections of specific work environment risks, which allow reducing the risk of accidents. The following thematic inspections were carried out in year 2019:

- 1) on safety when working with work equipment;
- 2) in construction companies;
- 3) on psycho-emotional risks in the working environment;
- 4) on safety on the internal and external routes in enterprises.

The support from the European Social Fund (hereinafter – ESF) significantly contributes to improving the situation of the occupational safety and health. The Strategic documents include a number of measures from the ESF project “Practical Application of Regulatory Enactments Regarding Employment Relationship and Occupational Safety”. The aim of the project is to improve occupational health and safety at enterprises in the period 2016-2023, in particular at enterprises operating in a high risk industry. Within the project the practical support for small and medium enterprises is provided - support in the assessment of work environment risks, the possibility to use laboratory measurements and participate in training. There are also measures organised for improvement of the professional capabilities of the State Labour Inspectorate (training and training materials), studies and preventive and informative educational measures.

It was concluded in the Informative report on the interim evaluation that the activities and measures set out in the Strategic Action Plan 2016-2018 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. It was 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 following areas:

- promoting a longer and better working life and maintaining working capacity, especially for the older workers, by providing support to employers in assessing the working environment, as well as in improving and promoting the health of employees;
- promotion of culture of prevention, the provision of information to the public, in particular employers and employees, practical training and counseling in the workplace;
- prevention of occupational diseases, especially musculoskeletal diseases, informing health care specialists and promotion of mutual cooperation, early diagnosis of occupational diseases, availability of early rehabilitation services;
- informing children and young people on labour protection issues, creating a preventive culture and preparing young people to start work;
- extension of labour protection requirements to employees involved in teleworking as well as other forms of employment;
- improving the performance of the State Labour Inspectorate by ensuring the training of inspectors, exchange of experience, modern equipment, improvement of information and analysis systems and working methods in accordance with new trends and technologies.

For the period 2021-2027 the Strategy for Social Protection and Labour Market Policy is currently being developed that will cover most of the issues within the competence of the Ministry of Welfare. The aim of this Strategy is to promote the social inclusion of the population by reducing income inequality and poverty, developing accessible and personalized social services and legal support, and promoting a high level of employment in a quality work environment. One of the most important components of quality work environment is safety and health of employees, therefore this strategy will include targets and activities in the field of occupational safety and health taking into account the results achieved during the previous periods.

2. to issue safety and health regulations;
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- a) *Please provide detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or new situations (including as regards stress and harassment at work; work-related substance use and employer responsibility; strictly limiting and regulating electronic monitoring of workers; mandatory digital disconnection from the work environment during rest periods – also referred to as “digital detox”; health and safety in the digital and platform economy; etc.) and about regulatory responses to newly recognised forms of professional injury or illness (such as work-related self-harm or suicide; burn-out; alcohol or other substance use disorders; post-traumatic stress disorders (PTSD); injury and disability in the sports entertainment industry, including in cases when such injury and disability can take years or even decades to become apparent, for example in cases of difficult to detect damage to the brain; etc.).*

The purpose of the main legislative act in the field of occupational health and safety - Labour Protection Law⁷ is to guarantee and improve safety and health protection of employees at work by determining obligations, rights and mutual relations regarding labour protection between employers, employees and their representatives, as well as the State institutions.

The Labour Protection Law and other laws and regulations regarding occupational safety and health shall be applicable in all fields of employment if there are no other specific regulation. The legislation in Latvia regarding labour relations and occupational safety and health comply with the respective EU directives ensuring equal protection level for the employees of Latvia as in other EU countries. These requirements apply to employment rules, working time, training of employees, health surveillance, protection from different risk factors, including chemical substances and carcinogens, etc.

The situation regarding the non-standart forms of work is topical issue around the World and at the EU level. Since there are no common approach and regulation yet, the general requirements in the field of labour relations and occupational health and safety applies also to non-standard forms of work if it is possible to identify the employer and employee.

The changes to the legislation of Latvia have been made regarding distance work and the protection of self-employed persons. The amendments to the Labour Protection Law were adopted on October 3, 2019 and came into force on July 1, 2020. The main purpose of the amendments is to ensure more effective application of occupational safety and health requirements to self-employed persons and distance workers. The definition of ‘distance work’ has been introduced – a type of work where the work that could be performed by the employee within the employer's enterprise, whether on a permanent or regular basis is done outside the enterprise, including work using information and communication technology. According to the amendments, the distance worker must cooperate with the employer in assessing the risks of the working environment and provide the employer with information on the conditions at the distance workplace that may affect the safety and health of the worker at work. In case of distance work, the risk assessment should be done whether for the concrete workplace or for the type of work.

Regarding the safety of self-employed persons, the amendments to the Labour Protection Law provide that the employer should ensure self-employed persons involved in the work of enterprise with the same conditions as their own employees. Self-employed persons, when performing work in the work environment of the employer's enterprise, have a duty to follow the employer's instructions and shall comply with the obligations of the employee laid down in this Law. In addition, the procedure for

⁷ <https://likumi.lv/ta/en/en/id/26020-labour-protection-law>

preparation of documentation on occupational safety and health has been modernized, the cooperation between employers and also self-employed persons has been specified more clearly and other technical changes to the Law have been made.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Content of the regulations on health and safety at work

The Labour Protection Law prescribes the following general principles of occupational health and safety:

- 1) establishing the working environment in such a way as to avoid working environment risks or to reduce the effect of unavoidable working environment risks;
- 2) preventing the working environment risks at source;
- 3) adapting the work to the individual, mainly as regards the choice of design of the workplace, the work equipment, as well as the working and production methods paying special attention to alleviating monotonous work and work at a predetermined work-rate and to reducing negative effect thereof on health;
- 4) taking into account technical, hygiene and medical progress;
- 5) replacing the dangerous by the safe or the less dangerous;
- 6) developing a co-ordinated and comprehensive system of labour protection measures;
- 7) giving priority to collective labour protection measures in comparison with individual labour protection measures;
- 8) preventing the effect of the working environment risks on the safety and health of those employees for whom in accordance with laws and regulations special protection has been determined;
- 9) performing employee instruction and training in the field of labour protection;
- 10) co-operating in the field of labour protection with the employees and the trusted representatives.

The general principles and other requirements in the field of occupational safety and health are applicable to all types of working relationship if the employer and employee can be identified. The definitions of employer and employee included in the Labour Protection Law covers not only employers and employees that have concluded employment contract, but are applicable also to other forms of work:

- employee - any natural person employed by an employer, including State civil servants and persons employed during production or training practice;
- employer - a natural person, a legal person or a partnership with legal capacity employing at least one employee.

As mentioned before, the amendments to the Labour Protection Law were adopted on October 3, 2019 (came into force on July 1, 2020) in order to ensure better protection of self-employed persons and distance workers. According to these amendments a self-employed person, in conformity with the general principles mentioned above, has an obligation to take care of his/her safety and health at work, and also safety and health of those persons who are affected or may be affected by his/her work. Self-employed person is a natural person who performs work independently and is not regarded to be an employee within the meaning of the Labour Protection Law.

Regarding safety and health protection of self-employed persons a new Article in Labour Protection Law has been introduced:

“Article 16. ¹ Safety and Health Protection of Self-employed Persons

(1) A service recipient who has entered into a contract with a self-employed person shall ensure as safe working environment to him/her as to the employees of his/her undertaking if the self-employed person is performing work in the working environment of such undertaking.

(2) A self-employed person, when performing work in the working environment of the undertaking of the service recipient, has an obligation to comply with the instructions of the service recipient in labour protection issues and to inform the service recipient of the specific nature of his/her work, the methods applied, and the equipment used, if it may affect the safety and health protection of other employees.

(3) A service recipient who has entered into a contract with a self-employed person for the performance of work in the working environment of the undertaking of the service recipient is entitled not to admit him/her to work or to suspend his/her work if it is detected that he/she is violating the labour protection provisions, including the provisions regarding the use of work equipment and personal protective equipment, or is endangering his/her safety and health or safety and health of other persons.

(4) If an accident occurs in the working environment of the undertaking of the service recipient in which the self-employed person suffers an injury, then the service recipient who has entered into a contract with him/her shall find out and evaluate the causes of the accident, and also take the necessary preventive measures for the elimination of similar accidents if it may affect the work to be performed in such undertaking.

(5) When performing work in the working environment of the undertaking of the service recipient, the self-employed person shall comply with the obligations of the employee laid down in Article 17 of this Law, insofar as it is not in contradiction with the status of the self-employed person.”

The Regulations of the Cabinet of Ministers No.660 “Procedures for the Performance of Internal Supervision of the Working Environment”⁸ (adopted on 2 October 2007) determine that the employer shall carry out the internal supervision of the working environment and assessment risks, including chemical, biological, physical, psychosocial risks, etc. The Annex of these regulations “Inspection of Workplace or Type of Work and Determination of Work Environment Factors Therein and Evaluation Thereof” includes a template prescribing list of main factors that shall be identified and evaluated. Regarding psychological and emotional factors the template includes the following factors, causes of risks and areas to be evaluated when performing the risk assessment.

Inspection of Workplace or Type of Work and Determination of Work Environment Factors Therein and Evaluation Thereof (Psychological and Emotional Factors)

Work environment factors	What may cause risk to the safety and health of employees	Whether there is (exists) a specific work environment factor	What is to be evaluated in order to determine whether a risk to the safety and health of employees exists and whether further inspection/labour protection measures are required	Whether in present (existing) work environment factors cause a risk to the safety and health of employees and whether it is necessary to take labour protection measures
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⁸ <https://likumi.lv/ta/en/en/id/164271-procedures-for-the-performance-of-internal-supervision-of-the-work-environment>

			no	yes		no	yes/ perhaps	
Psychological and emotional factors	working hours	organisation of working time			work at night, work in shifts, unplanned overtime work, irregular shifts, duration of shifts			
	shortage of working time	work to be performed is connected with additional effort			work at piece rate, work in groups or individually, speed of work, duration of haste			
	monotonous work	nature and volume of work, which frequently repeat			whether work is monotonous and (or) it requires constant attention, ability to influence the work to be performed			
	inability to influence the working procedures	small (insufficient) possibilities for employees to participate in the planning of their work			possibilities for employees to organise their own work			
	work in isolation	work where employees work protractedly alone or in isolation from others			risk of accidents and violence, lack of communication, lack of support of colleagues, lack of information			
	increased responsibility		increased responsibility in work			level of responsibility, the frequency of taking of responsible decisions, the scope of people influenced by the decision, the scope and severity of consequences in case of mistake		
			taking of important, responsible decisions					

	strained psychological atmosphere at work	unfavourable, strained relationship among employees			mutual relationship in work collective, mutual support, psychological isolation, competition, mobbing, bossing		
		unfavourable, strained relationship with employer					
		other (please, specify)					
	violence	physical			potential physical assaults, sexual harassment of employees, clients or other persons		
		sexual harassment					
	other psychological factors						

Data source: *State Labour Inspectorate*

Risk assessment shall be carried out or reviewed not less than once a year in all enterprises and it should cover all kind of risks that are identified. The employer may use the template from the regulation or use other methods in order to inspect and evaluate the workplaces which are appropriate for the nature of economic activity of the enterprises and take into account all the work environment factors.

The psychoemotional risk factors shall be taken into account in the process of investigation of occupational diseases. The Regulations of the Cabinet of Ministers No.908 "Procedures for Investigation and Registration of Occupational Diseases"⁹ (Adopted on November 6, 2006) prescribe the procedures for investigation and registration of occupational diseases, the list of occupational diseases, and also the list of factors causing occupational diseases and the categories of the use thereof. The harmful factors in accordance with the classification of factors causing occupational diseases mentioned in the Annex 5 to this Regulation shall be specified when investigating occupational diseases. Regarding psychosocial factors the list of factors causing occupational diseases includes such factors as pace of work, working time, type of pay, workload and intensity of work, possibility to impact work, requirements for quality of work, social contacts, relationship at work, risks and traumatic experience, including shock and violence.

Levels of prevention and protection

Establishment, alteration and upkeep of workplaces

The legislation in Latvia regarding occupational safety and health complies with the respective EU directives. Since the rules included in respective directives already provide high level of protection for the employees across EU countries, including Latvia, not all of the ILO conventions regarding occupational safety and health have been ratified, for example, Convention No. 167 on Safety and Health in Construction (1988), No. 176 on Safety and Health in Mines (1995) and No. 184 on Safety and Health in Agriculture (2001) and they are not scheduled to be ratified in the near future.

⁹ <https://likumi.lv/ta/en/en/id/147550-procedures-for-investigation-and-registration-of-occupational-diseases>

The general requirements of legal acts regulating occupational safety and health are applicable to all sectors of economic activity, also in construction, mining and agriculture.

Specific requirements for construction sector are included in the Regulations of the Cabinet of Ministers No. 92 "Labour Protection Requirements in Performing Construction Work"¹⁰ (adopted February 25, 2003), transposing 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 regulation prescribes duties of the main contract holder, contractors, employees coordinators and other persons involved in construction (self-employed persons, supervisory and control authorities), labour protection requirements for organisation of workplaces at construction sites, additional requirements for workplaces in premises and outside the premises, specific requirements for project preparation and execution stages and elaboration of documents (prior notice, labour protection plan).

The Regulations of the Cabinet of Ministers No. 150 "Labour Protection Requirements for Extraction of Minerals"¹¹ (adopted on February 21, 2006) contain legal norms arising from Council Directive 92/91/EEC of 3 November 1992 concerning the minimum requirements for improving the safety and health protection of workers in the mineral-extracting industries through drilling; and 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. These Regulations prescribe the labour protection requirements in works that are related to geological search, investigation and extraction of minerals and preparation thereof for sale, except for the further processing of minerals. The regulation includes the requirements for extraction of minerals on dry land and sea, using drilling method, for surface extraction of minerals and underground extraction of minerals. However the underground extraction of minerals is not widespread in Latvia.

The general provisions for establishment, alteration and upkeep of workplaces are included in the Regulations of Cabinet of Ministers No. 359 "Labour Protection Requirements in Workplaces"¹² (adopted on April 28, 2009) transposing Council Directive 89/654/EEC of 30 November 1989 concerning the minimum health and safety requirements for the workplace. These regulations include requirements regarding design, installation and maintenance of different elements at workplaces, for example, electric appliances, equipment, lightning, doors, windows, stairs, etc.

The Regulations of the Cabinet of Ministers No. 749 "Regulation Regarding Training in Labour Protection Matters"¹³ (adopted on August 10, 2010) prescribe the procedures for training of labour protection specialists, labour protection co-ordinators, employers, employees and trusted representatives in labour protection matters applying to all sectors. Regarding training of employees, the regulation determines that employer shall ensure training of employees in labour protection matters by selecting such form of training which conforms to the professional preparedness of the employee, taking into consideration the education, previous training, work experience and skills of the employee, as well as the specific nature of the undertaking.

Training of employees in labour protection matters shall include:

- 1) introductory training;
- 2) instructing in the work place:
 - initial - upon commencing work;
 - repeated - in the course of work;
 - unplanned instructing;
 - special purpose instructing;

¹⁰ <https://likumi.lv/ta/en/en/id/71958-labour-protection-requirements-in-performing-construction-work>

¹¹ <https://likumi.lv/ta/id/128920-darba-aizsardzibas-prasibas-derigo-izraktenu-ieguve>

¹² <https://likumi.lv/doc.php?id=191430>

¹³ <https://likumi.lv/ta/en/en/id/214922-regulations-regarding-training-in-labour-protection-matters>

3) thematic training regarding a particular labour protection matter.

During introductory training employees shall be familiarised with the labour protection in the undertaking. The introductory training shall be ensured for all employees regardless of their education and length of service in the relevant profession or position immediately after commencing of employment, production or field practice. Employees shall acquire the following knowledge during the introductory training:

- 1) the type of activity of an undertaking and the most significant risk factors of the work environment;
- 2) the influence of risk factors of the working environment on safety and health;
- 3) the working regulations in the undertaking;
- 4) the labour protection system in the undertaking;
- 5) the significance of mandatory health examinations and the procedures for performance thereof;
- 6) the safety signs;
- 7) the rights and obligations of employees;
- 8) the representation of employees;
- 9) the general requirements for action in emergency situations and when an accident at work has occurred;
- 10) other labour protection matters.

During the instructing, an employee shall be familiarised with the work to be performed, the instructions and labour protection requirements approved by the employer in conformity with the type of the specific work or profession in the relevant work place by practical demonstration of safe working techniques and methods and, if necessary, by using visual aids.

Initial instructing in a work place shall be organised individually or for a group of employees, provided that they are employed in work of the same type (for example, servicing of clients, operation of equipment or technological processes of the same type), instructing the employees regarding the following matters:

- 1) general information regarding the specific institution, production site, department, object, technological process and equipment, the organisation of work and the work place;
- 2) the scheme for the safe movement (route) of employees within the territory of the institution, department, production site or object;
- 3) the work environment risk factors characteristic to the relevant work place or type of work;
- 4) the influence of the work environment risk factors on safety and health;
- 5) safe working methods;
- 6) the use of work equipment;
- 7) the use of personal protective equipment;
- 8) action in emergency situations and when accident at work has occurred;
- 9) safety signs in the relevant work place;
- 10) labour protection measures;
- 11) other labour protection matters.

After instructing in a work place a person who performs instructing shall test the knowledge and practical skills of the employee.

Protection against hazardous substances and agents

European Parliament and Council Regulation (EC) No 1907/2006 of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) prescribes the requirements for restrictions on the manufacture, placing on the market and use of certain dangerous substances, mixtures and articles. These requirements refer also to asbestos fibres and benzene and are directly applicable in Latvia.

Procedures for the management of asbestos waste are set by the Regulations of the Cabinet of Ministers No.301 "Regulations Regarding Environmental Pollution from Production of Asbestos and

Asbestos-based Products and Management of Asbestos Waste” (adopted on April 19, 2011)¹⁴. In accordance with provisions of Regulation No.301, buildings, structures or equipment, in which materials containing asbestos are present, shall be destroyed and materials containing asbestos shall be treated in conformity with the laws and regulations regarding labour protection requirements in work with asbestos, including preventing the release of asbestos fibres or dust into the environment. In the transportation and disposal of waste containing asbestos fibres or dust, the carrier or operator shall treat, package and cover the waste so that the release of asbestos fibres or dust into the environment is prevented.

A waste holder shall ensure packaging and labelling of waste containing asbestos (fibres or dust) in accordance with Annex XVII of the Regulation 1907/2006 (REACH). Construction waste containing asbestos and other waste containing asbestos may be disposed of only in separate compartments of landfill sites for local government waste or at landfill sites where only waste containing asbestos is disposed of in conformity with the laws and regulations regarding procedures for construction of landfill sites and management thereof.

The fulfilment of this Regulation shall be controlled by the State Environmental Service and regional environmental boards of the State Environmental Service.

Detailed provisions for the management of asbestos waste at landfill or at the special compartment of landfill are set in paragraphs 60 and 61 of Regulations of the Cabinet of Ministers No.1032 “Regulation Regarding the Construction of Landfill Sites, the Management, Closure and Re-cultivation of Landfill Sites and Waste Dumps (adopted on December 27, 2011)¹⁵.

Construction waste containing asbestos and other waste containing asbestos (hereinafter - waste containing asbestos) may be accepted and disposed of without additional tests in separate compartments of landfill sites for local government waste or at landfill sites where only waste containing asbestos is disposed of, if it conforms to the requirements referred to in Sub-paragraph 57.2 of this Regulation (Sub-paragraph 57.2: The disposal of the following waste is permitted at local government waste landfill sites: stable, solidified or vitrified, chemically inactive hazardous waste, if such waste is disposed separately from biodegradable waste and if they conform to the requirements of the permit (regarding the performance of category A or B polluting activities) issued for the relevant landfill site).

The following additional requirements shall be observed in compartments of landfill sites for local government waste or at landfill sites where only waste containing asbestos is disposed of:

1. waste does not contain other harmful substances except asbestos in a bound form including fibres which are bound with a binding agent or packed in plastic packaging;
2. only waste containing asbestos is accepted or it is disposed of in a separate compartment of a landfill site, if the waste containing asbestos is disposed of at the landfill site for local government waste;
3. an area for the disposal of waste containing asbestos shall be covered with a layer of insulating material before each compacting of waste in order to prevent the distribution of asbestos fibres;
4. if the packaging of waste containing asbestos is damaged or it is not packed, it shall be immediately covered with a layer of insulating material. Before each compacting of waste, it shall be covered again with a layer of insulating material and sprayed with water or leachate in order to prevent the spreading of asbestos fibres;
5. a landfill site or a compartment thereof shall be covered with a closing cover after complete filling to prevent the release of asbestos fibres into the environment;

¹⁴ <https://likumi.lv/ta/en/en/id/229147-regulations-regarding-environmental-pollution-from-production-of-asbestos-and-asbestos-based-products-and-management-of-asbestos-waste>

¹⁵ <https://likumi.lv/ta/en/en/id/242189-regulations-regarding-the-construction-of-landfill-sites-the-management-closure-and-re-cultivation-of-landfill-sites-and-waste-dumps>

6. no activities are performed at a landfill site or in a compartment thereof, which could cause the release of asbestos fibres into the environment;
7. the plan of a landfill site or a compartment thereof, where the place of disposal of waste containing asbestos is indicated, shall be kept after closure of the landfill site;
8. after closure of a landfill site measures shall be taken to limit possible use of the land and prevent people from coming into contact with the waste.

A landfill operator shall check visually waste or packaging and labelling of packaged waste before waste acceptance and after unloading of waste at the landfill site in which only construction waste containing asbestos is disposed of, in order to determine the conformity of the waste delivered with the description of the waste.

With respect to ionising radiation, the “umbrella” “Law on Radiation Safety and Nuclear Safety” was adopted by the Parliament in 2000 followed by a number of amendments up to 2020. The Regulations of the Cabinet of Ministers No.752 “Procedures for licensing and registration activities with sources of ionising radiation” (adopted on December 22, 2015)¹⁶ determine activities with sources of ionizing radiation which do not require a license or registration as human behaviour cannot influence the actions or potential dose of ionizing radiation exposure and the exposure is negligible from the point of view of radiation safety. It is planned that by the end of 2020 a new regulation will substitute the Regulations No. 752. The new regulation will foresee particular activities with the sources of ionising radiation that will have to be notified, but will not need a licence or registration. The activities which will have to be only notified will be prescribed in the new regulation having regard to the potential negative effects of ionizing radiation generated by the activities on human health and the environment.

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. In elaboration of the provisions, the competent authorities and the representatives of employers and workers in the given field are consulted. The radiation protection legal system is based upon the EU requirements and other international requirements.

The provisions related to protection of workers are included in the Regulations of the Cabinet of Ministers No. 149 “Regulation for Protection against Ionising Radiation” (adopted on April 9, 2002)¹⁷. The levels for protection of workers are set in Chapter 4.1. “Ionising Radiation Dose Limits for Workers and Apprentices and Students of 16 to 18 Years of Age”. The basic limit of the effective dose for workers shall be 20 mSv per year. For a worker - a pregnant woman or mother who breastfeeds a child, the basic limit of the effective dose shall be 1 mSv per year. In addition to the basic limits of the effective dose (20 mSv per year) a worker shall have subordinated limits of the equivalent dose listed in Paragraph No. 30. The basic limit of the effective dose for apprentices and students aged between 16 and 18 years shall be 6 mSv per year. In addition to the basic limits of the effective dose apprentices and students shall have subordinated limits of the equivalent dose listed in Paragraph No. 32. Regulation No. 149 foresee values of permissible exposure to ionising radiation for specially authorised exposure of workers in Chapter 4.2. “Ionising Radiation Dose Limits for Specially Authorised Exposure of Workers”. Specially authorised exposure is a systematic exposure if for the performance of a specific activity the basic limit of the effective dose for a worker (20 mSv per year) is expected to be exceeded, or exposure in case of a radiation accident in order to save human lives, prevent exposure of many people or preserve great material values. It is foreseen that specially authorised exposure shall not be longer than five years and only category A workers may be subject to specially authorised exposure. Chapter 4.3. “Ionising Radiation Dose Limits for the Population” foresee that

¹⁶ <https://likumi.lv/ta/en/en/id/278903>

¹⁷ <https://likumi.lv/ta/en/en/id/61173-regulations-for-protection-against-ionising-radiation>

basic limit of the effective dose for the population shall not exceed 1 mSv per year, excluding irradiation from natural sources of ionising radiation and medical exposure. In addition to the basic limit of the effective dose (1 mSv per year), the population shall have subordinated limits of the equivalent dose listed in Paragraph 44.

Additionally, the Regulations of the Cabinet of Ministers No. 482 “Regulation Regarding Protection against Ionising Radiation in Medical Exposure” (adopted on August 19, 2014)¹⁸ prescribe the implementation of basic principles for radiation safety and nuclear safety in the protection of human beings against ionising radiation in medical exposure.

Moreover, the Regulations of Cabinet of Ministers No. 1284 “Procedures for Control and Registration of the Exposure of Workers” (adopted on November 12, 2013)¹⁹ 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 considered and incorporated when elaborating new Regulations or amending existing Regulations. The requirements have been taken into account in Regulations No. 149, Regulations No. 482 and Regulations No. 152 “Requirements for Preparedness for Radiological Emergency and Actions in the Event of Such Emergency” (adopted on April 4, 2003)²⁰.

In 2019 Latvia hosted two international peer reviews to assess the radiation safety infrastructure and to evaluate it against documents of the International Atomic Agency (Integrated Regulatory Review Service (IRRS) and Integrated Review Service for Radioactive Waste and Spent Fuel Management, Decommissioning and Remediation (ARTEMIS) Mission). Prior to the missions, a comprehensive self-assessment was carried out to prepare a Preliminary National Action Plan. The final reports of the IRRS and ARTEMIS missions are published and available to the public on the State Environmental Service website²¹.

Regarding contaminated buildings and materials - there are no legacy sites with radioactive contamination that might impact the health of the population or the environment. There is only a research reactor (Salaspils research reactor) which is shut down and is planned to be decommissioned by 2030.

Detailed information about waste management in Latvia is provided in the OECD Environmental Performance Review: Latvia 2019, Section 4²².

Personal scope of the regulations

The Labour Law²³ and other laws and regulations that govern employment relationships shall be binding on all employers irrespective of their legal status and on employees if the mutual legal relationships between employers and employees are based on an employment contract. The Labour Law (Article 7) determines that everyone has an equal right to work, to fair, safe and healthy working conditions, as well as to fair remuneration.

¹⁸ <https://likumi.lv/ta/en/en/id/268378-regulations-regarding-protection-against-ionising-radiation-in-medical-exposure>

¹⁹ <https://likumi.lv/ta/en/en/id/261924-procedures-for-control-and-registration-of-the-exposure-of-employees>

²⁰ <https://likumi.lv/ta/en/en/id/73845-requirements-for-preparedness-for-radiological-emergency-and-actions-in-the-event-of-such-emergency>

²¹ IRRS: <http://www.vvd.gov.lv/public/fs/CKFinderJava/files/RDC/Zi%C5%86ojumi/IRRS%20Report%20.pdf>

ARTEMIS: <http://www.vvd.gov.lv/public/fs/CKFinderJava/files/RDC/Zi%C5%86ojumi/ARTEMIS%20Report.pdf>

²² <http://www.oecd.org/environment/oecd-environmental-performance-reviews-latvia-2019-2cb03cdd-en.htm>

²³ <https://likumi.lv/ta/en/en/id/26019-labour-law>

Regarding the protection of workers in fixed-term employment the Labour Law (Article 44) prescribes that the same provisions, which apply to an employee with whom an employment contract has been entered into for an unspecified period, shall apply to an employee with whom an employment contract has been entered into for a specified period. Consequently the regulations on occupational safety and health, including training, are applicable also to workers in fixed-time employment.

The same principle applies also to the work placement services (Article 7 (4)): it is the obligation of the work placement service provider as the employer to ensure the same working conditions and apply the same employment provisions to an employee who has been appointed for a specified period to perform work in the undertaking of the recipient of the work placement service as would be ensured and applied to an employee if employment relationships between the employee and the recipient of the work placement service had been established directly and the employee was to perform the same work.

If an employee has been posted to perform work for the benefit of and under the management of the recipient of the work placement service within the scope of the work placement service, it is the obligation of the recipient of the work placement service to ensure the employee with safe and harmless working conditions during the period of posting according to the requirements of laws and regulations governing labour protection, except for mandatory health examinations (Article 27 (4)). The mandatory health examination shall be carried out by the work placement service provider as the employer.

Regarding the representation of employees the Labour Law (Article 10) prescribes that authorised representatives of employees may be elected if an undertaking employs five or more employees. In calculating the number of employees upon the reaching of which authorised representatives of employees may be elected in an undertaking, or institutions of representation of employees may be established, as well as in calculating the number of employees represented, the employees with whom an employment contract has been entered into for a specified period as well as the employees who are performing work in the undertaking within the scope of the work placement service for a specified period shall also be taken into account.

The amendments to the Labour Protection Law were adopted on October 3, 2019 and came into force on July 1, 2020 with the main purpose to ensure more effective application of occupational safety and health requirements to self-employed persons and distance workers. The definition of 'distance work' has been introduced – a type of work where the work that could be performed by the employee within the employer's enterprise, whether on a permanent or regular basis is done outside the enterprise, including work using information and communication technology. The definition covers not only teleworkers, but also homeworkers. According to the amendments, the distance worker shall cooperate with the employer in assessing the risks of the working environment and provide the employer with information on the conditions at the distance workplace that may affect the safety and health of the worker at work. In case of distance work, the risk assessment should be done whether for the concrete workplace or for the type of work.

According to these amendments a self-employed person in conformity with the general principles of occupational safety and health, has an obligation to take care of his/her safety and health at work, and also safety and health of those persons who are affected or may be affected by his/her work. Self-employed person is a natural person who performs work independently and is not regarded to be an employee within the meaning of the Labour Protection Law.

Regarding safety and health protection of self-employed persons a new Article in Labour Protection Law has been introduced:

“Article 16.¹ Safety and Health Protection of Self-employed Persons

(1) A service recipient who has entered into a contract with a self-employed person shall ensure a safe working environment to him/her as to the employees of his/her undertaking if the self-employed person is performing work in the working environment of such undertaking.

(2) A self-employed person, when performing work in the working environment of the undertaking of the service recipient, has an obligation to comply with the instructions of the service recipient in labour protection issues and to inform the service recipient of the specific nature of his/her work, the methods applied, and the equipment used, if it may affect the safety and health protection of other employees.

(3) A service recipient who has entered into a contract with a self-employed person for the performance of work in the working environment of the undertaking of the service recipient is entitled not to admit him/her to work or to suspend his/her work if it is detected that he/she is violating the labour protection provisions, including the provisions regarding the use of work equipment and personal protective equipment, or is endangering his/her safety and health or safety and health of other persons.

(4) If an accident occurs in the working environment of the undertaking of the service recipient in which the self-employed person suffers an injury, then the service recipient who has entered into a contract with him/her shall find out and evaluate the causes of the accident, and also take the necessary preventive measures for the elimination of similar accidents if it may affect the work to be performed in such undertaking.

(5) When performing work in the working environment of the undertaking of the service recipient, the self-employed person shall comply with the obligations of the employee laid down in Article 17 of this Law, insofar as it is not in contradiction with the status of the self-employed person.”

The Labour Protection Law prescribes the following requirements regarding cooperation among several employers especially in the context of training (instruction) and providing information:

“Article 16. Co-operation among Several Employers

(1) If employees from several employers are employed in one workplace, the employers have an obligation to cooperate when taking the labour protection measures. Taking into account the nature of work and working conditions, the employers have an obligation to coordinate the labour protection measures to be taken and to inform each other, their employees and trusted representatives of the working environment risks, and also to provide appropriately instruction to employees.

(2) An employer shall take the necessary measures so that the employer of the employees from another undertaking engaged in his/her undertaking receives timely (prior to such an engagement) information on the working environment risks, the overall labour protection measures in the undertaking, and those labour protection measures which are directly relating to each workplace and type of work, and also the measures taken in accordance with the provisions of Article 12, Paragraph two of this Law.

(3) An employer shall ensure that the employees of another employer engaged in his/her undertaking receive instruction and general information on labour protection in the undertaking prior to the commencement of work and during the entire period they are employed in the undertaking.

(4) If employees of another employer provide such specific service that usually is not performed at the employer as the service recipient, the instruction shall be ensured by the employer whose employees are providing the relevant specific service.”

Consultation with employers’ and workers’ organizations

Social partners – the Employer’s Confederation of Latvia and the Free Trade Union Confederation of Latvia are involved in the preparation of regulations on occupational safety and health. Before new regulations or amendments to regulations are accepted by the Cabinet of Ministers, the social partners’ organisations shall give their opinion on them. If they object on draft regulations or have addition suggestions, the Ministry of Welfare as the institution responsible for the preparation of regulations shall organise a meeting or electronic procedure in order to reach a common position or compromise solution.

If the planned regulations are complicated, extensive and envisage significant changes, the meetings are organised or opinions from social partners are requested at the very initial stage of drafting the regulation.

If the regulations are related to a specific sector or covers specific issues, other organisations also may be involved if they express the interest. For example, in preparation of amendments to the regulations regarding competent specialists and competent authorities (external services on occupational safety and health) the Association of Competent Authorities of Occupational Safety and Health have been involved and expressed their suggestions that were discussed during the preparation of the regulations.

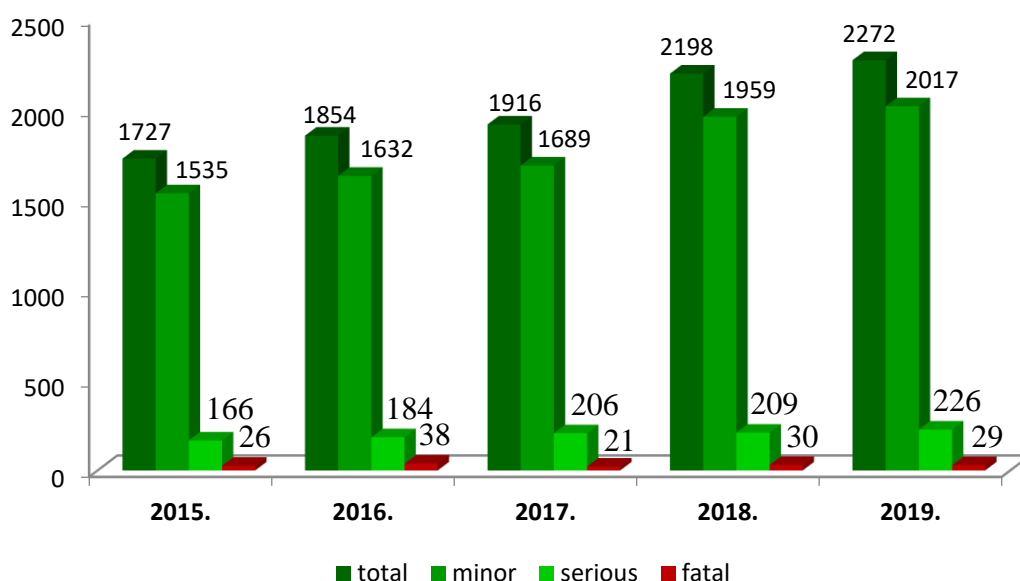
In many cases the Latvian Chamber of Commerce and Industry express willingness to be involved and give their opinion on regulations before they are adopted.

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

a) Please provide 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 highstress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

According to the information of the State Labour Inspectorate, in comparison with 2018, the total number of accidents at work increased by 3.4 % in 2019, whereas the number of serious injuries – by 8.1 %. However, the number of fatalities decreased by 3.3 %.

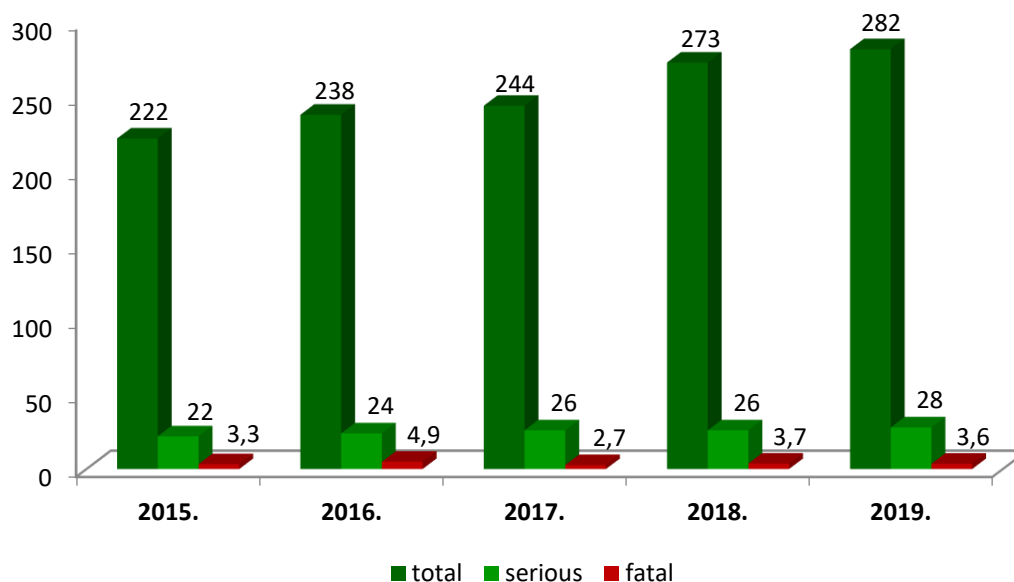
The dynamics of the accidents at work (2015 – 2019)



Data source: State Labour Inspectorate

The data on persons injured in accidents at work per 100 000 employees shows that the total number of injured persons in accidents at work per 100 000 workers has grown by 3.3 %, serious – by 7.7 % and the number of fatalities decreased by 2.7 %.

The accidents rates per 100 000 workers (2015 – 2019)



Data source: *State Labour Inspectorate*

The accidents at work as regards suicide or suicide attempt were as follows: 2 lethal cases in 2019, 2 lethal cases in 2018, 1 lethal and 1 serious case in 2017 and 1 lethal case in 2016. During the investigation of these accidents it was concluded that these cases were not related to impact of work environment risk factors.

As regards the accidents related to the use of alcohol, violence and poor management at work, the statistical data are included in the Table below. More detailed data on causes of accidents are included in the explanations of the conclusions.

Causes of accidents at work

	Cause	Including					
		Total		Serious		Fatal	
		2018	2019	2018	2019	2018	2019
1.	Work under the influence of alcohol	18	9	11	7	2	1
2.	Violence (attacks)	114	108	3	4	1	0
3.	Poor work management, insufficient control	41	33	20	17	9	3

Data source: *State Labour Inspectorate*

The available statistical data on accidents at work and occupational diseases cover all economical sectors although there are no separate data available as regards new and specific forms of work. In accordance with the Regulations of the Cabinet of Ministers No. 950 "Procedures for Investigation and Registration of Accidents at Work"²⁴ (adopted 25 August 2009) an accident is an extraordinary incident which has occurred in the workplace within one working day or shift, after which health disorders have been caused to a person or the probability of health disorders occurring exists (risk of infection), or the death of the person involved has occurred.

b) Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the 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 on the number of breaches to health and safety regulations and the nature and type of sanctions.

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 State Labour Inspectorate (190 in 2018, 189 in 2017, 184 in 2016). The total number of inspectors in 2019 was 123, including:

- chief inspectors – 15;
- senior inspectors – 51;
- inspectors – 57.

In the State Labour Inspectorate 79% of employees work for more than 3 years ensuring accumulation of the knowledge and good practice.

The financing from the State budget allocated to the State Labour Inspectorate to cover expenditure was as follows:

- 2016 – EUR 2 719 759;
- 2017 – EUR 3 384 457;
- 2018 – EUR 3 976 502;
- 2019 – EUR 4 363 581.

There were 125 323 enterprises under the control of the State Labour Inspectorate in 2019 (123 911 in 2018, 127 111 in 2017, 123 378 in 2016). Number of employees in the enterprises under the Labour Inspectorate's supervision – 804 500 in 2019, 804 600 in 2018, 781 600 in 2017, 778 200 in 2016. About 5,7% of enterprises were covered by the inspections in 2019 (5,9% in 2018, 5,8% in 2017, 6,1% in 2016).

Every year the State Labour Inspectorate carries out about 10 000 inspections (10 384 in 2019, 10 397 in 2018, 10 408 in 2017 and 10 516 in 2016) and inspects approx. 7 000 enterprises (7 127 in 2019, 7 272 in 2018, 7 341 in 2017, 7 557 in 2016).

In 2019, officials of the State Labour Inspectorate issued 1 776 orders to employers due to violations of regulatory enactments.

²⁴ <https://likumi.lv/ta/en/en/id/196653-procedures-for-investigation-and-registration-of-accidents-at-work>

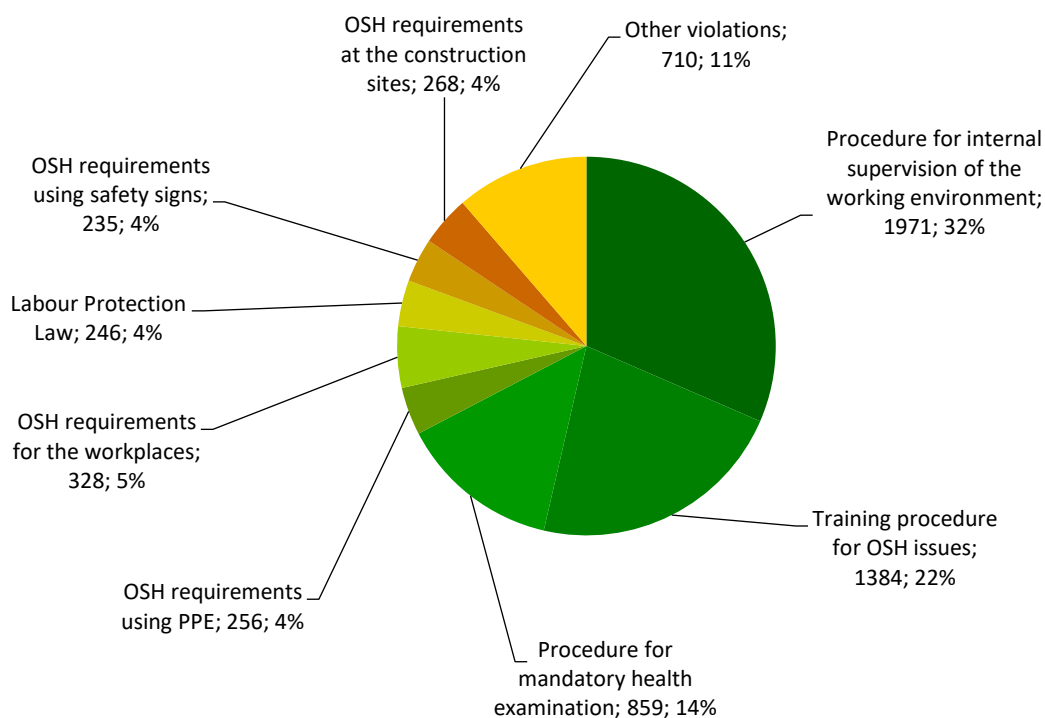
Orders issued by the State Labour Inspectorate and violations detected

Year	Orders	Violations mentioned in orders	Violations on OSH	Violations on Labour legal relations	Violations on the State Labour Inspectorate Law
2016	2777	15 580	10 146	4 547	887
2017	2337	13 406	8 515	4 156	735
2018	1 923	11 281	7 087	3 486	708
2019	1 776	10 197	6 257	3 284	9 656

Data source: *State Labour Inspectorate*

Violations of regulatory enactments regulating OSH made up 61.0 % of all violations discovered by officials of the State Labour Inspectorate in 2019. The types of violations are shown in the graph.

Distribution of violations on OSH in 2019



Data source: *State Labour Inspectorate*

In total 1 766 administrative penalties were imposed by the State Labour Inspectorate in 2019 (1540 in 2018, 1823 in 2017, 1945 in 2016):

- 246 - warnings (229 in 2018, 271 in 2017, 265 in 2016);
- 1 520 – fines (1311 in 2018, 1552 in 2017, 1680 in 2016) in total for EUR 697 035.50.

Amount of Fines (EUR)

Year	Total amount of fines (EUR)	Fines on OSH violations (EUR)
2016	802 173	53 509
2017	842 617.50	45 159
2018	655 972.50	49 671.50
2019	697 035.50	68 035.00

Data source: State Labour Inspectorate

- c) Please indicate whether Inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. If certain workplaces are excluded, please indicate what arrangements are in place to ensure the supervision of health and safety regulations in such premises.

In accordance with the State Labour Inspectorate Law²⁵ (adopted on June 19, 2008) Article 4 the following shall be subject to the supervision and control of the Labour Inspectorate:

- 1) employers, any other persons who in the actual conditions are to be regarded as employers, as well as merchants and authorised persons thereof;
- 2) undertakings (organisational units in which employees work), workplaces in which an employee or any other person who in the actual conditions is to be regarded as an employee performs work, as well as any other place within the scope of an undertaking, which is accessible to an employee in the course of their work or where an employee works with the permission or order of an employer, and work equipment, also building objects, including building objects owned by a private person during construction work.

The inspectors of the State Labour Inspectorate are entitled to inspect all workplaces in all economic sectors. Private residential premises are not excluded, but the inspector may enter in private premises with authorisation from the owner.

- d) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Accidents at work and occupational diseases

In 2019, the most of accidents at work resulted from unsafe human actions (69.1 %), which led to fatal outcome in 29.6 % and serious injuries in 56.3 % cases. Work organization and related shortcomings resulted in 10.1 % of accidents at work, 34.1 % of fatal accidents and 22.5 % of serious injuries. Unsatisfactory working conditions (lack of safety equipment, use of damaged equipment and tools, insufficient order at workplaces etc.) as a cause for accidents was identified in 5.8 % cases, 6.6 % - serious injuries and 11.4 % - fatal accidents.

²⁵ <https://likumi.lv/ta/en/en/id/177910-state-labour-inspectorate-law>

Breakdown of accidents by accident causes

	Causes of accidents at work	Total		Including			
				Serious		Fatal	
		2018	2019	2018	2019	2018	2019
1	UNSATISFACTORY CONDITIONS AT WORKPLACE	154	152	37	20	11	5
	Lack of safety equipment, it is not working or is insufficient	23	16	11	4	4	2
	Damaged equipment or tools	25	24	4	1	2	0
	Failure of working material, product or substance	6	12	0	3	1	0
	Narrow or unsuitable space	11	3	0	0	0	0
	Insufficient order in workplace	31	31	5	4	0	0
	Other unsuitable personal protective equipment or lack thereof	27	21	9	3	2	2
	Other unsatisfactory conditions in the workplace	31	45	8	5	2	1
2	UNSAFE HUMAN ACTION (ACTION/PERSON)	1862	1827	176	170	19	13
	Failure to comply with safety regulations or instructions	682	662	81	60	10	5
	No safety equipment or PPE has been used	55	55	10	5	3	2
	Unauthorized or inappropriate working methods have been used	98	112	12	6	3	2
	Unsuitable or unauthorized tools, instruments, machines have been used	8	10	0	0	0	0
	Insufficient attention	853	789	52	67	0	0
	Work under the influence of alcohol	18	9	11	7	2	1
	Other types of unsafe human behavior	148	190	10	25	1	3
3	WORK ORGANIZATION AND RELATED SHORTCOMINGS	284	268	76	68	22	15
	Poor work management, insufficient control	41	33	20	17	9	3
	Unsatisfactory instructing and training	66	60	36	31	8	7
	Wrong choice of work technology	55	48	4	5	0	1
	Unsatisfactory delegation of tasks, division of responsibility	2	6	1	4	0	0
	Unsatisfactory creation of workplace	28	27	5	6	3	3
	Unsatisfactory maintenance of working space	73	84	4	1	1	0
	Other shortcomings related to the work organisation	17	10	6	4	1	1
	Gaps in the breakdown of working time	2	0	0	0	0	0
4	VIOLATION OF ROAD TRAFFIC RULES	99	84	20	13	2	7
5	VIOLENCE (ATTACKS)	114	108	3	4	1	0
6	OTHERS	185	204	17	27	7	4
	Total	2698	2643	329	302	62	44

Data source: *State Labour Inspectorate*

The State Labour Inspectorate has detected several violations regarding the failure to investigate an accident at work and applied administrative fines in accordance to the Latvian Administrative Violations Code, Article 41.⁴

Administrative fines for failure to investigate accidents at work

Violation	2016	2017	2018	2019
In the case of failure to investigate an accident at work in conformity with the requirements of regulatory enactments or its concealment -	11	10	11	16
In the case of failure to investigate an accident at work in conformity with the requirements of regulatory enactments or its concealment, as a result of which the employee has been caused serious health disorders or his/her death has occurred -	0	0	0	2
Total	11	10	11	18

Data source: *State Labour Inspectorate*

Since July 1, 2020 the Latvian Administrative Violations Code is no longer in force and administrative fines regarding occupational safety and health are prescribed in the Labour Protection Law according to the amendments adopted on 31 October 2019. In case of the failure to investigate accidents at work the following fines are stipulated in the Labour Protection Law (one unit of fine equals EUR 5):

Article 31. Failure to Investigate an Accident at Work

For failure to investigate an accident at work in conformity with the requirements of the laws and regulations or for hiding it, a warning or a fine from twenty-eight to one hundred units of fine shall be imposed on the employer or the recipient of labour force ensuring services if it is a natural person but a fine from seventy to two hundred and eighty units of fine – if it is a legal person.

Article 32. Failure to Investigate the Accident at Work Resulting in Serious Health Disorders for an Employee or His/Her Death

For failure to investigate an accident at work in conformity with the requirements of the laws and regulations which has resulted in serious health disorders for an employee or his/her death, or for hiding it, a fine from one hundred to one hundred and forty units of fine shall be imposed on the employer or the recipient of labour force ensuring services if it is a natural person but a fine from four hundred and twenty to eight hundred and sixty units of fine – if it is a legal person.

The legal definition of occupational diseases is provided in the Law On Compulsory Social Insurance in Respect of Accidents at Work and Occupational Diseases (adopted 02.11.1997.). 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.

The Regulations of the Cabinet of Ministers No. 908 “Procedures for Investigation and Registration of Occupational Diseases”²⁶ (adopted on November 6, 2006) prescribe the procedures for investigation and registration of occupational diseases, the list of occupational diseases, and also the list of factors causing occupational diseases and of the categories of the use thereof. The procedures for investigation and registration of occupational diseases shall be applied to all cases of occupational diseases if employees at work are or have been subjected to harmful working environment factors.

The list of occupational diseases is included in the Annex 1 of the Regulations.

According to the Regulations if the diseases referred to the list of occupational diseases or indications thereof have been discovered for a person and he/she is or has been subjected to harmful working

²⁶ <https://likumi.lv/ta/en/en/id/147550-procedures-for-investigation-and-registration-of-occupational-diseases>

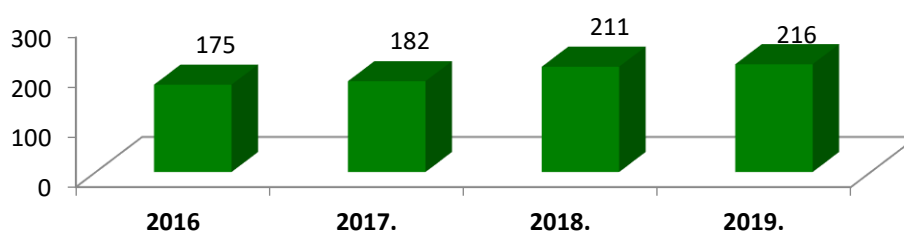
environment factors, the person has the right to request his/her family doctor to be examined and to determine whether the diagnosed disease is an occupation disease.

If upon examining a person a family doctor discovers health disorders which probably have been caused by harmful working environment factors, the person shall be referred to the occupational physician to clarify the diagnosis. If the occupational physician confirms the likelihood of an occupational disease, he/she shall refer the person for a consultation to the medical commission for occupational diseases established by a medical treatment institution. A decision on diagnosis of an occupational disease shall be taken by the medical commission.

According to the information provided by the Occupational and Radiation Medicine Centre, 1 739 of the first-time patients of an occupational disease were confirmed in 2019 (1364 in 2016, 1421 in 2017, 1689 in 2018).

In 2019, compared to the data of 2018, the number of the first-time patients of an occupational disease per 100 000 employed persons increased slightly by 2.4 %.

Dynamics of the first-time approved occupational disease patients per 100 000 workers (2016 - 2019)



Data source: *State Labour Inspectorate*

In 2019, like in 2018, the first-time confirmed occupational disease patients most often suffered from diseases of nervous system – 961 (55.3 %). The second most common cause of occupational diseases was linked with musculoskeletal system and connective tissue diseases – 499 (28.7 %), the most common of which being spinal diseases – spondylosis, arthrosis etc. The third largest group was injuries, poisoning and certain other consequences of external factors – 159 (9.1 %), such as noise and vibration generated diseases etc.

Groups of occupational diseases according to the 10th International Classification of Diseases (ICD-10)

Code	Group of occupational diseases	2016	2017	2018	2019
F00 - F99	MENTAL AND BEHAVIOURAL DISORDERS	10	6	5	43
G00 - G99	DISEASES OF THE NERVOUS SYSTEM	653	727	929	961
H00 - H59	DISEASES OF THE EYE AND ADNEXA	1	0	0	0
H60 - H95	DISEASES OF THE EAR AND MASTOID PROCESS	4	8	3	1
I00 - I99	DISEASES OF THE CIRCULATORY SYSTEM	28	29	23	37
J00 - J99	DISEASES OF THE RESPIRATORY SYSTEM	37	13	12	29
L00 - L99	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	8	4	7	10
M00 - M99	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	425	441	529	499
R00 - R99	SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED	3	7	2	0
S00 - T98	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES	190	185	188	159
	Total	1364	1421	1698	1739

Data source: *State Labour Inspectorate*

In 2019, like in 2018, most of the first-time patients of an occupational disease were confirmed in manufacturing industry (21.2 %), transport and storage (20.0 %), healthcare and social care (12.5 %). More than half (53.7 %) of the total number of occupational patients confirmed for the first time were employed in the mentioned industries.

**Breakdown of occupational disease patients by sectors
(NACE Rev. 2 classification)**

	Sectors	2016	2017	2018	2019
A	AGRICULTURE, FORESTRY AND FISHING	47	67	93	78
01	CROP AND ANIMAL PRODUCTION, HUNTING AND RELATED SERVICE ACTIVITIES	30	52	67	56
02	FORESTRY AND LOGGING	16	15	24	21
03	FISHING AND AQUACULTURE	1	0	2	1
B	MINING AND QUARRYING	8	4	16	9
C	MANUFACTURING	332	292	369	370
D	ELECTRICITY, GAS, STEAM AND AIR CONDITIONING SUPPLY	17	19	23	14
E	WATER SUPPLY; SEWERAGE, WASTE MANAGEMENT AND REMEDIATION ACTIVITIES	17	18	16	16
F	CONSTRUCTION	83	76	74	115
G	WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES AND MOTORCYCLES	143	180	193	193
H	TRANSPORT AND STORAGE	234	261	334	348
I	ACCOMMODATION AND FOOD SERVICE ACTIVITIES	55	46	58	54
J	INFORMATION AND COMMUNICATION	5	9	9	14
K	FINANCIAL AND INSURANCE ACTIVITIES	10	7	10	12
L	REAL ESTATE ACTIVITIES	27	22	26	25
M	PROFESSIONAL, SCIENTIFIC AND TECHNICAL ACTIVITIES	13	12	11	14
N	ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES	17	23	21	28
O	PUBLIC ADMINISTRATION AND DEFENCE; COMPULSORY SOCIAL INSURANCE	81	96	120	111
P	EDUCATION	60	62	86	95
Q	HUMAN HEALTH AND SOCIAL WORK ACTIVITIES	185	199	206	217
R	ARTS, ENTERTAINMENT AND RECREATION	14	11	10	10
S	OTHER SERVICES	16	17	22	16
U	ACTIVITIES OF EXTRATERRITORIAL ORGANISATIONS AND BODIES	0	0	1	0
	Total	1364	1421	1698	1739

Data source: *State Labour Inspectorate*

In order to set down the measures and activities for prevention of the accidents at work and occupational diseases, the Strategy for the Development of the Labour Protection Field 2016-2020, Strategic Action Plan 2016-2018 and Strategic Action Plan 2019-2020 were adopted.

It was concluded in the Informative report on the interim evaluation of the implementation of the Strategy for the Development of the Labour Protection Field 2016-2020 and the implementation of the Strategic Action Plan 2016-2018 that the activities and measures set out in these documents 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.

By the end of the year 2018 a 10% decrease of fatal and serious accidents at work per 100 000 employees was reached (33.02 in 2013; 29.7 in 2018). The results of the study "Working Conditions

and Risks in Latvia” show that the level of awareness of the public about labour occupational safety and health issues had increased significantly – by 49% (36.5% inhabitants were well informed on occupational safety and health in 2013, 54.5% in 2018).

The work of the State Labour Inspectorate have been modernized, the quality of consultations to employers and employees have been improved, the number of preventive inspections have been increased. The State Labour Inspectorate organizes 4 preventive thematic inspections every year visiting 600 companies in the most dangerous sectors or intensifying inspections of specific work environment risks, which allow reducing the risk of accidents.

Within the Prevention Measures Plan about 30 informative materials are developed and about 40 seminars are organized every year for labour protection specialists, employers, employees and other persons. The information provided in these materials and seminars increase the knowledge of persons involved in the occupational safety and health issues and promotes preventive culture.

In order to ensure early diagnostics of occupational diseases every year 2 conferences for occupational physicians are organised providing in-depth and specific information on topical issues of occupational diseases. Specific materials have been elaborated for family doctors and other health care professionals with information on current occupational health issues, especially with regard to the prevention, early diagnosis and treatment of occupational diseases.

The support from the European Social Fund (ESF) significantly contributes to improving the situation of the occupational safety and health within the project “Practical Application of Regulatory Enactments Regarding Employment Relationship and Occupational Safety”. The practical support for the assessment of work environment risks, training of the employees, the use of laboratory measurements is provided to small and medium enterprises operating in a high risk industry. It is planned to provide such support to 900 micro, small and medium enterprises till the end of 2023. Within the project the consultations and training to employers and employees are provided, as well as training and exchange of experience of inspectors of the State Labour Inspectorate.

Activities of the Labour Inspectorate

The State Labour Inspectorate is the direct management authority which is subordinated to the Minister of Welfare. The State Labour Inspectorate Law²⁷ (adopted on 19 June 2008) defines the legal status, function and tasks of the State Labour Inspectorate. The function of the Labour Inspectorate is to maintain the effective implementation, supervision and control of the state policy in the area of labour relations and occupational safety and health. 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.

Out of 10 384 inspections carried out in 2019, 372 inspections were carried out in the public sector (civil service).

²⁷ <https://likumi.lv/ta/en/en/id/177910-state-labour-inspectorate-law>

The number of inspections in civil service

Sector (NACE Rev. 2 classification)	2016	2017	2018	2019
Public administration and defence; compulsory social insurance (O84)	305	266	277	372
Administration of the State and the economic and social policy of the community (O84.1)	249	227	245	313
provision of services to the community as a whole (O84.2)	43	37	25	45
Compulsory social insurance (O84.3)	13	2	7	14

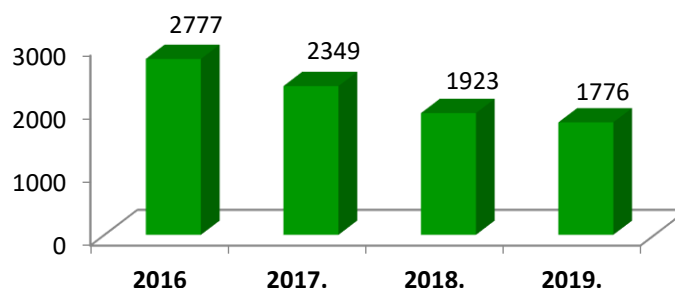
Data source: *State Labour Inspectorate*

The Labour Inspectorate structure 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.

Officials of the Labour Inspectorate have the right to take decisions regarding matters of employment legal relationships and labour protection, as well as to issue warnings and orders to employers in order to ensure the observance of the requirements of the regulatory enactments regulating employment legal relationships and labour protection.

The State Labour Inspectorate officials issued 1776 orders in 2019 to employers with an indication to eliminate the detected violations within a specific term.

The number of orders (2016. – 2019.)



Data source: *State Labour Inspectorate*

The number of orders issued tends to decrease. When making a decision to issue an order to an employer, the principle of “Consult first” is also observed and used. The order shall specify the violation to be remedied within a specified time limit. Execution of the order does not impose any additional financial, administrative or other burden on the employer, although it provides the fulfillment of the minimum requirements.

In total 1 766 administrative penalties were imposed by the State Labour Inspectorate in 2019 (1540 in 2018, 1823 in 2017, 1945 in 2016):

- 246 - warnings (229 in 2018, 271 in 2017, 265 in 2016);
- 1 520 – fines (1311 in 2018, 1552 in 2017, 1680 in 2016) in total for EUR 697 035.50.

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 (6 in 2018, 15 in 2017, 10 in 2016) / decisions on the person's / object's suspension and 55 warnings on a person's / object's suspension (36 in 2018, 13 in 2017, 25 in 2016). The number of warnings has increased since 2016 and it is regarded as a very

effective way to ensure that the employer eliminates violations immediately in cases when the life and health of employees is directly endangered.

Out of all orders / decisions / warnings on suspension of the activity of a person / object more than a half were issued at construction sites (57 % in 2019, 73% in 2018, 61% in 2017, 71% in 2016). Most frequently, activities were suspended or a warning on suspension was issued due to unsafe work at a height, inter alia on unsafe or incompletely constructed scaffoldings, during performance of work on the roof, unbounded openings in the floor, etc.

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 is provided within the ESF 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 OIRA for different sectors are available now and are relevant and popular among small and medium sized enterprises. Oira modules are elaborated by the State Labour Inspectorate in cooperation with the European Agency for Safety and Health at Work. This tool allows the employer to recognise the environmental factors at workplaces and to assess the risks as well as identify the measures to be taken in order to reduce the risk factors. The State Labour Inspectorate organizes workshops for employers and labour protection specialists, presenting OIRA models and training how to use them in practice.

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

In accordance with the Labour Protection Law Article 5 employer has an obligation to organise a labour protection system which includes:

- 1) internal supervision of the working environment, including evaluation of the working environment risks;
- 2) establishment of an organisational structure of the labour protection;
- 3) consultation with employees in order to involve them in improvement of labour protection.

Such labour protection system shall be organised in every enterprise, also in public institutions. The employer is liable for the safety and health of employees at work, but practical activities to insure safety and health of employees in the enterprise shall be carried out by specialist with appropriate training or education in the occupational safety and health.

In accordance with the Labour Protection Law Article 9 an employer shall, taking into account the number of employees in enterprise and the type of activities, designate or hire one or several labour protection specialists. If it is not possible or an employer prefers to involve external services instead, the employer may involve competent specialist or competent authority. Thus the employer has an opportunity to choose the most effective and suitable way to create the labour protection system and meet all the necessary requirements in the field of occupational safety and health – either by employing a labour protection specialist within enterprise or by involving external service - competent specialist or competent authority.

If the enterprise operates in a dangerous branch set out in the Appendix 1 of the Regulation of Cabinet of Ministers No.99 of February 8, 2005 "Regulation regarding the Types of Commercial Activities in

which an Employer shall Involve a Competent Authority”²⁸ (for example, construction, agriculture, manufacturing, etc.), the enterprise is obliged to use the services of a competent authority, although there are some exceptions. An employer is allowed not to involve a competent authority if the enterprise has not more than five employees. If there are more than five employees, the employer is allowed not to involve a competent authority, providing and ensuring that a labour protection system has been established and is operating at the enterprise and internal supervision of the work environment and risk assessment at the enterprise is performed by a labour protection specialist (designated or hired) who has received specific education in occupational safety and health.

If the competent authority is involved in the enterprise which operates in a dangerous branch, on the basis of an agreement with an employer, the competent authority shall establish and maintain a labour protection system at an enterprise by performing at least the following activities:

- 1) it shall evaluate work environment risks at the undertaking;
- 2) it shall determine the compliance of the undertaking with the laws and regulations regarding labour protection, as well as the requirements of laws and regulations concerning labour protection (for example, fire safety, safety of chemical substances and chemical products, safety of hazardous equipment); and
- 3) it shall draw up a plan of labour protection measures in order to avert detected work environment risks or reduce them to a permissible level, as well shall ensure compliance of the undertaking with the requirements of the laws and regulations regarding labour protection.

In addition, the employer and competent specialist or competent authority may agree on other activities and tasks within the mutual agreement.

The results of the study "Working Conditions and Risks in Latvia" carried out in 2017-2018 show that 14.3% of employers have concluded a contract with a competent specialist (9.2% in 2013) and 11% of employers have concluded a contract with a competent authority (8% in 2013) to ensure the operation of labour protection system in enterprise. It may be assumed that employers in most cases prefer to employ the labour protection specialist in the enterprise rather than involve outsourced services in occupational safety and health, although the involvement of competent specialists and competent authorities is increasing.

The necessary qualification and other requirements for competent specialists and authorities are prescribed in the Regulations of Cabinet of Ministers No.723 "Regulations Regarding the Requirements for Competent Authorities and Competent Specialists in Labour Protection Issues and the Procedures for Assessing Competence"²⁹ (adopted on September 8, 2008).

Competent specialists must have knowledge of the highest level (professional higher education) in occupational safety and health and must obtain a certificate of a competent specialists every 5 years. During a certification examination the knowledge and abilities of the specialist are tested as regards various risk factors and requirements in the field of occupational safety and health. Specialists must be able to identify and evaluate all types of risks that may exist in the working environment, including work-related stress, aggression and violence.

A competent authority shall employ at least one labour protection specialist with the highest professional education in occupational safety and health and one occupational disease or occupational health doctor, the quality management system of the competent authority shall be certified and its civil liability shall be insured in order to cover the losses incurred by the service recipient due to a potential mistake (not less than in the amount of EUR 28 460). If the authority meets

²⁸ <https://likumi.lv/ta/en/en/id/101364-regulation-regarding-the-types-of-commercial-activities-in-which-an-employer-shall-involve-a-competent-authority>

²⁹ <https://likumi.lv/ta/en/en/id/181060-regulations-regarding-the-requirements-for-competent-authorities-and-competent-specialists-in-labour-protection-issues-and-the-procedures-for-assessing-competence>

all the necessary requirements of the Regulations, the Ministry of Welfare grants the status of competent authority.

The Strategy for the Development of the Labour Protection Field 2016-2020 stresses the most important challenges and necessary improvements in the field of occupational safety and health. One of the areas of action mentioned in the strategy is the need to take measures to increase the level of knowledge and competence of labour protection specialists – both specialists employed at the enterprise and competent specialists that provide outsourced services.

The Occupational Health and Safety Prevention Action Plan includes several activities for informing and training labour protection specialists every year (seminars, practical masterclasses, informative materials) on specific topics, for example, in 2019 the following activities were carried out in Riga and regions of Latvia:

- seminars on ergonomics at workplace – risk assessment and prevention;
- seminars on voice congestion at work;
- seminars on chemical hazards at different sectors (metalworking, woodworking, construction, health care sector, food industry);
- seminars on safety working in confined spaces,
- seminars on electrical safety
- seminars on new forms on employment;
- seminars on dangerous equipment;
- seminars on explosive working environment and optical radiation;
- seminars on health promotion at work with regards to mental health and psychoemotional factors at work;
- masterclass on creating safe workplace when working with display;
- masterclass on health issues like mandatory health examinations, vaccination, first aid;
- masterclass on laboratory measurements of risk factors;

informative materials elaborated on welding, investigation of accidents at work, action in emergency situations, on protections from cancerogens and other topics.

On February 27, 2020 a seminar took place in Riga on issues that are topical for competent specialists and competent institutions, including the latest amendments in occupational safety and health legislation. The seminar was organised by the Association of Competent Authorities of Occupational Safety and Health in cooperation with Institute for Occupational Safety and Environmental Health.

The Association of Competent Authorities of Occupational Safety and Health was founded in February 14, 2013 to promote the development of competent institutions and to provide information on topical issues and legislation on occupational safety and health. The Association also makes suggestions to the Ministry of Welfare for improvement of the regulations on occupational safety and health and is involved in the preparation of regulatory acts.

The amendments to the Regulations of the Cabinet of Ministers No.723 “Regulations Regarding the Requirements for Competent Authorities and Competent Specialists in Labour Protection Issues and the Procedures for Assessing Competence” were adopted on May 29, 2018 in order to improve the certification process and operation of competent authorities. According to these amendments the quality systems certification authority shall assess the complaints of the services provided by the competent authority and information of severe and lethal accidents at work which have occurred at enterprises in which the competent authority is providing labour protection services, as well as other information which is related to the quality of services provided by the competent authority when performing the regular inspection of the competent authority. The amendments also prescribe detailed procedure in cases when quality systems certification authority or the personnel certification

authority has terminated activities – then those competent authorities and competent specialists which have been under supervision of such certification authority shall apply for the supervision from another certification authority.

Part I – 11. RESC Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

The right to protection of health under Article 11 of the Charter complements Articles 2 and 3 of the European Convention on Human Rights; those provisions of international human rights law are closely linked. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Life expectancy (as well as causes of death and infant and maternal mortality) in a community—and life expectancy inequality as might be the case for a sub-group within a community—is a broad indicator for the enjoyment of the right to protection of health and for the delivery by the competent authorities of the measures that enable people to enjoy the highest possible standard of health attainable. There is ample evidence of factors that contribute to or that undermine the health of people.

It is well known that members of certain groups enjoy poorer health and have shorter life expectancy, especially the poor, homeless, jobless or other underprivileged communities and also underprivileged ethnicities. Life expectancy varies from country to country and, in some cases, it varies considerably from one part of the country to another or from one part of the same city to another; reports suggest that the difference in life expectancy can amount to years or even to one decade or more. Life expectancy goes hand in hand with a range of health issues. Children’s rights and education are also determinants of future health and life expectancy, as is the family environment (housing, poverty or exclusion, exposure to domestic violence, child abuse or neglect).

Insalubrious work or living environments also affect health adversely as does 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. It is for example a broadly accepted truism that prison is bad for people’s health (staff and inmates alike).

As regards health care, it should be available, accessible, acceptable and of sufficient quality (the WHO “3AQ” framework), and informed consent is not only a formal requirement, but it goes to the heart of patient autonomy, self-determination, bodily integrity and well-being. A human rights approach to health requires reliance on science, excluding ideology or dogmatism. In particular, pseudoscience is a source of risk and, almost invariably, amounts to denial of informed consent; homeopathy in particular can be a drain on public resources or misguide individuals to pointless personal expenditure.

Mental health is an integral part of the right to health. The transition from former large-scale institutions to community-based mental health care was—and, in certain cases, remains—fully justified and desirable. However, reportedly, it was often poorly implemented or insufficient resources were allocated to it. As a result, some persons in need of mental health care were neglected, drifting towards unemployment and poverty, homelessness or petty crime, and ultimately towards prison. Prison administration complain about such cohorts that, in their view, do not belong in the prison system and prison health care services advance that sometimes these inmates represent a high proportion of the prison population.

Under this provision, States Parties must demonstrate their ability to cope with infectious diseases, such as arrangements for reporting and notifying diseases and by taking all the necessary emergency measures in case of epidemics. The latter would include adequate implementation of the measures applied in the COVID-19 crisis: measures to limit the spread of virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) and measures to treat the ill (sufficient number of hospital beds, including intensive care units and equipment and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – the latter issue was addressed under Article 3 above). It goes without saying that measures taken in respect of epidemics or pandemics must respect the exigencies of human rights law.

The pandemic did not only place a huge demand on health care services but also revealed in many cases chronic public health underfunding and insufficient capacity to respond to ordinary, let alone extraordinary, needs.

States must operate widely accessible immunisation programmes. They must maintain high coverage rates not only to reduce the incidence of these diseases, but also to neutralise the reservoir of virus and thus achieve the goals set by WHO to eradicate a range of infectious diseases. Vaccine research should be promoted, adequately funded and efficiently coordinated across public and private actors.

Access to health care must be ensured to everyone without discrimination. Groups at particularly high risk such as older persons, the homeless or those poorly housed, the poor and destitute, those living in institutions must be adequately protected by the measures put in place. This implies that health equity as defined by the WHO should be the goal: absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. Ideally, everyone should have a fair opportunity to attain their full health potential and no one should be disadvantaged from achieving this potential. In the medical fields, there is ample evidence of how women have been victims of prejudice and biased science, to the detriment of their health and wellbeing.

Article 11 – The right to protection of health

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

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

- a) *Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).*

According to the data from the Central Statistical Bureau, life expectancy at birth has been increasing during the last years gradually and reached 75.6 years in 2019. However, males tend to live a shorter life (70.8 years) than females (79.9 years).

Average life expectancy at birth (years)

	Total	Males	Females
2016	74.8	69.8	79.4
2017	74.8	69.8	79.6
2018	75.0	70.0	79.6
2019	75.6	70.8	79.9

Data source: *Ministry of Health*

Life expectancy varies slightly by region in 2019 - in the capital and its nearest region it is 76.5 years, in the Vidzeme's region, it is 75.5 years, in the Kurzeme's region - 75.2 years, in the Zemgale's region - 75.0 years, but in the Latgale's region it is the lowest - 73.1 years.

HIV and Hepatitis C

According to the Centre for Disease Prevention and Control of the Republic of Latvia statistical data, in 2016, there were 413 new hepatitis C cases among people suffering from substance use disorders (drug users) and 99 new hepatitis C cases among people who are held in prison (prisoners). There were 62 new HIV cases among drug users and 45 new HIV cases among prisoners.

In 2017, there were 464 new hepatitis C cases among drug users and 152 new hepatitis C cases among prisoners. There were 78 new HIV cases among drug users and 52 new HIV cases among prisoners.

In 2018, there were 291 new hepatitis C cases among drug users and 244 new hepatitis C cases among prisoners. There were 73 new HIV cases among drug users and 46 new HIV cases among prisoners.

In 2019 (incomplete data), there were 280 new hepatitis C cases among drug users and 255 new hepatitis C cases among prisoners. There were 44 new HIV cases among drug users and 45 new HIV cases among prisoners.

It is important to highlight that HIV and hepatitis C could be diagnosed in one person (co-infection).

- b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by blood borne diseases; etc.).*

According to the Health Care Financing Law the following groups are released from the patient co-payment: children up to 18 years, pregnant women and women in the period following childbirth up to 70 days for health care services related to the medical supervision of the pregnancy and during the period following childbirth. The State financed health care services are set in the Regulations of the Cabinet of Ministers No. 555 of 28 August 2018 "The Procedures for the Organisation of and Payment for Health Care Services". This regulation specifies that a gynaecologist is the direct access specialist to whom a person can turn to upon on her own initiative without the referral of a general practitioner. The health care services provided by previously mentioned specialist are available across the State.

The organisational and medical procedures in pregnancy and postnatal period, including the requirements for care of women in confinement, and newborns are defined by the the Regulations of the Cabinet of Ministers No. 611 of 25 July 2006 “The procedures for assistance with deliveries”. During the pregnancy a woman has to be observed by a gynaecologist (maternity specialist) and by a midwife or by a general practitioner if pregnancy is physiological. In that time the pregnant woman (regardless of age) has to do different examinations, for example, ultrasonography, blood tests for detection of different disorders, including sexual transmitted diseases (HIV, Chlamidiosis, syphilis, hepatitis B virus), biochemical analysis for detection of different congenital malformations. In the case of genetic risk pregnant women should receive a consultation of geneticist. This regulation prescribes the additional tests for a pregnant woman in order to diagnose the risk of pathology at an early stage. The health care providers are responsible for pregnant women's registration and monitoring.

The national program “The Maternal and Child Health Improvement Plan 2018 – 2020” was adopted to improve the maternal and child health and to reduce maternal and infant mortality. According to the activities included in this national program the amendments were adopted to the Regulations of the Cabinet of Ministers No. 611 of 25 July 2006 “The procedures for assistance with deliveries” to determine requirements for monitoring the quality of health care services provided during the period of pregnancy, childbirth and in the period following the childbirth. The amendments prescribe that procedures must be developed by medical institutions to assess risks and actions in cases of emergencies and complications in obstetrics, the biochemical parameters must be determined in the blood of pregnant women after the age of 35 during the period of 10 - 11 weeks of pregnancy and ultrasonographic examination must be provided in the period of 11 – 14 weeks of pregnancy to identify congenital risks and genetic pathologies of fetus. At the same time since 2019 the screening of genetic congenital diseases of newborns has expanded with screening of cystic fibrosis, congenital adrenal hyperplasia, galactosemia and biotinidase. Within this national program it is also planned to provide women belonging to the most disadvantaged groups with access to contraception covered from the State budget.

The safe and legal abortions covered from the State budget are provided for all women if there are medical indications for abortion. The Sexual and Reproductive Health Law prescribes that the termination of a pregnancy at a woman's request is an artificial termination of pregnancy upon the request of a woman prior to the 12th week of the pregnancy.

An appointment for termination of a pregnancy at the woman's request is issued by a gynecologist (obstetrician) or a general practitioner, simultaneously informing the woman about the nature of the abortion, possible medical complications, as well as possibility to preserve the life of the unborn child and receive the consultation of a gynecologist or another medical practitioner who has been trained to provide such a consultation. The termination of a pregnancy may be performed by a gynaecologist (childbirth specialist) in an in-patient department of a medical treatment institution not earlier than 72 hours after the issue of the pregnancy termination appointment, and prior thereto the woman must be repeatedly informed on any possible complications resulting from the termination of the pregnancy.

The Sexual and Reproductive Health Law specifies the termination of a pregnancy due to medical indications or in the case of a pregnancy resulting from rape. The pregnancy termination due to medical indications or in cases of a pregnancy resulting from rape is an artificial termination of pregnancy on the grounds of medical indications or a certificate regarding a case of rape issued by a law enforcement institution. Termination of pregnancy due to medical indications is performed up to the 22nd week of the pregnancy. Termination of pregnancy resulting from rape is performed up to the 12th week of the pregnancy.

Termination of pregnancy due to medical indications or in the case of a pregnancy resulting from rape is allowed only upon the written confirmation of the council of doctors and the written consent of the

woman. Termination of pregnancy due to medical indications or in the case of a pregnancy resulting from rape may be performed only by a gynaecologist (childbirth specialist) at an in-patient medical treatment institution.

At the same time the Sexual and Reproductive Health Law specifies the termination of pregnancy for a patient younger than 16 years. If a pregnant patient is younger than 16 years, the duty of a doctor who has established the fact of pregnancy is to consult the patient and pay full regard to her views, taking into account the age and maturity of the patient. The doctor has a duty to inform the parents or a guardian of the pregnant patient regarding the fact of a pregnancy. An appointment for termination of a pregnancy at her request may be issued to a patient younger than 16 years if at least one of her parents or a guardian has given written consent for termination of the pregnancy. Termination of the pregnancy for a patient younger than 16 years due to medical indications or in the case of a pregnancy resulting from rape is allowed only if there is a confirmation by the council of doctors or a certificate on a case of rape issued by a law enforcement institution, and if at least one of the patient's parents or her guardian has given written consent. It is necessary to obtain a decision of the Orphans Court (Parish Court) in order to terminate the pregnancy if there is any dispute between a patient younger than 16 years and her parents or her guardian regarding the preservation of the pregnancy.

Referring to the statistical information (created from the Health Statistics database available on the Center for Disease Prevention and Control website) about early (underage or minor) motherhood, it must be noted that the rate of an early motherhood is slightly decreasing. Per 1000 medically supervised pregnant women early motherhood rate in 2016 was 1%, but in 2019 – 0.9%.

Number of adolescents (15-17 years) among registered pregnant women*

Year	2016	2017	2018	2019
Total Number of births	180	175	125	145
Total Number of new-borns	180	177	125	145

Data source: *Ministry of Health*

Infant mortality decreased during the reference period from rate of 3.7 per 1000 live births in 2016, to 3.4 in 2019.

Infant mortality per 1000 live births*

Year	Early neonatal mortality (deaths in 0-6 days)	Neonatal mortality (deaths in 0-27 days)	Late neonatal mortality (deaths at 7-27 days)	Postneonatal mortality (deaths from 28 days to 1 year of age)	Infant mortality (deaths in the first year of life)
2016	1.8	2.5	0.8	1.2	3.7
2017	2.4	3.2	0.8	1.0	4.2
2018	1.3	1.8	0.5	1.4	3.2
2019	1.8	2.3	0.4	1.1	3.4

Data source: *Ministry of Health*

Maternal mortality has increased from rate of 23.0 per 1000 live births or 5 deaths in 2016, to 37.6 per 1000 live births or 7 deaths in 2019. At the same time maternal mortality from reasons not directly related to pregnancy has decreased from rate of 23.0 per 1000 live births in 2016 to 10.7 per 1000 live births in 2019.

Maternal mortality per 1 000 live births*

Year	2016	2017	2018	2019
Maternal mortality per 1000 live births	23.0	4.8	15.7	37.6

Data source: *Ministry of Health*

Maternal mortality per 1 000 live births by cause of death*

Year	2016	2017	2018	2019
Precisely for reasons related to pregnancy	0	4.8	10.5	26.9
Indirectly for reasons related to pregnancy	23.0	0	5.2	10.7

Data source: *Ministry of Health*

Total number of maternal mortality*

Year	2016	2017	2018	2019
Number of maternal mortality	5	1	3	7

Data source: *Ministry of Health*

Since 2012 confidential mother mortality auditing system has been started. That aim is to investigate the cause of death and to develop recommendations for the medical treatment institutions, medical staff associations and policy makers in order to prevent the identified mistakes and nonconformity in the future.

- c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

Mental Health (*Measures to ensure the highest possible standard of health*)

- In order to improve access to the health care services, from 1 April 2019, the State-paid health care services for patients with mental and behavioral disorders in certain psychiatric practices shall be provided by multidisciplinary teams of psychiatrists, including a psychiatrist, child psychiatrist, psychologist, psychotherapist, mental health nurse and functional specialist, etc.
- Program for adolescents to reduce the risk of depression and suicide. In order to provide timely assistance to adolescents with mental and behavioral disorders in cases of risk of depression and suicide, a new, state-funded program to reduce the risk of depression and suicide was established in 2019.

The program provides adolescents between the ages of 11 and 18 with mood disorders (mild to moderate depressive and anxiety disorders, as well as self-harm and moderate to moderate risk of suicide):

- Initial consultation, within the framework of which an assessment of the state of health is performed, determining the amount of services required in the future and the specialists involved (for example, a psychologist, psychiatrist, family doctor, etc.);
- Based on the results of the first examination, an individual treatment program is drawn up (for example, visits to a clinical psychologist or a consultation with a child and adolescent psychotherapist, individual or group consultations for the parents of the adolescent); At the end of the program, a re-evaluation of the health condition is performed, as well as recommendations for the further treatment or rehabilitation process are provided.

Duration of the full state-paid program is 3 months.

- The Ministry of Health has developed a medium-term policy planning document "Mental Health Care Improvement Plan 2019-2020", which aimed to provide the population with evidence-based, up-to-date, high-quality and relevant information, access to mental health care by encouraging mental health promotion, disease prevention programs and early diagnosis, early treatment and medical rehabilitation of mental illness.

The most important tasks have been to raise public awareness of mental health issues, to reduce stigma against mental illness, to promote access to help for people with mental health problems, to prevent suicide, to promote cross-sectoral and team collaboration in the field of mental health.

Dentistry

In accordance with the Regulations of the Cabinet of Ministers No. 555 "Procedures for the Organisation of and Payment for Health Care Services", prescribe the State-paid medical assistance in dentistry:

1. Dental services to children;
2. Primary orthodontic consultation to children and orthodontic treatment in case of hereditary orofacial clefts for persons up to 22 years of age;
3. Dental assistance to asylum seekers in an urgent case;
4. Dental prosthetics to the persons specified in Article 14 of the Law on Social Protection of the Participants of Liquidation of Consequences of the Accident at the Chernobyl Nuclear Power Plant and the Victims of the Accident at the Chernobyl Nuclear Power Plant for whom expenses for dental services shall be covered in the amount of 50 %, but expenses for dental prosthetics with removable plastic prosthesis - in full amount;
5. Tooth extractions in urgent cases under general anesthesia for patients with Group I disability which has been determined due to mental and behavioral disorders.

Medical treatment institutions which are providing State paid dental services shall be paid for work according to the tariffs for manipulations indicated in the list of manipulations and the payment conditions for manipulations.

In order to reduce the out-of-pocket payments in total health care expenditure, different measures have been taken during the health reform launched in 2017 and continued in 2018 – 2020. The reform is ongoing also in further years 2021 – 2023, including measures in the following areas:

- provision of health care services,
- availability of well-timed diagnosis and treatment of oncological diseases,
- reducing the prevalence of infectious diseases,
- improving the quality and accessibility of the primary healthcare system,
- reducing the cardiovascular morbidity and provision of disease treatment,

- reform of the levels of medical institutions and improvement of the model of hospital cooperation,
- making strategic procurement of health care services by increasing the number of the public-paid health care services that are purchased in the frame of strategic procurement.

In order to strengthen the resilience and accessibility of the health system, in addition to the above-mentioned measures under the health reform, the main measures in 2021 will be the following:

1) provision of human resources in the sector, including:

- ensuring the increase of pay,
 - developing and implementing a competitive model of pay for medical practitioners,
 - attracting medical practitioners to regions, improving, and maintaining qualifications for medical practitioners through the EU funding,
 - revising and updating the doctors' proficiency according to the recent trends in the health sector,
 - conceptual solutions for further development of the nurse profession,
 - developing the concept of the development model of the medical education system (including the development of database, and simulations at all levels of education);
- 2) to continue the development of the eHealth system, including by using the EU funds,
 - 3) to continue the activities for health promotion and disease prevention, including by using the EU funds,
 - 4) to continue the implementation of the concept of quality development of the health care system and of patient safety,
 - 5) provision of quality and accessibility of medical rehabilitation services,
 - 6) provision of the availability of medicines and pharmaceutical care for citizens,
 - 7) to continue work on the establishment of a patient experience monitoring system in Latvia,
 - 8) to complete the work on public health and health care policy for 2021-2027 and the investment planning of the EU funds for the programming period 2021-2027,
 - 9) to implement measures in order to limit antimicrobial resistance.

While data on the share of out-of-pocket payments in total health expenditure in 2019 and 2020 is still not available, it is supposed to be decreasing by continuing the reforms.

Once a month until the 10th date, the medical treatment institutions that have a contractual relationship with the National Health Service (hereinafter - the Service) shall send information regarding the length of waiting lines for the receipt of state-paid services on the 1st date of the respective month. The Service shall compile the received information and by the 25th date of the respective month shall place information regarding the waiting queues on the website www.rindapiearsta.lv. The queue information is collected on a monthly basis; therefore, the queue report is for informational purposes only and may not reflect accurate information on the current date of the queue. The most up-to-date information on the queue lengths can be obtained by contacting the reception of the particular medical institution.

Once a quarter, the Service compares queue lengths by evaluating queue lengths in different regions of Latvia and compares changes in the queue lengths over the past year. The queue for a service is indicated as "short" if it is up to 10 days, and the queue is indicated as "long" if it is longer than 30 days. According to the mutually concluded agreement, documents prepared by the Service and regulatory enactments, the medical treatment institutions that provide the state-paid health care services must comply with the established conditions when creating a waiting list for services:

1. Emergency assistance - outside the waiting queue:

- 1.1 the provision of medical assistance is ensured during the working hours of the institution;

1.2 for a person who needs urgent medical assistance - the mark "CITO!" is indicated in the upper right corner of the form No.027/u.

2. Groups of persons to whom services are provided as a matter of priority:

2.1 for children;

2.2 for pregnant women - *the mark "Pregnant" or "GRAVIDA" is indicated in the upper right corner of the form No.027/u.*

3. Services to be provided within 10 working days:

3.1 the first consultation of an oncologist chemotherapist, hematologist, pediatric hematooncologist or oncology gynaecologist;

3.2 primary diagnostic examinations of malignant tumours - in the consignment;

3.3 the person needs the consultation of a specialist who provides secondary diagnosis of malignant tumours in a medical institution specified on the Service's website - from the day when the person has applied for such a service by a family doctor, gynaecologist or prison doctor.

4. Services to be provided within 1 month:

4.1 electrocardiogram, if a family doctor has marked a high or very high risk of cardiovascular disease in a patient with diagnosis code Z03.5 - *SCORE 5-9% or SCORE 10% and more is indicated in the upper right corner of the form No.027/u;*

4.2 Consultation of a cardiologist and a vascular surgeon, if the family doctor has marked a high or very high risk of cardiovascular disease in a patient with diagnosis code Z03.5 - *SCORE 5-9% or SCORE 10% and more is indicated in the upper right corner of the form No.027/u;*

4.3 post-screening examinations from the day when the person has applied to a medical institution for a service:

4.3.1 by referral for colposcopy, consultation of an oncologist-gynaecologist after cervical cancer screening examinations;

4.3.2 with the result of the screening mammography/referral for further post-screening examinations;

4.3.3 with a referral for colonoscopy - *in the form No.027/u basic diagnosis codes: C18-C21, side diagnosis: Z12.1 and a mark of 74 patients' group is indicated in the upper right corner.*

5. Services to be provided within 3 months:

5.1 electrocardiogram, if the general practitioner has marked a moderate or medium high risk of cardiovascular disease in a patient with diagnosis code Z03.5 in the referral - *the mark SCORE 1-2% or SCORE 3-4% is indicated in the upper right corner of the form No.027/u;*

5.2 echocardiography, if a family doctor has marked a high or very high risk of cardiovascular disease in a patient with diagnosis code Z03.5 - *the mark SCORE 5-9% or SCORE 10% and more is indicated in the upper right corner of the form No.027/u;*

5.3 cervical ultrasonography, if the family doctor has marked a high or very high risk of cardiovascular disease in a patient with diagnosis code Z03.5 - *the mark SCORE 5-9% or SCORE 10% and more is indicated in the upper right corner of the form No.027/u;*

5.4 bicycle ergometry, with a referral from a family doctor to a patient with diagnostic code Z03.5, has made a note in the referral on a very high risk of cardiovascular disease - *the mark SCORE 10% and more is indicated in the upper right corner of the form No.027/u.*

6. Services to be provided within 6 months:

6.1 echocardiography, if the family doctor has marked a moderate or medium high risk of cardiovascular disease in a patient with diagnosis code Z03.5 - *SCORE 1-2% or SCORE 3-4% is indicated in the upper right corner of the form No.027/u;*

6.2 cervical vascular ultrasonography, if the general practitioner has marked a patient with diagnosis code Z03.5 as a medium or medium high risk of cardiovascular disease - *the mark SCORE 1-2% or SCORE 3-4% is indicated in the upper right corner of the form No.027/u.*

7. Groups of persons to whom rehabilitation services are provided in the following order of priority:

- 7.1. patients with acute and subacute dysfunctions, which manifest themselves as restrictions on communication, cognitive ability, mobility, self-care, instrumental daily activity – *the mark "ACUTE" is marked in the upper right corner of the form No. 027/u;*
- 7.2. patients with subacute functional disorders that limit the activities necessary for the performance of paid work and may cause disability (predictable disability) – *the mark "SUBACUTE" is marked in the upper right corner of form No. 027/u;*
- 7.3. patients with chronic dysfunction for existing patients under dynamic observation at intervals specified in the rehabilitation plan – *the mark "CHRONIC" is marked in the upper right corner of form No. 027/u;*
- 7.4. other patients with functional disorders.
- 7.5. in the above-mentioned (Sub-paragraphs 7.1 - 7.4) patient groups, priority services are provided to children under 3 years of age with a high risk of developing functional disorders.

8. Procedure for creating waiting queues, if the service cannot be provided immediately:

- 8.1. form a single line without dividing it separately by months;
- 8.2. give priority to informing the person regarding the possibility to receive the state-paid health care service, indicating the nearest possible date and time of receipt of the service;
- 8.3. provides a person with an opportunity to apply for the service by reserving a specific date and time of receipt of the service;
- 8.4. if the queue for the receipt of the service is longer than 6 months, the medical treatment institution shall indicate to the person the approximate date of receipt of the service and inform the person at least one month prior to the receipt of the service regarding the specific date and time of receipt of the service;
- 8.5. individually inform the patient not later than 1 day in advance regarding the case if the registration is cancelled, offering the opportunity to receive a state-paid health care service at another possible time as soon as possible;
- 8.6. if the queue for receiving the service is longer than 2 months, not later than 2 working days before the date of receipt of the service, the institution is obliged to remind the patient about the registration for the service;
- 8.7. if the waiting time of the persons included in the queue for receiving the service exceeds one year, the medical treatment institution shall update the information regarding the persons included in the queue at least once every six months, excluding from the persons who have died or for whom there is information that they no longer need the service.

According to the amount of funding available for the health care, the possibilities to expand the range of state-paid health care services with new health care services that would improve the availability of health care services for the population are evaluated every year, as well as the possibilities to increase the amount of health care services already available by reducing the waiting lists for the state-paid health care services have been assessed.

The Service receives information on the queues of planned inpatient health care services from the inpatient treatment institutions that have a contractual relationship with the Service.

The number of patients in the waiting queue is not unique, as one patient can register in the queue at several medical institutions.

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 infection and the introduction of epidemiological safety measures. The availability of services is also limited by the illness of medical personnel.

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

- a) Please provide 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 (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence.*

The Centre for Disease Prevention and Control provides information regarding the issue of reproductive and sexual health and for pregnant women to minimize the risks related to their pregnancy, childbirth and post-partum and maintains a website <https://grutnieciba.lv/> where all important information about pregnancy is given.

Through the European Social Fund, the Centre for Disease Prevention and Control with support of the local governments works on improving the availability of health promotion and disease prevention services (for instance, 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; exhibition on sexual and reproductive health) for all inhabitants of Latvia, in particular, for the population subject to the territorial, poverty and social exclusion risk. All materials are shared through social networks and printed versions of these materials are distributed through educational institutions, local governments, etc. All materials are available at: <https://spkc.gov.lv/lv/informativi-izdevumi>.

The health education in general 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. The Ministry of Education and Science in cooperation with the Ministry of Health has worked to ensure that children receive the necessary knowledge on health-related issues.

In order to support teachers in the implementation of the content of the health education, the Centre for Disease Prevention and Control in cooperation with the Ministry of Health has created teaching films for pupils and teaching materials for all classes, as well as methodological recommendations for teachers how to work with pupils on reproductive health, sexual development, relationship building and responsibility issues regarding the reproductive health and building relationships.

Through the European Social Fund, the Ministry of Health has launched also a procurement for the establishment of a training programme for sexual and reproductive health education in local governments. It will be a methodological material for the local governments.

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

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

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

In 2012, the education module “Society and Person’s Safety” was developed (updated in 2020). Since 2015, this module has been obligatory in all initial vocational education and training programmes and continuing vocational education and training programmes. Topic “Health Education” is obligatory in this module, including reproductive education.

In the new Regulations of the Cabinet of Ministers No. 332 “State Standard for Vocational Education and Training” accepted on 2 June 2020, it is defined that the module “Society and Person’s Safety” is an obligatory module in each initial vocational education and training programme’s curriculum and the obligatory topic “Health Education” makes 20% of this module.

- b) Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.*

The legal norms regarding the 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 permissible if a patient has given the informed consent thereto. The patient has the right to ask questions and receive answers prior to giving the informed consent. The informed consent shall be drawn up in writing if it is requested by the patient or attending physician. If the informed consent is given in writing, the patient shall approve it by his/her signature, indicating the date and time. A written consent shall be attached to his/her medical documents.

The Law on the Rights of Patients also specifies that a patient has the right to refuse medical treatment prior to the commencement thereof, from any method used in the medical treatment, without declining from the medical treatment at large, or to refuse medical treatment during it.

The attending physician shall inform the patient regarding the possible consequences of the decision. After receipt of the information provided by the attending physician the patient shall confirm his/her decision on the refusal of medical treatment or regarding suspension thereof by his/her signature, or regarding the refusal of any method used in the medical treatment, indicating that he/she has received the relevant information. If the patient does not change his/her decision, it is the duty of the attending physician to encourage him/her to consult another physician.

If the patient refuses to certify his/her refusal in writing, the attending physician shall invite 2 adult witnesses with capacity to act who shall certify by their signature that the patient has taken the decision.

If a patient has authorised another person (hereinafter – authorised person of the patient) to agree on his/her behalf to medical treatment at large or to any method used in the medical treatment or to refuse medical treatment at large or any method used in the medical treatment, as well as to receive information, the patient shall inform the medical treatment institution of such authorisation.

If a patient is unable to take a decision by himself/herself regarding the medical treatment due to his/her state of health or age, the spouse of the patient has the right to take a decision on medical treatment at large or any method used in the medical treatment or refusal from medical treatment at large or any method used in the medical treatment, but if such does not exist, an adult closest relative with capability to act in the following order: the children of the patient, the parents of the patient, the brother or sister of the patient, the grandparents of the patient or the grandchildren of the patient.

The spouse or closest relative of a patient or a person authorised by the patient, as well as the lawful representative of the patient, if the patient is under guardianship or trusteeship (hereinafter – person representing the patient), when taking a decision on medical treatment or refusal thereof, shall observe the wish previously expressed by the patient in relation to medical treatment.

If the closest relatives of the patient who have equal right to take a decision on behalf of the patient cannot agree regarding the consent to medical treatment, the decision on medical treatment which would have the most favourable effect the state of health of the patient, shall be taken by the doctors' council.

The attending physician shall explain to the person representing the patient what consequences may be caused by the decision on refusal from medical treatment. After receipt of the information the person representing the patient shall confirm the decision to refuse medical treatment or to suspend it in the medical document by his/her signature, or to refuse any method used in the medical treatment, indicating that he/she has received the relevant information.

If the person representing the patient refuses to take a decision on medical treatment of the patient, but the physician considers that medical treatment is in the interests of the patient, the decision on medical treatment shall be taken by the doctors' council.

If the person representing the patient refuses to confirm refusal in writing, the attending physician shall invite 2 adult witnesses with capability to act who shall certify by their signature that the person representing the patient has taken the decision. The refusal shall be attached to the medical documents of the patient.

If a patient has not indicated a person who is entitled to consent to medical treatment or to refusal it on behalf of the patient, and the patient has no spouse, closest relative or lawful representative or the patient has forbidden in writing the spouse or closest relative from taking a decision on his/her behalf, the decision on medical treatment, which would have the most favourable effect on the state of health of the patient, shall be taken by the doctors' council.

In cases where a delay may endanger the life of the patient and it is not possible to receive the consent of the patient himself/herself or the person representing the patient, the medical practitioner shall perform emergency measures within the scope of his/her competence – examination, medical treatment, including surgical or other type of invasive intervention. In such cases an examination and medical treatment plan shall be approved, and a decision taken by a doctors' council, except in cases where the first aid or emergency medical care must be provided.

During a surgical or other type of invasive intervention attending physician has the right, without the consent of the patient, to perform previously unplanned medical treatment if emergency medical care has to be provided to the patient or if incomparably greater harm to his/her health would arise due to the non-performance of medical treatment.

The Law on the Rights of Patients prescribes that medical treatment of a minor patient (up to the age of 14 years) shall be permissible if his/her lawful representative is informed thereof and has given his/her consent. The minor patient has the right to be heard and according to his/her age and maturity to participate in the taking of the decision related to the medical treatment.

Medical treatment of a minor patient (from the age of 14 years) shall be permissible if his/her consent has been received, except the cases where a delay may endanger the life of the patient and it is not possible to receive the consent of the patient himself/herself or the person representing the patient, the medical practitioner shall perform emergency measures within the scope of his/her competence – examination, medical treatment, including surgical or other type of invasive intervention. In such cases an examination and medical treatment plan shall be approved, and a decision taken by a doctors' council, except in cases where first aid or emergency medical care has to be provided.

If a minor patient (from the age of 14 years) refuses to give his/her consent for medical treatment, but to the physician's mind the medical treatment is in the interests of this patient, the consent for the medical treatment shall be given by the lawful representative of the minor patient.

Regarding the immunisation issue it is important to mention that with a support of the EU Structural Funds education about the vaccination-related questions is provided for medical practitioners who work with children and adults' vaccination daily. This helps to combat myths about “harm” done by the vaccination.

- c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

N/A

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

- a) *Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.*

According to the Ministry of Health, no single vaccine producing company is working in Latvia. The Ministry of Education and Science is responsible for funding scientists and supporting vaccine development.

The Public Health Guidelines for 2014-2020 as a medium-term development planning document also aims to improve children vaccination coverage and lower the morbidity of vaccine preventable diseases.

According to the Procedures for the Reimbursement of Expenditures for the Acquisition of Medicinal Products and Medical Devices Intended for the Outpatient Medical Treatment, children from the age of 24 months to 18 years of age with certain chronic diseases receive fully reimbursed vaccine against seasonal influenza (100 % of the vaccination cost is compensated from the State basic budget); seniors (persons over the age of 65) and adults with certain chronic diseases receive partly reimbursed vaccine against seasonal influenza (50 % of the vaccination cost is compensated from the State basic budget). These vaccines are available with a recipe prescribed by a family doctor.

In 2019 Regulations of Cabinet of Ministers No. 330 "Vaccination Regulations" were amended in order to include in the vaccination schedule a State-paid vaccination of pregnant women and children aged 6–23 months (up to 2 years) against the seasonal influenza.

Children vaccination coverage in % (2016-2019)

Vaccine	Year			
	2016	2017	2018	2019 (I-VI months)
tuberculosis	96.1 %	95.5 %	95.4 %	97.8 %
hepatitis B (1 dose)	99.7 %	99.6 %	98.3 %	103.9 %
hepatitis B (3 dose)	97.6 %	98.1 %	96.0 %	101.7 %
diphtheria, tetanus (1 dose)	98.8 %	98.4 %	97.1 %	102.8 %
diphtheria, tetanus (3 dose)	98.1 %	98.1 %	95.8 %	101.5 %
diphtheria, tetanus (4 dose)	94.7 %	95.8 %	92.2 %	95.5 %

diphtheria, tetanus (5 dose)	97.0 %	95.4 %	98.9 %	95.2 %
diphtheria, tetanus (6 dose)	93.6 %	92.1 %	89.3 %	84.2 %
pertussis (1 dose)	98.8 %	98.4 %	97.1 %	102.8 %
pertussis (3 dose)	98.1 %	98.1 %	95.8 %	101.5 %
pertussis (4 dose)	94.7 %	95.8 %	92.1 %	95.5 %
pertussis (5 dose)	97.0 %	95.3 %	98.9 %	95.1 %
poliomyelitis (1 dose)	98.8 %	98.4 %	97.1 %	102.8 %
poliomyelitis (3 dose)	98.1 %	98.1 %	95.8 %	101.5 %
poliomyelitis (4 dose)	94.7 %	95.8 %	92.1 %	95.5 %
poliomyelitis (5 dose)	97.0 %	94.5 %	98.9 %	95.2 %
poliomyelitis (6 dose)	93.5 %	92.0 %	89.1 %	83.9 %
Haemophilus influenzae type b (1 dose)	98.2 %	98.0 %	96.7 %	102.3 %
Haemophilus influenzae type b (3 dose)	97.5 %	97.6 %	95.5 %	101.1 %
pneumococcal infection (1 dose)	93.3 %	92.8 %	93.3 %	99.6 %
pneumococcal infection (3 dose)	89.9 %	86.6 %	84.0 %	87.5 %
measles, rubella, epidemic parotitis (1 dose)	93.2 %	96.4 %	97.8 %	98.1 %
measles, rubella, epidemic parotitis (2 dose)	88.7 %	88.9 %	93.7 %	85.9 %
varicella (1 dose)	82.3 %	85.2 %	86,2 %	91,5 %
HPV (1 dose)	44.2 %	50.2 %	55.4 %	57.5 %
HPV (2 dose)	40,6 %	40,7 %	48,0 %	61,5 %
rotavirus infection (1 dose)	87,4 %	89,6 %	90,2 %	96,4 %
rotavirus infection (2 dose)	112,0 %	77,7 %	79,2 %	84,1 %

Data source: *Ministry of Health*

- b) Please provide a general overview health care 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 Latvian Prison Administration is a State institution under the Ministry of Justice. There are 9 prisons that are structural units of the Prison Administration (not independent institutions). Provision of health care for prisoners is one of the main tasks of the Prison Administration. Thus prisoner's health care lays under the responsibility of the Ministry of Justice.

Each prison has a Medical unit with status of medical institution and primary (ambulatory) health care is provided there. The prison system has its own Prison Hospital (with the same status as all hospitals in Latvia), where secondary or stationary health care is provided. In case, if prisoner needs health care service (specialist care) or medical investigation not available in the prison system, prisoner will be transferred to a public hospital for care or some medical investigation. Prison staff ensure transferring and guarding of prisoners in such cases. Prisoners through competence of prison's doctors are included in national schemes of compensated medicine or ordering of medical investigation like general population in the country; they receive the same amount of health care services paid by the State budget as every citizen.

Prisoners receive medical screening on arrival, and can order a visit to a prison doctor at any time they need it.

Medical Units of prisons and the Prison Hospital have no specific problems with vacancies; reforms in the system of medical staff salaries refer to both public health care sector and prison health sector.

- c) *Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison healthcare services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.*

Concerning the proactive measures the Ministry of Health has developed a medium-term policy planning document "Mental Health Care Improvement Plan 2019-2020", which aimed to provide the population with evidence-based, up-to-date, high-quality and relevant information, access to mental health care by encouraging mental health promotion, disease prevention programs and early diagnosis, early treatment and medical rehabilitation of mental illness.

The most important tasks were to raise public awareness of mental health issues, to reduce stigma against mental illness, to promote access to help for people with mental health problems, to prevent suicide, to promote cross-sectoral and team collaboration in the field of mental health.

The event "Public Relations Concept on the Implementation of Stigma-Reducing Mental Health Areas", as the Ministry's of Health campaign "Everything is Norm.a" started in 2020. In order to reduce stigma, the most common or psychological health-related diagnosis - depression, is made clear to the public with the help of 12 videos in such subjects as, for instance, non-suicidal self-harm, drug dependence, alcohol dependence, anorexia, borderline personality disorder (RPT), schizophrenia, dementia in seniors, learning disabilities in children, attention deficit hyperactivity disorder (UDH), intellectual disabilities (mental retardation), etc. Explanatory videos will help people to identify specific diseases, form ideas and understand how to treat them. The campaign will call to monitor one's and one's peers' mental health and the story of one person's experience in association with one of the mental illnesses or their symptoms, on a daily basis throughout the year.

The Centre for Disease Prevention and Control provides information to society about mental health and maintains a website www.nenovarsies.lv about mental health issues. Through the European Social Fund, the Centre for Disease Prevention and Control with a support of the local governments works on improving the availability of health promotion and disease prevention services (for instance, lectures on mental health; lessons for children and adolescents on positive communication and conflict prevention; exhibition on mental health; travelling exhibition on depression; lectures on mental health for seniors; lessons for parents on emotional parenting) for all inhabitants of Latvia, in particular, for the population subject to the territorial, poverty and social exclusion risk. All materials are shared through social networks and printed versions of these materials are distributed through educational institutions, local governments, etc. All materials are available at: <https://spkc.gov.lv/lv/informativi-izdevumi>.

Prisoners with different mental health and behaviour problems are an important issue in the prisons of Latvia, as elsewhere in Europe. Mental health problems in prisons are cared with adequate psychiatric or psychological help, in same way as in society. In Latvia there is no person in prison who is imprisoned because there is no suitable mental health service in the community. For any person (without commitment of crime) with mental health problems in specific cases coercive medical care

can be ordered, but law provides strict criteria and procedure for such cases. If person, who committed crime, has serious mental health issues (strict criteria in law), court can apply coercive medical measures instead of punishing person with criminal punishment.

- d) *Please also provide 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. Provide 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, which 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).*

In 2017 there were 22 officially registered drug overdose cases³⁰. The actual number of drug overdose induced death might be higher though, due to the lack of corresponding reagents able to detect the actual substance. With regards to excessive drug usage and intoxications, in 2017 out of 479 intoxication cases more than half (56%) were up to 24 years old patients, but 171 (35%) were minors. Most of intoxications were provoked by the usage of cannabis group substances (including synthetic cannabinoids) – 32% of cases³¹.

Drug users` cohort research of 2017 shows the following infectious disease prevalence among the drug users: HIV – 25.7%, hepatitis B – 3.6%, hepatitis C – 85.2%, syphilis – 1.5%. The cohort research data also shows that among intravenous drug users the prevalence of HIV is 25.7%, but the prevalence of hepatitis C is 85.4%³². It was also concluded that the prevalence of infectious diseases was higher among those drug users who have been sentenced during their life – 92% of respondents with sentence experience during their life were infected with hepatitis C (comparing to 79% of respondents with no sentence experience)³³.

In 2019 the Latvian government approved an Action Plan to limit the usage and spread of drugs for 2019-2020. The plan envisages the shift of the responsibility for the development and coordination of drug policy in Latvia from the Ministry of the Interior to the Ministry of Health by the end of 2020. The plan aims to reduce the demand and supply of drugs, including reducing the health and social risks associated with drug usage and distribution. In order to achieve this goal, the plan includes 28 measures, divided into 3 action lines: Promoting the quality and availability of drug prevention, addiction treatment, social rehabilitation and harm reduction interventions; Drug supply and availability reduction; Promoting effective drug policy coordination, data collection, research and evaluation.

In 2018 – 2019 as part of the Action Plan workshops regarding substance usage prevention, early recognition and help interventions for minors with addictive disorders were organized in 24 local governments targeting parents and professionals; educative workshops regarding harming effects of

³⁰ Data source: Center for Disease Prevention and Control

³¹ Summary regarding psychical and behavioral disorders caused by psychoactive substance usage, 2017 <https://www.spkc.gov.lv/lv/statistika-un-petijumi/statistika/veselibas-aprupes-statistika1>

³² Karnīte, A. et al. (2017). “Trends in drug use behavior in Latvia: Drug users cohort research 10th segment”. Center for Disease Prevention and Control

³³ Karnīte, A. et al. (2016). “Trends in drug use behavior in Latvia: Drug users cohort research 9th segment”. Center for Disease Prevention and Control

addictive substance usage were organized in 24 local governments targeting pupils from 8-9; teachers were trained regarding addictive substance use prevention, recognition and early intervention.

In the nearest future the Action Plan also foresees elaboration of methodical handbook for schools regarding addictive substance usage prevention; implementation of early intervention program "FredGoesNet" for the first-time law offenders age 14-21; implementation of social influence prevention program for pupils age 12 – 14 "Unplugged"; translation of EMCDDA handbook "European Prevention Curriculum" (the handbook will be spread in local governments).

With regard to the drug addiction treatment the Action Plan foresees to adapt Minnesota 12 steps program for drug users to be applied in out-patient care facilities, co-payments exemption for persons with addictive disorders and opening of one additional out-patient psychotherapy group for minors with substance addiction (all three measures are still subject to State budget approval).

Opioid replacement pharmacotherapy with methadone started in 1996 in Latvia, but with buprenorphine in 2005. In 2017 there were 669 persons with drug addiction undergoing treatment under opioid replacement pharmacotherapy programs.

Action Plan on Controlling the Spread of HIV, Sexually Transmitted Infections and Hepatitis B and C for 2018-2020 includes comprehensive and broad range of prevention and control activities for HIV, sexually transmitted infections and viral hepatitis.

HIV prevention points throughout the country provide rapid testing, needle and syringe exchange, condoms distribution, as well as clients receive the required social and medical aid, consultations about infectious diseases and prophylaxes/prevention measures. These services are free of charge and anonymous for clients. The main target audience of HIV prevention points is injecting drug users. Other target groups include former prison inmates, sex workers and their clients, homeless people, ethnic minorities, men who have sex with men, pregnant women (drug users) and other.

There are also mobile harm reduction services providing rapid testing, syringe distribution, condoms distribution, consulting closer to the gathering places of risk groups involving specially equipped transport and trained personnel. Mobile harm reduction services are organized by the NGOs and supported by the Centre for Diseases Prevention and Control.

Latvia has speeded up the access to HIV treatment (antiretroviral therapy) from CD4<200 cells/mm³ to the "test and treat" approach which was approved on 1 October 2018. Each HIV-infected person can receive antiretroviral treatment (ART) with no limits for CD4 immune cells in prescribing the ARV therapy.

Starting from August 2019, a new support service is available for those people who have received positive HIV and/or hepatitis B tests using rapid testing at HIV prevention points. The main objective of the service is to help HIV and/or hepatitis B (possibly) infected person get to a doctor and receive health services to start HIV and/or hepatitis B treatment more quickly. A support person may help to inform HIV-positive person about health care and social services, may help to visit a doctor and explain the need for antiretroviral therapy, ensure an appointment with the laboratory and a specialist for confirmation of the diagnosis and initiation of the treatment without the requirement to obtain a referral from a general practitioner (direct access to an infectious disease specialist; also could be called as a green corridor). This service is provided by the NGO "DIA+LOGS" with the support of the Centre for Diseases Prevention and Control.

The Centre for Disease Prevention and Control regularly informs the society about risks to become infected with HIV, hepatitis B or C, for example, informative materials for exposed persons; campaign materials on World Hepatitis Day for raising awareness.

Since 2016 the availability of medicinal products for the treatment of hepatitis C has been gradually increased, providing 100 % of the reimbursement for medicinal products needed for treatment and introducing direct-acting antivirals clearing the virus in around 95 % of cases.

Also, from 2018, the availability of the newest-generation drugs to treat hepatitis B has been improved to treat more effectively resistant forms of hepatitis B.

From 2019 hepatitis C treatment is available to people also at early stages of fibrosis (includes those with stages F1 to F4), thereby ensuring access to the treatment for the majority of people with hepatitis C infection.

- e) *Please provide information on 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 measures taken to address health problems of the populations affected. Please provide also information about measures taken to inform the public, including pupils and students, about general and local environmental problems.*

Information on the levels of air pollution

According to monitoring results capital city and the biggest city Riga has local air quality problems. There are elevated PM10 and NO2 concentrations in the city centre on the “canyon type” streets. In order to solve these air quality problems, the Cabinet of Ministers in April 2020 approved new “Air Pollution Control Programme 2020-2030”. Riga city council currently is updating the existing Air Quality Plan 2016-2020 for Riga City. In general, the air quality problems are not expressed in other parts of Latvia. Further information on Air Quality levels in monitoring stations located in Latvia is available: <https://aqportal.discomap.eea.europa.eu/products/>.

Information on the noise pollution

Provisions of Directive 2002/49/EC of the European Parliament and of the Council of 25 June 2002 relating to the assessment and management of environmental noise are in place since 2004. Legislation at the national level is reviewed and currently the Regulations of the Cabinet of Ministers No. 16 “The assessment and management of noise” set up measures preventing and reducing environmental noise. However, it does not apply to noise that is caused by the exposed person himself, noise from domestic activities, noise created by neighbours, noise at work places or noise inside means of transport or due to military activities in military areas.

Every 5 years, in accordance with Directive 2002/49/EC noise maps and noise management action plans are developed. Information is available through the Environment, Geology and Meteorology Centre (<https://videscentrs.lv/gmc.lv/lapas/troksnis>) as well as reported to the European Environment Information and Observation Network (Eionet).

Information on environmental performance

Latvia has come a long way in improving its environmental performance and the wellbeing of the population. The OECD Environmental Performance Review of Latvia evaluates progress towards sustainable development and green growth, with special features on waste and circular economy, and biodiversity and sustainable use (<http://www.oecd.org/environment/oecd-environmental-performance-reviews-latvia-2019-2cb03cdd-en.htm>).

Please see also information provided under Article 3.

The Public Health Guidelines for 2014-2020 as a medium-term development planning document also aims to promote a healthy and safe living and working environment, reducing injuries, impact of environmental risks on the public health, and mortality rate from the external causes of death.

Thus, the Centre for Disease Prevention and Control promotes healthy lifestyle and these promotional activities include also physical activity and injury prevention areas. It is done through different informative campaigns, informative materials, educational seminars, etc.

In 2016: 1 educational seminar was organized for nurses working in family doctors' practices on prevention of child injuries; 3 educational videos were made on prevention of different child injuries; informative materials were prepared and distributed, for instance, infographics about child traumatism and how to take care of the safety of child at home.

In 2017: 400 health promotional events were organized for pre-school children and pupils from the Grade 1 and Grade 2 on prevention of injuries; 2 educational seminars were organized for nurses working in family doctors' practices on prevention of injuries in young children and about the basic first-aid tips for injured child; informative materials were prepared and distributed, for instance, colouring book for children "The Book of Sherlock Tales for Your Safety", suggestions for family doctors on the prevention of child and adolescent injuries.

In 2018: informative campaign "Too brave = without head" was organized about jumping in water.

In 2019: informative campaign "A little bit away" was organized about infants' safety issues; informative materials were prepared and distributed, for example, infographics about safe jumping, safe swimming, safe bicycle driving and children traumatism.

Number of registered injury and poisoning cases by place of occurrence in % (2016-2018) *

	Percentage, %				
	Home	School, educational area	Sports and athletics area	Recreational area, cultural area, or public building	Countryside
2016	47.4	1.4	4.1	2.6	3.2
2017	50.8	2.5	5.8	2.9	3.4
2018	50.2	3.2	6.9	2.8	4.3

Data source: * so called Trauma register

Surveillance and control functions of the routine infectious diseases are implemented in the country according to the Epidemiological Safety Law and associated regulatory acts. The Latvian Protection Zones Law (hereinafter - the Law) defines the types of protection zones around surface water and groundwater water intakes. The Law requires to maintain and fence all protection zones around water intakes and to obey to other requirements aimed at protection of drinking water sources. Also, regular prophylactic disinfection of water supply system is required in order to improve the microbiological quality of drinking water.

The Health Inspectorate regularly publishes information on drinking and bathing water quality providing it to the local governments and to the public through the mass media and website of the Health Inspectorate. It maintains a database available to the society regarding the bathing sites in which the water quality checks are carried out. The Health Inspectorate also publishes information to the society on safety of drinking water, bathing water and other negative impacts on health in cases of accidents, fires. A tool for drinking water monitoring data results report was developed within the National Surveillance Information System that can be used by water providers. The system allows the water providers to send data about their water quality to the Health Inspectorate. The Health Inspectorate is publishing annual reports on its website and they are available to the society.

The Centre for Disease Prevention and Control of Latvia receives notifications about infectious diseases/outbreaks, conducts epidemiological investigation and risk assessment, organises and coordinates control measures, analyses surveillance data, develops recommendations for different target groups, and provides the necessary risk communication activities. The Centre performs its functions in close collaboration with other involved institutions such as the Health Inspectorate, the Food and Veterinary Service, the National Reference Laboratory, local governments, etc.

- f) *In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and selfisolation, provision of surgical masks, disinfectant, etc.) as well as the 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 while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.*

As early as the first information appeared about the COVID-19, Latvia's experts started to work on different guidelines for health care professionals and other specialists.

Governmental decisions have been based on the advice of epidemiologists, medical professionals and academics. All levels of government are involved to coordinate a common response and to maintain one strategic communication line. A crisis response team on a daily basis evaluated the situation and the latest data sets, tailoring adequate response and swift cooperation with the local hospitals, private laboratories, and neighbouring countries.

On March 12, 2020 the Government, following experts' epidemiological and medical advice, declared a state of emergency and introduced the necessary measures (Order of the Cabinet of Ministers No. 103 "Regarding Declaration of the Emergency Situation" - <https://likumi.lv/ta/en/en/id/313191-regarding-declaration-of-the-emergency-situation>). The previously mentioned Order prescribed specific activities and it was in force until the 9th of June 2020. The Order specified the legal norms for purchasing the surgical masks, disinfectants as well as norms regarding the testing and tracing, physical distancing and self - isolation. Some other measures that were introduced included closure of schools, universities, libraries, shopping centres on weekends, limiting provision of planned healthcare services.

Rules for self-isolation, physical distancing, international passengers carriers and categories of people allowed to cross the Latvian external borders from third countries are provided by the Regulations of the Cabinet of Ministers No. 360 "Epidemiological Safety Measures for the Containment of the Spread of COVID-19 Infection", adopted on June 9, 2020³⁴..

Latvia's guiding principles in the context of the COVID-19 crisis are based on 3 pillars: always test, trace and isolate.

All people have free access to the State-paid COVID-19 tests. All positive cases and persons to whom COVID-19 infection has been determined according to the clinical signs are traced.

³⁴ <https://likumi.lv/ta/en/en/id/315304-epidemiological-safety-measures-for-the-containment-of-the-spread-of-covid-19-infection>

If COVID-19 has been diagnosed in laboratory or determined according to the clinical signs, a person shall stay in isolation (if necessary, a person is hospitalized). Isolation is discontinued only with the permission of a doctor.

If a person is recognised as a COVID-19 contact person, home quarantine shall be imposed. During home quarantine the person shall: stay at the place of residence or another place of stay and shall be available for communication and cooperation with the general practitioner and other medical practitioners; not subject other persons to the risk of infection by reducing direct contact with other persons (not welcome guests, not go on private visits, not go to work, not go to social and public spaces and premises where many persons are present); comply with the instructions of the epidemiologist and the physician; discontinue home quarantine only with the permission of a doctor.

If a person within the last 14 days has stayed in any of the countries published on the website of the Centre for Disease Prevention and Control to which special precautionary and restrictive measures are applicable, he/she shall ensure self-isolation at the place of residence or another place of stay for 10 days (previously 14 days) after departure from the abovementioned country.

The list of countries and recommendations for travellers can be viewed on the website of the Centre for Disease Prevention and Control https://www.spkc.gov.lv/sites/spkc/files/data_content/04_09_2020vm_en.pdf. This list is being updated every Friday.

At the end of May 2020, a voluntary tracing app “Apturi COVID” (or “Stop COVID” in English) was launched. It is an effective tool to break the chain of infection and reduce the further spread of the virus in the community. The tracing app uses Bluetooth technology to identify other nearby devices that also have the app installed. Individuals will only be notified if they have been in the proximity of 2 meters to an individual for more than 15 minutes who has tested positive for COVID-19. To this date over 80 000 people have downloaded it.

Latvia’s basic principles for public in COVID-19 crisis include: clear information displayed in the public areas on hygiene, distancing and other restrictions; 2 m distancing should be observed, whenever possible; time and people gathering limits at event sites or sites where economic services are provided; surfaces/hands should be washed/disinfected, rooms should be ventilated; observation of a person’s health status; try to avoid travelling.

The National Disaster Medicine Plan and the National Civil Protection Plan also have been approved, which also 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 the emergency medical assistance 24 hours a day. Information on the available resources in these hospitals was and still is regularly updated.

Latvia introduced epidemiological precautionary measures, considering the recommendations of the ECDC and the WHO, as well as by following the epidemiological situation and conducting a thorough epidemiological investigation in each Covid-19 case. In order to better limit the spread of the infection, the Center for Disease Prevention and Control, in collaboration with experts, developed a series of recommendations for doctors and institutions, educational institutions, social care institutions for appropriate action and the implementation of epidemiological safety measures.

Private laboratories were involved in taking samples to ensure timely diagnosis of Covid-19 and to limit the spread of this infection. A centralized telephone number was set up to call in order to submit the samples.

The Ministry of Health has developed the informative report on the health sector’s capacity building and strengthening sustainability under the Covid-19 conditions.

During the national state of emergency due to COVID-19 pandemic from 12 March to 9 June 2020, all schools and higher education institutions were closed for on-site studies in order to ensure the safety of students and teachers, and stop the spread of COVID-19. From the very beginning, the focus was on two main goals in order to keep the education system going:

- ensuring the continuity of learning process with as minimum disruption to the school year as possible;
- providing equal education opportunities all over the country.

The Ministry of Education and Science ensured constant monitoring of the situation, inter alia, together with the Educational technology company *Eduvio*, carrying out surveys on the implementation of distance learning in the emergency situation.

Sets of Distance learning guidelines for general and professional education institutions, as well as recommendations for students, teachers and parents have been developed and disseminated.

Since 23 March 2020 until the end of the school year students were engaged in school activities remotely. In general, distance learning has been completed successfully, each family with school children had at least one digital device per household in order to perform distance learning.

Several tools were actively used during the period of distance learning, including E-class (e-klase), uzdevumi.lv, soma.lv, Dropbox, Google Drive, etc. Students followed the timetable, studied subjects and received exercises online. Educational TV channel "Your class" (tavaklase.lv) for students has been created. It supported students, parents and teachers in the implementation of distance learning. More than 70 teachers were involved in the project, and also a volunteering Parents Group took part in it. This new TV channel helped to address the challenges identified in the first week of distance learning: the need for a high-quality learning environment for students in grades 1 to 6, who may not necessarily learn a large amount of content independently. This project also created equal opportunities for education all over the country, reducing inequalities arising from lack of teachers or lack of infrastructure.

These measures, undertaken during the COVID-19 pandemic, helped to ensure safety and to protect health of all parties involved in the education process.

During the preparations for the 2020/2021 school year, three education process implementation models have been developed:

1. A model – learning process is provided in the education institution with / without the elements of distance learning.
2. B model – learning process is provided partly in the education institution and partly distantly (blended learning).
3. C model – distance learning only.

The choice of the model depends on the ability of the education institution to ensure epidemiological safety requirements and the number of COVID-19 cases / situation in the country. So far, 553 schools (82%) have chosen A model and 121 schools (18%) have chosen B model.

Constant monitoring of the situation has been continued, recommendations for the new school year and learning process have been developed in order to promote available and qualitative education for all, at the same time ensuring appropriate safety measures.

State Ltd. "Road Transport Administration" in order to prevent the spread of virus COVID-19 has made specific recommendations for carriers and passengers using public transport (travelling by bus), respectively requesting that the following recommendations for limiting the spread of COVID-19 be taken into account:

- accurately and regularly perform wet cleaning of public transport with household disinfectants;
- clean all surfaces that are touched by a large number of passengers with special care;
- for the protection of employees be guided by the Recommendations for Employers <https://spkc.gov.lv/lv/aktualitates/get/nid/772> .

To limit the spread of COVID-19 infection in public transport, passengers should be informed of the following precautions:

- in case of acute respiratory infectious disease - cough, runny nose, sore throat, fever - do not visit public places, i.e. to avoid, as far as possible, the use of public transport in order not to infect other people;
- do not cough or sneeze on others. Cover your mouth and nose with a disposable tissue by coughing and sneezing, which you throw away after use and then wash your hands. If there is no disposable wipes or handkerchief, cough or sneeze on the surface of the inner elbow joint (sleeve), but do not do it in the palm of your hand;
- do not allow yourself to sneeze or cough (on top of at least 2 meters of sick passengers if possible);
- after visiting public places, including use of public transport to wash your hands thoroughly with soap, if it is not possible to wash your hands, use an alcohol-based hand sanitizer;
- remember that touch-sensitive devices, such as smartphone surfaces, can also be contaminated with viruses and bacteria, so it is recommended to clean them regularly with alcohol-based disinfectants;
- do not touch your mouth, eyes or nose until your hands have been washed.

g) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

N/A

Part I – 12. RESC All workers and their dependants have the right to social security.

In order to satisfy the needs of a community, social security must be enabled to cover a range of minimum benefits and the system must be sufficiently funded in order to do so. The European Code of Social Security provides that the cost shall be borne collectively by way of insurance contributions or taxation or both, in a manner which avoids hardship to persons of small means and takes account of needs and of the economic situation of the country concerned. It also indicates that the part of the burden borne by employees should not exceed 50 per cent of the total of the financial resources allocated to their and their relatives protection.

Article 12 of the Charter requires that the social security system be at least of the level necessary under the European Code of Social Security.

While issues of sustainability and the situation of the economy are relevant, so are questions of progressive realisation of human dignity, which is at the heart of human rights (including social rights). Financial consolidation is therefore not in itself a decisive factor, given that resource availability and allocation are subject to political determination. According to various sources, public social spending amounts to just over 20% of GDP on average across Europe (c. 28% for the European Union), with around 60% of the expenditure on average being cash benefits and 40% health and social services.

Article 12 – The right to social security

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

Adequacy of the benefits

The Government agrees that unemployment benefit with the lowest possible insurance period 1-9 years for the first three payment months replaces 50% of the median equivalised income (or meets the minimum standard of at least 45% specified in European Code of Social Security), but during the following months (the benefit amount is reduced) the standard is not provided - as during first unemployment months significant part of unemployed in Latvia find jobs. During the first months of unemployment the unemployed are expected to carry out intensive job search activities, further on-assisted job search and more intensive PES involvement starts, this may include training with a stipend or public works with a compensation, subsidized employment opportunities are offered as well.

Unemployment benefit recipient is also entitled to receive state social benefits and disability pension simultaneously with the benefit. If the unemployed person has children he/she is entitled to receive also the family benefits. There is access for unemployed to social assistance benefits and additional support from local governments.

According to the statistical data the average monthly amount of unemployment insurance benefit in 2016 was EUR 245.80, in 2019 – EUR 337.46 following a significant wage growth in the economy.

Unemployment benefit can be received only if the person is registered with the State Employment Agency (hereinafter - SEA) and has acquired the status of an unemployed person.

According to the “Support for Unemployed Persons and Persons Seeking Employment Law” of 9 May 2002 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 “Regulations Regarding the Procedures for Organising and Financing of Active Employment Measures and Preventative Measures for Unemployment Reduction and Principles for Selection of Implementers of Measures” (adopted on January 25, 2011):

The SEA in cooperation with an unemployed person determines the employment which is suitable for him/her, taking into account:

- 1) the professional preparedness of the unemployed person (the unemployed person has the necessary knowledge and skills for fulfilling the duties of the offered work, including the necessary level of the official language proficiency), provided that:
 - for the first three months from the day of obtaining the status of an unemployed person the person concerned is offered work in the profession in which the unemployed person has previously worked or acquired education, or work of lower qualification if the unemployed person has expressed such a wish;
 - in the subsequent three months of the status of an unemployed person the unemployed person may be also be offered work of lower qualification than the unemployed person has previously performed or acquired education;
 - in the remaining months of the status of an unemployed person the unemployed person may be also be offered semi-skilled work (work in simple professions according to the ninth basic group of the Classification of Occupations);
- 2) the state of health of the unemployed person. The unemployed person has a duty to inform the SEA regarding functional disorders and health problems due to which he/she is unable to perform certain work, confirming it with a certificate issued by the doctor providing medical treatment;
- 3) the reachability of the workplace offered. The offered workplace must be reachable from the declared place of residence of the unemployed person, spending not more than an hour and a half on the road in one direction;

4) the amount of wage, if such information is at the disposal of the SEA. The amount of the offered wage is considered appropriate, if during the first three months of unemployment it has not been less than the average remuneration in the relevant profession according to the data published by the State Revenue Service regarding the average hourly rate of professions. During the subsequent months of the status of an unemployed person an appropriate amount of salary is such amount which is lower than the average remuneration in the relevant profession according to the data published by the State Revenue Service (hereinafter – SRS) regarding the average hourly rate of professions, but is not less than the minimum amount of the monthly wage determined in Latvia. If the unemployed person has concurrently worked in several professions, the data regarding the average remuneration in the profession in which a vacant position is being offered are taken into account. If the unemployed person has never been employed before, his/her previous work income does not reach the amount of the minimum monthly salary determined in the State, the unemployed person has acquired professional education, the unemployed person has had the status of a self-employed person, or has been registered with the SRS as a performer of economic activity, and also if six months have passed from the day of the acquisition of the status of an unemployed person, it shall be considered that an appropriate amount of salary is the minimum monthly wage;

5) the real opportunities of the unemployed person to commence employment relationship in a specific workplace (there are no circumstances which do not depend on the will of the unemployed person and hinder the commencement of employment relationship, for example, taking care of a child who has not attained the age from which preparation for the acquisition of basic education is commenced, if a local government has not ensured a baby-sitting service, care for a person with disability. The abovementioned reason must be certified by a statement from the competent authority).

During the reference period OECD has carried out a Review of Pension system, Latvia, in 2018. The Review also looks into public expenditure also in respect of separate social security areas (Figure 2.7) page 26, concluding that notwithstanding the low overall expenditure, the expenditure on old age and disability benefits is close to the OECD average. Also, first tier basic and minimum pensions cover almost the whole population, but the level of first tier pensions is low.

Inadequacy of the minimum level of old age pension

As before, also in the period 2016-2019 the amount of the minimum old-age pension was EUR 70.43 - EUR 108.85 (for persons with disability since childhood EUR 117.39 - EUR 181.42) per month depending on the length of insurance record. The amount of the minimum old-age pension is determined on the day the pension is granted. This amount can be recalculated by adding the pension capital accumulated in the funded pension scheme (the 2nd pension pillar), as well as by adding the pension capital accumulated in the non-funded pension scheme (the 1st pension pillar) after the pension has been granted- if the person continues to be an employee or a self-employed worker.

The pensions are also revised annually on 1 October. During the reporting period 2016-2019, the pension indexation procedures have been improved. On 1 October 2017 pension indexation took place with index of the actual consumer price index and 50% (previously 25%) of the real increase in the social insurance contribution wage sum. From 1 October 2018 a higher percentage of the real increase in the social insurance contribution wage sum is applied to old-age pensions, including minimum old age pensions, for persons with long insurance record. Namely, 60% - if the insurance period is between 30 and 39, as well as to those pensions awarded for work in hazardous and hard-working conditions or particularly hazardous and hard-working conditions, and 70% - if the insurance period is 40 years and more. From 1 October 2019, to the old age pensions with the insurance period 45 years or more shall be applied 80% (instead of 70%) of the real increase in the social insurance contribution wage sum.

The minimum old-age pension is also paid together with the supplement to the pension for the insurance period before 31 December 1995 (granted until 2012). Supplement to the old age pension after 2012 are also granted, if the old age pension is granted instead of disability pension and until 2012 the supplement to the disability pension was granted. Since 1 July 2018 the supplement to the pension for each insurance year until 31 December 1995 was increased up to EUR 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. From 1 October 2019 for the first time indexation is also applied to the pension supplement, considering the actual consumer price index and 50% of the real increase in the social insurance contribution wage sum. Therefore, if before a person received EUR 1.00 for each insurance year before 31 December 1995, then after the indexation it was EUR 1.07, but if he/she received EUR 1.50, then after the indexation it was EUR 1.61 for each insurance year before 31 December 1995.

Average amount of the minimum old age pension (with the supplement) in 2016-2019, EUR

Year	2016	2017	2018	2019
Amount	174.75	176.30	178.90	186.92

Data source: *State Social Insurance Agency*

It was planned to increase the minimum old age pension on the basis of paper “Plan for the improvement of the minimum income support system for 2018-2020” (2017), “Plan for the improvement of the minimum income support system for 2019-2020” (2018), established based on the concept paper "Minimum Income Level Determination" (hereinafter - Concept) from 2014. Based on this Concept also in 2019 a paper “Plan for the improvement of the minimum income support system for 2020-2021” was conceptually approved at the Cabinet of Ministers meeting on 13 August 2019. This Plan expected as of January 2020 to set the minimum old age pension calculating basis at EUR 99 (in general case). The amount of the minimum old-age pension was planned to be determined for each year of insurance record, applying a coefficient of 1.2 (20% from EUR 99) to the calculation basis (EUR 99) and increasing the amount by 2% of the base for each subsequent year exceeding minimum required insurance period of 15 years. In the autumn of 2019 during the budgetary process the Cabinet of Ministers approved an increase in the base for calculating minimum old age pension up to EUR 80 (for persons with disabilities since childhood – EUR 122.69) maintaining the previous gradation by insurance years (15-20 years, 21-30 years, 31-40 years, 41 and more years). Previously minimum base was equal to state social security benefit (EUR 64.03, for persons with disability since childhood – EUR 106.72). **Therefore, from 1 January 2020 the amounts of the minimum old age pension are as follows:**

insurance record (years)	ratio	before 01.01.2020		from 01.01.2020	
		with state social security benefit (EUR 64.03)	with state social security benefit (EUR 106.72) for persons with disability since childhood	with calculation basis EUR 80.00	with calculation basis EUR 122.69 for persons with disability since childhood
from 15-20	1.1	70.43	117.39	88.00	134.96
from 21-30	1.3	83.24	138.74	104.00	159.50
from 31-40	1.5	96.04	160.08	120.00	184.04
41 and more	1.7	108.85	181.42	136.00	208.57

Inadequacy of the minimum level of disability pension

In the period 2016-2019 the amount of the minimum disability pension equalled EUR 64.03 - EUR 102.45 (for persons with disability since childhood - EUR 106.72 - EUR 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 pensions, including minimum disability pensions, are revised annually - also on 1 October. Since 1 October 2017 the disability pensions are reviewed with index of the actual consumer price index and 50% (previously 25%) of the real increase in the social insurance contribution wage sum.

The minimum disability pension is also paid together with the supplement to the pension for the insurance period until 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 EUR 1.50 for persons who retired before 1997. From 1 October 2019 the indexation is also applied to this supplement of the pension (please see information on minimum old-age pensions).

Average amount of the minimum disability pension (with the supplement) in 2016-2019, EUR

Year	2016	2017	2018	2019
average amount	141.76	142.96	145.39	146.85
I disability group	156.09	158.89	160.12	165.77
II disability group	143.96	145.28	148.68	154.44
III disability group	130.83	130.62	130.24	122.19

Data source: *State Social Insurance Agency*

It was planned to increase the amount of minimum disability pension based on the same documents as for minimum old age pension. The paper "Plan for the improvement of the minimum income support system for 2020-2021" (2019) expected from January 2020 to set state social security benefit used also for determination of disability pension at EUR 99 (in general case). During the budgetary process the Cabinet of Ministers approved to increase the state social security benefit for persons with disabilities up to EUR 80, for persons with disabilities since childhood up to EUR 122.69. **Therefore, from 1 January 2020 the amounts of the minimum disability pension are as follows:**

Disability group	ratio	before 01.01.2020		from 01.01.2020	
		state social security benefit EUR 64.03	state social security benefit EUR 106.72 for persons with disability since childhood	state social security benefit EUR 80.00	state social security benefit EUR 122.69 for persons with disability since childhood
I	1.6	102.45	170.75	128.00	196.30
II	1.4	89.64	149.41	112.00	171.77
III	in the amount of state social security benefit	64.03	106.72	80.00	122.69

2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;

a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).

Coverage of the different branches of social security
(% of persons insured out of the total active population aged 15–74)

Branche of social security	2016	2017	2018	2019	Explanatory note
Sickness cash benefit	87%	87%	88%	90%	Employees and self-employed out of the total active population
Unemployment benefit	79%	79%	80%	81%	Employees in working age out of the total active population
Old-age benefit	97%	98%	99%	101%	All socially insured persons (including for whom contributions are payed by the State and who may not be economically active, e.g. unemployed parents caring for a child, persons with disabilities who are not employee or self-employed) out of the total active population. However, persons with no insurance record or with insufficient insurance record are also covered based on their residence- by flat rate state social security benefit.
Work accident and occupational disease benefit	86%	87%	88%	89%	Employees out of the total active population
Maternity benefit	90%	90%	91%	93%	Insured women (employees and self-employed) out of the total active women
Invalidity benefit	87%	87%	88%	90%	Employees and self-employed out of the total active population. However, persons with no insurance record or insufficient insurance record are also covered based on their residence- by state social security benefit.
Survivors' benefit (in case of loss of supporter)	97%	98%	99%	101%	All socially insured persons (including for whom contributions are payed by the State and who may not be economically active, e.g. unemployed parents caring for a child, persons with disabilities who are not employee or self-employed) out of the total active population. However, survivors of persons with no insurance record or insufficient insurance record are also covered based on their residence- by flat rate state social security benefit.

Data source: State Social Insurance Agency, Central Statistical Bureau (Labour Force Survey), calculations of Ministry of Welfare

The family state benefit is granted to all population groups (citizens, non-citizens of Latvia, foreigners, and stateless persons living in Latvia who have received a personal identity number). Also EU/EEA nationals working in Latvia receive family state benefit.

Please see information provided below concerning all the family benefits.

According to the official statistical data, at the beginning of 2019, the total population was 1 919 968 of which 61.3 % – working age population (age 15–62), active population (age 15-74) – 69.4 %. The entire resident population was entitled to the health care coverage under the universal health care insurance scheme. According to the data from the National Health Service of the Republic of Latvia the number of persons entitled to receive the health care services within the framework of the state compulsory health insurance is 2 262 429 (data on 30.06.2020.).

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Latvia has made attempts to assess the correspondence of old-age pension amount to the standards of European Code of Social Security (hereinafter – Code) (in 2018). In accordance with the provisions of Article 29, with a contribution period of 30 years, 40% of the standard beneficiary’s pension amount has to be reached. In accordance with Article 65, based on average male standard worker’s historic wage (male worker in processing industry) EUR 984 in 2018, the provisional old age pension amount for a 30 year work record has been calculated. The replacement for standard beneficiary is slightly lower than 40% set by the Code during the reference period. According to statistics the average old age pension amounts increase and are adjusted on a regular basis. This goes in the direction of gradually approaching the standards as set by international instruments.

Average amount of the old-age pension (with the supplement) in 2016-2019, EUR

2016	2017	2018	2019
296.49	308.62	332.57	359.81

Data source: *State Social Insurance Agency*

Please see the explanations also under Article 12§1.

Amount of the disability pension for groups I and II depends on the persons average insurance contribution wage, that is determined for any 36 months in succession during the last five years before granting of the disability pension. In accordance with European Code of Social Security, based on average male standard worker’s wage in the last three years period (male worker in processing industry), the provisional invalidity pension amount for standard beneficiary groups I and II exceeds 40% replacement set by the Code.

The disability pension amount for group III (less severe) is equal to the state social security benefit EUR 64.03 and compared to the average male standard worker’s wage (EUR 984 in 2018), ratio does not reach 40% set by the Code.

The amount of the family state benefit is higher for those families in which the number of children significantly exceeds the number of breadwinners. To create more favourable conditions for large families, from 1 January 2017 the amount of the family state benefit for the fourth child and following children has been increased (reaching 4.4 times of the amount of the benefit for the first child (EUR 11.38 X 4.4. = EUR 50.07; EUR 34.14 previously)). Moreover, a supplement has been introduced to the

family state benefit. Starting from 2018, additional financial resources were allocated for that purpose: EUR 28 240 000 in 2018; EUR 32 450 000 in 2019 and EUR 32 450 000 in 2020.

The current Government of Latvia has prioritized the improvement of demographic situation and the quality of life for families. In this respect the Cabinet of Ministers supported several activities put forward by the Expert Cooperation Platform "Demographic Affairs Center" - a detailed action plan and tasks with a timeframe for different ministries was approved on 22 September 2020 (protocol No. 55 38.§).

Considering economic development trends, reviewing certain State budget items and assessing compliance with statutory fiscal conditions, the Ministry of Welfare has been given the assignment to develop the necessary draft legislation on additional support for families with children in accordance with the proposal of the Expert Cooperation Platform "Demographic Affairs Center" on family state benefit reform so that these are adopted by 1 March 2021.

Namely, the Ministry of Welfare shall prepare and submit for consideration to the Cabinet of Ministers draft regulatory enactments by 1 March 2021, providing that the family state benefit as of 1 January 2022 for a dependent child shall be increased:

- for 1 child under 20 years of age EUR 25 per month;
- for 2 children under 20 years of age EUR 100 per month (EUR 50 for each child);
- for 3 children under 20 years of age EUR 225 per month (EUR 75 for each child);
- for 4 and more children under 20 years of age EUR 100 per month for each child.

In 2022 it is planned to allocate additionally EUR 81 million for the envisaged changes in the state family benefit scheme.

The changes will merge the currently existing two parts of the family state benefit – the family state benefit and the supplement to the family state benefit for the second and following children.

The chronological changes in the scheme of the family state benefit (the benefit amount in EUR over the years)

Type of the benefit	The amount (in EUR) of the benefit in 2014	The amount (in EUR) of the benefit in 2015	The amount (in EUR) of the benefit in 2016	The amount (in EUR) of the benefit in 2017	The amount (in EUR) of the benefit in 2018*	The amount (in EUR) of the benefit in 2019
Family state benefit	11.38 (for the 1 st child)	11.38 (for the 1 st child)	11.38 (for the 1 st child)	11.38 (for the 1 st child)	11.38 (for the 1 st child)	11.38 (for the 1 st child)
	11.38 (for the 2 nd child)	22.76 (for the 2 nd child)	22.76 (for the 2 nd child)	22.76 (for the 2 nd child)	22.76 (for the 2 nd child)	22.76 (for the 2 nd child)
	11.38 (for the 3 rd child)	34.14 (for the 3 rd child)	34.14 (for the 3 rd child)	34.14 (for the 3 rd child)	34.14 (for the 3 rd child)	34.14 (for the 3 rd child)
	11.38	34.14	34.14	50.07	50.07	50.07

	(for the 4 th child)	(for the 4 th child)	(for the 4 th child)	(for the 4 th child)	(for the 4 th child)	(for the 4 th child)
Supplement to family state benefit	-	-	-	-	10.00 (for 2 children) 66.00 (for 3 children) For every following child +50.00 116.00 (for 4 children) 166 (for 5 children) 216 (for 6 children) etc.	10.00 (for 2 children) 66.00 (for 3 children) For every following child +50.00 116.00 (for 4 children) 166 (for 5 children) 216 (for 6 children) etc.
Supplement to family state benefits for a child with disabilities	106.72	106.72	106.72	106.72	106.72	106.72

*The age until which the family state benefit is payable has been increased from 19 to 20 if the child is studying.

The average amount of parental benefit has gradually increased from EUR 347.28 in 2016 to EUR 429.09 in 2019.

The Law on Maternity and Sickness Insurance has been amended (effective as of 1 January 2020) regarding the sickness benefit in case of caring for a sick child. To care for children with diagnosed severe illnesses, the sickness benefit is granted to care for a child under the age of 18, if - 1) doctors' council has issued an opinion, stating that constant presence of a parent is necessary and the child requires long-term treatment at an in-patient medical institution; 2) disabled child care benefit has been granted for the child. In both cases the maximum benefit duration is 26 weeks continuously or 3 years within a 5-year period (compared to 14 or 21 days previously).

c) Please provide information on any impact of the COVID-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact.

There have been additional budgetary funds allocated to families with children during the COVID-19 crisis:

- 1) thus, a special flat rate supplement of EUR 50 per month per each child has been allocated to all recipients of idle time allowances (due to pandemic). The same amount has been granted to the families receiving local government crisis benefit (linked to COVID-19 crisis);
- 2) the child care benefit for parents caring for 1.5 to 2 years old children has been increased from EUR 42.69 up to EUR 171 during the emergency situation; the parental benefit expiring during the state of emergency was continued for parents not able to return to work after child care leave expired;
- 3) a one-off payment of EUR 150 was granted to parents caring for children with disabilities;
- 4) the benefit paid to a custodian for supporting a child has been increased by 50% during the emergency situation;
- 5) a new sickness assistance benefit has been introduced for parents to care for children up to 10 years old (children with disabilities up to 18 years old) and for assistants of persons with disabilities above 18 years old in cases when it is impossible to attend kindergartens, schools or day care centres due to covid-19 and parents cannot work remotely. The benefit is paid in the amount of 60% of a person's average contributions salary. Cost estimated at EUR 10.5 million in 2020 and EUR 67.5 million in 2021.

Upon reaching the retirement age and claiming the old age pension a participant of the funded pension scheme (2nd pension pillar) must choose one of the following options:

- 1) to add the accrued funded pension capital to the non-funded (1st pension pillar) pension capital in order to calculate the old age pension;
- 2) to acquire a life assurance (lifetime pension) policy using the accrued funded pension capital.

Due to Covid-19 financial markets fluctuated creating negative results also in state funded pension plans. In order to protect persons reaching the retirement age the amendments were made to the "Law on State Funded Pensions" (came into force on 4 April, 2020), according to which the person entitled to the old age pension can postpone the option to use funded pension capital until 30 November 2021. Namely, until the financial markets will recover from the downturn caused by Covid-19.

Also amendments to the Regulations of Cabinet of Ministers No. 50 of February 16, 1999 "Procedures for Granting and Calculation of Insurance Compensation of Compulsory Social Insurance against Accidents at Work and Occupational Diseases" (came into force on 16 May, 2020 and on 1 January 2021) have been made, according to which for calculating the average contribution wage for determination of insurance compensation in case of accident at work or occupational disease (compensation for incapacity for work, survivor's compensation, sickness benefit and funeral benefit) to ensure higher replacement the period of receipt benefits payable due to Covid-19 (down-time (idle) benefit, downtime assistance benefit, continuation of parents' benefit, sickness assistance benefit and support to compensate the idle of employees, self-employed and patent payers) are not taken into account.

Amendments were made to the Law "On Maternity and Sickness Insurance" (came into force on March 22, 2020) - the sick leave payments from the 2nd day of leave were covered by the State if

related to COVID-19 (first 10 days, from the 2nd day of leave are paid by companies in all other cases). Further amendments were adopted and came into force on November 16, 2020 prescribing that sick leave payments are covered by the State if related to COVID already from the 1st day. Moreover, the State pays for the first 3 days of sick leave due to respiratory diseases. If the person is tested positive for COVID-19, the State continues to pay the sickness benefit until recovery.

Amendments were made also to the Law “On Unemployment Insurance”:

- the amendments included an extension (from 60 to 120 days) of the period when the unemployed can engage in a paid job temporarily - without losing the status of the unemployed person and access to respective support measures (came into force on April 26, 2020);
- a new allowance has been introduced to support the unemployed whose entitlement to the unemployment benefit expires during the COVID-19 crisis and who are not able to find a job in these circumstances. The allowance (EUR 180 a month) is to be paid for up to 4 months until 31 December 2020;
- the unemployed persons, who have obtained unemployed person’s status during the period from 12 March 2020 to 31 December 2020 and who have terminated legal labour relations on the basis of their own notices (voluntarily) – the unemployment benefit is granted as of the day of application for benefit (the amendments came into force on April 26, 2020).

Due to deteriorating situation, most of COVID-19 measures are to be extended in 2021.

In addition to social security benefits, there is a down-time (idle) benefit available for companies to secure jobs.

4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
- a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
 - b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

N/A

Part I – 13. RESC Anyone without adequate resources has the right to social and medical assistance.

A state will only meet its commitments under Article 13 of the Charter if —or when— it secures the effective exercise of the right to social and medical assistance to everyone who is without adequate resources and who is unable to secure such resources either by their own efforts or from other sources, in particular by benefits under a social security.

Because this right concerns persons in a situation of great need and enhanced vulnerability, it is incumbent upon States Parties to ensure that there are no unreasonable obstacles or insurmountable hurdles to the exercise of the right. As the Committee indicated in *European Roma Rights Centre (ERRC) v. Bulgaria*, Complaint No. 151/2017, decision on the merits of 5 December 2018, §84, while

there may be avenues available to people to assert their rights, this ability “cannot be assumed for people whose degree of exclusion, past experience and social status places them in a situation where they may not have the means” of exercising their rights. “In such cases, the authorities have a responsibility to support the persons concerned in order to overcome the barriers so that they can effectively assert their rights. Failing such a proactive approach on the part of the Government, the rights and remedies are rendered illusory for the disadvantaged communities in question. This is all the more relevant and important when fundamental rights are concerned, especially the right to health and the conditions under which the enjoyment of that right is enabled.”

Article 13 – The right to social and medical assistance

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

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

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

In order to achieve adequate income levels for needy people, already in 2014 the Ministry of Welfare developed and the Cabinet of Ministers approved the concept of the Minimum Income Level (hereinafter – Concept). Its goal is to reduce poverty and income inequality, based on the principles of solidarity, by setting a methodologically justified minimum level of income appropriate to the socio-economic situation, which would serve as a reference point for the development of social security support measures.

The minimum income level proposed in the Concept is calculated according to a certain methodology and is socio-economically justified. The Concept envisages setting the minimum income level at 40% of the median disposable income of households, recalculated per equivalent consumer, applying an equivalence scale (1 for the first person; 0.7 for each subsequent person). The equivalent weight assigned to household members allows the assumption of additional needs for each subsequent household member and the determination of household income, which reflects the increased costs for each subsequent household member.

In order to ensure the gradual implementation of the Concept, the Ministry of Welfare developed policy planning document "Plan for Improvement of Minimum Income Level for 2020 - 2021" (hereinafter - Plan). The aim of the Plan was to provide solid support from the state and local governments 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 conceptually supported at the meeting of the Cabinet of Ministers on August 13, 2019. For more information about the implementation of the measures included in the Plan, please see Article 30 a).

The GMI benefit is the last possible support from public resources for the lowest-income or no-income person. The purpose of the GMI benefit is mainly to meet a person's need for food, which is one of the basic needs 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 EUR 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 needy persons since 2015. The European Union Support Fund for the most deprived persons has been supported to reduce food and basic material deprivation compensating the part of the expenditure items not covered by the GMI allowance for the purchase of food. For more details please see information provided under Article 30 a).

Besides 27 local governments had a higher GMI level for different population groups in 2018:

- 19 local governments for old-age pension recipients, of which 12 local governments over 80 EUR;
- 22 local governments for recipients of disability pensions, of which 14 local governments over 80 EUR;
- 19 local governments for children, of which 3 local governments over 80 EUR;
- 14 local governments for other groups of persons, of which 2 local governments over 80 EUR.

Since October 1, 2008 the income level of a low-income family (person) must be determined. At the same time each local government is currently given the right to determine a different income level. The principles for determining the income level of a low-income family (person) are included in the Law "On Assistance in Solving Housing Issues" and the Law "On Renting Dwelling Premises". 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 needy person (128.06 EUR). Thus, in 2018, the income level of a low-income person in local governments was set from 128.07 EUR to 430 EUR per person per month. Already in 2018, the income level of a low-income person in 34 local governments was set above 297 EUR (63.4% of the Latvian population lives in these local governments), in 69 local governments the income level of a low-income person was set in the range from 198 EUR to 296 EUR (30.5% of Latvian population live in these local governments) and in 16 local governments the mentioned income level is lower than 198 EUR per person per month (6.1% of Latvian population live in these local governments) The data show that, like the number of needy persons, the number of low-income persons tends to decrease.

2017	2018	2019
50 283	50 235	45 564

Data source: *Ministry of Welfare*

In the annual negotiations between the Ministry of Welfare and Union of Latvian local governments, it is recommended to review and set a higher GMI level. Every year the Ministry of Welfare proposes several solutions to increase the GMI level, incl. providing an analysis of changes in the number of beneficiaries, changes in the structure of GMI beneficiaries, and the financial impact on the total budget of local governments at increased GMI values. No agreement was reached on increasing the GMI level in the period from 2013 to 2017 (49.80 EUR). In the year 2018 and 2019 GMI level was determined at 53 EUR. In May 2019 during the annual negotiation between Ministry of Welfare and local governments the agreement to increase GMI level was reached. From January 1, 2020 GMI level was increased from 53 EUR to EUR 64 per person per month.

At the same time, it can be observed 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. Analyzing the indicators of poverty or social exclusion according to the methodology of the EU-SILC survey, it can be concluded that it is the income of the population and its unequal distribution that 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 367.00 EUR, but in 2018 already 409.00 EUR, respectively, persons whose income in 2017 was above 367.00 EUR and even slightly increased, but according to the EU-SILC survey methodology in 2018 they were already considered to be at risk of poverty.

It should be emphasized 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.

For those whose income does not reach a certain income threshold, namely in case of 53 EUR by the end of 2019 and 64 EUR per person per month from 1 January 2020, access to a number of other support measures is provided. There is a list of the 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) 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. However, it is important that these benefits and intangible support are not included in the relative at-risk-of-poverty rates.

The GMI benefit is a short-term solution, which is confirmed by the data from the OECD report on People Connecting to Workplaces prepared especially for Latvia in 2019. The study shows that 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, the study also confirms that long-term GMI recipients are more likely not to stop receiving GMI benefits. 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.

The housing benefit during report period is still fully delegated to the local governments. The local governments are determining the groups of persons entitled for housing benefit as well as for amounts and payment frequencies. In some cases the housing benefit is paid once per year, for example in cases when fuel is purchased, which until now was also the main product paid for. Thus, when the amount of such benefit is divided for 12 months, the amount of the benefit in one month declines as it is mentioned in the conclusion.

According to the decisions of the Constitutional Court of the Republic of Latvia (a brief summary on the decisions of Constitutional Court will follow), amendments in the Law of Social Services and Social Assistance have been adopted, and the new rules on housing benefit will come into force starting from 1 April 2021.

The decisions of the Constitutional Court of Republic of Latvia

The Constitutional Court has passed two important judgments in connection with the social assistance system - on the amount of the guaranteed minimum income level and on the income level of a

deprived person. The Constitutional Court has also passed a judgment on the amount of the state social security benefit for persons with disabilities and those who have reached retirement age and are not entitled to an old-age pension.

The Constitutional Court concludes that:

- Minimum social assistance should ensure a dignified life and the ability to meet basic needs:
 - 1) food;
 - 2) housing;
 - 3) clothing;
 - 4) medical assistance;
 - 5) basic education;
 - 6) participation in social, political and cultural life.
- There is no support for housing for every needy person, because people's opportunities to receive housing benefit depend on the local government's social policy and financial possibilities. As a result, residents are in an unequal position when it comes to housing costs.

The Parliament must determine the method and criteria for determining the minimum social assistance:

- creating a balance between the needs of the individual and society;
- the minimum amount must depend on economic indicators;
- stipulating that the amount is to be reviewed regularly.

Pursuant to the judgments of the Constitutional Court, the Law on Social Services and Social Assistance has been amended (in force from 1 January 2021) to determine the minimum income thresholds as follows.

- a GMI threshold of 109 EUR for the first or only person in the household, a factor of 0.7 is applied to each subsequent person in the household;
- a poor household income threshold of 272 EUR for the first or only person in the household and 190 EUR for each subsequent person in the household.

Statistics

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

Monitoring indicators of social assistance provided by local governments

Indicator	2016	2017	2018	2019
The first quintile group coverage with persons recognized as needy (in private households),%	17.71	16.17	13.20	10.95
The first quintile group coverage with GMI benefit recipients (in private households),%	7.05	6.62	5.40	4.49
The two quintile group coverage with persons receiving housing benefits (in private households),%	12.97	12.18	10.86	9.35
The average amount of the income tested social assistance of local municipalities during the month per person, EUR	15.93	16.91	16.92	17.71

Data source: Central Statistical Bureau and Ministry of Welfare

Statistical information on social assistance 2016 – 2019

Indicator	2016	2017	2018	2019
The number of people living in private households in the beginning of the year	1 942 760	1 924 698	1 910 734	1 896 419
Number of households <i>(source: CSB)</i>	805 800	822 200	819 400	817 900
The average household size <i>(source: CSB)</i>	2.41	2.34	2.33	2.31
Determined compliance of the status of needy family (person), number of families	34 639	32 378	27 793	24 360
Determined compliance of the status of needy family (person), number of persons	68 816	62 260	50 447	41 522
of those children	20 851	18 264	13 957	10 349
of those children with disabilities	1 077	954	774	582
<i>percentage of needy persons of the number of people living in private households, %</i>	3.54	3.23	2.64	2.19
1. GMI benefit, EUR	6 728 936	6 487 489	5 497 602	4 721 053
The number of people received benefit (<i>needy persons</i>)	27 769	25 823	20 878	17 249
of those children	6 120	5 953	4 316	3 165
of those children with disabilities	360	368	278	208
the average benefit amount per person per year, EUR	188.60	186.75	204.03	215.29
the average benefit amount per person per month, EUR	37.69	38.62	42.22	42.79
the average duration of the receipt of the GMI benefit	19.68	19.40	17.39	15.73
<i>percentage of GMI benefit recipients of the number of people with determined a needy status, %</i>	40.35	41.48	41.39	41.54
<i>percentage of GMI benefit recipients of the number of people living in private households, %</i>	1.43	1.34	1.09	0.91
<i>percentage of GMI benefit of local expenditure of social assistance, %</i>	19.68	19.40	17.39	15.73
2. Housing benefit, EUR	16 656 819	16 570 182	14 903 585	13 769 163
The number of people received benefit (<i>needy and low-income persons</i>)	100 779	93 738	82 986	70 954
of those the purchase of fuel (wood, etc.), EUR	4 168 503	4 146 696	3 793 418	3 357 458
of those the number of people received benefit	48 188	44 771	38 948	32 918
the average benefit amount per person per year, EUR	165.28	176.77	179.59	194.06
the average benefit amount per person per month, EUR	13.77	14.73	14.97	16.17
<i>percentage of housing benefit recipients of the number of people living in private households, %</i>	5.19	4.87	4.34	3.74

<i>percentage of housing benefit of local expenditure of social assistance, %</i>	48.72	49.55	47.15	45.87
3. Benefit in emergency situations, EUR	1 025 800	608 746	678 414	605 604
The number of people received benefit	6 911	4 742	4 444	3 873
<i>percentage of benefit in emergency situation of local expenditure of social assistance, %</i>	3.00	1.82	2.15	2.02
4. Other local government benefits for basic needs, total EUR	5 526 191	5 334 919	5 024 753	4 753 383
The number of people received benefit (needy and low-income persons)	61 010	58 362	52 719	48 256
of those health care benefits, EUR	3 463 026	3 650 232	3 397 467	3 317 034
the number of people received benefits	40 943	41 464	38 603	35 891
of those benefits for schooling and upbringing of children, EUR	487 791	428 106	354 899	332 948
the number of people received benefits	10 939	10 136	7 695	7 236
of those benefits for meals, food	1 545 747	1 232 331	1 237 598	1 072 941
the number of people received benefits	14 872	11 943	10 296	8 843
of those benefits for clothing	29 627	24 250	34 789	30 460
the number of people received benefits	586	512	679	612
<i>percentage of other municipal benefits of local expenditure of social assistance, %</i>	16.16	15.95	15.90	15.84
5. Benefits for orphans and foster families, EUR	4 249 230	4 441 927	5 517 619	6 166 661
the number of people received benefits	3 247	3 320	3 394	3 586
<i>percentage of the benefits for orphans and foster families of local expenditure of social assistance, %</i>	12.43	13.28	17.45	20.54
Total expenditure on social assistance, EUR	34 186 976	33 443 263	31 612 119	30 015 865
Total number of people received benefits	158 310	145 585	131 107	115 179
<i>average amount of social assistance benefits per person per month, EUR</i>	18.00	19.14	20.09	21.72
<i>percentage of total social assistance recipients of the number of people living in private households, %</i>	8.15	7.56	6.86	6.07
of those income tested social assistance benefits, EUR	28 911 946	28 392 591	25 425 939	23 243 600
of those number of persons received income tested social assistance benefits (needy and low-income persons)	151 244	139 960	125 201	109 357
<i>of those the average amount of the income tested social assistance benefits per person per month, EUR</i>	15.93	16.91	16.92	17.71
<i>percentage of income tested social assistance recipients of the number of people living in private households, %</i>	7.79	7.27	6.55	5.77
the first quintile group indicative coverage with income tested benefit recipients (in private households),%	38.41	35.89	32.36	28.48

The minimum wage (per month), EUR	370.00	380.00	430.00	430.00
The income level of a needy person, per person per month, EUR	128.06	128.06	128.06	128.06
GMI level (EUR per person per month)	49.80	49.80	53.00	53.00

Data source: *Central Statistical Bureau and Ministry of Welfare*

Relative poverty rates, absolute number and proportion of population under the poverty rates in 2016 – 2019

Indicator	2016	2017	2018	2019
At risk of poverty threshold (60% of median equivalised income) single person, EUR per year	3819	3964	4400	4912
At risk of poverty rate (cut-off point: 60% of median equivalised income after social transfers), thousand persons	424	425	446	434
At risk of poverty rate (cut-off point: 60% of median equivalised income after social transfers), % of total population	21.8	22.1	23.3	22.9
At risk of poverty threshold (50% of median equivalised income), single person, EUR per year	3182	3304	3666	4094
At risk of poverty rate (cut-off point: 50% of median equivalised income after social transfers), thousand persons	280	296	311	308
At risk of poverty rate (cut-off point: 50% of median equivalised income after social transfers), % of total population	14.4	15.4	16.3	16.2
<i>% of income tested social assistance recipients of the number of people living in private households, %</i>	7.79	7.27	6.55	5.77

Data source: *Eurostat and Ministry of Welfare*

Relative poverty lines and the social assistance level comparison

Indicator	2016	2017	2018 **)	2019
At risk of poverty threshold (60% of median equivalised income), single person, EUR per month	318	330	367	409
The minimum wage (per month), EUR	370.00	380.00	430.00	430.00
At risk of poverty threshold (50% of median equivalised income), single person, EUR per month	265	275	306	341
The income level of a needy person, per person per month, EUR	128.06	128.06	128.06	128.06
GMI level (EUR per person per month)	49.80	49.80	53.00	53.00
The food part of the subsistence minimum basket per capita, average per month EUR *)	74.98	77.09		

Data source: *Eurostat and Ministry of Welfare*

*) The complete minimum consumer basket of goods and services represents the amount of goods and services that meet the needs of the minimum level of living standards accepted by society. This is the minimum consumption standard the value of which varies according to changes in consumer prices. Complete minimum consumer basket of goods and services and consumer regulations were stipulated by Annex No 3 to Cabinet of Ministers Decision No 95 of April 8, 1991 (expired).

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

In order to promote the involvement of deprived persons in the labor market, the Law on Social Services and Social Assistance Article 37 Part 3, Paragraph 1 stipulates that if the material condition of a needy family (person) has improved and its income has increased on the basis of employment or economic activity, the local government social service once a calendar year for three calendar months does not take into account income up to the State minimum monthly wage. This motivates people to start an employment relationship without losing social support for another three months.

Monitoring / methodological support: Laws and Regulations of the Cabinet of Ministers in the field of social assistance determine the framework, but each local government establishes a social assistance system in its administrative territory with its own binding regulations. However, in order to promote a common understanding, the Ministry of Welfare in 2018 developed Guidelines for Granting Social Assistance, which provide information on the principles of social assistance, assignment criteria and conditions for receiving them. In order to ensure that local governments do not set illegal and / or unreasonable restrictions on receiving social assistance benefits in their binding regulations, ensuring equal attitude of all families (persons) in granting the necessary social support, the Ministry's specialists regularly review binding regulations. The Ministry annually organizes cycles of methodological-informative meetings in the regions of Latvia, where they talk and discuss with representatives of local social services various issues related to the social field.

For more information, please see information provided under Article 30 a).

The ESF Project "Development of professional social work in local governments, 2015-2023" is being implemented. The strategic goal of the project is to strengthen local government social service offices and foster re-professionalisation. The aims of the project are raising efficiency of local social services, improvement of professional competence of social workers, development of community social work. The activities of the project are:

- (1) improvement of professional competence through regular supervisions and trainings - 1900 persons participated in these activities till the end of 2019;
 - (2) development of nine methodologies for working with different client groups which includes both pilot project of methodology for social workers, trainings for social workers and online trainings which are available for every person interested (till the end of 2019 there were concluded two pilot projects – for work with persons with mental disabilities and for work with victims of violence and perpetrators of violence, two other pilot projects are still ongoing – for work with families with children and for work with persons with substance addictions and co-addicts);
 - (3) methodological support as regular discussions (twice a year), annual methodological seminars in all five regions, annual conferences, periodical magazine "Social work in Latvia" (issued twice a year), social work dictionary and book of social work theories and methodologies;
 - (4) ex - ante (concluded 2017) as well as ex – post (planned 2022) evaluations of the project;
- Activities which are planned furthermore:
- (5) development of management tools for social service offices, cooperation mechanisms with related institutions, criteria to define the workload and pay policy which includes trainings and a pilot project;
 - (6) development of social work in community;
 - (7) campaign for social work recognition in society;

- (8) approbation of the family assistant service which includes trainings and pilot project;
- (9) development of new national standard for social work profession and quality assessment of social work education.

On payment for medicines for needy people in Latvia:

- 1) Patients included in the list of reimbursable medicines are paid 100%. If there are several medicines of equivalent therapeutic efficacy on the list with different prices, needy persons will be paid 100% of the cheapest ones.
- 2) In compliance with the requirements approved by the Cabinet of Ministers, in the case of individual reimbursement of medicinal products, needy persons shall have 100% reimbursement of medicinal products.
- 3) The local governments shall financially assist low-income persons in the purchase of medicinal products which are not included in the List of Reimbursable Medicinal Products.

b) Please indicate any specific measures taken to ensure social and medical assistance for persons without resources in the context of a pandemic such as the COVID-19 crisis. Please also provide information on the extent and modalities in which social and medical assistance was provided to people without a residence or other status allowing them to reside lawfully in your country's territory.

While a state of emergency was declared throughout the country due to the spread of Covid-19, local governments could also provide assistance to target groups that do 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, prepare a written application in the official language describing the situation related to the spread of Covid-19 and 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.

Please see also information provided under Article 30 b).

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.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Article 5 of the Law on Social Services and Social Assistance stipulates that social assistance is provided to a client on the basis of the assessment of his/her material resources - income and property, with individual participation of each client. It should be noted that when assessing the client's material resources, a number of state social benefits are not considered as income. On 15 December 2011, the Parliament, by amending Article 5 of the Law on Social Services and Social Assistance, reviewed the types of income that were not taken into account when assessing material resources. On February 9,

2017, amendments to the Law on Social Services and Social Assistance came into force, which stipulates that the state family benefit is not taken into account either. Taking into account the methodology that determines compliance with the status of a needy and low-income family (person), it is possible for families in special risk situations to receive support also at the real income, which exceeds the income level of the poor and low-income.

Income - not taken into account when assessing person's material situation

No	Type of income	Amount (EUR)
1.	Family state benefit	Differentiated according to the number of children in the family: EUR 11.38 per month for the first child; for the second child EUR 22.76 per month; for the third child and subsequent children – EUR 34.14 per month
2.	Supplement to the state family benefit for a child with disability	EUR 106.72 per month
3.	Special care benefit for child with disability	EUR 313.43 per month
4.	Special care benefit for adult person with disability	EUR 213.43 per month EUR 313.43 per month if disability is from childhood
5.	Benefit for Assistance Services for Persons with Group I Visual Disability	EUR 17.07 per week
6.	Allowance to Compensate Transport Expenses of Persons with Mobility Disabilities	EUR 79.68 for each six months period
7.	Allowance for children with celiac disease	EUR 106.72 per month
8.	Childbirth allowance	EUR 421.17 for each child born; <i>benefit determined by the local government</i>
9.	Allowance in the event of the death of a person	Different for employers, beneficiaries of state pensions and state social security benefits; <i>benefits determined by the local government</i>
10.	Local government social assistance benefits specified in the Law on Social Services and Social Assistance	Different

Data source: *Ministry of Welfare*

For persons whose income is insufficient to meet their needs, the situation of each person (household) must be considered individually, including the person's (household's) need for a specific form of support. Inhabitants who have limited opportunities to meet basic needs are provided with appropriate support from the State or local government. Consequently, the satisfaction of basic needs depends not only on the support received in monetary terms, but also on the received benefits and services offered by the State and local government.

The support provided by the State and / or local governments must not only contribute to the basic needs of the person, but must also be proportionate to the interests, needs and ability of the rest of society, assessing socio-economic conditions and the impact of the support measures on the national economy as a whole. Provided support must also be such as 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.

A person who has acquired refugee status, as well as family members of these persons who have declared a place of residence in a local government, have the right to receive the same social services and social assistance as residents of the local government. Persons who have acquired alternative status, as well as family members of these persons have the right to receive only GMI benefits, shelters, night shelter services, consultations of a social worker. The local government is entitled to pay a housing benefit if the person has a declared place of residence.

If local governments have incurred expenses in providing financial and material assistance for the reception and socio-economic inclusion of refugees and persons with alternative status, local governments must submit a request to the Ministry of Environmental Protection and Regional Development, enclosing the supporting documents for these expenses. This is determined by the protocol of the Cabinet of Ministers of 20 September 2016 (protocol 40 § 40), which took note of the informative report "On the Impact of Measures for the Reception and Socio-Economic Inclusion of Refugees and Persons with Alternative Status and Local Government Budgets."

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

Pursuant to Article 89 of the Constitution of the Republic of Latvia the State shall recognise and protect fundamental human rights in accordance with this Constitution, laws and international agreements binding upon Latvia, thereby social assistance is provided to each person and /or household assessing their incomes and individual needs which are evaluated by local social workers case by case. 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 person in emergency situation) 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 for 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 ensure the person with night shelter or shelter, information and consultations, and also one-time material assistance.

If a person requires social services in a night shelter or a crisis centre (including emergency situations), he/she shall turn directly to the service provider who takes a decision on the provision of a service.

According to Article 3 of the Law on Social Services and Social Assistance, shelter and night shelter services, or crisis centre (if shelter/night shelter cannot be applied to respective person due to his/her functional disorders or the lack of social skills) are paid from local government budget for all

persons, lawfully residing in Latvia. An information and consultations from the local government social service office free of charge are available for all persons lawfully residing in Latvia as well.

The State provides the health care for all residents of Latvia – legal workers or persons who make compulsory state social insurance contributions and for those, who are socially vulnerable, and automatically insures 21 groups of people. According to the Health Care Financing Law, the following persons have the right to receive the State paid medical assistance:

- 1) Citizen of Latvia;
- 2) A non-citizen of Latvia;
- 3) A foreigner who has a permanent residence permit in Latvia, and a stateless person to whom the status of the stateless person has been granted in the Republic of Latvia;
- 4) A refugee or person to whom the alternative status has been granted;
- 5) A detained person;
- 6) An asylum seeker;
- 7) For all groups of the population insured in the country.

According to the Health Care Financing Law (the amendments to the Law of 13.06.2019, which entered into force on 20.06.2019) in 2018, 2019 and 2020 the asylum seekers have the right to receive the health care services within the state compulsory health insurance regardless of the payment of health insurance contributions.

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

N/A

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

N/A

Part I – 14. RESC Everyone has the right to benefit from social welfare services.

Many of the introductory comments made for Articles 12 and 13 are also relevant to the right to benefit from social welfare services. It is nonetheless worth stressing the requirement of universality; the right to benefit from social welfare services must potentially apply to the whole population, which distinguishes the right guaranteed by Article 14 from “the various articles of the Charter which require States Parties to provide social welfare services with a narrowly specialised objective”.

The provision of social welfare services concerns everybody who find themselves in a situation of dependency, in particular the vulnerable groups and individuals who have a social problem. Social services must therefore be available to all categories of the population who are likely to need them. The Committee has identified the following groups: children, the elderly, people with disabilities, young people in difficulty or in conflict with the law, minorities (migrants, Roma, refugees, etc.), the homeless, persons suffering from substance use disorders, women victims of violence and persons in conflict with the law, including those deprived of their liberty and former detainees. This is not, however an exhaustive enumeration of persons entitled to access and benefit from social welfare services.

The state has an obligation to take every appropriate measure to ensure that no one is left behind. Therefore it is required to implement appropriate outreach arrangements. Meeting this obligation will often require proactive service-oriented action, with the competent authorities taking the initiative rather than merely responding to applications and requests. It should be recalled that fundamental rights are mirrored by fundamental obligations for the duty bearers.

Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

a) Please explain how and to what extent the operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.

The Ministry of Welfare, in cooperation with the Ministry of Health, in accordance with the changes in the epidemiological situation, prepared information placed on the Ministry's website, as well as sent recommendations to social service providers to organize the service provider's work in the new situation. The recommendations include the following aspects of service organization:

- physical distancing measures;
- personal protection measures for employees, care recipients and visitors;
- health screening activities in social care institutions;
- isolation and care of individuals with approved Covid-19 in social care institutions;
- cleaning arrangements;
- use of personal protective equipment.

In these circumstances of COVID - 19 the work of specialists did not stop. It was and again it is especially important not to leave persons feeling alone, specially such persons as victims of violence, etc. During the reporting period there were several guidelines developed as well as online seminars and lessons held to encourage the social service providers, including local government social service offices, to organize consultations with the clients online, but not forgetting the home visits following all 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, for example, an information sheet at the entrance, etc. Usually the application for the social service shall be submitted by person in writing. During an emergency situation, the services were asked in certain cases to accept a telephone or e-mail request for a social service if the service provider was able to identify the applicant.

The provision of the social service was supposed to start as soon as possible, so the decision on granting the service was made immediately.

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 - WhatsApp, Skype, etc.).

Social rehabilitation services with accommodation for victims of violence (both children and adults) continued to be provided in crisis centers.

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. Besides they were consulting everyone who called and was in need of any support.

In order to ensure high-quality and continuous care in long-term social rehabilitation and care institutions, recommendations have been prepared and agreed with the Ministry of Health and spread to each social service. At the same time there is work in process to identify volunteers so that there is a replacement staff in case of illness of care staff.

Please see also information provided under Article 30 b).

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

The Law on Social Services and Social Assistance establishes principles for the provision and receipt of social work, social care, social rehabilitation, vocational rehabilitation and technical aids services (hereinafter — social services) and local government social assistance benefits, the range of persons who have the right to receive these services and social assistance, as well as the principles for payment and financing of social services.

As regards to social services this law stipulates 2 basic principles:

- 1) social services shall be provided only on the basis of an evaluation of the individual functional needs and resources of a person carried out by a social work specialist;
- 2) person, receiving social care and social rehabilitation services or his/her supporter has a duty to pay for the received social care and social rehabilitation services unless it is not specified otherwise in this law.

On 1 December 2017, the amendments to the Article 3 of the Law on Social Services and Social Assistance came into force. The amendments specify 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. According to the same Article social care services, social rehabilitation and vocational rehabilitation services and social assistance are accessible to all persons who have lawful rights to reside and who are lawfully residing in Latvia, if they meet certain requirements in order to receive respective assistance or social service.

Paragraph 1 of the respective Article stipulates that in case of: (i) citizens and non-citizens of Latvia, (ii) third-country nationals who have received a permanent residence permit or who have been granted the status of a permanent resident of the European Union in the Republic of Latvia; (iii) and citizens of the European Union Member States, European Economic Area states and the Swiss Confederation, who have obtained the right of permanent residence, or are entitled to reside in the Republic of Latvia and have stayed in the Republic of Latvia for at least three months and the family members of the persons referred - social services are partly or fully financed from State or local government budget and these persons submit a request for service to the social service office of the local government of their place of residence.

Paragraphs 1.¹ and 1.² determine the social services partly or fully paid from the State budget or local government budget and local government social assistance benefits, to which persons with alternative status and their family members are entitled. A request for service must be submitted to the social service office of the local government of place of residence of respective persons.

Paragraph 6 of the respective Article stipulates that persons who have the right to enter and reside in the Republic of Latvia and are not mentioned above, shall submit the demand for social service to the relevant service provider and they pay for the service received full price.

Pursuant to the Law on Social Services and Social Assistance, the local government in the territory of which the person has declared his/her place of residence is obliged to provide the person with the opportunity to receive social services, as well as inform the person or his/her legal representative about the rights and opportunities to receive social services and the procedures for receiving social services. 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:

1. for a family of one person - 1.0;
2. for each subsequent member of the breadwinner's family - 0.5.

At the same time needy persons who have been recognized as such in accordance with the norms of the Regulations of the Cabinet of Ministers No. 299 of 30 March 2010 "Regulations on Recognition of a Family or Separately Living Person as Needy" are exempt from payment for social services.

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

	2016		2017		2018		2019	
	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR
Social care in long-term social care and social rehabilitation institutions for persons with mental impairments and children deprived of parental care	5.3	39961.1	5.1	40893.0	4.9	47052.7	4.8	51289.5
Social rehabilitation for persons with impaired vision	0.4	485.4	0.4	552.9	0.4	575.9	0.6	622.4
Social rehabilitation for persons with hearing disability	1.0	602.1	1.0	486.5	1.0	489.7	1.0	483.6
Service of sign language interpreting for education	0.07	72.8	0.04	18.5	0.04	46.2	0.03	39.6
Service of sign language interpreting to communicate	1.2	441.5	1.2	394.4	1.2	441.7	1.3	446.1
Social rehabilitation for children addicted to psychoactive substances	0.03	271.1	0.02	243.0	0.01	163.2	0.1	326.5

Social rehabilitation for adults addicted to psychoactive substances	0.01	81.8	0.01	76.4	0.01	89.1	0.01	137.2
Social rehabilitation for children who have suffered from illegal acts	2.5	1689.2	2.5	1752.5	2.3	1730.4	2.2	1904.2
Social rehabilitation for adults who have suffered from illegal acts	0.3	96.6	0.5	161.3	0.5	211.5	0.6	255.4
Social rehabilitation for persons who have committed violence	0.3	81.6	0.4	118.3	0.4	158.3	0.5	175.0
Technical aids	17.2	6813.5	18.6	6247.7	19.4	7557.3	22.2	7735.9
Social rehabilitation in institution for persons with functional disorders	3.6	2275.7	4.0	2732.8	3.6	3292	3.7	-
Vocational rehabilitation	0.3	1219.8	0.3	1444.4	0.3	1352.4	0.3	-
Expenses of living in group houses (apartments) for persons with mental impairments who moves from the long-term social care institutions to group houses *	0.08	147.8	0.07	170.2	0.07	165.8	0.07	213.6
Expenses of establishment and maintenance for the day centers intended for persons with mental impairments.	0.07	180.0	0.07	116.5	0.06	60.9	0.01	7.3
Psychosocial rehabilitation for persons with an oncological disease	X	-	X	-	0.4	167.5	0.4	210.6
Psychosocial rehabilitation for children in palliative care and their family members	X	-	X	-	0.3**	288.4	0.3**	334.4
					0.8***		0.7***	

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

** children in palliative care

*** family members

Data source: *Department of Social Services, Ministry of Welfare*

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

	2016		2017		2018		2019	
	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR	thous. persons	thous. EUR
Institutional care for elderly people and disabled persons with physical disabilities	7.1	21716.2	10.3	25783.5	7.3	25190.2	7.1	25687.0
Institutional care for child orphans and children without parental care over age of two years	2.1	10160.6	2.0	11831.9	1.8	11349.4	1.5	14073.6
Home care	14.0	13836.6	15.4	15880.4	16.7	19544.6	16.5	19012.9
Day-care centers*	23.4	5630.2	22.3	5953.1	21.9	6412.3	21.2	6067.1
Shelters / night shelters	6.7	2606.6	6.9	2802.3	6.8	3078.2	6.9	3111.4
Crisis centers	1.3	1728.3	1.3	1911.9	1.1	1731.8	1.1	1597.3
group houses (apartments)*	0.2	767.3	0.2	942.7	0.3	979.0	0.3	1091.3

* Persons and expenses from State budget not included

Data source: *Yearly statistical reports on social assistance and social services in the local government*

2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

a) *Please 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 and in the design and practical realisation of services. Co-production is here understood as social services working together with persons*

who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.

To provide social services according to the Regulations of the Cabinet of Ministers No. 385 of June 27, 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".

For registration the potential service provider (established by State, local government, NGO or a private service provider) shall fulfill the requirements stated in the Regulations of the Cabinet of Ministers No. 338 of June 13, 2017 "Requirements for 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 "Dzīvības koks" provides psychosocial rehabilitation for persons with an oncological disease and their relatives (and the Children's Palliative Care Society provides psychosocial rehabilitation for children in palliative care and their family members.

Social services, delegated to NGOs according to Law on Social Services and Social Assistance - receivers (persons in thousands) and spending (EUR in thousands)

NGO	Service		2016	2017	2018	2019
Latvian Children's Fund	Social rehabilitation for children who have suffered from illegal acts	Spending (EUR)	1 689.2	1 752.5	1 730.4	1 904.2
		Receivers (persons)	2.6	2.6	2.3	2.3
Latvian Society of the Blind	Social rehabilitation for persons with impaired vision	Spending (EUR)	484.3	552.9	575.9	622.8
		Receivers (persons)	0.4	0.4	0.4	0.6
	Technical aids for persons with impaired vision (tiftotechnology)	Spending (EUR)	1 004.0	865.5	776.2	725.5
		Receivers (persons)	3.6	3.7	3.4	2.9
		Technical aids (number in thousands)	3.6	3.8	3.4	2.9
Latvian Association of the Deaf	Social rehabilitation for persons with hearing disability	Spending (EUR)	469.9	597.8	489.7	483.6
		Receivers (persons)	1.0	1.0	1.0	1.0
	Service of sign language interpreting for education	Spending (EUR)	55.4	34.3	45.0	36.9
		Receivers (persons)	0.06	0.04	0.04	0.03

	Service of sign language interpreting to communicate	Spending (EUR)	411.0	413.0	433.1	434.4
		Receivers (persons)	1.2	1.2	1.2	1.2
	Technical aids for persons with hearing disability (surdotecnology)	Spending (EUR)	1 558.6	1 318.2	1 660.0	1 515.8
		Receivers (persons)	3.8	4.7	4.7	5.1
		Technical aids (number in thousands)	4.7	5.9	6.3	7.2
Latvian Cancer Patient Support Society "Dzīvības koks"	psychosocial rehabilitation for persons with an oncological disease	Spending (EUR)	-	-	167.5	0.4
		Receivers (persons)	-	-	210.6	0.4
Children's Palliative Care Society	psychosocial rehabilitation for children in palliative care and their family members	Spending (EUR)	-	-	288.4	334.4
		Receivers (persons):	-	-	1.1	1.0
		children	-	-	0.3	0.3
		family members	-	-	0.8	0.7

Data source: *Department of Social Services, Ministry of Welfare*

- b) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised*

N/A

Part I – 23. RECS Every elderly person has the right to social protection.

This Article seeks to ensure that older people are recognised and treated as full members of society, both in law and in fact. It allows to examine other provisions of the Charter (e.g. Article 11 on the right to protection of health; Article 12 on the right to social security; Article 13 on the right to social and medical assistance; Article 30 on the right to protection against poverty and social exclusion; and Article 31 on the right to housing). As time passes, older people increasingly become dependent and, as their ability to defend themselves and to assert their rights weakens, they become growingly vulnerable. There have been many examples following the 2008 economic downturn of the resources available being progressively shifted away from older people towards other perceived priorities, with scarce pushback from society and, less surprisingly, from those most affected by the budget cuts and subjected to increased dependency and vulnerability.

A range of issues are covered under Article 23, from discrimination and decision making to accessibility, participation (political life, culture, education) and adequate pensions (whether

contributory or non-contributory, and other complementary cash benefits available). It would be contrary to the Charter to allow the situation of older people to deteriorate progressively leading them into —rather than drawing them out of— poverty. Ensuring access to rights requires the provision of information about rights, services and facilities. But, as under other Articles of the Charter, effectiveness may well require outreach and a proactive approach from the authorities.

Supervision and inspection services may be key to ensuring delivery against the requirements of this Article.

Article 23 – The right of elderly persons to social protection

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

- to enable elderly persons to remain full members of society for as long as possible, by means of:
 - a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;
 - b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them;
- to enable elderly persons to choose their lifestyle freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:
 - a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;
 - b. the health care and the services necessitated by their state;
- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

a) Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no older person is left behind in terms of access to and enjoyment of their social and economic rights.

N/A

b) Please provide information on specific measures taken to protect the health and well-being of the elderly, both in their home and in institutional settings, in the context of a pandemic crisis such as the COVID-19 crisis.

N/A

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised

N/A

Part I – 30. RESC Everyone has the right to protection against poverty and social exclusion. RESC

Living in a situation of poverty and social exclusion violates the dignity of human beings. Living at risk of falling into poverty and exclusion is damaging for the person, not only as regards dignity, but it also entails suffering, loss in cognitive function and social abilities. Risk of poverty and actual poverty and exclusion also compromise the exercise of a range of other rights, both social and economic (employment, health, education, housing, etc.) and civil and political rights (private and family life, association and opinion) and ultimately involves total disenfranchisement. Leaving no one behind and protection against poverty and social exclusion are not just a question of statistics but are a primary human rights requirement, universal in scope, and it is therefore a matter of priority and of resources.

The main indicator used to measure poverty is the relative poverty rate. The at-risk-of-poverty rate before and after social transfers (cf. Eurostat) is used as an indicative value to assess national situations, without prejudice to the use of other suitable parameters that are taken into account by national anti-poverty strategies or plans (e.g. indicators relating to the fight against the ‘feminization’ of poverty, the multidimensional phenomena of poverty and social exclusion, the extent of ‘inherited’ poverty, etc.).

The Committee wishes to emphasise the very close link between the effectiveness of the right recognised by Article 30 of the Charter and the enjoyment of the rights recognised by other provisions, such as the right to work (Article 1), access to health care (Article 11), social security allowances (Article 12), social and medical assistance (Article 13), the benefit from social welfare services (Article 14), the rights of persons with disabilities (Article 15), the social, legal and economic protection of the family (Article 16) as well as of children and young persons (Article 17), right to equal opportunities and equal treatment in employment and occupation without sex discrimination (Article 20), the rights of the elderly (Article 23) or the right to housing (Article 31), while recalling the important impact of the non-discrimination clause (Article E), which includes non-discrimination on grounds of poverty.

Extreme poverty—i.e. people living in severe deprivation, without enough food or even suffering from malnutrition, poorly housed, homeless or with no access to shelter, and without access to clean water and sanitation, etc.—has not yet been eradicated throughout Europe. Extreme poverty does not only affect individuals but also vulnerable communities. Because of their state and status, they are sometimes left out from official statistics. They are among the furthest behind in respect of whom the United Nations Sustainable Development Goals and the Agenda 2030 (that has been adhered to by all Council of Europe member States) calls for priority action.

Article 30 – The right to protection against poverty and social exclusion

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;
- b. to review these measures with a view to their adaptation if necessary.

- a) *Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no person drops under the poverty threshold, and provide also information on the impact of the measures taken.*

Please indicate how many people in your country are at risk of poverty, how many in a situation of poverty, and how many in extreme poverty, including specific data for children.

In 2018 income inequality indicators in Latvia slightly improved. The Gini coefficient in 2014 was 35.4%, while in 2018 - 35.2%.

Some of the indicators of poverty and social exclusion show improvements due to increases in support measures in various policies, such as increasing of financial support for families with two and more children, improvements in tax policy a.o. During reporting period an increase in household disposable income, mainly as a result of an increase in the average wage, the minimum wage and social transfers has been observed. Income growth affected households in all quintile groups. The fastest growth of income is observed within the 5th quintile, while the slowest growth is observed within the 1st quintile.

**Household disposable income in quintile groups
(EUR, per month on average per household member)**

Quintile groups	2015	2016	2017	2018
1st quintile	149,51	153,71	162,36	185,50
2nd quintile	256,89	266,14	285,17	320,20
3rd quintile	340,16	359,50	401,18	444,12
4th quintile	483,31	514,33	572,41	638,42
5th quintile	895,60	941,57	1076,25	1212,73
Average in country	416,50	437,11	488,84	545,87

Data source: *Central Statistical Bureau of Latvia (CSB)*

According to the data of the Income and Living Conditions Survey conducted by the EUROSTAT and Central Statistical Bureau (hereinafter – CSB), at-risk-of-poverty rate for children have fallen from 18.5% in 2015 to 14.5% in 2018. In recent years, we have seen a decline in the proportion of households with two or more children who are exposed to the risk of poverty. Total poverty or social exclusion rate has decreased as well. If in 2015 28.5% of the population were exposed to the risk of poverty or social exclusion, then in 2018 - 27.3%, which is the lowest indicator in the past 11 years.

Persons at risk of poverty rate and share of total population by age

	2015	2016	2017	2018
Total (Thous.)	424	425	446	434
Total (%)	21.8	22.1	23.3	22.99
0-17 (%)	18.6	18.4	17.5	14.5
18-64 (%)	17.7	17.5	17.8	17.2
65+ (%)	38.1	39.9	45.7	47.9

Data source: *Eurostat, CSB*

Poverty risk rate by household type (%)

	2015	2016	2017	2018
Total	21.8	22.2	23.3	22.9
One-person household	55.7	54.9	52.6	52.6
1 person households under 64	35.2	34.9	31.0	31.7
1 person households 65 years and older	74.0	72.8	74.0	74.9
One adult with children	34.4	34.3	32.6	26.2
2 adults without dependent children	21.4	21.3	24.9	25.5
2 adults with one dependent child	11.2	13.4	12.1	16.2
2 adults with two dependent children	14.7	14.4	10.2	11.1
2 adults with three and more dependent children	25.5	19.8	20.7	16.7

Data source: CSB

Proportion of the population at risk of poverty or social exclusion by age (%)

	2015	2016	2017	2018
Total	28.5	28.2	28.4	27.3
0-17	24.7	23.9	22.5	18.9
18-64	25.0	24.5	23.5	22.3
65+	43.1	43.9	49.0	50.5

Data source: Eurostat, CSB

Proportion of population at risk of poverty or living in households with very low work intensity (%)

	2015	2016	2017	2018
Total	23.1	23.4	24.6	24.2

Data source: Eurostat, CSB

At-risk-of poverty rate by most frequent activity status (18 years and over)

	2015	2016	2017	2018
Employed	9.2	8.3	8.8	8.1
Not employed	37.9	40.3	41.6	47
Retired	36.7	41.9	43.7	48.9

Data source: Eurostat

However these indicators characterize the relative risk of poverty and social exclusion among the country's population. Support provided in the form of services and/or reliefs for needy households have a positive effect on household expenditure, but the amount of this support is not included and

is not reflected in the at-risk-of-poverty indicators, as at-risk-of-poverty indicators only reflect income in monetary terms. The presence of these services and reliefs have a positive effect on the expenditure lines of this target group to meet their needs.

Needy and low-income households (persons) have a number of reliefs, which are provided not only by local governments but also by the state such as free legal assistance, reduced electricity costs, a real estate tax rebate of 90%, exemption from patient contributions in health care, full reimbursement of medicines or medical equipment expenses, and reduced fees for visits to cultural institutions. Therefore, the support provided by the state and local governments to the inhabitants should be assessed in a broader context, not only when assessing the guaranteed benefits in monetary terms.

Consequently, the provision of support to the population with low and very low income should be considered in conjunction with the support guaranteed by the State and local governments. A solidarity-based approach to ensuring the level of well-being of the population through complementary support mechanisms provided by the State and local governments promotes the provision of various and comprehensive sets of measures, thus maximizing people's opportunities to receive support tailored to their individual needs, both in financial terms and services and other support.

In addition to the support provided by the State and local governments, needy and low-income persons (from 1 April 2018 with an income of up to EUR 188, but from 1 January 2019 with an income of up to EUR 242 per month), as well as persons in crisis may receive support from the Fund for European Aid to the Most Deprived³⁵ (hereinafter - the Fund). The Fund's support in Latvia has been available since 2015 and is intended to reduce food and basic material insecurity. In the 2014-2020 planning period EUR 48.2 million have been allocated to Latvia to support the most deprived persons, including EUR 41 million of EU funding (85%) and EUR 7.2 million of public budget co-financing (15%). The number of beneficiaries have increased over the last five years.

Number of unique persons who have received food aid

	2015	2016	2017	2018	2019 ³⁶
Total number of persons receiving food aid, including:	68876	61497	63799	69 643	75 645
including children 15 years of age and younger	17782	14652	14223	13 457	12 103

Expenditure on social protection

Over the past years the expenditure on social protection has increased. If in 2012 expenditure on social protection was 14.3% of GDP then in 2018 – 15.2%³⁷ of GDP. Consequently, the State budget

³⁵ Regulations of Cabinet of Ministers No. 727 of 25 November 2014 “Implementing rules for the Operational Programme “Delivering food and basic material assistance to the most deprived persons during the 2014-2020 programming period””

³⁶ In 2019, the number of recipients of food aid was obtained by adding to the estimated number of recipients of unique food kits (72 546 persons) the number of recipients of unique meals (3 099 persons). The number of beneficiaries of food aid deducted those persons who, according to the annual assessment of the effectiveness of the Fund, are simultaneously beneficiaries of both food kits and meals (29% in 2019). Calculation: 72 546 + (4 365 x 71%) = 75 645.

³⁷ Latvia provides data on social protection expenditure based on ESSPROS (expenditure on social protection <https://ec.europa.eu/eurostat/databrowser/view/tps00098/default/table?lang=en>). According to COFOG data, expenditure on social protection in 2018 was 11.6% of GDP, however, it should be taken into account that these data do not include information on expenditures on health care. Therefore, in Latvia’s opinion, more comprehensive information is included in

resources in the field of social protection are gradually increasing. Also, expenditure for disability related benefits has increased from 1.2 % in 2012 to 1.3% in 2018³⁸. Meanwhile support for persons with disabilities includes a complex set of measures - both financial benefits (both State social security, transport and special care allowances) and services (Deinstitutionalisation project services, local government assistant, sign language interpreter, technical aids), free public transport, tax breaks, etc. These support measures make it easier for persons with disabilities to strengthen their financial capacity and ability to integrate into various social processes. For example, reliefs in public transport fares, reliefs in electricity bills or relief for compulsory motor third party liability insurance have a direct, positive effect on everyday needs, although in monetary terms this support is not received in the form of a benefit. Accordingly, receiving this type of support reduces the expenses of persons with disabilities in other items that would arise in the absence of such support services and benefits.

State and local government support for persons with disabilities

Material support	Services
Disability pension (depends on the disability group and the contributions paid by person)	Assistant service in the local government and educational institutions
State social security benefit (if person do not have necessary length of period of state social insurance (at least 3 years for the granting of a state disability pension) - depends on the disability group)	Home care
Allowance to the family state benefit for a child with disabilities – EUR 106.72 per month	10 x 45 minutes psychologist consultation for newly diagnosed disability children and their legal representatives
Special care allowance (for persons with severe functional impairments) - EUR 243.43 per month (since July 1, 2019 special care allowance for children with special need and for persons with I disability group since childhood is EUR 313.43 per month)	Sign language interpreter educational institutions and in communication with natural and legal persons
Allowance to Compensate Transport Expenses of Persons with Mobility Disabilities – 79.68 for each six months period.	Technical aids
Benefit for Assistance Services for Persons with Group I Visual Disability – EUR 17.07 a week	Social and professional rehabilitation
	Fare reductions on public transport
	Tax relief
	Support for electricity billing
	Deinstitutionalisation offered services

ESSPROS

([https://ec.europa.eu/eurostat/statistics-](https://ec.europa.eu/eurostat/statistics-explained/images/5/5f/Total_general_government_expenditure_on_social_protection%2C_2018%2C_%25_of_GDP.png)

[explained/images/5/5f/Total general government expenditure on social protection%2C 2018%2C %25 of GDP.png](https://ec.europa.eu/eurostat/statistics-explained/images/5/5f/Total_general_government_expenditure_on_social_protection%2C_2018%2C_%25_of_GDP.png))

³⁸ Public expenditure on disability, in % GDP -

https://ec.europa.eu/eurostat/databrowser/view/spr_exp_gdp/default/table?lang=en

	State Employments Agency and State Agency for Social Integration provided support measures
	Support services provided by local government binding regulations and other services

Housing acquisition support programme

To support families with children to acquire housing, a programme of state support for purchase or construction of residential space for families with children –provides a guarantee for the first instalment for the loan for acquisition or construction of housing. It supports families with children to secure the first instalment for the loan for acquisition or construction of housing.

The guarantee is up to 10 years, varying between 10-30% of loan size (depending on number of children), with a maximum guarantee of EUR 30 000 to support dwellings of up to EUR 250 000 in value.

The guarantee increases by 5% if the family buys or builds a class A/NZEB home.

Until the end of 2019, 13 242 guarantees for families with ~ 19 000 children have received this guarantee to acquire housing.

Amendments to the regulations were adopted in June 2020 to provide that in order to help households with children who have a family growth after participating in the program and are in a need for a larger housing, as well as to improve the mobility of households between the regions of Latvia, it will be possible to re-apply for housing support in the future. The Regulations of the Cabinet of Ministers include the possibility for families to apply for the guarantee repeatedly not earlier than after 3 years from the previously granted guarantee, if the number of dependent children has increased or pregnancy has occurred and the previously granted guarantee obligations have expired.

The regulations also include support not only for families with children, but also in all cases where pregnancy has occurred. At the core of demographic policy is financial support for families, offsetting the additional costs they incur as a result of having children. In order to develop and promote State policy that supports families and promotes demography, a person who has one or more dependent children and is pregnant or has become pregnant with the first child will also be eligible for the guarantee, as well as the father of the child or the father of the unborn child.

Since 2018 the State has also developed a support mechanism for young professionals with a steady income but not enough reserve for the first instalment, who have attained upper secondary vocational or higher education and are under 35 years of age. The guarantee is limited to 20% of the principal amount of the loan and to a maximum of EUR 50 000. This assistance is provided and administered by the joint stock company "Development Finance Institution Altum", providing a guarantee within the meaning of the Law on Development Finance Institution.

The number of beneficiaries -Situation on 31 December 2019 - The statistics for the Housing Guarantee Program are as follows:

Families with children:

		Total number	Amount, EUR
1	Guarantees granted	13 242	96 370 242.45
2	Loans granted	13 242	868 337 667.01
3	Guarantees issued	13 180	95 755 415.86

Young professionals:

		Total number	Amount, EUR
1	Guarantees granted	1828	13 120 371.27
2	Loans granted	1828	107 557 137.32
3	Guarantees issued	1784	12 731 640.02

Grant subsidy programme for large families

New amendments, which were (prepared in 2019) adopted in June 2020, provide for a new type of financial support for large families - a grant subsidy for a bank loan for the purchase or construction of housing for large families with three or more children and with a regular income but not sufficient savings to make the first instalment.

The amount of the subsidy is:

- EUR 8,000
 - if the family has 3 children (or 2 children and is pregnant)
- EUR 10 000 if:
 - the family has 3 children (or 2 children and is pregnant) and buys a nearly zero-energy building (a list of such buildings is available in the Building Information System in the Register of Building Energy Certificates).
 - there are more than 3 children in the family (or 3 children and are pregnant)
- EUR 12,000
 - if the family has more than 3 children (or 3 children and is pregnant) and buys a building with almost zero energy.

The maximum amount of the subsidy does not exceed 50% of the amount of the purchase or construction transaction.

The new subsidy support mechanism has been introduced to allow large families to afford more or better housing, as well as to reduce the time needed to save the down payment. Large families also need more time to make savings on the down payment, especially given that they also need larger housing.

In order to provide more support for families with children, a supplement was introduced on 1 March 2018 to the national family allowance for raising two and more children from one to 20 years of age.

For more information please see Article 12.

In order to promote the development of a family-based care system for children without parental care, the State aid system for adopted and foster families was improved, including through the introduction of specialised foster families.

From 1 July 2019 the child's adoption allowance is paid up to the age of 18 (EUR 107.50 per month for a child under 6 years (inclusive) and EUR 129 per month for a child aged 7-18).

From 1 July 2019 special care allowance for persons with disabilities is increased from EUR 213.43 per month to EUR 313.43 per month for children with a severe disability and persons with I disability group since childhood.

The Ministry of Environmental Protection and Regional Development launched the implementation of the "Family-friendly local government" program, which mainly aims to develop a long-term,

comprehensive and easily transparent collection of information on support provided by local governments to families with children, providing information to parents about their possibilities to receive support in their local government, thus improving the accessibility of services also to citizens. Within the framework of the program, a competition "Family-friendly local government" is organized to identify the local governments that provide additional support for families (regardless of income level) - various and more accessible services.

The program was designed to promote the attraction of families with children to the territory and its long-term development. The activities to be supported under it are oriented in such a way as to promote the availability of various activities for children to spend their free time and reduce their involvement in the anti-social environment.

Education process is provided in accordance with the Education Law. Article 3.¹ of the Education Law defines the prohibition of unequal treatment and states the right to education regardless of economic or social status, race, nationality, ethnicity, gender, religious or political beliefs, state of health, occupation or place of residence.

Education Development Guidelines 2014-2020 promote the implementation of inclusive education principle, which ensures equal opportunities regardless of students' needs and abilities, economic or social status, race, nationality, gender, religious or political beliefs, state of health, occupation or place of residence.

Latvia puts efforts to promote the integration of students with special education needs in regular schools. According to the General Education Law, the educational institutions shall ensure the availability of appropriate support measures to students with special needs, who have been enrolled in a general education programme. The educational institutions shall draw up an individual plan for the completion of an educational programme for each enrolled educatee with special needs.

12 special education development centres are operating in Latvia, ensuring homogeneous distribution of special education institutions-development centres in all territories of Latvia's planning regions. Thus, children with special needs, who are integrated in general education institutions, as well as their parents, are provided with equal opportunities to receive consultations and methodical support in the implementation of qualitative inclusive education.

Amendments to the General Education Law state that from 1 September 2020 special basic education programmes for students with physical development disorders, somatic diseases, speech disorders, learning disorders can no longer be implemented in special education institutions, this should be done inclusively – only in special classes or groups in general education schools, as well as these students should be integrated in general education classes. On 19 November 2019, the Cabinet of Ministers approved the requirements to be taken into account when enrolling children with special needs in general education programmes implemented by general education institutions. The range of support measures to be provided in the education process has been extended in line with the specific needs of each child.

Students with special needs in general education programmes

	Students with special needs integrated in general education institutions and learning by		Students in special education institutions	Students in special classes	Students with special needs (altogether)	Integrated students with special needs (without special classes) (% of all students with special needs)
	general education programme	special education programme				
2019/2020	3194	5484	5579	1180	15437	56.22%
2018/2019	1839	4989	5708	1475	14011	48.73%
2017/2018	444	4820	5735	1493	12492	42.14%
2016/2017	440	4650	5855	1492	12437	40.93%

Data source: Ministry of Education and Science

Inclusive education principle is also being implemented in vocational education, acknowledging the main challenges and searching for innovative solutions, including improvement of infrastructure. Persons with special needs can be included in vocational education system equally and without any discrimination, in accordance with the previously acquired education. Vocational education institutions can develop an individual plan for acquisition of vocational education and training (hereinafter – VET) programme if necessary.

Persons with special needs can also receive individual support (for example, consultations), as well as support personnel is provided (assistant, education psychologist, social teacher, sign language interpreter).

Within the process of implementation of VET, service hotels are available with well-maintained and suitable environment for students with special needs.

In order to ensure the implementation of inclusive education principle, measures have been taken to improve the content of education in vocational basic education programmes for students with mental disabilities, as well as methodological materials have been developed.

Students with special needs in subordinated vocational education institutions of Ministry of Education and Science

School year	Number of students with special needs	Number of vocational education institutions
2019/2020	1056	34
2018/2019	682	35
2017/2018	431	36
2016/2017	160	38

Data source: Ministry of Education and Science

Higher education is provided in accordance with the Law on Higher Education Institutions. It states that admission to higher education studies is based on an open and equal competition. The State funded study place is granted based on academic merit. However, in case of equal academic results preference is given to people with special needs.

In order to reduce the number of early school leavers (hereinafter - ESL), measures are being implemented, which positively affect the situation.

Early school leavers (age group: 18-24 years old, %)

	Latvia	EU average
2019	8.7	10.3
2018	8.3	10.5
2017	8.6	10.5
2016	10.0	10.7

Data source: *Eurostat*

Two European Social Fund (ESF) projects have been implemented since 2016, providing support for development of students' individual competences in general education institutions:

- Project "Support for implementation of national and international level measures for development of students' talents" is aimed at the development of students' talents contributing to higher level of students' achievements, including the elaboration of methodology for teachers allowing to detect and foster the potential of high-achieving students. 15 regional and 3 national scientific conferences, as well as 48 national olympiads in school disciplines were organized. The 3rd European Physics Olympiad with participation of representatives from more than 34 countries was organised in 2019. Research activities are provided in cooperation with Latvian higher education institutions. Since 2018, professional competence improvement measures for teachers for early identification and development of talents have been organised. It is planned to extend the contribution of the project to the development of general education ensuring adaptation of tasks of olympiads and scientific events and methodological instructions for teachers for the development of talents within the scope of general education;
- Project "Support for development of students' individual competences" is aimed at introduction of new learning forms in education institutions developing an individual approach to acquisition of education content and extracurricular activities. The project offers diverse support measures to students with special needs and learning difficulties, as well as to students with high achievements. Particular attention is paid to the supply of STEM (*Science, technology, engineering, and mathematics*) interest-related education programmes.

Since March 2017, the State Education Quality Service in cooperation with local governments and state vocational educational institutions is implementing the ESF project "Reducing early school leaving by implementation of preventive and intervention measures". Individual aid is targeting general education 5th-12th grade students, as well as vocational education 1st – 4th year students, who have risks of early school leaving, including Roma students and students with special needs. These students have access to specialist advice, mentors, additional classes, as well as material support (transport, service hotels, catering). The project promotes the development of a system of sustainable cooperation between the local governments, education institutions, teachers, support personnel, parents and students to identify the risk of dropping out and provide support.

Support for career development also contributes to minimizing the early school leaving. In order to increase career guidance accessibility, the ESF project "Career support in general and vocational education institutions" has been implemented since 2016. Educational institutions involved in this

project ensure the work of teachers-career consultants and career support measures for students. In 2019/2020, 76 local governments and their associations and 17 vocational education competence centres were involved in this project, 369 teachers-career consultants were employed and career guidance was received by 150.4 thousand students in 407 general and vocational education institutions. Various career guidance and information activities – conferences, seminars, career days, skills competitions and other – are regularly organized.

In order to support youngsters, *Youth Guarantee* initiative was implemented in Latvia, giving them the opportunity to acquire skills and competence for finding a job, as well as promoting measures for NEET (Not in Education, Employment, or Training) youngsters. After the conclusion of the *Youth Guarantee* project in 2019, the following measures continued:

- Implementation of the State Education Development Agency’s project “Implementation of initial vocational education programmes as a part of Youth Guarantee”, within which youngsters aged 17 to 29 years (inclusive) could obtain a professional qualification within 1 year or 1,5 year in one of 154 professions. In September 2019, there was the final admission to the Youth Guarantee for 23 professions in demand in the labour market, offering young people the opportunity to obtain a profession within 1 year or 1,5 year in 13 vocational education institutions;
- The ESF project “KNOW and DO!” launched by the Agency for International Programs for Youth, aiming to develop the skills of youngsters at risk of social exclusion and to facilitate their engagement in education, including vocational training, in employment, etc. Cooperation agreements on project implementation were signed with 82 local governments. Overall, 33 online trainings were organised and 37 on-site non-formal education activities were organised for 602 mentors delegated by the local governments, as well as 15 four-day training modules were organised for 243 programme leaders delegated by the local governments. By the end of 2019, 2890 youths had been involved in the project and 1763 of them had successfully completed the individual event programme provided within this project.

In 2017, implementation of the ESF project “Improving the Professional Competence of Employed” was started. The aim of the project is to improve professional competence of the employed (incl. self-employed) aged above 25 to eliminate any non-compliances in labour force qualifications with labour demand, promote competitiveness and increase work productivity. The Adult Education Management Council approved a list of education programmes in cooperation with social partners, employers and sectoral experts.

Any employed person over the age of 25 can participate in project activities, making their individual choices: to study in continuing vocational education and training programme and to get a full professional qualification, to improve their skills within the in-service training programme or to acquire a part of professional qualification (modules) in non-formal education programme. Priority target groups are employees at social risk (with low education level, lack of professional education, lack of skills needed in the labour market or skills are outdated, workers aged 50+). In the first four rounds, 26 026 persons participated in the project activities, 4948 (19%) of them were aged over 50.

There is a decentralised wage setting system in Latvia and one minimum wage level that is binding for all employers.

Regarding the minimum wage in Latvia, the Article 61 of the Labour Law does not define the terms, but sets the main provisions regarding the minimum wage. In compliance with the law, a minimum wage shall not be less than the minimum level determined by the State. The minimum monthly salary within the scope of normal working time, including minimum hourly wage rates, is determined by the Cabinet of Ministers.

On 24 November 2015 the Cabinet issued the Regulations of the Cabinet of Ministers No.656 “Regulations Regarding Amount of the Minimum Monthly Wage within the Framework of Normal Working Time and Calculation of the Minimum Hourly Wage Rate”, which stipulated that the minimum monthly wage shall be EUR 370 starting from 1 January 2016. Furthermore, instead of the minimum hourly wage rate, as provided previously, now the Regulations provided for calculation of the minimum hourly wage rate according to a specific formula in accordance with the delegation determined in Article 61, Paragraph two of the Labour Law.

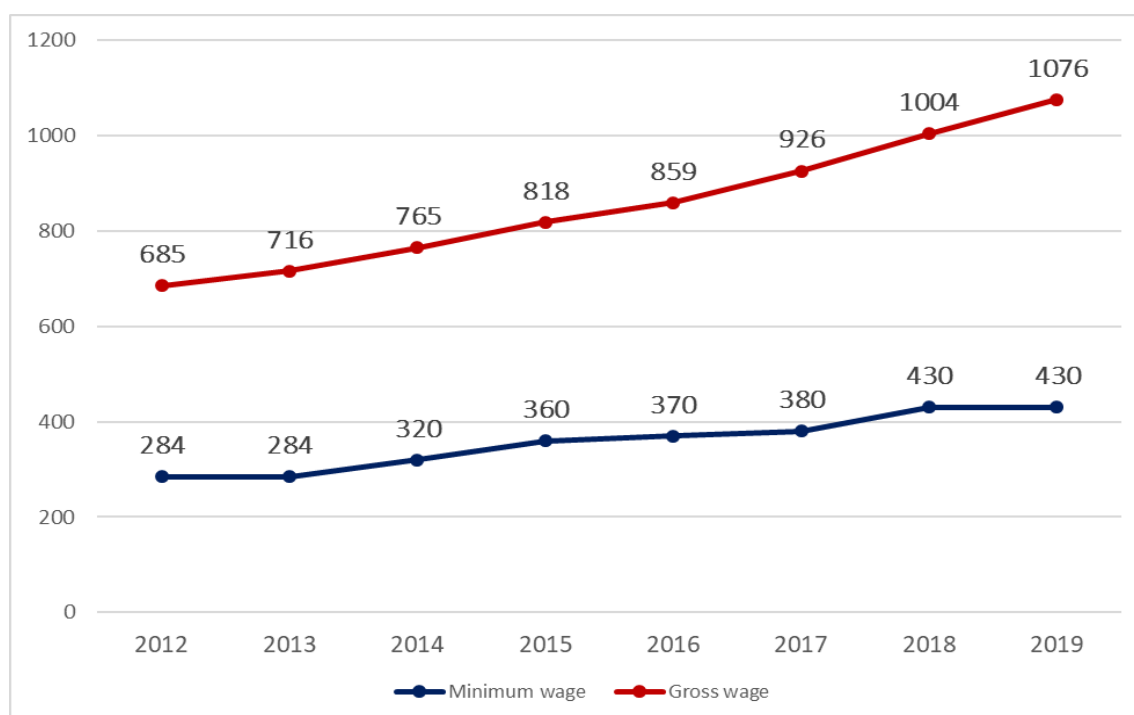
Minimum wage is determined in accordance with the provisions of the Regulations of the Cabinet of Ministers No. 563 of 18 August 2016 “Procedures for the Specification and Review of the Minimum Monthly Wage”.

The Cabinet of Ministers examined the issues related to the draft law of the budget for 2017 at its extraordinary meeting on 18 August 2016, and decided that in 2017 the minimum monthly wage in the State shall be EUR 380. On 25 October 2016, the Cabinet of Ministers issued the Regulations of the Cabinet of Ministers No. 683 “Amendment to the Cabinet Regulation No. 656 of 24 November 2015, Regulations Regarding Amount of the Minimum Monthly Wage within the Framework of Normal Working Time and Calculation of the Minimum Hourly Wage Rate”, which stipulated that the minimum monthly wage shall be EUR 380 starting from 1 January 2017.

In the context and as part of the Tax Reform on 29 August 2017 the Cabinet of Ministers issued the Regulation of Cabinet of Ministers No. 511 “Amendment to the Cabinet Regulation No. 656 of 24 November 2015, Regulations Regarding Amount of the Minimum Monthly Wage within the Framework of Normal Working Time and Calculation of the Minimum Hourly Wage Rate”, which stipulated that the minimum monthly wage shall be EUR 430 starting from 1 January 2018.

In 2019, the minimum wage remained fixed at EUR 430 per month.

Minimum monthly wage and gross monthly wage, EUR



Data source: *Central Statistical Bureau of Latvia*

As from 2017, a few changes within the minimum wage setting framework have been put in place. Among others, additional indicators have to be considered when elaborating possible changes to the

minimum wage (e.g. productivity changes) and there is a requirement to discuss the proposal with social partners at the Social Security Sub-Council meeting before submitting to the National Tripartite Cooperation Council.

In addition to the national regulation on the minimum wage, social partners may specify other wage levels (including higher minimum wages) in company or industry level collective agreements, upon fulfilment of specific criteria industry level collective agreements can be extended to all the sector. According to the principle of labour rights that a collective agreement may not impair the status of an employee in comparison with laws and regulations (Article 6 of the Labour Law), only a higher wage and better working conditions may be specified in collective agreements.

When comparing the proportion of the minimum monthly wage to the average monthly gross work remuneration of employees for the previous year calculated by the Central Statistical Bureau (hereinafter – CSB), it may be concluded that starting from 2016 the amount of the minimum monthly wage decreases as a percentage in relation to the average monthly gross work remuneration of employees for the previous year calculated by the CSB. Growth of average wages is determined by the labour market competition, demand for qualified workers and specialists, as well as other economic factors.

The minimum wage and the average monthly work remuneration by years

Year	The minimum monthly wage on average per year, EUR	The average monthly gross work remuneration of employees, EUR	The minimum monthly wage as a percentage of the average monthly gross work remuneration for the previous year
2012	284.57	685	43.1
2013	284.57	716	41.5
2014	320	765	44.7
2015	360	818	47.1
2016	370	859	45.2
2017	380	926	41.0
2018	430	1004	40.2
2019	430	1076	40.0

Data source: *Central Statistical Bureau of Latvia*

Continuing to reduce the income inequality, the government supported to introduce following changes from January 1, **2016**:

- the minimum monthly salary was increased from EUR 360 to EUR 370;
- the personal income tax allowance for dependents was increased from EUR 165 to EUR 175 *per month*. In addition as of 2016, the dependent persons who are able to work have been excluded from the dependent person list.
- the differentiated non-taxable minimum was introduced;
- the solidarity tax was introduced.

Also from January 1, 2016, families with three or more children pay the Vehicle Operation Tax for one vehicle registered in the ownership, holding or possession of the families' member thereof in the amount of 50 % for the relevant calendar year (before 80 %).

From January 1, **2017**, the minimum monthly salary was increased to EUR 380 and the following persons were included in the dependent persons list:

- spouses, parents, grandparents and children who have reached the age of 18, if the said persons are not employed and have been recognized as persons with disabilities;
- a non-working spouse who has a dependent minor child who has been recognized as a disabled person.

To provide a stable and predictable tax policy, which focuses on economic growth and welfare of the population, on January 1, 2018 *State Tax Policy Strategy 2018-2021* came into force. One of the main goals of this reform was to reduce the tax wedge, especially for low-wage earners. With labour tax reform for first time the progressive income tax system was introduced, the differential non-taxable minimum, the allowance for dependents and the non-taxable minimum for pensioners was increased, as well as the minimum monthly wage raised.

Changes in labor taxation from January 1, **2018** and in **2019**:

- increased the minimum monthly salary to EUR 430;
- a progressive PIT system was introduced, where for income up to EUR 20,004 *per year* the PIT rate is 20 %, from EUR 20,004.01 to EUR 55,000 *per year* (from 2019 EUR 62,800 *per year*) – 23 %, but above EUR 55,000 *per year* (from 2019 EUR 62,800 *per year*) - 31.4 %;
- the non-taxable minimum was increased, setting the upper limit at EUR 200 *per month*, which is increased every year, reaching EUR 230 *per month* in 2019 and EUR 300 *per month* in 2020. At the same time, the model of application of the non-taxable minimum was changed, providing that the non-taxable minimum was applied to the payer during the taxation year;
- increased relief for a dependent person in 2018 to EUR 200, in 2019 – to EUR 230 and in 2020 - to EUR 250 *per month*;
- the non-taxable minimum of a pensioner was increased to EUR 250 *per month*, which is increased every year, reaching EUR 270 *per month* in 2019, but EUR 300 *per month* in 2020;
- the rate of mandatory state social insurance contributions was increased by 1 percentage point (0.5 % for the employer and 0.5 % for the employee), directing the mentioned funds to finance the health care sector;
- a reformed solidarity tax, which from 2018 was transferred not only to the State basic budget as before, but is divided into payments in the special budget for health financing, taxpayer's private and funded pension account, as well as progressive personal income tax.

From July 1, **2018**, the following persons were included in the dependent persons list:

- a non-working spouse who has a dependent child under the age of three;
- a non-working spouse who has three or more dependent children under the age of 18 or up to the age of 24, at least one of whom is under the age of seven, while continuing to pursue general, higher or special education;
- a non-working spouse who has five dependent children up to the age of 18 or up to the age of 24 while the child is pursuing general, higher or special education.

Continuing to reduce the income inequality, the Government decided to increase the minimum monthly salary to EUR 500 from January 1, **2021**.

Labour tax reform in 2016-2020

	2016	2017	2018	2019	2020
Personal income tax rate, %					
Income below EUR 20,004 <i>per year</i>	23	23	20	20	20
Income from EUR 20,004 to 62,800 ^a <i>per year</i>			23	23	23
Income above EUR 62,800 ^a <i>per year</i>			31.4	31.4	31.4
Annual differentiated non-taxable minimum^b					
Maximum annual non-taxable minimum, EUR <i>per year</i>	1,200	1,380	2,400 ^c	2,760	3,600
Minimum annual non-taxable minimum, EUR <i>per year</i>	900	720	0	0	0
Annual income up to which maximum non-taxable minimum is applied, EUR <i>per year</i>	4,560	4,800	5,280	5,280	6,000
Annual income up to which non-taxable minimum gradually reduces, according to the formula, EUR <i>per year</i>	12,000	13,200	12,000	13,200	14,400
Deductions from taxable income					
Amount of allowance for a dependent, EUR <i>per year</i>	2,100	2,100	2,400	2,760	3,000
Non-taxable minimum of a pensioner, EUR <i>per year</i>	2,820	2,820	3,000	3,240	3,600
Social security contributions rate, %^d					
Social security contributions rate, of which:	34.09	34.09	35.09	35.09	35.09
Employer rate	23.59	23.59	24.09	24.09	24.09
Employee rate	10.50	10.50	11.00	11.00	11.00

^a State social insurance mandatory contribution ceiling, in 2018 ceiling was above EUR 55,000 per year

^b As of January 1, 2016, a differentiated non-taxable minimum has been introduced, which is applied depending on the amount of earned income.

^c From 2018, the annual differentiated non-taxable minimum is applied in full already during the taxation year (before that, low-income recipients could benefit from the differentiated non-taxable minimum only in the next taxation year by submitting an annual income declaration). Annual differentiated non-taxable minimum is calculated according to the formula specified by the Cabinet of Ministers and applied according to the summary procedure by submitting an annual income declaration by a payer.

^d From 2018, 1 % of the total rate of State social insurance mandatory contributions is transferred for the financing of health care services.

Data source: Ministry of Finance of Latvia

Tax allowance for dependent persons in 2016-2018

	2016	2017	2018
Number of recipients	211 664	212 421	215 770
Tax allowance, EUR	485 406 705,64	499 748 915,16	576 665 887,30

Data source: The State Revenue Service of the Republic of Latvia

It was planned to increase the minimum old age and disability pensions on the basis of paper "Plan for the improvement of the minimum income support system for 2018-2020" (2017), "Plan for the improvement of the minimum income support system for 2019-2020" (2018), established on the concept of "Minimum Income Level Determination" from 2014. Based on this Concept, a paper "Plan for the improvement of the minimum income support system for 2020-2021" was conceptually

approved at the Cabinet of Ministers meeting on 13 August 2019. This Plan expected, from January 2020, to set minimum old age pension calculating basis and state social security benefit used also for determination of disability pension at EUR 99 (in general case). In the autumn 2019, during the budgetary process, the Cabinet of Ministers approved to increase the base for calculating minimum old age pension and the state social security benefit for persons with disabilities up to EUR 80 (for persons with disabilities since childhood – EUR 122,69). Therefore, from 1 January 2020 the amounts of the minimum old age and disability pension were as follows:

Amounts of minimum old age pension from 01.01.2020

Length insurance record (years)	Coefficient	Base 64.03 EUR/ base 106.72 EUR for persons with disabilities since childhood	Minimum old age pensions amount from January 1 2020	
			In general case (base 80 EUR)	for persons with disabilities since childhood (base 122.69 EUR)
15-20	1.1	70.43/117.39	88.00	134.96
21-30	1.3	83.24/138.74	104.00	159.50
31-40	1.5	96.04/160.08	120.00	184.04
41 and more	1.7	108.85/181.42	136.00	208.57

Data source: *Ministry of Welfare*

Amounts of minimum disability pension from 01.01.2020

Disability group	Coefficient	Previous amount of minimum disability pension		Minimum disability pensions amount from January 1, 2020	
		For persons with disabilities in general case (EUR) state social security benefit = 64.03	For persons with disabilities since childhood (EUR), state social security benefit =106.72	For persons with disabilities in general case (EUR) state social security benefit = 80	For persons with disabilities since childhood (EUR), state social security benefit =122.69
I	1.6	102.45	170.75	128.00	196.30
II	1.4	89.64	149.41	112.00	171.77
III	state social security benefit	64.03	106.72	80.00	122.69

Data source: *Ministry of Welfare*

For more information regarding minimum old age and disability pensions, please, see the explanations under Article 12§1.

Thus, during budgetary process in September 2019, the Government also approved the following measures to increase minimum income levels from 2020:

- 1) increasing the base for calculating **state social security benefit for persons with disabilities** from EUR 64.03 to EUR 80.00, for persons with disabilities since childhood from EUR 106.72 to EUR 122.69.

Amounts of state social security benefit (SSSB)

Group of disability	Coefficient	Previous amounts		SSSB amounts from January 1, 2020	
		SSSB for persons with disabilities in general case (EUR)	SSSB for persons with disabilities since childhood (EUR)	SSSB for persons with disabilities in general case (EUR)	SSSB for persons with disabilities since childhood (EUR)
I	1.3	83.24	138.73	104.00	159.50
II	1.2	76.84	128.06	96.00	147.23
III	SSSB(base)	64.03	106.72	80,00	122.69

Data source: *Ministry of Welfare*

- 2) increasing the base for calculating **minimum disability pension** (please see table above), compensation for the loss of capacity for work and compensation for harm payments, applying amount of state social security benefit for persons with disabilities – EUR 80.00, for persons with disabilities since childhood – EUR 122.69.
- 3) setting the base for calculating **the minimum state old age pension** (please see table above) - EUR 80.00, for persons with disabilities since childhood - EUR 122.69.

These measures have positively affected approximately 73 000 inhabitants with low incomes.

Additionally, in May 2019 during the annual negotiation between Ministry of Welfare and local governments the agreement according increasing GMI level was reached. From January 1 2020 GMI level was increased from EUR 53.00 to EUR 64.00 per person per month.

Since 1 January 2019 surviving pensioner (except for the recipient of the resors service pension) can receive 50% of deceased spouse's pension for 12 months, including the pension supplement for the insurance period until 31 December 1995 (previously it was one payment of 2 pensions without any supplement).

In order to better understand how the different policies implemented in the country affect the population with low and very low incomes, and thus how the existing social policy could be improved, the Ministry of Welfare has been conducting thematic impact assessments of poverty and social

exclusion reduction policies since 2017 (hereinafter - Evaluations). The Evaluations aim to analyse statistics and survey data on the situation of poverty and social exclusion in the context of policies aimed at reducing poverty, social exclusion or income inequality, and to assess whether the policies initiated and implemented provide a sufficient and targeted contribution to reducing poverty and social exclusion. In total, four Evaluations have been carried out by September 2020, each of which includes an area of in-depth research:

1. The first Evaluation was carried out in 2017 – researchers had to identify and evaluate policy changes in 2012, 2013 and 2014 aimed at increasing the disposable income of the population and reducing inequalities. The Evaluation separately assessed policies aimed at *protecting households (persons) or supporting them in the case of indebtedness*.

2. The combined second and third Evaluations were carried out in 2019 - researchers had to identify and evaluate policy changes in 2015 and 2016, which focus on poverty, social exclusion and/or reducing income inequality by increasing the direct and / or indirect income available to the population, including through in-depth analysis of administrative, surveys and other statistics. In addition, a specific assessment was made of *health inequalities and inequalities in access to housing*.

3. The fourth Evaluation was carried out in 2020 - researchers had to identify and evaluate policy changes in 2017 aimed at reducing poverty, social exclusion and income inequality by increasing the direct or indirect income available to the population. In addition, a specific assessment was made on *inequalities in access to public transport in Latvia*, which also included five case studies that identified how people in their communities address their mobility needs, what obstacles they face and what solutions they apply to overcome them.

As a result of the evaluations, recommendations have been received for the improvement and development of policies for the reduction of poverty and social exclusion.

Also, within the framework of the ESF project "Research and Monitoring of Inclusive Labour Market and Poverty Risks" one of the activities is the development of a new methodology for determining the subsistence minimum basket of consumer goods and services and its approbation (hereinafter - subsistence minimum basket). The value of the subsistence minimum basket is planned to be developed by the beginning of 2021. The value of the subsistence minimum basket will serve as a reference value for assessing the situation, assessing the adequacy of the levels set and justifying the need for and amount of revision.

In accordance with the provisions of the Health Care Financing Law Article 6, upon receiving the State-paid health care services, a person shall make a patient co-payment to the health care service provider. At the same time, 19 groups of the population have been identified, which are exempt from the patient's co-payment, including poor persons who have been recognized as such in accordance with the procedures specified in the regulatory enactments. It means that these persons, when receiving the state-paid health care services (e.g. primary health care, inpatient health care), do not have to pay the patient's co-payment from their private funds, it is fully reimbursed from the State budget.

Needy persons are also entitled for the 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 EUR 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. 75% and 50% reimbursement category is not applied to needy persons.

Information on measures taken to ensure access of persons who live or risk living in a situation of social exclusion or poverty to culture

The aim of the State Culture Capital Foundation (hereinafter - SCCF) is to promote a balanced development of creativity in all the branches of art and preservation of the cultural heritage in the country in conjunction with the guidelines of the State cultural policy. The SCCF does not deal with any commercial activities.

In accordance to Article 3, Paragraph 3 of the State Culture Capital Foundation Law the SCCF shall financially support projects implemented by natural and legal persons, which also foster the preservation and dissemination of cultural values and the availability thereof to the general public. Support of SCCF allows to reduce tickets' prices to cultural events, prices for cultural goods or even offer access to cultural events and goods for free. Thus, SCCF support increases the accessibility of culture to different groups in society.

The SCCF announces and administers culture projects' competitions, allots lifelong grants for culture and arts workers for their life achievement in development of culture and art and gives financial support to short term educational, creative or scientific travels abroad.

The SCCF is managed by the Council of the SCCF, its activities are ensured by its director and the culture projects are evaluated by experts of 8 branches: literature, music and dance, theatrical arts, film arts, visual arts, cultural heritage, traditional culture, design and architecture and interdisciplinary.

Projects supported by State Culture Capital Foundation of Latvia

Year	Number of projects supported	Financing of supported projects, EUR
2016	2674	9 084 001
2017	2 601	10 183 719
2018	3 137	10 983 346
2019	4474	9 489 658

Data source: *Ministry of Culture*

The aim of the **project „Latvian School Bag”** is to provide an opportunity for all school-age children and youth (1st to 12th grades including vocational programs) to experience Latvia, to explore its values, culture and relationships through dynamic and meaningful activities thus strengthening sense of belonging and civic identity. The system has been developed which, starting from September 2018, provides the opportunity for pupils to experience a variety of activities and events of historical heritage, professional art and culture within the educational framework while access to them is guaranteed by the State.

Conceptual framework of the project is based on four pillars: 1) promoting citizenship, sense of belonging to the State and national identity, 2) improving quality of education in the sense of the 21st century, 3) raise cultural awareness and expression competence and 4) decreasing the social inequalities.

The initiative gives the opportunity to all the Latvian children and young people (more than 200 000 each year) regularly acquaint with classical values and contemporary manifestations of professional art and culture, adding knowledge and creating awareness of the processes in architecture, design, theatre, music, visual art, dance, literature, cultural heritage and cinematography.

The main principles of Latvian school bag are equality in access regardless of the place of residence of the child, diversity, balance between traditional and contemporary culture, opportunity of active participation, as well as promotion of awareness, emotional experience and critical thinking.

Task No. 4.1.” **To create favorable conditions for persons working in the field of culture and for their work evaluation”** of Cultural Policy guidelines 2014-2020 “Creative Latvia” that were approved by the Cabinet of Ministers (Cabinet Order No. 401 July 29, 2014) provides a measure No.4.1.2. “To draw up

and introduce regulation and support system for improving legal and social protection of creative professionals". The Guidelines stated that the uncompetitive remuneration reduced during the crisis for the persons employed in the field of culture poses a risk of losing professional specialists in the labour market. Therefore, strengthening of competitive remuneration was one of the main tasks of the Guidelines and problems of legal status and social protection, which concern self-employed representatives of creative professions, needed to be solved.

The Law on the Status of Creative Persons and Professional Creative Organisations came into force on January 1, 2018. The adoption of the law was necessary to prevent the social vulnerability of creative persons in Latvia. A study conducted by the Council of Latvian Creative Unions on the situation of creative persons in Latvia in 2012 showed that at least 56% of creative persons perform creative work on the basis of a royalty agreement, but only 18% are registered as self-employed. In 2012 a self-employed person made mandatory state social insurance contributions when the monthly income (income from which expenses related to their acquisition have been deducted) had reached 1/12 of the minimum amount of the object of social contributions specified by the Cabinet of Ministers. A self-employed person could not be unemployed and claim unemployment benefits. Creative persons as self-employed persons were also not subject to occupational accident insurance. Also, for creative persons a group-specific model is a project employment, casual employment, irregular and unpredictable income, unpaid research and preparatory work, increased physical activity. Therefore, the Law provides for this problem solution, including the following framework: 1) the legal status of professional creative organizations regulation; 2) regulation of the status of a creative person; 3) regulation of support measures for creative persons. Concept and objectives of the activities of a professional creative organization includes requirement to protect the professional and social rights of creative persons. Law determines that professional creative organizations have rights to create social security and benefit funds and disburse to its members the benefits and grants specified in the articles of association.

In accordance to Article 14 of the Law the State Cultural Capital Fund has established Program of Support Measures for Creative Persons. The objective of the program of measures is to provide support promoting creative activity to creative persons who have experienced down-time. The financial resources of the program of measures may be utilized for support grants in the following cases:

- 1) the creative person has temporarily not received the income necessary for continued creative activities due to the specific nature of his/her professional activity;
- 2) during the time period when a person has temporarily not received the income necessary for future creative activities due to the specific nature of his/her professional activity and has been temporarily incapacitated.
- 3) for covering the habitable conditions of a creative person who has reached the retirement age (for temporary partial covering of medical costs and utility charges).

Support provided by Program of Support Measures for Creative Persons

Year	Support for creative persons who, due to the specifics of their professional activity, have temporarily not received the income necessary for further creative activity	Temporary incapacity for work	Provision of living conditions for pensioners
2018	39 persons	1 person	284 persons
2019	50 persons	7 persons	339 persons

Data source: *State Culture Capital Foundation*

Declaration of the Intended Activities of the Cabinet of Ministers headed by Krišjānis Kariņš and Government Action Plan that came into force on May 7, 2019 includes a commitment to continue to

increase **the remuneration in the cultural industry**, ensuring that the average remuneration in the state cultural institutions is not less than the average remuneration in the public sector. The Ministry of Culture started to implement the plan in 2019 by increasing the remuneration of employees in state cultural institutions. In 2020, 4653 employees of all State cultural institutions - theatres, concert organizations, museums, libraries, archives, etc. institutions - employees' salary has been increased on average by 16%.

In Latvia, the Law on Museums and the Library Law determine access to culture and library collection:

1) The purpose of the Law on Museums is to specify public relations in the field of museums in order to ensure the operation of museums and to promote the preservation of the cultural heritage of Latvia and the development possibilities of museums. Article 7 Paragraph 2 determines that museums shall provide access to the museum collection. In museums under the supervision of the Ministry of Culture, the entrance fee is determined in accordance with the price list of the museum's public paid services. Price lists may include discounts up to 100% to particular groups of society - persons with disability, preschool children, large families, students, students of special classes of various profiles, orphans and children left without parental care, students of day care centers, crisis centers and special education institutions that provide boarding services, students of psychosocial rehabilitation centers etc.

2) Also, the Library Law states that one of general principles of libraries is - printed publications, electronic publications, manuscripts and other documents in library collections, regardless of their author's political, ideological, religious or other type of orientation or of information which is contained in them shall be accessible to everyone in accordance with the prescribed procedures of the library. In 2019 there were 1541 libraries in Latvia, of which 779 public.

In accordance with the co-operation agreements, theatres and concert organizations under the supervision of the Ministry of Culture perform public administration tasks and provide special offers to large families, pensioners, children in order to provide access to professional culture.

Information on measures taken to ensure inclusion of Roma persons

Regarding **Roma integration and inclusion**, a mainstreaming and targeted approach is used in Latvia, for instance in the field of education and development of civic society. This means that Roma are included in key policy areas as one of social risk target groups, and have access on a provisional basis to all measures and services provided to certain target groups (persons with low incomes, persons with disabilities etc.). There are also support measures aimed at the social inclusion of Roma as well as on development and strengthening Roma civil society and Roma culture.

Taking into account the specific situation and conditions, such as the small Roma population, Latvia has developed a set of national Roma integration policy measures, included in the development planning document National Identity, Civil Society and Integration Policy Guidelines 2012 – 2018. Until the end of 2020 Roma integration measures are implemented according to the National identity, civil society and integration policy implementation plan (2019 - 2020).

General information on Roma situation in Latvia (2016-2019)

Year	Roma residents in Latvia (Central Statistical Bureau)	Registered Roma in Latvia (Office of Citizenship and Migration Affairs)	Long-term unemployed Roma (State Employment Agency) (% of total number of registered unemployed Roma)	Long-term unemployed Roma with primary education or lower education (State Employment Agency) (% of total number of registered unemployed Roma)
2016	5297	7456	43.5%	88.0%
2017	5191	7193	41.0%	90.2%
2018	5082	7060	38.7%	89.5%
2019	4 983	6892	36%	90%

Data source: *Ministry of Culture*

In previous years (2016-2019) the main measures were focused on development and strengthening Roma civil society, fostering cooperation between all stakeholders in order to improve Roma access to education, labor market, social services, housing and health care, especially at the regional and local level, as well as promoting intercultural dialogue and raising awareness on Roma culture and history for combating Anti-Gypsyism. Measures are elaborated in cooperation with the members of the Council supervising the implementation of Roma integration policy measures and the Network of Regional experts on Roma integration issues, which is established by the Ministry of Culture, as well as Roma non-governmental organization and activists, non-Roma experts.

Since 2016 the **Latvian Roma Platform projects'** activities are implemented by the Ministry of Culture in the framework of the European Union's Rights, Equality and Citizenship Program. The main goal of the Platform projects is to provide effective cooperation and dialogue between all relevant stockholders, which are involved within the designing and implementation of the set of policy measures on Roma integration.

There were many measures implemented during the Latvian Roma platform projects.

- For example, since 2017 Roma mediators are working in 5 local governments in order to improve better cooperation and dialogue between Roma disadvantaged families and local governments/governmental institutions, including State Employment Agency. Roma mediators promote activities at the local level which are aimed at the improving skills and raise awareness of Roma parents and their children; as well as at the provision of intercultural dialogue between Roma and mainstream society. One of the significant tasks of the Roma mediators is to improve access of Roma to the labour market as well as education focusing on Roma children and prevention of Roma pupils' drop-out rates.
- In the framework of the Latvian Roma Platform projects' the regular meetings of the regional experts from local governments and best practice field visits at the local level are organized (8 visits and meetings in different Latvian cities and districts), as well as an advocacy and supporting activities for Roma civil society representatives and activists, especially Roma young people and women are provided. More information about activities in the framework of Latvian Roma Platform projects is available on the website of the Ministry of Culture.³⁹

During a period from July 2016 until May 2019 more than 930 participants in total have been involved in the projects' activities, including 509 State and local government specialists, non-Roma NGOs, as

³⁹ https://www.km.gov.lv/uploads/ckeditor/files/LATVIJAS%20ROMU%20PLATFORMA_final_ENG.pdf;
<https://www.km.gov.lv/lv/integracija-un-sabiedriba/romi/projekti-un-pasakumi/latvijas-romu-platforma>

well as 492 Roma representatives from 25 cities of Latvia. The cooperation with the Roma NGO is one of key elements of successful implementation of the project activities. Many Roma women and young people, as well as local activists, mediators, teacher assistants, NGO representatives, pupils and students had active participation in the projects' activities. They are involved in the making of constructive dialogue and developing cooperation with local government staff, as well as represented Roma voice and needs during project's activities.

Within the program supporting regional **NGOs** which is implemented since 2014, there were many projects carried out by national minority NGOs, including Roma NGOs in order to build their capacity, provide better involvement into civil society, promote intercultural dialogue, as well as develop culture and identity. In 2014 – 2017, there were 26 projects implemented by Roma NGOs.

In the framework of the **Council of Europe campaign "Dosta! Go beyond prejudice, meet the Roma!"** several events have been organized annually by the Ministry of Culture in cooperation with non-governmental organizations to promote the awareness of the Roma about the protection of their interests and rights, as well as to reduce negative stereotypes on Roma in the society.⁴⁰

There are measures aimed at the elimination of prejudices against persons of different ethnic backgrounds, incl. Roma, which are being implemented since 2016 within the framework of ESF project **"Promotion of Diversity"** and administrated by the Society Integration Foundation. The project envisages motivation and support services, measures to promote an inclusive work environment for employers and diversity management, as well as public awareness-raising measures on social inclusion and anti-discrimination.

b) Please provide information on measures taken to assist persons affected by poverty, social exclusion and homelessness during the COVID-19 crisis, or after the crisis to mitigate its effects.

Education

During the state of emergency due to the COVID-19 pandemic, which lasted from 12 March to 9 June 2020, special attention was required to ensure the access to education for all, including supporting vulnerable students and young people at risk.

Considering the importance of continuing the education process, various approaches were used at all education levels. Pre-school educational institutions and institutions providing childcare had to ensure the work only of 'on-duty' groups, but after 12th of May the pre-school education process was gradually resumed. This allowed parents to continue working, minimizing the risk of losing their jobs. Most students were getting used to the new routine of learning from home, but at the beginning some less advantaged households still did not have access to internet-connected devices to access assignments and educational materials. To address this challenge, two initiatives were carried out – providing internet-connected devices to households in need and rapidly setting up TV channel to broadcast the educational content.

With coordination of the Ministry of Education and Science, technological support has been provided to students, who did not have the Internet connection at home. The largest mobile network operators in Latvia LMT and BITE supplied mobile phones and tablets to about 5000 students. Steps were taken in cooperation with the ICT associations and local governments to increase the streaming capacity of Internet connection. In order to support their students in the state of emergency, some schools have

⁴⁰ More information available on the website of the Ministry of Culture <https://www.km.gov.lv/lv/integracija-un-sabiedriba/romi/projekti-un-pasakumi/ep-kampana-dosta#gsc.tab=0>

created an informative e-mail for students to send questions and provided a special informative phone number. To ensure the continuity of learning process, printed textbooks and learning materials were also available to students. Some schools prepared special daily packages of textbooks and printed materials to be delivered to students.

Guidelines and roadmaps were developed for promoting distance learning, making them available in three languages in order to reach the widest audience possible and to make teachers, students and parents more comfortable, making the understanding of these materials easier.

Ministry of Education and Science together with local governments has been organising and providing free meals for students in grades 1-4, children from disadvantaged, poor or large families during distance learning conditions. Assistant service for children aged 5-18, at all levels of education, for those having functional disabilities has not been suspended.

Vocational education and training institutions provided ICT tools to support those students, who did not have them to ensure that they can learn remotely and the education process is not interrupted. Vocational education and training institutions were also invited to provide a place for the students in the dormitories if students perform internships, qualification practices or are involved in work based learning at the employer's.

In higher education an opportunity has been provided to postpone the repayment of the principal amount of the study and student loan, as well as the scholarships equated to the loan, for a period of up to 6 months.

Latvia has been implementing various measures before the COVID-19 situation, targeting vulnerable students and young people at risk, promoting the creation of sustainable and effective prevention system to reduce the early school leaving, addressing students with special needs, providing opportunities for career guidance and development of students' individual competences, thus following the inclusive education principle.

The Ministry of Culture in March 2020 updated the Guidelines for Roma mediators' work in order to provide Roma mediation services at the local government level during the lockdown related to the COVID-19 pandemic situation in the country. The Guidelines include the regular provision of information to Roma families on necessary measures to prevent spreading COVID-19 virus, as well as provision of support to ensure better access of Roma children to the distance online learning process in a cooperation with schools.

Labour market

1. A number of amendments were made to the Support for Unemployed Persons and Persons Seeking Employment Law of 9 May 2002:

The amendments of 16 April 2020 (came into force on 18 April 2020) broaden the range of those eligible for unemployment benefits. The status of the unemployed was amended to introduce a more flexible approach related to the COVID-19 crisis. The amendment entitles micro-enterprise owners whose businesses have no turnover (including after obtaining the status of the unemployed) also apply for the status of the unemployed until 31 December 2020. The same applies to the self-employed who earn no income (including after obtaining the status of the unemployed).

Considering the consequences of the COVID-19 crisis and the increase in unemployment, until 31 December 2020, the status of the unemployed is applicable to people engaged in temporary work for up to 120 days instead of the previous 60 days. In this case, the status of the unemployed is suspended if the status of an employed or self-employed person is acquired twice in a 12-month period for a total period not exceeding 120 days.

2. Several amendments were made to the Regulations of the Cabinet of Ministers of 25 January 2011 “Regulations Regarding the Procedures for the Organising and Financing of Active Employment Measures and Preventative Measures for Unemployment Reduction and Principles for the Selection of Implementers of Measures”:

- The amendments of 17 March 2020 (came into force on 18 March 2020) were aimed to mitigate the impact of COVID-19 consequences and facilitate unemployed participation in temporary paid public works activity. Until 31 December 2020, unemployed persons can participate in temporary paid public works activity regardless of the period of unemployment.

- The amendments of 16 June 2020 (came into force on 20 June 2020) were also targeted to improve the condition of the unemployed affected by the COVID-19 crisis. Vocational training measures are supplemented with such opportunities as study modules offered by universities, including, online courses, new short-term subsidised employment active labour market measure is introduced (50% wage subsidy that not exceed EUR 430 during the period not longer than 4 months, with the obligation to maintain labour relations with the unemployed person at least 3 months after termination of the subsidy period or reimburse the SEA provided financial aid), also new development of work skills activity is designed for students of universities and colleges (students has an opportunity to develop their skills and acquirements in the place of studies and receive EUR 10 per day). Additionally, financial aid to reimburse personal protective equipment expenses is provided in various active labour market policy activities such as subsidised employment, temporary paid public works and training at the employer, for the unemployed who started activities until 31 December 2020.

3. In order to mitigate the impact of Covid-19 on the labour market temporary subsidised employment activity is introduced for the period from July 2020 to December 2021.

The measure is aimed at faster recovery from consequences of the state of emergency (from 12 March to 9 June 2020). The unemployed person who was not employed by the specific employer for the last 2 months or has not previously employed by the specific employer within any of the subsidised employment measures may participate in this measure. The employer may be a private company (except for medical institutions and education establishments implementing educational programmes), self-employed persons, societies or foundations (except for political parties). Financial support for employment of unemployed persons is granted for a period up to 4 months to cover 50% of the monthly wage (cannot exceed a minimum wage). The employer has an obligation to continue the employment of an unemployed person at least for 3 months after the termination of the subsidy period or compensate to the PES expenses of the 3-month subsidy if employment is terminated without any reasonable ground. To prevent COVID-19 spread, additionally financial support up to EUR 50 per person is available to cover the cost of the personal protective equipment for the unemployed persons who will be involved in this measure until 31 December 2020. The Ministry of Culture is the delegated institution of the Asylum and Migration Fund in Latvia. It administers various projects that provide informational support with specialist consultations, free-of-charge translation services, integration courses providing basic information on Latvia, its history, social system and public services, and Latvian language courses for all proficiency levels. During the COVID-19 crisis, all project promoters adapted the courses to fully take place online over platforms such as Zoom and Skype while not changing the contents of the provided service, so that the target group could continue their inclusion efforts into society.

Culture

The emergency situation in the country caused by Covid-19 and measures related to limiting its spread in 2020 had a significant impact on the cultural sector, in which the activities of creative persons, non-governmental organizations, the private sector, state and local government institutions and capital companies were completely suspended. Restrictions on social distance have suspended the possibility

of providing cultural institutions and services in person for a longer period, thus having a significant negative impact on the cultural sector.

The Ministry of Culture has received EUR 32 million from the government for overcoming the crisis caused by Covid-19 and for economic recovery. EUR 10.6 million has been allocated directly to reduce the negative impact on the cultural sector. For example, in order to cover the compensation expenses of employees from the beginning of the emergency until October 1, 2020 the Ministry of Culture capital companies - State theaters, concert organizations, the Latvian National Opera and Ballet, and the Riga Circus - have been granted funding in the amount of EUR 5 980 320.

In order to protect creative persons from the complete loss of social guarantees, the State Cultural Capital Fund has created a new target program "Creative Persons Employment Program", in which individually employed creative persons could apply for paid creative work. This work allowed creative persons to implement their creative intentions and at the same time receive the necessary social guarantees to ensure a living. EUR 1 936 000 has been allocated for the implementation of the new State Cultural Capital Fund program.

EUR 4.7 million were allocated to establish State Cultural Capital Fund programs for the development of cultural offerings and ensuring the sustainability of cultural institutions by establishing such target programs as "Development of Museum Services", "Sustainability of Cultural Institutions affected by Covid-19", "Creating Future Cultural Offerings in All Cultural Sectors", etc. EUR 2.9 million were allocated to the development of cultural content in cultural institutions and non-governmental organizations.

Housing

In connection with the situation caused by Covid-19 a call on housing management companies was made to, as far as possible, treat with understanding the possible difficulties of the citizens in making payments for the services received and to offer the population solutions based on mutual cooperation. In addition, it was asked that housing management companies try to provide remote services whenever it is possible.

Overall, to mitigate the effects of the Covid-19 crisis on the financial situation of the population, a comprehensive package of measures was taken to provide support to the needy in aim to enhance the public's ability to receive adequate public support. These measures included an allowance for idle employees (incl. self-employed).

During the emergency situation the validity period of issued certificate of a needy and low-income family (person) was considered to be extended for the duration of the emergency and one calendar month after the end of the emergency. Also, during the emergency situation, it was ensured that persons with disabilities continued to receive assistant support. Assistants, who in many cases are family members of person with disabilities, were not left without income. The previously received amount of remuneration was maintained. If necessary, the assistant had the right to receive both idle payment and payment for the provision of the assistant's service.

- c) *If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.*

In Latvia total social protection expenditure has increased from 3793.38 million EUR in 2016 to 4 775.6 million EUR in 2019. It is steadily increasing in both absolute terms and as a percentage of GDP.

**Social protection expenditure in Latvia
(million euros, in compliance with the ESSPROS methodology)**

ESSPROS function		2016	2017	2018	2019
Total social protection expenditure	EUR, million	3793.4	3980.7	4440.2	4775.6
	% of GDP	15.0	14.8	15.2	15.7
	Changes compared to previous year, %	+4.4	+5.0	+11.5	+7.6
Sickness/health care	EUR, million	933.2	996.4	1198.1	1378.0
	% from total expenditure	24.6	25.0	27.0	28.9
Disability	EUR, million	338.5	354.9	380.9	400.7
	% from total expenditure	8.9	8.9	8.6	8.4
Old-age	EUR, million	1786.0	1868.3	2026.6	2138.7
	% from total expenditure	47.1	46.9	45.7	44.8
Survivors	EUR, million	44.7	49.4	54.2	60.7
	% from total expenditure	1.2	1.2	1.2	1.3
Family/children	EUR, million	414.9	430.6	474.7	491.3
	% from total expenditure	10.9	10.8	10.6	10.3
Unemployment	EUR, million	173.9	176.2	193.3	193.7
	% from total expenditure	4.6	4.4	4.4	4.1
Housing	EUR, million	19.8	18.7	17.1	16.3
	% from total expenditure	0.5	0.5	0.4	0.3
Social exclusion	EUR, million	27.0	27.7	29.6	30.1
	% from total expenditure	0.7	0.7	0.7	0.6

In 2016, the most notable rise (of 19.2%) was recorded in expenditure on unemployment (mainly unemployment benefits and active employment measures). Expenditure on unemployment benefits grew from EUR 102.1 million in 2015 to EUR 116.2 mln in 2016. Expenditure on the occupational training, retraining and raising of qualification of unemployed went up from EUR 3.9 mln in 2015 to EUR 6.8 mln in 2016, which was due to the increase in the number of persons involved in the measure. The second greatest expenditure increase (of 6.5%) was observed in health care. As in 2016 the average size of the payable sickness benefit grew, the expenditure on sickness benefit went up by 18.8% (EUR 113.5 mln in 2015 and EUR 134.8 mln in 2016), whereas expenditure on state-funded medicines increased by 17.2% in 2016 (EUR 126.6 mln in 2015 and EUR 148.4 mln in 2016).

In 2017, the most notable increase was recorded in expenditure on survivors function, which mainly is related to the rise in state benefit for children that have lost their provider. The minimum size of survivor's pensions, state social insurance benefit and compensation for the loss of a provider were increased as of the April 2017. The number of children affected by the change is about 9.2 thousand. Additional allocated state budget - EUR 4 mln. The second largest expenditure growth was recorded in sickness/ health care function. Expenditure on primary and outpatient health care went up by 12.0%, reaching EUR 283.3 million, while expenditure on sickness benefits rose by 7.7%, reaching EUR 145.2 million, which was influenced by the increase in the average size of sickness benefit to be paid. Expenditure on disability function (except for the payments related to health care) grew by 4.9%. The increase in social protection expenditure in 2017 was also related to the implementation of such measures:

- from January 1, 2017, the family state benefit for the fourth and subsequent children has been increased to EUR 50.07 per month (until then - EUR 34.14). The number of children affected by changes is approximately 19.4 thousand. (approximately 6% of all recipients of state family benefits). Additional financing allocated – EUR 3.5 million.;
- for parents during parental leave (up to the age of 1.5) increased compulsory social insurance contributions for insurance in case of old-age pension, disability and unemployment (contributions from EUR 171);
- increased state material support for adoptive parents, foster families and guardians, allocating an additional EUR 4.9 million for the development of alternative forms of family care;
- revision of pensions granted during 2009-2015 to mitigate an impact of crises – launched in 2016;
- as of October 2017 the application of a higher index in the pension indexation (50% of the percentage of the actual increase in the social insurance contribution wage).

In 2018 the largest expenditure growth was recorded in sickness/ health care function. Expenditure on inpatient health care went up by 36.3%, reaching EUR 363 million, while expenditure on sickness benefits due to the increase in the average size of sickness benefit to be paid rose by 9.8%, reaching EUR 165.1 million. The second largest expenditure increase was recorded in family/ children function. As of 1 March, supplement to the state family allowance for bringing up two or more children was introduced, and the total expenditure on this allowance grew by 39.8% (from EUR 77.9 million in 2017 to EUR 108.8 million in 2018). Families with two children (children from 1 year of age up to age 20 continuing studies at secondary school or professional education institution) receive a supplement to the state family benefit amounting EUR 10 per month, families with three children – EUR 66 per month, families with four children – EUR 116 per month etc. (the amount of supplement to the state family benefit is increasing by EUR 50 for each subsequent child). Beneficiaries receiving a supplement to the state family benefits – 92 thsd. per month. Rise in the expenditure on family/ children function was also influenced by the increase in the amount of state guaranteed maintenance paid by the Maintenance Guarantee Fund – the total expenditure on maintenance went up by 20.4%, reaching EUR 49.6 million. In 2018, upturn (of 9.7%) was recorded in expenditure on benefits for unemployed persons.

The increase in social protection expenditure in 2018 was also related to the implementation of such measures:

- raising the guaranteed minimum income level from EUR 49.80 to EUR 53 per person per month;
- as of October 2018 the new pension indexation mechanisms has applied – the indexation of the old age pension depends on persons' insurance period taken into account when granting (recalculating) the pension. Accordingly, additionally to consumer price index, if the insurance period is 40 or more years, 70% of the percentage of the actual increase in the social insurance contribution wage; and 60% of the percentage of the actual increase in the social insurance contribution wage if persons' insurance period is 30-39 years, as well as to those pensions

awarded for work in hazardous and hard working conditions or particularly hazardous and particularly hard working conditions. In a result of this new indexation approach, for 89% of old age pension recipients received a higher indexation comparing if the standard 50% of the percentage of the actual increase in the social insurance contribution wage would have been applied. Total funding - EUR 3.2 mln. in 2018, EUR 16.1 mln. in 2019 and following years;

- for those to whom old age pension has been granted until 31 December 1995, as well as to whom disability pension has been granted and the age for old age pension was reached until 31 December 1995, as of 1 July 2018 the supplement to the old age pension for each insurance year if accumulated until year 1995 (including) shall be EUR 1.50, instead of EUR 1 per insurance year (affects 33% of those state pension receivers who receive this supplement). Total funding – EUR 13,9 mln. in 2018, EUR 26,5 mln. in 2019 and following years;
- the scope of beneficiaries of the state family benefits has been expanded. Number of children receiving benefit - 21.5 thousand. per month. Total funding – 5.9 mln. EUR in 2018, 5.4 mln. EUR in 2019 and following years;
 - as of 2018, in order to support and to improve the social conditions of foster families and the adoptees, introduced additional budget in the amount of 2.9 million EUR was allocated. Within this support:
 - increased the allowance for maintaining a child in a foster family – for maintaining a child until 7 years – from EUR 95 to EUR 215 per month, for maintaining a child at the age 7-18 years – from EUR 114 to EUR 258 per month (number of beneficiaries – on average 1 375 children per month),
 - increased the amount of compensation for the performance of the foster family's duties, and set the amount for the first child EUR 171 per month, but for the following children the amount is increasing with the coefficient 0.3, i.e., for the care of two children EUR 222.30 per month, but for three or more children EUR 273.60 per month (before – EUR 113.83 per month per foster family irrespective of number of children) (number of beneficiaries – on average 468 persons per month),
 - provided the social insurance contributions for pension, unemployment and invalidity insurance for persons who receive compensation for the performance of the foster family's duties,
 - increased the amount of payment for the care of an adopted child. For the employed person – in the amount of 70% of average social insurance contribution wage for the care of a child up to age of 8 and EUR 171 – for a care of a child at the age 8-18, but for person not paying state social insurance contributions - EUR 171 per month irrespective the age of a child; a supplement to the payment for each subsequent child in the amount of EUR 171 per month will be introduced (currently the payment for the care of an adopted child - EUR 171 per month to family/person adopting a child irrespective a number of adopted children and employment status of a person).

One of the largest increases in the share of expenditure in the reporting period (2016-2018) was in family/children function. The increase in social protection expenditure for children and families with children resulted in the increased impact of social transfers in reducing the risk of poverty for children - the risk of poverty for children has decreased from 18.4% to 14.5% in the reporting period. The increase in expenditure on family and child support was influenced by changes in the existing benefits for families with children (target groups were expanded, the amount of benefits was increased), the introduction of new types of material support and support for the development of alternative forms of family care.

The labour market situation has been improving over the last years. According to the Eurostat data the employment rate in the age group in the age group 15-64 was 68,7% in 2016, 70,1% in 2017 and 71,8% in 2018 and in 2019 respectively it was 72,3%. Unemployment rate considerably has decreased since 2010. The unemployment rate in the age group 15-64 has decreased from 9,6% in 2016 to 8,7% in 2017 and to 7,4% in 2018. In 2019 the unemployment rate was 6,5%.

According to the Latvian National Reform Programme for the Implementation of the "Europe 2020" strategy and in response to labour market challenges active labour market policy (hereinafter – ALMP) measures to improve labour skills and qualifications, as well as measures to improve involvement and activation of the unemployed are constantly being improved.

Involvement of registered unemployed in ALMP measures is based on individual approach, and a profiling system is used to choose most suitable support measures and unique path to the labour market for each unemployed. To provide more individualised innovative labour market-oriented support new programmes co-funded by the European Social Fund (ESF) have been launched since 2016 focusing on measures for disadvantaged groups, including “Activation programme of the long-term unemployed”, “Support to social enterprise”, “Retention of ability to work and promotion of employment among elderly employed persons”, “Integration of persons with disability or mental disorders into employment and society”, “Motivational programme in employment seeking and mentoring services for persons with disability”, “Subsidised employment for the unemployed persons”. Available support is provided by the State Employment Agency (SEA) in cooperation with NGOs, local governments, educational institutions and employers.

The aim of the new active labour market measure “Activation programme for the long term unemployed” (started in 2016) is to facilitate social integration of the long-term unemployed (unemployed for at least 12 months) and improve their ability to find suitable jobs, thus minimizing risks of social exclusion.

In 2017 there is an opportunity for the unemployed to obtain a state-recognized qualification certificate, incl. for those who have not completed vocational education programs but have acquired significant work experience or developed skills outside the formal education system. The SEA covers the costs of evaluating the professional competence acquired outside the formal education system. In order to ensure more efficient use of financial resources for the implementation of state language programs and vehicle and tractor driving programs, only the educational institutions in which at least 50 or 60% (depending on type of program) of the trainees trained by the applicant in previous year have successfully passed tests, are allowed to implement these programs.

In 2017 the subsidized employment program was extended and persons who have acquired the status of refugees or alternative persons can participate in subsidized employment measure. It is also possible that the employer wants to employ unemployed with disabilities without receiving the wage subsidy so it can receive support separately from wage subsidy – adjustment of the workplace, wage subsidy for the supervisor, the sign language interpreter, ergo therapist or support person service.

From 2018 modular training can also be provided to unemployed. Modular vocational education includes one or more modules of professional education programs in accordance with the professional competencies, skills and knowledge specified in the basic requirements for professional qualification. A new measure “Latvian language mentor service for employed refugees and persons with alternative status” was implemented. Its aim is to improve the knowledge of the Latvian language required for work by acquiring professional vocabulary and gaining the ability to independently integrate into the work environment.

Wage subsidy for unemployed who participate in measure “Practical training in workplace” was increased. For the first three months of training, the subsidy is EUR 200, while for the last three months it is EUR 150 (previously for first two months - EUR 160, for next two months EUR 120, form last two months – EUR 90).

Support for regional mobility was extended – support is also granted if a person finds a job in capital city – Riga. The regional mobility support for covering transportation costs (if the distances does not exceed 110 km) or living costs is available also in various labour market policy measures - in subsidized employment and for training if working place or training institution is at least 15 km far from a declared residence place. An amount of support depends on real costs of transportation or living - a person shall submit to PES all documents justifying expenses. The maximum amount of support is up to EUR 150 per month for all training period or first 4 months if a person starts labour relations (both, ordinary or subsidized by the PES).

From 2014 to 2018, the SEA provided the necessary support to young people to find a job within the framework of the Youth Guarantee. All those measures had a positive impact on the return of young people to the labour market, so their implementation continued in 2019 and they were mainstreamed into general purpose of ALMP measures.

Effectiveness of the ALMP is shown also by the placement results after completion of ALMP measures. Overall, approximately 30% of the unemployed who are recruited, previously have completed any of the ALMP measures (participation in short-term measures, such as info days, are not counted). A total of 63.7 thsd unemployed found a job in 2019, 29% of them after completing an active measure in 2019. Respectively in 2018 - 63.6 thsd, 35.4% of them after completing an active measure. In 2017 a total of 67.1 thsd. unemployed found a job, 30.9% of them after completing an active measure.

On 16 April 2019 the Organisation for Economic Co-operation and Development (OECD) presented the results of the study “Connecting People with Jobs: Latvia”⁴¹. The aim of this study was to assess the impact of labour market policies on the development of an inclusive labour market in Latvia. More specifically, it assesses the effectiveness of training measures, employment programmes and a programme promoting regional mobility.

Based on the results of OECD study the SEA’s formal trainings generate positive and statistically significant effects on individuals’ chances of being in employment relatively quickly. 12 months after the start of formal training, individuals who began training (the intervention group) were almost 7.6 percentage points more likely to be in employment than those who were still “waiting” for a substantive ALMP measure or another way out of unemployment. The effects remained positive for several years: 36 months after the start of the training, individuals who began training were still 6.7 percentage points more likely to be employed than individuals who were still waiting. Besides low-skilled individuals (those with up to lower secondary education) benefited more from formal trainings, especially in terms of earnings, than high-skilled individuals. At 18 months after the start of formal training, low-skilled individuals that found work experienced a 4.6% increase in their monthly earnings while high-skilled individuals experienced virtually no increase.

The Social Enterprise Law was adopted by the Parliament on 12 October 2017 and came into force on 1 April 2018. The purpose of the Social Enterprise Law is to improve the quality of life and to promote employment for groups at risk of social exclusion, through social entrepreneurship. A social enterprise is a limited liability company registered in the Social Enterprise Register and engaged in an economic activity creating a positive social impact (e.g., provision of social services, formation of an inclusive civil society, promotion of education, support for science, protection and preservation of the environment, animal protection, or ensuring of cultural diversity). Altogether 86 companies were registered in the Social Enterprise Register till the end of 2019. Meanwhile the ESF co-funded project “Support for Social Entrepreneurship” was launched by the Ministry of Welfare in 2016. The purpose of the project is to verify solutions for supporting the social enterprises. The project includes awareness raising measures about the social entrepreneurship, as well as the development and enactment of a support system for social

⁴¹ https://www.oecd-ilibrary.org/employment/evaluating-latvia-s-active-labour-market-policies_6037200a-en,

enterprises. Financial grants for social enterprises, both start-ups and already operating companies, and wage subsidies for employing vulnerable groups are provided within the project.