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European Social Charter

European Committee of Social Rights

Conclusions XIX-2 (2009)
(LATVIA)

Articles 11, 13 and 14
of the Charter

This text may be subject to editorial revision.

Introduction

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter and the 1998 Additional Protocol. In respect of national reports, it adopts "conclusions" in respect of collective complaints, it adopts "decisions".

A presentation of this treaty as well as statements of interpretation formulated by the Committee appear in the General Introduction to the Conclusions.¹

The European Social Charter was ratified by Latvia on 31 January 2002. The time limit for submitting the 4th report on the application of this treaty to the Council of Europe was 31 October 2008 and Latvia submitted it on 31 October 2008. On 25 May 2009, a letter was addressed to the Government requesting supplementary information regarding Article 13§4. The Government submitted its reply on 20 August 2009.

This report concerned the accepted provisions of the following articles belonging to the thematic group "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3),
- the right to protection of health (Article 11),
- the right to social security (Article 12),
- the right to social and medical assistance (Article 13),
- the right to benefit from social welfare services (Article 14),
- the right of elderly persons to social protection (Article 4 of the Additional Protocol).

Latvia has not accepted Articles 3, 12 and 4 of the Additional Protocol. The applicable reference period was: 1 January 2006 – 31 December 2007 for Articles 11, 13 and 14.

The present chapter contains 9 conclusions :

- 2 cases of conformity : articles 13§2, 14§2 ;
- 5 cases of non-conformity : articles 11§1, 11§2, 13§1, 13§3, 14§1.

In respect of the 2 other cases, that is articles 11§3 and 13§4, the Committee needs further information in order to assess the situation. The Government is therefore invited to provide this information in the next report on the articles in question.

The next Latvian report deals with the accepted provisions of the following articles belonging to the third thematic group “Labour rights”:

- the right to just conditions of work (Article 2),
- the right to a fair remuneration (Article 4),
- the right to organise (Article 5),
- the right to bargain collectively (Article 6),
- the right to information and consultation (Article 2 of the Additional Protocol),
- the right to take part in the determination and improvement of the working conditions and working environment (Article 3 of the Additional Protocol).

The deadline for the report was 31 October 2009.

¹*The conclusions as well as state reports can be consulted on the Council of Europe’s Internet site (www.coe.int/socialcharter).*

Article 11 - The right to protection of health

Paragraph 1 - Removal of the causes of ill-health

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

State of health of the population - General indicators

Under Article 111 of the Constitution, the state must protect human health and provide a basic medical service for everyone. Under section 16 of the Medical Treatment Act, everyone is entitled to emergency medical care.

Under Article 11§1 of the Charter, health systems must respond appropriately to avoidable health risks, i.e. ones that can be controlled by human action, and states must guarantee the best possible results in line with the available knowledge (Conclusions XV-2, Denmark).

To comply with Article 11§1, the main indicators of a country's state of health must reflect an improvement and not be too significantly below the average for all European countries (Conclusions 2005, Lithuania, pp. 336-338), or between urban and rural areas or between regions.

Life expectancy and principal causes of death

Average life expectancy at birth in 2006 was 65.4 for men and 73.3 for women (the EU 27 average in 2004 was 75.2 for men and 81.5 for women). The mortality rate in 2006 was 11.13 per 1,000 inhabitants (the EU 27 average in 2006 was 6.48 per 1,000 inhabitants).

The Committee notes that there is a clear disparity between the situation in Latvia and that of other European countries with regard to life expectancy and mortality rates. It also notes that little or no progress is being made in either area (in 2003, life expectancy was 65.6 years for men and 75.9 for women compared with 74.6 for men and 80.8 for women in the EU 27; in 2003, the mortality rate in Latvia was 11.14 per 1 000 inhabitants while in the EU 27 it was 7.05). The Committee concludes from this that the situation is not in conformity with Article 11§1 of the Charter.

The main causes of death are diseases of the circulatory system (over one death in two) and tumours (around one death in five). The Committee asks what measures are taken to combat these causes of mortality.

The Committee notes that there is a clear disparity between the situation in Latvia and that of other European countries with regard to deaths caused by ischemic heart disease (279 per 100 000 in 2006 compared to 96 per 100 000 the same year for the EU 27), suicide (19.3 per 100 000 in 2006 compared to 10.4 per 100 000 the same year for the EU 27), accidents

(94.9 per 100 000 in 2006 compared to 25.8 per 100 000 the same year for the EU 27) and homicide (9.1 per 100 000 in 2006 compared to 1 per 100 000 the same year for the EU 27). It asks what measures are being taken to remedy this situation. It also notes that the number of AIDS sufferers continued to rise, increasing from 7 500 in 2003 to 10 000 in 2005. It notes that a revised national HIV/AIDS programme for 2009-2013 is currently being adopted by the Government. It asks for the next report to describe developments as regards the illness itself, the implementation of the national programme and the initial results thereof.

The Committee requests that the next report contain up-to-date information, distinguishing between urban and rural areas.

Infant and maternal mortality

Infant and maternal mortality are an avoidable risk which States must deal with if they are to comply with Article 11§1 of the Charter (Conclusions 2005, Moldova). Consequently, indicators related to infant mortality and maternal mortality should be as close as possible to zero (Conclusions 2005, Lithuania), particularly in highly developed health care systems (Conclusions 2003, France).

The infant mortality rate amounted in 2007 to 8.7 deaths per 1,000 live births (the EU 27 rate in 2006 was 4.7 per 1,000), meaning that it had fallen since the last conclusion (9.4 per 1 000 live births in 2004, Conclusions XVIII-2). Nearly half of all deaths stem from a problem during the perinatal period and over one in four are linked to congenital and chromosomal defects. The third most frequent cause of death is sudden infant death syndrome (12.8% of deaths in 2007).

In its previous conclusion (Conclusions XVIII-2), the Committee asked for information in the next report on policies to combat infant mortality. The report does not contain this information and so it repeats its request, pointing out that if the next report does not provide the necessary information, there will be nothing to show that the situation in Latvia is in conformity with Article 11§1 of the Charter.

As concerns the maternal mortality rate, the Committee notes that it amounted to 10 deaths per 100,000 live births in 2005. The report acknowledges that it was 13.5 deaths per 100 000 births in 2006 (3 deaths) and 25.8 deaths per 100 000 deaths in 2007 (6 deaths). The Committee notes these fluctuations but treats them with some caution given the low number of births in Latvia (just one death increases the mortality rate by 4 per 100 000). Most cases of maternal mortality are directly linked to pregnancy and childbirth. In its previous conclusion (Conclusions XVIII-2), the Committee asked for information in the next report on any measures planned to combat maternal mortality and improve medical monitoring of women during pregnancy. The Committee notes that the report does not contain this information. It therefore repeats its request and points out that if

the next report does not provide the necessary information, there will be nothing to show that the situation in Latvia is in conformity with Article 11§1 of the Charter.

Health care system

Access to health care

The Committee refers to its previous conclusion (Conclusions XVIII-2) for a description of the health care system.

The 2007-2013 National Development Plan places particular emphasis on the need to improve public health and the health care system. The Committee asks for the next report to present initial conclusions on the implementation of the plan. A reform of state hospitals is currently being carried out with a view to rationalising the services provided by hospitals, and guidelines on emergency medical services have also been drawn up, one of the main goals being to reorganise the emergency medical assistance system prior to hospitalisation. The Committee asks for the next report to describe the impact of these reforms on public health.

The Committee notes that under section 17 of the Medical Treatment Act, access to health care is guaranteed equally to all Latvian citizens and non-citizens as well as to foreign nationals residing and working lawfully in Latvia.

The right of access to health care requires that the cost of health care should be borne, at least in part, by the community as a whole (Conclusions I, Statement of Interpretation on Article 11; Conclusions XV-2, Cyprus). This also requires that the cost of health care must not represent an excessively heavy burden for the individual. Steps must therefore be taken to reduce the financial burden on patients, in particular those from the most disadvantaged sections of the community (Conclusions XVII-2, Portugal). The Committee reiterates that it will examine the conformity of the situation in the light of Parliamentary Assembly Recommendation 1626 (2003) on “the reform of health care systems in Europe: reconciling equity, quality and efficiency”, which invites member states to take as their main criterion for judging the success of health system reforms effective access to health care for all, without discrimination, as a basic human right (Conclusions XVII-2 and 2005, Statement of Interpretation on Article 11, §5). The Committee notes that according to the report, health care is financed partly by the state and partly by patients in a proportion decided on by the Cabinet of Ministers. However, there is a ceiling on the medical fees that can be charged to patients of 150 Latvian lats (LVL) (€ 211) per year. Where fees exceed this amount, the excess is covered by the state budget. The types of health care which are not covered by the health insurance system are listed exhaustively in the report on the basis of a list drawn up by the national compulsory health insurance agency pursuant to

Regulation No. 1046 of 19 December 2006. All other treatment is financed by the state budget on the basis of contracts between the agency and the care establishments concerned. In its previous conclusion (Conclusions XVIII-2), the Committee had asked for up-to-date information about access to health care for disadvantaged persons, particularly the meaning of the expression "persons in financial difficulty", who were said to be exempt from all contributions. The Committee notes that the report does not provide this information. It therefore repeats its request.

In its previous conclusion (Conclusions XVIII-2), the Committee asked for information about waiting list criteria and management methods. The report repeats what it said in the previous conclusion, merely adding that other waiting lists are the responsibility of each different health care institution and that waiting times depend on the resources available to each of them. The Committee therefore repeats its question concerning waiting list criteria and management methods and asks, in addition, whether and to what extent waiting times are decreasing.

The State health care budget in 2006 represented 6% of GDP.

Health care professionals and facilities

The right of access to health care requires that the number of health care professionals and equipment must be adequate (Conclusions 2007, Albania) and this is the case in Latvia despite a downward trend.

There were 7.55 hospital beds per 1,000 inhabitants in 2007 (the average number of hospital beds in Europe (EU 27) was 5,90 per 1,000 inhabitants in 2006) and 1.37 beds per 1,000 inhabitants in psychiatric hospitals in 2006 (the average number of beds in psychiatric hospitals in Europe (EU 27) was 0,60 per 1,000 inhabitants in 2005). Care centres are progressively being privatised but this has not had any impact on the number of hospitals and beds.

With regard to physicians, there were 7,200 physicians in 2006, equating to 31 physicians per 10,000 inhabitants, a density comparable to that observed in most of the other European countries.

In 2006, there were 1,561 dentists (equating to 7 per 10,000 inhabitants) and 12,840 nurses and midwives (equating to 56 per 10,000 inhabitants), a density comparable to that observed in other European countries. In view of the lack of information on the subject, the Committee asks for the next report to state how many pharmacists there are, both in absolute figures and per 10 000 inhabitants.

The Committee refers to its previous conclusions (Conclusions XVIII-2) for a description of the geographical distribution of doctors and hospitals.

The Committee notes that the medical service training centre holds "careers days" and refresher courses preparing health care professionals

who have lost the right to practise for examinations assessing their aptitude to practise again. According to the report, around 350 health professionals regained their right to practise in this way between January 2006 and December 2007.

Conclusion

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

- life expectancy shows a clear disparity with other European countries and is not increasing sufficiently;
- the mortality rate shows a clear disparity with other European countries and is not decreasing sufficiently.

Article 11 - The right to protection of health

Paragraph 2 - Advisory and educational facilities

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

Education in health

Public information and awareness-raising

As diseases of the circulatory system are the main cause of death in Latvia, various measures have been taken to improve heart health. For example special heart clinics have been set up, free examinations are available to all citizens over the age of 18, there is an information campaign highlighting the benefits of physical activity, and advice on eating habits is given to target groups.

Co-operation agreements are negotiated with non-governmental organisations, one of the main aims being to inform elderly people about the specific geriatric health care available to them.

The 2009-2015 National Cancer Control Programme includes education and training activities and activities to raise awareness about the dangers of smoking.

The Committee asks if there are also specific information campaigns intended to inform the public about subjects such as alcohol and illegal drugs, smoking, eating, sexuality and the environment.

The Committee noted in its previous conclusion (Conclusions XVIII-2) that the national health promotion agency now has a regional structure, under an agreement with the municipalities on health promotion in the regions. In 2005, eleven regional co-ordinators were responsible for health promotion

activities. The Committee asked to be kept informed of progress on extending the implementation of this agreement. Since there is no such information in the report, the Committee repeats its request.

Health education in schools

Health education in school shall cover at least the following subjects: prevention of smoking and alcohol abuse, sexual and reproductive education, in particular with regard to prevention of sexually transmitted diseases and Aids, road safety and promotion of healthy eating habits (Conclusions XV-2, Belgium).

Regulation No. 610 of 27 December 2007 on hygiene requirements in elementary, secondary and vocational schools has been amended to promote healthy eating habits at school.

In its previous conclusion (Conclusions XVIII-2) the Committee asked whether sex and environmental education formed part of the primary and secondary school syllabuses. Since there is no answer in the report, the Committee repeats its question.

Counselling and screening

Population at large

Cancer is the second cause of death in Latvia and so more screening is being organised in an attempt to reduce mortality rates, particularly for ovarian, breast, prostate and colon cancer. Screening has been centralised since 1 January 2009 to increase efficiency and numbers.

The revised national HIV/AIDS programme for 2009-2013 includes prevention measures such as public awareness-raising about how the virus is transmitted and how this can be prevented as well as providing increased access to HIV testing.

The Committee asks for an initial review of these measures in the next report.

Pregnant women, children and adolescents

There must be free and regular consultation and screening for pregnant women and children throughout the country (Conclusions 2005, Moldova).

Free medical checks must be carried out throughout the period of schooling. In assessing compliance, the Committee takes account of the frequency of school medical examinations, their objectives, the proportion of pupils concerned and the level of staffing (Conclusions XV-2, France).

Preventive medical examinations are organised for children to reduce the number of illnesses. They cover about 90% of children. The Committee asks who are the remaining 10% and what is done for them.

The Committee notes that the report does not respond to the repeated requests in previous conclusions (Conclusions XVII-2 and XVIII-2) for information on free and regular consultation and screening, particularly for pregnant women and children, school medical services and regular examinations and screening for illnesses responsible for high premature mortality rates. Therefore, there is nothing to show that the situation in Latvia is in conformity with Article 11§2 of the Charter in this respect.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 11§2 of the Charter because it has not been established that free and periodical consultation and screening exist, particularly for pregnant women and children, that medical services exist at school, that periodical medical examinations are carried out throughout schooling and that screening of illnesses responsible for high premature mortality rates are organised.

Article 11 - The right to protection of health

Paragraph 3 - Prevention of diseases

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

Policies on the prevention of avoidable risks and reduction of environmental risks

The Committee asked a number of questions on air pollution, water pollution, noise pollution and soil pollution. It found little information in the report on measures taken during the reference period or on progress made in reducing these types of pollution. The Committee recalls that information should be provided in an official language of the Council of Europe. . It therefore asks that the next report provide details of recent legislation adopted in these fields as well as progress made in reaching pollution reduction targets.

As regards ionising radiation and asbestos the Committee asks for updated information on standards in these areas.

Food safety.

The Committee asks for updated information on measures in force in this field..

Measures to combat smoking, alcoholism and drug addiction

Smoking - In 2005 amendments to the “Law on the Limitation of Sales Advertising and Use of Tobacco Products” were adopted. These amendments included stronger bans on smoking in public places; in July 2008 a ban on smoking in educational establishments, and other public places entered into force . Smoking at the workplace and common areas are also prohibited. The Committee asks whether smoking is banned in all public places. A “Tobacco control program 2006-2010” is also in force. According to the report

notwithstanding the restrictions smoking is still widespread in Latvia. The Committee asks to be informed of all trends in smoking.

Alcohol - In January 2005 the Cabinet of Ministers adopted a "Program of reduction of alcohol consumption for 2005-2008". The goal of this program is to reduce the volume of alcohol consumption per capita as well to diminish health problems caused by alcohol on persons and society. However according the report the total volume of consumed alcohol per 1 inhabitant in 2000 has increased from 6.9 litres to 10.0 litres in 2007. the report states though that caution should be exercised when interpreting this data as it should be noted that the figure comprises not only the inhabitants of Latvia but also foreign tourists who bought alcohol in Latvia. The Committee asks to be kept informed of all trends in alcohol consumption.

On 17 August 2005 the Cabinet of Ministers adopted "National program for limitation and control of narcotic and psychoactive substances, abuse and distribution for 2005-2008" the results of this are to be evaluated in 2009 and will form the basis for a new programme. Again the Committee asks to be kept informed of all trends in drug abuse.

Accidents

States must take steps to prevent accidents. The main sorts of accident covered are road accidents, domestic accidents, accidents at school, accidents during leisure time, including those caused by animals and accidents at work. Trends in accidents at work are considered from the standpoint of health and safety at work (Article 3).

The Committee asks the next report to provide information on accidents.

Immunisation

In 2008 "National vaccination programme 2008 – 2010" was adopted providing for continued reduction policy of the contagious diseases and providing for an at least 95% immunisation level for the contagious diseases listed for children and a 80% immunization level against diphtheria and tetanus for adults.

Conclusion

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

Article 13 - The right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

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

Types of benefits and eligibility criteria

The report reiterates the information previously provided concerning the types of social assistance benefits, such as the Guaranteed Minimum Income Benefit (GMI), emergency benefit and other benefits established by local municipality regulations. The purpose of the GMI benefit is to ensure a minimum level of income for each member of a family who has been granted the status of a needy family and whose income level is below a threshold set by the Cabinet of Ministers (LVL 27 in 2007 (€ 39) .

According to the report the total municipal expenditure on social assistance benefits amounted to LVL 22,253 million in 2007(€ 31,2 million) of which LVL 1,7 million (€ 2,38 million) were spent on GMI benefits.

Level of assistance

To assess the situation during the reference period, the Committee takes account of the following information:

-the Committee notes from the MISSOC database that the claimant is entitled to the GMI benefit if he/she satisfies the conditions laid down by law and on the basis of income and assets (property) test. This benefit is calculated as a difference between the amount set by the Cabinet of Ministers and person's income. The maximum amounts (for beneficiaries with no income except Family Benefit) paid are € 39 for a single person, € 77 for a couple without a child and € 105 for a couple with one child.

-other benefits: the Committee observes that besides the GMI benefit there are other benefits, such as benefit in emergency situations, housing and heating benefits, transport benefits etc. The amounts of these benefits vary from one municipality to another depending on the available resources. The Committee would like to be informed of the average amount paid in these benefits to a single person living alone who has been made eligible for GMI. The Committee underlines the importance of this information.

- the Committee notes that the poverty threshold, defined as 50% of the medium equivalised income and calculated on the basis of the Eurostat at risk-of poverty threshold value amounted to € 139 per month in 2007.

In the light of the above data, the Committee concludes that the level of social assistance benefit is manifestly inadequate on the basis of the minimum level of assistance that may be obtained is not compatible with the poverty threshold.

According to the report, the Eurostat at-risk-of-poverty indicator cannot be used as a point of comparison to assess the adequacy of the amount of the GMI benefit as long as the former is based on the scale of equivalence whereas the latter is established through a means-test whereby the scale of equivalence is not used. In this connection the Committee notes that the Eurostat figure has been a reference point in the Committee's interpretation of Article 13§1 as the decency threshold for all states - i.e. the level of income which can make it possible for a single person to live a decent life and to cover the basic needs. Therefore this reference point is applied in all situations and for all countries and is a point of departure for Committee's assessment. Moreover, the Committee observes from the report that even if the level of income below which a person is recognised as needy (declared poor, as stated in the report) has been estimated at € 84 in 2007, social assistance is only paid if person's income falls below € 39.

Regarding the duration of assistance, the Committee notes that the situation which it has previously found (Conclusions XVIII-2) not to be in conformity with the Charter has not changed. The duration is restricted to 9 months per year. According to the report, this is done to prevent person's dependence on municipal social assistance benefits. The Committee reiterates that social assistance must be provided for as long as the situation of need persists and the restriction on the duration of the benefit is therefore not in conformity with the Charter. The Committee recalls that in its decision on the merits of 19 February 2009 on the Collective Complaint No 48/2008, European Roma Rights Centre (ERRC) v. Bulgaria the Committee held that access cannot be made subject to time-limits, if the persons affected continue to meet the basic condition for eligibility established by Article 13§1.

Right of appeal and legal aid

In its previous conclusion (Conclusions XVIII-2) the Committee asked for information regarding the appeal procedures in respect of medical assistance and the availability of legal aid in respect of both social and medical assistance. Since the report does not provide this information, the Committee holds that it has not been established that the right of appeal is effectively guaranteed and therefore in this respect the situation in Latvia is also not in conformity with Article 13§1.

Personal scope

In its previous conclusion the Committee found that the situation in Latvia was not in conformity with the Charter on the ground that the granting of social assistance benefits to non-nationals was subject to an excessive length of residence requirement. In this connection the report reiterates that foreigners with a temporary residence permit do not have a right to social assistance in the meaning of this provision. However, according to the amendments to the Immigration Law of 6 April 2006, a permanent residence permit may be requested by an alien who has continuously resided in Latvia with a temporary residence permit for at least 5 years. While these amendments have shortened

the length of temporary residence required to qualify for permanent residence, upon the granting of which a person becomes eligible to social assistance, the Committee notes that the length of residence requirement for social assistance still applies and is excessive. The Committee therefore considers that this situation amounts to a violation of Article 13§1 of the Charter.

Conclusion

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

- the level of social assistance benefits is manifestly inadequate;
- the duration of social assistance benefits is restricted to 9 months per year;
- the granting of social assistance benefits to non-nationals is subject to an excessive length of residence requirement;
- it has not been established that the right of appeal is effectively guaranteed.

Article 13 - The right to social and medical assistance

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

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

The Committee notes that the situation which it has previously (Conclusions XVIII-2) found to be in conformity with the Charter has not changed.

Conclusion

The Committee concludes that the situation in Latvia is in conformity with Article 13§2 of the Charter.

Article 13 - The right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

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

The report states that according to the Law on Social Services and Social Assistance social services are provided on the basis of an evaluation of individual needs and resources of a person. It is the responsibility of local governments to provide social services. Local governments evaluate the needs of a person and inform him of his rights and procedures by which social services can be received. Municipalities publish information in local newspapers and disseminate brochures on social services and social assistance.

The Committee notes that the number of municipalities with a social service office or a regular employee performing the duties of a social worker has risen from 450 in 2006 to 462 in 2007.

With respect to the personal scope of this provision, the report refers to the Immigration Law, according to which the cases where an alien may request a temporary residence permit are such that would mostly exclude the need for a social service. In this connection, the Committee recalls that in the meaning of Article 13§3 equality of treatment must be guaranteed once a foreigner has been given permission to reside lawfully or work regularly in the territory of a State Party. The definition of 'residence' is left to national legislation and a length of residence condition may be applied so long as it is not manifestly excessive. The Committee takes note of the amendments to the Immigration law of 6 April 2006, according to which a permanent residence permit may be requested by an alien who has continuously resided in Latvia with a temporary residence permit for at least 5 years. While noting that by this amendment the required length of prior residence has been shortened twice, the Committee nevertheless holds that it is still excessive. Therefore it reiterates its previous conclusion of non-conformity.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 13§3 of the Charter on the ground that the granting of help and personal advice services to non-nationals is subject to an excessive length of residence requirement.

Article 13 - The right to social and medical assistance

Paragraph 4 - Specific emergency assistance for non-residents

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

The Committee notes that according to the Law on Social Services and Social Assistance, persons whose place of residence cannot be determined shall be provided with night shelter, information and consultation from the local government. It also notes that according to Regulation No 591 issued by the Cabinet of Ministers on 28 July 2008 on 'Aliens' health insurance', aliens applying for a visa or temporary residence permit must present a valid health insurance package that covers emergency medical assistance, emergency medical treatment in hospital and repatriation. In this connection the Committee asked in a letter addressed to the Government whether those foreigners who do not have to apply for a visa to come to Latvia and happen to be without health insurance and adequate resources, will receive emergency medical assistance. The Committee notes from the supplementary information provided by the Government that by the virtue of Sections 16 and 17 of the Medical Treatment Law everybody has the right to receive emergency medical care and therefore those aliens who do not have health insurance or adequate resources have the right to receive emergency medical care. The Committee asks what is the nature and extent of such emergency care and whether such persons are also entitled to receive emergency social assistance (shelter, food, clothing) in case of need.

As regards unlawfully present foreigners, the Committee notes from the supplementary information provided by the Government that under the Asylum Law and the Immigration Law, foreigners who are unlawfully present in Latvia, as well as the failed asylum seekers, are accommodated in the accommodation centre for detained foreigners where they receive emergency medical care, primary health care and secondary health care services. Besides, they receive adequate daily nutrition. The Committee asks whether unlawfully present foreigners, who are not staying in such accommodation centres are entitled to receive emergency social and medical assistance in situations of immediate and urgent need. It also asks whether a clear legal basis exists in law for the provision of this form of assistance.

Conclusion

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

Article 14 - The right to benefit from social welfare services

Paragraph 1 - Provision or promotion of social welfare services

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

Organisation of the social services

The Committee refers to its previous conclusions (Conclusions XVIII-2 and XVII-2) for a description of the Latvian social services system.

One of the aims of Latvia's 2006-2008 National Action Plan was to improve social services for families, particularly large families. The Committee asks to be informed of progress on this matter.

Effective and equal access

The Committee found previously (Conclusions XVIII-2) that the situation in Latvia was not in conformity with the Charter because nationals of other States Parties to the Charter were not treated equally with regard to access to social services because of the length of residence requirement imposed on them. Foreign nationals could only acquire a permanent residence permit if they had held a temporary residence permit for ten years or more and this meant that access to social services was also subject to a ten-year residence requirement. The Committee notes that, according to the report, the length of residence requirement now required is five years following the amendments to the Immigration Law of 6 April 2009. Nationals of other States Parties have access to social services only if they have a personal identification number and reside permanently in Latvia. The Committee finds that the situation in Latvia is still not in conformity with the Charter in this respect.

The user's economic situation is taken into account whenever fees are charged. Certain categories of persons, in particular those with insufficient resources, can benefit from a tax exemption. The Committee requests information on examples of fees requested for various social services.

Quality of services

With respect to the qualifications of social workers, social workers are required under the Social Services and Social Assistance Act of 2002 (No. L 63233 of 31 October 2002) to hold a "second-level" or masters university degree in social work to practise their profession whereas social assistants or psychologists need only have a "first-level" or bachelors degree. Under the 2006-2008 National Action Plan, the state is required to encourage and subsidise the activities of social workers working with families and children at municipal level. In 2007, a total of 196 social workers from 97 municipalities received special purpose grants from the state. A consultative council of social work specialists made up of

representatives of local authorities and voluntary organisations was set up during the reference period to foster an increase in the number of social workers and to promote this specific profession. To be able to assess whether the resources on offer are commensurate with the municipalities' responsibilities, the Committee asks for information on the funding of municipal welfare activities.

Further to the Social Services and Social Assistance Act of 2002, the ratio of social workers to inhabitants shall be of one social worker for every 1000 inhabitants to better respond to users' needs. In addition, municipalities with more than 3000 inhabitants have a duty to create a social office in order to inform users on their right to benefit from social services and social assistance benefits. The Committee notes that the ratio of social workers to inhabitants went from one to 1578 in 2005 to one to 1375 in 2007. It also notes that the number of municipalities with a social office or a social worker working full time increased from 435 in 2005 to 462 in 2007.

Conclusion

The Committee concludes that the situation in Latvia is not in conformity with Article 14§1 of the Charter on the ground that access to social services by nationals of other States Parties is subject to an excessive length of residence requirement.

Article 14 - The right to benefit from social welfare services

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

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

Under the Social Services and Social Assistance Act, local authorities are still entitled to meet users' specific needs by negotiating contracts with various service providers (particularly NGOs and private companies) or to co-operate with other local authorities to increase the range of social services on offer.

Services of this type are either partly or entirely funded by the local authority budget. The Committee asks if the co-ordination between public and non-public service providers is satisfactory.

The Committee asks again if there is an equal and effective right with regard to the provision of social services for non-public providers.

The Committee notes that there is, on the one hand, growing interaction between public and non-public providers and, on the other, increasing preference for non-public providers. According to the report, between 2005 and 2007 there was an increase both in the number of beneficiaries of home-help services provided by non-profit-making associations through public contracts with municipalities (from 2525 to 2791) and in the number of beneficiaries of the same type of services provided under the same type of contract by private bodies (from 54 to 758).

For instance, in 2007, two NGOs helped partially sighted and hard of hearing persons gain access to social services while eight others worked with a total of 1840 children who had undergone abuse, human trafficking or drug addiction.

In 2007, a total of 312 different organisations were enrolled on a special state register to provide services under public tender. 97 of these were private providers.

The Committee asks the next report to provide for information on the number of volunteers.

With regard to measures taken to encourage user participation in the running of social services, the Committee notes from another source¹ that there are various pieces of legislation which set out the participation rights of family members. For certain services, particularly for those aimed at the most vulnerable members of the public, direct representation of users is strongly recommended, and can be organised through “social service boards” representing users’ needs and interests. This system of representation was set up among other things to secure the rights of persons living in long-term care establishments or rehabilitation facilities and to improve the quality of services provided in such institutions. Board members include family members, establishment staff and managers and municipal representatives.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Latvia is in conformity with Article 14§2 of the Charter.

¹ *Report on user involvement in personal social services, Council of Europe 2007, p. 28-29*

