**Report on the implementation of the**

**Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) in Latvia**

**2018-2022**

**2022**

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# **Part I**

# **Executive summary**

The preparation of the report on implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) in Latvia for 2018-2022 was co-ordinated by the Ministry of Welfare, involving several responsible sectoral ministries and other state institutions – the Ministry of Health, the Ministry of Education and Science, the Ministry of Economics, the Ministry of Finance, the Ministry of Environmental Protection and Regional Development, as well as the Society Integration Fund, the Investment and Development Agency of Latvia and Riga Stradins University. Statistics, studies, medium-term development planning documents, informative reports were used in policy assessment and identification of future priorities. Non-governmental organisations (hereinafter - NGOs) representing seniors and NGOs promoting public participation in the policy-making process were invited to express their views on certain issues.

Major achievements since 2018:

* the minimum income reform, which entered into force in 2021, aimed at reducing poverty and income inequality;
* the introduction of various ad-hoc solutions to support seniors in order to respond in a timely manner to the rapid changes in the socio-economic situation during the reporting period, such as lump-sum payment to mitigate the negative impact of the COVID-19 pandemic, temporary regular support to seniors to mitigate the impact of rising energy prices;
* mainstreaming ageing into a number of areas and sectors, thus increasingly understand the importance of ageing and the need to adapt to it, offering different solutions to meet the needs of older people. Several studies have been implemented during the reporting period, various measures have been introduced to reduce age discrimination and raise awareness, seniors have been identified as a target group in different sectoral policy planning documents.

Three important aspects to be improved in the future in the field of society ageing in Latvia are as follows:

* improve access to social care and health care services;
* increase the amount of social transfers and their impact on poverty reduction for people of retirement age, as well as assess the possibility of introducing a basic pension;
* and continue to implement anti-discrimination measures through awareness raising activities aimed at the needs of seniors.

# **Conclusions**

Issues of society ageing play an increasingly important role and place on the agenda of Latvian policy. The COVID-19 pandemic raised health and social care issues, exposing gaps and highlighting their importance in ensuring the quality of life. Although many measures have been implemented to improve the situation of seniors during 2018-2022, their impact has been relatively limited as the risk of poverty for people of retirement age in 2020 shows a very slight downward trend compared to 2018 figures. The impact of the COVID-19 pandemic increased the risk of poverty in the country as a whole. Meanwhile, restrictions on access to health services due to the pandemic have had the most negative impact on seniors, given the pressures on medical practitioners and treatment facilities related to the provision of care for COVID-19 patients. Latvia's average active ageing index is close to the EU average – 35.3 (EU – 35.7). Since 2018 the progress has been achieved in some areas: high employment rates, a significant increase in ICT use, but insufficient access to social and health care, low lifelong learning rates, high risk of poverty and low incomes point to the need for more significant and targeted investments in these areas.

# **General information**

1. Latvia.
2. Name and contact details of the author(s) of the report: Evija Kūla – Deputy Director of the Social Policy Planning and Development Department of the Ministry of Welfare of Latvia (e-mail: Evija.Kula@lm.gov.lv).
3. Name and contact details of official national focal point on ageing: Evija Kūla – Deputy Director of the Social Policy Planning and Development Department of the Ministry of Welfare of Latvia (e-mail: Evija.Kula@lm.gov.lv).
4. Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing: conceptual report “The Active Ageing Strategy for Longer and Better Working Lives in Latvia”[[1]](#footnote-1) adopted by the Cabinet of Ministers on 7 September, 2016.

# **Ageing situation.**

Society is ageing rapidly in Latvia, as is the case throughout Europe. At the beginning of 2021, 393,698 seniors aged 65 and over lived in Latvia, which is 20.8% of the total population. Thirty years ago (1991) the proportion of seniors was almost twice as low – 11.8%, in 2003 – 15.8%. Although the total population in Latvia is decreasing, the number of the elderly population is increasing (see Annex 1, Figure 1). Furthermore, there is a marked gender disproportion among seniors in Latvia, as life expectancy varies significantly between sexes (see Annex 1, Figure 2). Men aged 65 have an average life expectancy of 13.8 years in 2020 and women 18.6 years[[2]](#footnote-2).

The ageing population and the related increase in public expenditure are also a significant challenge for Latvia. In order to reduce the future risks (increase of demographic burden) due to ageing population, the retirement age in Latvia is gradually increased to 65 years, reaching it on 1 January 2025. The main reason for work termination on the last job was due to old-age retirement (including the service retirement) - 68.1% of people aged 65-74 in 2020. At the end of 2021, the average old-age pension in Latvia was EUR 431.67 (excluding the 3rd pension pillar), which is 40.6% of the average insurance contribution wage in the country.

Increasing life expectancy, active ageing and also low pensions make many seniors choose to continue working beyond retirement age. During the period 2011-2019 (after the financial crisis of 2008), Latvia has experienced a stable economic growth, which has brought tangible improvements in the labour market. The employment rate of the population has increased by around 1/4, or 13 percentage points - from 52% in 2010 to 65% in 2019, increasing by an average of 1.4 percentage points annually, while the unemployment rate has shrunk 3 times - from 19.5% in 2010 to 6.3% in 2019. Overall, the employment rate of people aged 15-74 fell by 0.8 percentage points (to 64.2%) in 2020 as a result of the COVID-19 pandemic compared to 2019, while the unemployment rate increased to 8.1% on average (1.8 percentage points higher than the 2019 average)[[3]](#footnote-3). In 2020, 40.8 thousand inhabitants (16.9 thousand men and 23.9 thousand women) aged 65-74 were employed, which represents 4.6% of all employees. As of December 31, 2021, 60,774 unemployed persons had been registered with the State Employment Agency, of which 24,678 were aged 50 and over, representing 41% of the total number of registered unemployed persons in the state.

In 2020, 43.7% of seniors were at risk of poverty or social exclusion, which is 17.7 percentage points more than among the total population of Latvia. If the gender gap (for men below women) was only 4.9 percentage points for all residents at risk of poverty or social exclusion, it was already twice as high for seniors - 10.8 percentage points. The relatively high at risk of poverty and/or social exclusion among women seniors is attributable to the high proportion of women in the older generation (women have longer life expectancy, hence a higher proportion among single senior households). The indicators of material deprivation and poverty risk in this age group are also higher than for the average of the population of Latvia. The at-risk of poverty rate for seniors is twice as high as for the general population - 40.9% and 21.6%, respectively. If a senior lives alone, then all indicators of monetary poverty tend to rise significantly, such as the at-risk of poverty reaching as high as 71.7%. It should be noted that the total number of people at risk of poverty or social exclusion increased in Latvia in 2020.

As the population ages, health self-assessment gets worse. In 2020, 52.2 % of men 65 and older and 52.9 % of women in the same age group described their health as average. And just 17.7 % of older men and 13.3 % of women described their health as good or very good. However, there has been a trend towards improving seniors' health self-assessment in recent years, with their health rated as poor or very poor in 2010 at 44.9 % of seniors (32.5 % in 2020), as average - 44.3 % (52.7 % in 2020), but as good or very good at 10.9 % (14.8 % in 2020)[[4]](#footnote-4).

Although at the beginning of 2020 the mortality rate in Latvia was lower than the average in previous years, in the second half of 2020 compared to 2019 the total mortality of the population has increased due to COVID-19 pandemic – by 4.8% per 1000 inhabitants. The increase in the mortality rate of the population aged 65 and over is higher – 6.7%. Seniors - of all those with confirmed COVID-19 infection 37.7 thousand, or a quarter (25%) - are seniors in their 60s and over. This age group recorded 2,350 deaths with confirmed COVID-19 infection, or 88.8% of all those who died with confirmed COVID-19 infection[[5]](#footnote-5).

The COVID-19 pandemic has had a strong and lasting impact on the socio-economic situation in Latvia. Latvia already developed a clear strategy to overcome the crisis caused by the pandemic at the end of May 2020. It provided for measures to restore economic activity in the country in three phases. Measures were implemented in 2020 to stabilise the financial situation for citizens and entrepreneurs, but measures are planned to reorient the economy over the next two years, with an emphasis on innovation, digital transformation, lifelong learning and a focus on structural economic change, with targeted adjustment of the state aid mechanisms[[6]](#footnote-6).

# **Method**

Different methods and approaches were used to assess the policy measures taken to implement the Madrid International Plan of Action on Ageing in line with ten commitments since 2002 and in particular with the three main objectives of the Ministerial Declaration of 2017 approved in Lisbon[[7]](#footnote-7).

Statistics were derived from the most recent studies, where qualitative data are available, from the Official Statistical Portal, as well as from administrative data by various public authorities. The Active Ageing Index (see table “Active Ageing Index” in Annex 3) was used to assess the progress made in active ageing, updated by the latest indicators. It made possible to compare the situation in 2005, 2015 and 2020 (with several exceptions where data were only available for 2018 or 2019 or were not available at all because they were based on a survey of a certain period).

Relevant sectoral medium-term development planning documents and information reports on the implementation of these documents were used to assess the policy measures introduced over the last 5 years, identifying weaknesses and challenges for the future. During 2021-2022 each sector has drawn up strategies for the seven years` period, i.e., for 2021-2027, which include a strategic view of medium-term developments and key challenges that will ensure the achievement of the objectives and results envisaged. The following sectoral strategies were thus used to draw up this report:

* Strategy on Social Protection and Labour Market Policy for 2021-2027;[[8]](#footnote-8)
* Public Health Strategy for 2021-2027 (draft to 03.03.2022.)[[9]](#footnote-9);
* Education Development Strategy for 2021-2027;[[10]](#footnote-10)
* Digital Transformation Strategy for 2021-2027.[[11]](#footnote-11)

The report also followed a participatory approach, inviting older people to express their views on certain issues in order to assess the impact of policy measures on their quality of life, as well as inviting NGOs to express their views on the evolution of public participation over the last 20 years.

The development of the report was co-ordinated by the Ministry of Welfare, involving several responsible sectoral ministries and other state institutions – the Ministry of Health, the Ministry of Education and Science, the Ministry of Economics, the Ministry of Finance, the Ministry of Environmental Protection and Regional Development, as well as the Society Integration Foundation, the Investment and Development Agency of Latvia and Riga Stradins University.

# **Part II**

# **Recognizing the potential of older persons.**

Empowering individuals to realize their potential for physical,

mental and social well-being throughout their lives and to participate in and

contribute to society according to their capacities, needs and desires.

***Public participation***

The research “Public participation in the decision-making process (2021)”[[12]](#footnote-12) provides information on the participation of organizations in ministries' working groups, committees, as well as *Saeima* committees. The association “Latvian Federation of Pensioners” and the association “Riga Alliance of Active Seniors” are the most active organizations whose representatives have been delegated to the ministerial participation mechanisms (committees, councils, working groups) and participate in *Saeima* committee`s meetings. In the period of 2018-2020 the association “Latvian Federation of Pensioners” is represented in three participation mechanisms of two ministries (two committees of the Ministry of Welfare[[13]](#footnote-13) and one of the Ministry of Health), association “Riga Alliance of Active Seniors” is represented in the two participation mechanisms of two ministries (one in the Ministry of Welfare and one in the Ministry of Health). The association of Latvian Sport Veterans-Seniors and the association of Latvian Senior Communities have also delegated their representatives to one working group. The association “Latvian Federation of Pensioners” is the most active participant in *Saeima* Commissions. During 2018-2021 the association “Latvian Federation of Pensioners” participated 8 times in 3 meetings of the Commission. Organizations representing the interests of seniors (association “Riga Alliance of Active Seniors”, association “Latvian Alliance of Seniors”, “Latgale Regional Association of Pensioners”, “Jēkabpils Association of Pensioners “Association”, Association of Jelgava Pensioners, Association “Latvian Federation of Pensioners”) have signed a Memorandum of Cooperation between non-governmental organizations and the Cabinet of Ministers in order to ensure the involvement in decision-making processes and promote activities of public administration in accordance with the public interest, and are involved in the work of the Council of this Memorandum. The implementation Council of the NGO-Cabinet Cooperation Memorandum has the right to delegate representatives at meetings of the State Secretaries, meetings of the Cabinet Committees and meetings of the National Tripartite Cooperation Council, as well as in other formats as necessary.

The most important obstacles hindering participation of the non-governmental sector in decision-making at national level, representatives of organisations have most often pointed to: lack of human resources (56%), unwillingness of public authorities to cooperate (54%), insufficient funding (52%), irregular funding (52%), participation is not effective/difficult to influence decisions (48%), insufficient staff competence, skills, abilities (44%). There are therefore significant obstacles both in the participatory process itself and in the capacity of organisations to participate fully in it.

***Reducing discrimination and prejudices, promoting a positive image***

A number of activities have been carried out in recent years aimed at promoting a positive image of older people. The two major activities are the following:

1. *Motivation raising and support services for groups at risk of social exclusion and discrimination:*

Since 2018 motivation raising and support services have been implemented within the **framework of the project “Promotion of diversity”**[[14]](#footnote-14) for groups of persons at risk of social exclusion and discrimination (hereinafter - motivation programme). One of the target groups of the motivation programme are persons at risk of social exclusion and discrimination on the grounds of age (persons after the age of 50). The objective of the motivation programme is to provide effective and targeted measures for raising and supporting motivation, reducing the risk of social exclusion and discrimination and increasing the self-assessment and motivation of the target group for change, developing life skills and competences, in particular skills that help a person to integrate into society - starting job search, engaging in employment, including self-employment, education/training, and acquiring qualifications. The motivation programme is implemented throughout Latvia.

Since 2018 more than 2,000 people have already received support within the framework of the motivation programme, of which 604 persons are at risk of social exclusion and discrimination on the grounds of age (persons after the age of 50), **of which 162 persons or 26% have managed to start seeking employment, participate in employment or education.** The motivation programme will be implemented by 31 December 2022 aiming to provide support to at least 150 more people who have faced barriers to entering employment or education due to their age.

1. *awareness raising campaign “Openness is a value”*

To draw public attention to issues of discrimination, tolerance and unequal treatment, **in** 2018 the project launched an **awareness raising campaign “Openness is a value”**. This is a long-term campaign, paying attention annually to one of the grounds for discrimination. The 2021 activities were aimed at reducing age discrimination. In order to reduce stereotypes and create a more inclusive, cohesive working environment and society as a whole, the campaign has implemented a wide range of employment-promoting, motivating, educational and inspiring activities for employers, 50+ aged group people, young people and other target audiences. A wide-ranging publicity campaign has been carried out during the thematic year, including initiated material (TV and radio interviews, printed publications) and opinion papers on national and regional media. Total publicity: 62 publications.

Celebrating the International Day of Older Persons on October 1, 2021, an extensive discussion of experts and campaign ambassadors “Age as a value in the Latvian society” was held, which has been watched online (<https://www.facebook.com/dazadibasveicinasana/videos/2981446608765689>) by more than 1,500 residents. Along with the discussion, an extensive publicity campaign has been launched in central and regional media, drawing public attention to the contribution and importance of the target group of 50 + in Latvian society. In parallel with the Day of Older Persons in Riga, a unique environmental object “Age threshold” in graffiti technology was opened.

Examples of good practice in video format have been collected and reached by a wide audience during the campaign “Openness is a value”: video stories from employers [Rimi Latvia and](https://www.youtube.com/watch?v=zckveHzsk6g) [Bite Latvija about](https://www.youtube.com/watch?v=gEJWeoDdtuk) company`s values, personal policy and actions to attract and include 50 + employees in the team. Also, [an infographic](https://www.facebook.com/100064804059822/videos/700708220834213) has been prepared on age as a value in the Latvian labour market and statistics on current employment of seniors. In 2021, five human stories of inspirational personalities who don't see their age as an obstacle, but an opportunity to pursue active work and private life, seek new hobbies and learn new skills, have also been compiled and prepared. The campaign's human stories can be viewed [on the Youtube channel](https://www.youtube.com/channel/UCnP_50G_CLjQE4pe7XLdA6g).

Similarly, an environmental advertising campaign has been implemented throughout Latvia to reduce age discrimination and related stereotypes, reaching more than 53 000 inhabitants, four lectures for more than 700 employers, five discussions for young people, five activities at city festivals and festivals, where visitors had the opportunity to fill in an interactive test [“Guess the age”](https://uzminivecumu.lv/) – to determine the age of a person and other activities after everyday use of articles. More information about the campaign “Openness is a value” can be found on its [Facebook page](https://www.facebook.com/dazadibasveicinasana) and [website](https://atvertiba.lv/).

***Support technologies***

Regarding technologies in the context of ageing, within the framework of the programme “Business Development, innovations and small and medium-sized enterprises” of the 2014-2021 period of the Norwegian Financial Mechanism, 9 projects in the small-scale grant scheme “Development of technologies supporting the quality of life” were launched in 2022. The objective of this scheme is to increase the competitiveness of Latvian merchants in the field of technologies supporting the quality of life. Projects will be carried out in the following areas:

* + products or technologies for better home care and monitoring, including solutions in the field of early warning, remote monitoring of health conditions and health change detection, as well as eHealth solutions, including easier access to health care – 3 projects,
	+ products or technologies for people with disabilities – 1 project,
	+ technologies improving social activity, inclusion, mobility and participation – 1 project,
	+ other new welfare, social, inclusive and healthcare products or technologies – 4 projects.

Within the framework of the projects, new products will be created in the technology, medical, electricity, ventilation and air quality improvement and community welfare sectors, promoting improvement of the quality of life especially for people of retirement age, people with functional disorders and families with children.

***Participation in the relevant global/UN wide campaigns***

Latvia has provided and will continue to provide support to representatives of Latvia at the UN in Geneva and New York participating in activities related to the Global Campaign to Combat Ageism led by the World Health Organization (e.g. by assessing and acceding to the EU's joint speeches on this issue in the framework of the World Health Assembly). The Latvian representative (from the Ministry of Welfare) also participates in the UN Open-ended Working Group on Ageing (OEWG-A).

**Key achievements and challenges ahead**

*What are the most significant policy achievements over the past 20 years to empower people throughout their lives to realise the potential for physical, mental and social wellbeing?*

In order to reduce the negative aspects caused by ageing of the population and improve support to the older population, on September 7, 2016 the Cabinet of Ministers approved *the Active Ageing Strategy for Longer and Better Working Lives in Latvia*. This is the first policy planning document in the field of ageing in Latvia, the aim of which is to promote a longer and healthier working life of the Latvian population for improvement of the population and the overall economic situation, envisaging comprehensive measures in various fields relevant to seniors.

*What are the most significant policy achievements over the last 20 years to empower people to participate and contribute to society?*

In order to answer this question, the assessment was asked and received from the founder of the society “Latvian Civic Alliance”, taking into account that the society “Latvian Civic Alliance” is the largest umbrella organization in defense of the interests of the non-governmental sector, which aims to strengthen civil society in Latvia, support the common interests of NGOs and create a favorable environment for their activities. The Latvian Civic Alliance brings together 70% of all NGOs involved in Latvia and 11% of the Latvian diaspora[[15]](#footnote-15).

1. **Memorandum of understanding between Government of Latvia and Non-governmental organizations (civil society)**

The preparation of the memorandum was initiated by the non-governmental sector after a meeting of 21 NGO representatives with the Prime Minister on January 13, 2005. The document is designed to promote efficient public administration in the public interest by ensuring the involvement of civil society in decision-making processes. The memorandum was signed on June 15, 2005, with the participation of the authorized representative of the government - Prime Minister and representatives of 57 NGOs. In 2014, the text of the Memorandum was updated, according to the new situation. Currently, the Memorandum has been signed by 483 organizations and this is the largest institutionalized civic participation platform in Latvia. Even thou it is not perceived as a part of social dialogue; civil society organizations of different fields have direct access to the policy makers and are engaged in the setting policy making agenda.

1. **Public participation platform “ManaBalss.lv”**

ManaBalss.lv is a public participation platform where Latvian citizens (aged 16+) can submit and sign legislative initiatives to improve policy at national and municipal level. Once 10 000 signatures are gathered online (verified by internet banking), the initiative is submitted to elected representatives in Saeima of the Republic of Latvia (Parliament) for a hearing. Since 2011, 52 initiatives have been approved and influenced policy documents at national level. ManaBalss.lv is recognized as an open government success story globally: mentioned by then-US President B.Obama and featured in the New York Times and The Guardian, as well as mentioned as a success story by organisations like OECD, UN etc. The creation of this platform was also a great success of the civil society organizations.

1. **We have to celebrate 27th of February**

A United Nations resolution of 27 February 1950 introduced a definition of "international non-governmental organization", which meant recognition of the NGO sector. The establishment of the World NGO Day was started in Latvia in 2009, initiated by Mārcis Liors Skadmanis during his studies and supported by the director of Latvian Civic Alliance, Rasma Pīpiķe. Rasma and Mārcis prepared and implemented the road map to achieve, that WNGO day is recognized as a day to be celebrating civil societies` success, commemorating people, who died in fulfilling the work of public good and recognizing the impact of the NGOs work worldwide. In 2010, World NGO Day was officially included in a resolution of the NGO Council in the Baltic Sea Region, setting a precedent for World NGO Day to be recognized in the NGO forum of the Baltic Sea Region. World NGO Day is widely celebrated in various countries, in all continents. In 2014, World NGO Day was celebrated in Latvia with various events - discussions, forums, seminars, twinning evenings, etc.

All these initiatives give open access to any group of people irrespective of age to take their stake in building a better future.

*How has the thinking, feeling and dealing with ageing has changed during the last 20 years, and what are the recommendations for the necessary future action to address the challenges of an ageing population?*

In order to clarify the views on these issues, NGOs representing seniors were invited to provide their opinions (the question was sent to 12 NGOs). Replies were received from 2 NGOs.

Main **problems** identified by NGOs representing the interests of seniors:

* + there is no uniform policy in the country to support seniors;
	+ the laws and regulations do not specify the boundaries and transition ages of the seniors` group, nor do they specify the age that can be defined as the “seniors` age”;
	+ support measures for seniors are ineffective and do not address real social problems faced by seniors. The reason is the organisational aspects of the provision of support, which highlight the communication problems of the state and local governments, the complex administration process, the lack of flexibility in dealing with seniors;
	+ low income,
	+ poor access to healthcare. Health care is not targeted to rehabilitation but over-medication. There is a shortage of geriatric specialists in healthcare, resulting in staff which is largely uneducated on ageing issues;
	+ the burden for children and grandchildren taking care of their parents and grandparents;
	+ there are no special broadcasts in the state-funded mass media for seniors to train them to integrate into public life, show the best examples of organising the work of senior societies for a wider inclusion of seniors in collective events;
	+ at national level there has been little analysis on seniors who are able to lead their own lives and whose health problems are usually linked to the ageing process;
	+ age discrimination applies to employment, social, health, education services, etc. The problem is the lack of evidence: one is aware that he / she has been discriminated against, but it is very difficult to prove it. One of the fundamental reasons for age discrimination is the loss of autonomy.

**Proposals** made by NGOs:

* in the context of the protection of the interests of seniors and the structuring of all the blocks of problems to be addressed in the project, it is essential to define the age of seniors, i.e., 55 years, and to clarify the terminology “seniors” and “retired persons” by means of a regulatory framework, distinguishing between those two terms;
* to summarise the results of studies and activities carried out within the framework of various projects relating to the socio-economic interests of seniors and their defence, in order to implement a joint targeted action of different institutions and departments in this field;
* in the field of health promotion, the public should be more educated, in educational work involving psychologists, psychotherapists and psychiatrists;
* it is necessary to set up a working group under the supervision of the Ministry of Health in order to provide medical and financial justification for the establishment of geriatric profile units in each regional hospital, as well as for the provision of workplaces for doctors geriatricians;
* the involvement of economically inactive seniors in the labour market is essential for education and social policies, which should be pursued in the future by offering part-time work, work from home, provide getting to the workplace, offering flexible work schedules, etc.

# **Encouraging longer working life and ability to work.**

Recognize the potential embedded in the employment of older workers and develop labour market strategies to promote maximum participation opportunities for workers of all ages.

The results of the 2020 employees` survey “The prevalence of discrimination in the employment environment in Latvia” show that age is the characteristic by which employees are the most frequently discriminated, followed by the state of health.[[16]](#footnote-16) Consequently, older people face multiple discrimination in the labour market, on the grounds of both the age and health. Moreover, there has been a significant increase in the number of respondents who believe that employers most often discriminate employee by age – 32% had such an opinion in 2011, then already 58% in 2020, which could also indicate on the increase in the level of awareness. The survey also shows that employees` willingness to seek assistance in the event of discrimination has increased significantly: if one in three did not seek help in 2011, then only 12% of them in 2020, which is a positive trend.

***Lifelong learning opportunities***

In order to promote lifelong learning and improve the digital skills of older persons, as well as to promote the work of younger and older persons and volunteering in intergenerational conditions, the European Social Fund (hereinafter – ESF) project “Improving the professional competence of employed persons” has been implemented since 2017.[[17]](#footnote-17) The aim of the project is to improve the professional competence of the employed persons in order to prevent the non-conformity of the qualification of the labour force with labour market demand in a timely manner, promote the competitiveness of employees and increase the labour productivity.

The target groups of the project are employed and self-employed persons aged 25+ , including employed persons at retirement age, persons with low-education (incomplete or completed basic education or general secondary education), vocational or higher education, young parents on parental leave who are in an employment relationship. Advantages in admission for employees of social risk groups: employed persons aged 45 + with low or insufficient level of education for the labour market (completed or incomplete basic education or general secondary education), as well as for refugees and persons with alternative status.

Within the framework of the project, employees may acquire vocational further education training programmes (480 - 1280 hours). After completion of these programs employees may receive a qualification certificate and acquire a profession, professional development programmes (160 - 320 hours), and after completing they may finally receive a vocational training certificate, non-formal education programmes (not more than 159 hours) at the end of which a certificate may be obtained, also to acquire a module or a set of modules consisting of a set of different knowledge, skills and competences, or a study course or study module licensed from an accredited course of study to be studied in universities or colleges. After learning the modules, a certificate may be obtained.

For persons with low-income[[18]](#footnote-18) or needy[[19]](#footnote-19) household status, training is free of charge, for the remaining the tuition fees in the amount of 90% (95% for the acquisition of vocational further education programs) are covered by the project, respectively only 5-10% is the co-payment of the employee.

Indicators to be achieved: ESF support for participation in training in adult education will be provided to 55,627 employees (including 19,734 employees with low level of education) and it is planned that 38,102 employees (including 15,374 employees with low level of education) will have improved competence after participation in training. In the 6th round of the project (2021) the training offer focused on acquiring digital skills. 20% of the participants were above the age of 50. In the 8th round of the project (2022) it is planned to offer digital skills acquisition (DigiComp) in five areas of competence and three levels of learning (baseline level 1, baseline level 2, average level 3) in order to promote the involvement of persons with low digital skills in learning activities.

***Reducing unemployment and promoting employment***

As of 2018 a number of measures have been implemented to increase seniors' employment and reduce unemployment:

* preventive support measures for employed persons, which include:
	+ evaluation of the potential of the working environment and human resources in merchants` and local government institutions;
	+ support measures to promote the capacity, skills and health status of older workers (workplace adaptation, health measures);
* support measures for the unemployed:
	+ activation measures for long-term unemployed persons (health checks, determination of vocational suitability, motivation programme for job search and social mentor services, public awareness raising activities);
	+ training opportunities;
	+ measures for the commencement of commercial activities or self-employment;
	+ measures for certain groups of persons (subsidised employment);
	+ paid temporary public works;
	+ support measures for the unemployed with addiction problems;
	+ promoting regional mobility;
	+ support for social entrepreneurship;
* support measures for seniors:
	+ career counselling;
	+ measures to increase competitiveness;
	+ and volunteering.

Detailed information on the implementation of the measures is available in Annex 2.

***Measures to increase seniors' incomes from 2018:***

In order to provide more support to pension beneficiaries by ensuring an increase in their income, the non-taxable pension minimum has been increased annually from 2018:

In 2018 – EUR 250 per month (in 2017 – EUR 235 per month)

In 2019 – EUR 270 per month

In 2020 –EUR 300 per month

In 2021 – EUR 330 per month

In 2022 – EUR 350 per month (from 01.01.2022.) and EUR 500 per month (from 01.07.2022.)

Overall, the tax-free pension minimum has increased by more than 50% between 2017 and 2022 *(*from EUR 235 to EUR 500 a month).

In order to increase the income of people at retirement age with high insurance length:

* from 2018 the indexation of old-age pensions shall be subject to a higher insurance contribution wage sum real increase (if in general case an actual consumer price index and 50% of insurance contribution wage sum real increase is taken into account in the indexation of pensions, then from 2018 instead of 50% there are applied 60% if length of insurance is between 30 and 39 years or pension is granted for work in harmful and severe or particularly harmful and severe working conditions and 70% if length of insurance is 40 years or more);
* from 2019 the old-age pensions with insurance length of 45 years or more are subject to 80% (instead of 70%) of the interest on the real increase in the amount of insurance contributions wages. As a result of pension indexation, the average pension amount increased in recent years: in 2019 - by 7.19% - 9.77%, in 2020 - by 3.8 - 5.78% and in 2021 - by 4.23% - 5.07%.

To support the most vulnerable group of seniors - seniors living alone - from 1 January 2019 it was determined that the spouse of the deceased recipient of pension who is also a recipient of pension shall be granted an allowance for 12 months in the amount of 50 % of the pension granted to the deceased spouse and additional payment to pension for insurance length until 31 December 1995 (previously there was provided a lump-sum payment in the amount of two pensions of the deceased pensioner). In 2019 the allowance was received by 2.8 thousand beneficiaries on average, while in 2020 – 5.7 thousands. The amount of monthly allowance disbursed in 2020 was 169.63 euros, which is on average by 9.96 euros higher than in 2019. In 2020 the allowance was received more by women (4.2 thousand or 73%) than men (1.5 thousand or 27%).

From 1 October 2019 for the first time the amount of the supplement for one year of length of service accrued until 31 December 1995 (currently EUR 1.50 for old-age pensions granted until 1996) was indexed upon actual consumer price index and 50% of insurance contribution wage sum real increase (before 2019 indexation the value of one insurance length before 31 December 1995 was EUR 1,50 for old-age and disability pensions granted before 31 December 1995, and EUR 1 for old-age and disability pensions granted before 1 January 1997.

From 1 January 2020 the new minimum amounts of the old-age pension have been determined, which depend on the basis of calculation of the minimum old-age pension of EUR 80 (for persons with disabilities from childhood – EUR 122.69), to which a certain coefficient shall be applied depending on the length of the person's insurance period. As a result, for persons with length of insurance from 15 to 20 years, the minimum amount of the old-age pension is EUR 88, while for persons with disabilities since childhood – EUR 134.96*.* For persons with length of insurance from 21 to 30 years, the amount of the minimum old-age pension shall be EUR 104, while for persons with disabilities from childhood – EUR 159.5. If the length of insurance is between 31 and 40 years, the minimum amount of the old-age pension shall be EUR 120, and for persons with disabilities from childhood – EUR 184.04. However, if the length of insurance is 41 years and more, the amount of the minimum old-age pension is EUR 136, while for persons with disabilities from childhood EUR 208.57.

As a result of the increase of the state social security benefit for persons with disabilities – from EUR 64 to EUR 80 (for persons with disabilities from childhood – from EUR 106.72 to EUR 122.69) also the minimum disability pensions increased. In the case of Group I disability, the minimum disability pension is EUR 128 (for a person with a disability from childhood - EUR 196.30), in the case of Group II disability – EUR 112 (for a person with a disability from childhood - EUR 171.77), in the case of Group III disability – EUR 80 (for a person with a disability from childhood - EUR 122.69).

From 1 January 2020, a member of the 2nd pension pillar who has not yet applied for an old-age pension shall have the right to choose how the accumulated occupational pension capital will be used in the event he/she dies before the old-age pension is granted:

* transfer the state pension to the special budget (then the capital will be taken into account in calculating the survivor's pension);
* add another person's pension to the capital accumulated at 2nd pension pillar;
* leave for inheritance in accordance with the procedures laid down in the Civil Law.

When applying for an old-age pension**,** a member of the 2nd pension pillar must choose to **combine the pension capital accumulated in** 2nd pension pillar **with the capital of** 1st pension pillar **and to receive one pension, or to purchase a life pension insurance policy in the life insurance undertaking of his/her choice**.

In order to reduce poverty and income inequality, especially for people of retirement age, a comprehensive **minimum income reform** has been introduced from 1 January 2021, changing the principles for setting the minimum income thresholds by linking them to a socio-economic indicator (in the past, the thresholds for minimum income were established on the basis of political agreement, with no linkage to a certain socio-economic value, therefore the thresholds for minimum income were inadequately low). This led to a revision of the national minimum income thresholds, increasing their adequacy and establishing the regularity of their revision, at least every three years. As a result, a number of minimum income thresholds provided by local government social assistance and the state benefits and pensions have been substantially increased[[20]](#footnote-20):

* increased GMI threshold from EUR 64 to EUR 109 for the first or single person in the household (20% of the median income) and EUR 76 for each subsequent person in the household (coefficient 0,7 of the first person);
* the income threshold for a needy household has been raised, setting it at 50% of the median income. As a result, the income threshold for a needy household is EUR 272 for the first or single person in the household and EUR 190 for each subsequent person in the household (before EUR 128.06 per month);
* the income threshold of a low-income household is capped at 80% of the median income, as well as an increased income threshold, according to which a household is considered to be a low-income. As a result, the maximum income threshold for the low-income household is EUR 436 for the first or single person in the household and EUR 305 for each subsequent person in the household (before no maximum income threshold for the low-income person had been set);
* a single legal framework has been established for the provision of housing benefit by establishing certain housing-related expenditure items and their minimum norms, which are used for the calculation of the amount of housing benefit, which came into force from 01.07.2021.;
* the amount of the minimum old-age pension has been increased – the minimum basis for calculation of the old-age pension has been determined in the amount of EUR 136 (25% of the median income) instead of EUR 80, but for persons with disabilities from childhood, EUR 163 (30% of the median income) instead of EUR 122.69. The minimum old-age pension for each year of length of insurance shall be determined by applying a coefficient – 1.1 to the basis for calculation of the old-age pension and by increasing the amount by two % from the basis for calculation of the minimum old-age pension for each subsequent year which exceeds the period of insurance necessary for granting the old-age pension. This will ensure that the minimum old-age pension is not less than EUR 149.60 (for persons with disability since childhood – EUR 179.30). By increasing the amount of minimum old-age pensions, the amount of funeral allowances and allowances for the surviving spouse were increased.
* the amount of the minimum disability pension has been increased. The amount of the Group III disability pension is set at the basic level of the calculation of the disability pension, which is EUR 136 (25% of the median income) and EUR 163 (30% of the median income) for persons with disabilities from childhood. On the other hand, the amount of the disability pension for Groups I and II must not be less than the relevant basis for calculating the disability pension, to which a coefficient of 1.6 applies in the case of Group I disability and a coefficient of 1.4 in the case of Group II disability (see Table 1 in Annex 1). By increasing the minimum amount of disability pensions, the amount of allowances for the surviving spouse increased, as did the amount of funeral allowances in the event of the death of the recipient of the disability pension;
* increased amount of state social security benefit for seniors and people with disabilities (see Table 2 in Annex 1).

In order to reduce the increase in costs and the immediate negative impact on people with lowest income and more exposed to the risk of poverty (especially for people of retirement age), as well as to reduce the energy poverty, the following support measures have been established from 1 January to 30 April 2022:

* support of EUR 20 per month is paid to certain groups of pension and benefit recipients, refugees and persons with alternative status at retirement age or with certain disabilities;
* the number of recipients of housing benefit has been extended and the amount of support to be provided has been increased (applying coefficients) to a person of retirement age living separately or to a person with a disability living separately, a household which only includes persons of retirement age or persons with a disability;
* payments of the mandatory procurement component of electricity are covered from the state budget in the amount of 100%;
* the costs of electricity system services are covered from the state budget in the amount of 100%;
* from 1 January 2022 to 31 December 2022 the state co-finances to local governments the expenditures for the housing benefit in the amount of 50%. This enables that the housing benefit is provided to a greater number of people, avoid a fall in the solvency of the population, as well as mitigate the consequences of the spread of COVID-19 infection and the rise in electricity prices;
* if a person of retirement age lives in a needy or low-income household or has Group I disability, support for a protected electricity user has been increased by *EUR* 10 from 1 November 2021 to 31 December 2022, bringing together EUR 15 per month[[21]](#footnote-21).

**Key achievements and challenges ahead**

The most important achievements over the last 20 years, recognising the employment potential of older workers and developing labour market strategies to promote maximum participation opportunities for workers of all ages, are two key laws that were adopted 20 years ago: *The Labour Law*, which entered into force in 2002 by improving it in line with the requirements of EU Directives, and *Support for Unemployed Persons and Persons Seeking Employment Law* which entered into force in 2002, with the aim of establishing a system to support the unemployed and the jobseeker by providing wider access to appropriate active employment measures while facilitating the transition from a passive beneficiary of unemployment benefit to an active jobseeker.

One of the achievements to highlight is the introduction of a number of targeted support measures and the provision of support to older jobseekers, the unemployed and the employed, enabling them to adapt to changing working conditions, to improve their skills and knowledge by providing practical measures to maintain longer working lives.

Meanwhile, the most significant achievement in low income growth is the minimum income reform introduced in 2021. It is the most ambitious reform implemented during the last 20 years to alleviate poverty and income inequality, which is particularly important for people of retirement age, given the particularly high risk of poverty of this target group. It is also important to highlight the tax reform from 2018, which aimed to reduce income inequality by increasing the income for the lowest-income population, especially for people at retirement age. Although poverty and income inequality indicators for 2020 do not show a decreasing trend, it should be pointed out that the impact of the minimum income reform can be assessed in 2023, when indicators for 2021 will be available.

***The following tasks***:

* increase the amount of social transfers and their impact on poverty reduction (especially for the most vulnerable groups of the population at risk of poverty), including ensuring the review of individual social benefits, remuneration and allowances and the linking thereof in accordance with changes in socio-economic indicators, as well as evaluating the possibility of introducing a basic pension[[22]](#footnote-22);
* increase the competitiveness and responsiveness of unemployed persons, job seekers and persons at risk of unemployment to the transformation of the labour market and the need to adapt to the current situation in the labour market[[23]](#footnote-23);
* increase the participation of adults in education, in particular for those who enroll in education less; increasing the quality of adult education and establishing a sustainable and socially responsible system of funding for adult education[[24]](#footnote-24).

# **Ensuring ageing with dignity**

Protecting older persons’ enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participation in society, and making sure that no law, policy or programme leaves room for discrimination of any kind.

Respect for the principle of equal rights, including the requirement to ensure the rights of individuals without discrimination, whether direct or indirect, irrespective of their age, is enshrined in all key sectoral laws. The principle of equal rights and the prohibition of discrimination as part of fundamental human rights are enshrined in the Constitution of the Republic of Latvia.

Equality, inclusion, non-discrimination and respect for fundamental rights are defined as a horizontal principle in all areas of EU fund support. The preparation, implementation, monitoring, reporting and evaluation of the Programme should take into account and promote gender equality, gender mainstreaming, and take action to prevent any discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. All the preparation and implementation of EU funds shall take particular account of the need to ensure accessibility for persons with disabilities. EU funds should only support actions that reduce segregation or exclusion and should ensure accessibility for persons with disabilities when funding infrastructure. The horizontal principle aims to eliminate inequalities between women and men in any field, promote inclusion and non-discrimination based on racial or ethnic origin, religion or belief, disability, age or sexual orientation. In order to monitor compliance with the horizontal principle, guidelines have been developed[[25]](#footnote-25) for its implementation and monitoring, where the situation in the area of ageing and age discrimination is reflected more extensively in this period of EU funds than in previous periods of EU funds, providing concrete examples of actions promoting equal opportunities of and rights for seniors.

Before looking at progress in various areas, it is important to point out that **administrative territorial reform** was introduced in Latvia in 2021, reducing the number of local governments from 119 to 43. It was necessary to carry out local government reform primarily in the interests of Latvian residents, because it is essential to plan the development of the territory linking it around regional and national development centres, where economic activity and the supply of services are greater. This concerns the establishment of an efficient network of education, healthcare, social assistance, roads and transport, as well as infrastructure for communal farming. On the other hand, according to the wishes and needs of entrepreneurs, all types of necessary infrastructure are subordinated to the development of prospective economic activities in the territory[[26]](#footnote-26). Administrative territorial reform is thus one of the preconditions for developing and developing services essential to seniors, such as social and health care.

At the same time, it should be noted that, in order not to make the availability of services provided by the state and local governments remotely, 138 unified customer service centres of the State administration (hereinafter - CSC) are operating in Latvia following the administratively territorial reform, planning to increase their number to 592 CSC in the future. CSCs are aimed to provide citizens with information and practical assistance in the application of public administration services as close as possible to their place of residence. Citizens can turn to the CSC and receive support:

* + 1. Printing or downloading a Covid-19 digital certificate.
		2. In applying for benefits at the State Social Insurance Agency.
		3. In the submission of annual declarations by the State Revenue Service.
		4. In applying for services provided by the Office of Citizenship and Migration Affairs.
		5. Advice on the use of social networks, e-mail and the Internet.
		6. The use of platform latvija.lv.
		7. Handling printing, scanning and other issues related to technical support (Internet, computer access) for job execution.
		8. On the services and facilities provided by other national authorities.

In the future it is planned to increase the scope of services so that citizens have access to remote communication with a specialist of the State Social Insurance Agency regarding old-age pensions, sickness benefits, disability pensions and parental benefits, as these services can only be received at present in the branches of the State Social Insurance Agency. The CSC is an essential resource for seniors because they often don't have sufficient skills to work with computer or the Internet, so the possibility of managing different services in person and closer to their place of residence is very important.

**Social and healthcare services**

The laws and regulations make **a strict distinction between social services and health services,** both in terms of purpose, content and funding organisation, and are governed by different laws in different areas. The segregated areas of social services and health make it difficult to provide beneficiaries of social care services with adequate health care, especially for those in long-term social care and social rehabilitation institutions (hereinafter – long-term social care institutions). Consequently, a solution needs to be sought by matching resources from two sectors in order to ensure optimal access to services appropriate to the needs of clients and health conditions, while effectively and efficiently using state and local government budget resources for the provision of care in institutions for long-term social care and social rehabilitation, as well as care at home, outpatient psychiatry, palliative care, social rehabilitation of persons dependent on psychoactive substances[[27]](#footnote-27).

***In the field of social care:***

Social services are one of the most important instruments for ensuring equal opportunities for persons with disabilities and other persons at risk of social exclusion to live in society and for promoting their inclusion and participation in society. According to national statistics compiled by the Ministry of Welfare, the number of recipients of long-term care services financed by municipalities and home care is increasing annually[[28]](#footnote-28). Coverage and accessibility of social services are insufficient, particularly for persons with mental disabilities and people at retirement age [[29]](#footnote-29). At the end of 2020, there was a 521 person of retirement age in line to receive municipal services of long-term care institutions[[30]](#footnote-30).

When analyzing information provided by municipal social service offices, it should be noted that only in the last two years (in 2018/2019) the establishment of day care centres for persons with dementia was started and 2 day care centres for persons with dementia were established during the reporting period (in total, there are 12 day care centers for retirement age people in 2020)[[31]](#footnote-31).

The residential care sector has the highest number of beneficiaries in the community-based social services sector. About 80% of home care recipients are people of retirement age. Although the total number of home care recipients has increased significantly, home care services are still not available in all municipalities (in 2014 – 81%, in 2017 - 82%, in 2020 – 90%)[[32]](#footnote-32).

For persons with disabilities, a number of measures have been implemented over the last 5 years. The most important of these are the following:

* In order to ensure equal access to social care services throughout the whole country, a more objective assessment of the functioning abilities of a person according to uniform criteria and planning of the necessary support, a level of care (a total of 4 levels) shall be determined from 1 January 2018 prior to the provision of a social care service financed by the state or local government. The level of care is a quantified value characterizing the degree of deprivation of a person's self-care capacity, which is determined as a result of the assessment of a person's physical and mental abilities and skills. The level of care is also used to differentiate the amount of content or costs of social care services provided in the municipality, the amount of care allowance.[[33]](#footnote-33)
* From 1 July 2021, significant changes in the provision of the state funded assistant service[[34]](#footnote-34) in the local government came into force, as a result of which a single questionnaire has been introduced for evaluation of the necessity of the assistant service for adults; substantially improved administration of the service for both service providers and recipients; a unit price has been determined within the framework of which increased remuneration of assistants is provided. Thus, for the overwhelming majority of people in both the 18-64 age group and seniors over 65, it is possible to get a higher amount of assistant service than before.
* Due to the rapidly increasing demand for technical aids as a result of an ageing population and the increase in persons with first-time determined disability, a compensation mechanism is possible to receive from 2016, i.e., certain technical aids can be purchased by a person at his/her own expense in one of the EU Member States and, on arrival of the queue, compensation is paid to a person from the state budget in a certain amount. However, the introduction of the compensation mechanism does not solve other problems identified in the provision of the technical aids, for which proposals to improve the organization of the technical aids were developed in 2017 and 2018, which foresaw significant changes to the procedures for granting the technical aids. The essence of **the reform of the technical aids** is to introduce a new model of the organization of the technical aids, providing that the client selects the technical aid with producers or suppliers registered in accordance with the procedures specified by the Cabinet, replacing the public procurement with a “voucher” or a system of financing compensation (hereinafter - “voucher” system). The possibility for a customer to choose a provider of technical aids in the long term would promote competition among technical aids` manufacturers, availability and quality of technical aids. The reform requires the development of a countervailable pricing methodology for both individually manufactured technical aids and manufactured technical aids and requirements for technical aids` service providers. It is expected that in the “voucher” system a person will be evaluated by providing him or her the technical aid that is more appropriate to his or her needs, purpose of use and person`s level of activity. Implementation of the reform is planned to be completed by 2023.

Both the home care provider and the provider of long-term social care institutions shall, within the limits of their possibilities and funding, take measures **to improve the quality of the service**. Improvements are mainly related to the modernisation of the service, the addition of specialist recruitment, the purchase of new equipment for the provision of the service, in the case of a home care service - the purchase of equipment and cars to ensure faster and more convenient access to the customer, while improving the availability of the service in the most remote localities and households in the county. Older people and severely disabled people in rural areas are particularly feeling isolated and anxious about their safety, so accessibility and quality improvement of home care service play a key role in human safety. While home care recipients are not always prepared to use **new methods and technologies**, in recent years more and more customers have also been using remote working methods to receive social care services, such as a safety button service (4.5% of the total number of home care customers in 2019), as well as information technology to communicate with social service providers. With information technology customers have the ability to communicate with a social service provider remotely, tell them about situations of concern, receive consultation or advice on how to proceed, while an employee can assess the situation remotely and decide whether it is necessary to leave the customer, whether the situation is still manageable and there is no need to go to the customer. By contacting the customer remotely it is also possible to find that other services are also needed, such as calling an ambulance team. In long-term social care institutions, meanwhile, information technology is a valuable springboard, with process descriptions, data collection and processing, remote counseling also increased significantly during the Covid-19 pandemic caused restrictions.

Within framework of activities supported by Operational Program for Latvia for 2021-2027 there are planned investments in the development of community-based social services, which, inter alia, will also focus on providing support to persons of retirement age in their residence, maximising the time that a person can continue to live in his or her housing. While the development of familial type social care services for elderly people have been planned under the Recovery and Resilience Plan.

***In the field of social rehabilitation:***

Since 2015 the state also finances a **service for adult victims suffered from violence**[[35]](#footnote-35). According to data on the users of the service, women who have suffered domestic violence - from their husband, partner or friend - use the service in most cases (more than 90%). A social rehabilitation service for adult victims of violence has been subject to a gender-based evaluation of the service in 2018.[[36]](#footnote-36) The evaluation concludes that the rehabilitation service for violence is necessary to prevent the consequences of violence against women, but that it is essential to work to address the causes of violence. Women who have received or are still receiving the service were involved in the evaluation of the service. Overall, the use of the service was assessed positively by women, but the need for improvements at different stages of service delivery can be identified. Most often it is recommended to increase the amount of service and increase the amount of legal aid, as well as to allow a lawyer to represent a woman in court as well, or at least finish settling legal cases initiated by a woman while receiving a rehabilitation service. Older women and childless women use these services relatively fewer. For improving the service it is necessary to raise the public awareness on availability of the service by calling by using new channels of access to information such as pharmacies, radio, etc. to reach older women who suffer from violence.[[37]](#footnote-37)

***In the field of healthcare:***

The procedures for prescribing the state reimbursable medicinal products have been changed. In order to prevent residents from overpaying for the state reimbursable medicinal products, from April 1, 2020 the procedures for prescribing the state reimbursable medicinal products were changed – the doctor now indicates the active substance in the prescription instead of the name of a particular medicinal product, while pharmacies from medicinal products of the same effect issue reimbursable medicinal products at the lowest price, which are of the same quality, efficiency and safety.

Remote consultancy. In 2020 a new type of service - remote consultation from general practitioners and specialist physicians - was introduced amid the spread of COVID-19 to reduce patients` need for face-to-face visits to general practitioners and specialist physicians while not impairing the quality of healthcare services they receive.

Improving access to healthcare services:

* One of the government's priorities in the long run is to develop access to health care services. Reducing waiting times for health services is one of the courses of action to ensure this. In order to reduce waiting times, additional funding has been regularly allocated since 2017 for examinations and medical consultations. Patient waiting queues for specialist consultation are down 9.25% as of January 1, 2020 (averaging up to 91.19 days compared to the pre-reform situation where the average wait time was up to 100.48 days). As of January 1, 2020, patient waiting queues for scheduled day in-patient services have decreased by 47.45% (average up to 213.89 days compared to the pre-reform situation when the average waiting time was up to 407 days). Patient waiting queues for outpatient rehabilitation services have fallen by 73.81% as of January 1, 2020 (average up to 131.00 days compared to pre-reform situations when the average waiting time was up to 500.2 days).
* A second course of action to promote accessibility of the health care services is the provision of human resources in healthcare (optimal number and effective generational replacement, long-term settlement of remuneration, attraction and retention in the provision of state-paid services). In the field of human resources, one of the topical issues on which work has already started is the increase of wages for healthcare workers. Financing has been granted for the increase in remuneration, including the increase in the work remuneration of medical practitioners, drivers of emergency medical vehicles and other employees. The provision of doctors, nurses and other medical practitioners is a priority of the last three years, which is confirmed by the further increase in remuneration. At the same time, measures for attracting medical practitioners to regions are implemented from EU funds and support for professional improvement of medical practitioners is ensured. For example, over 1000 medical practitioners (doctors, nurses, nursing assistants, physiotherapists, medical assistants, etc.) have been attracted to regions outside the capital during the period from 2018 to the end of 2021 and vocational training has been provided for 22824 medical practitioners. In 2022, the government has supported the initiative of the Ministry of Health to target 30 places in the state financed residency in order to gradually reach a level that will allow for a successful generational transition in the healthcare sector, improving the continuity and availability of health services. In the 2022 / 2023 study year 246 future doctors-specialists will be able to start training in residency, while in the next two years the number of state-paid residency is expected to be increased by allowing 277 young doctors to study each year (232 residency places were paid from the state budget in 2021). The number of doctors is increased directly in specialties with an aging age structure, as well as in specialties related to demand for health services in line with the population's aging trends, e.g., internist, gerontology, palliative care doctor, but in particular the largest number of places (48) in the specialty of a particular family (general practice) doctor. In addition to facilitating access to the family doctor's service and replacing those 159 family doctors who plan to terminate their contractual relationship with the state over the next five years, a mechanism has been established from 2022 to accelerate the acquisition of a family doctor's specialty if a previously acquired internist or pediatrics specialty (3 residency places) has been acquired.
* From 2022 onwards, the profession of nurse in general care has been introduced in order to provide the nurse with additional competences, such as the ability to independently diagnose when patient needs a care, the possibility to consult independently and the ability to independently ensure the quality of patient care, assess and analyze it, in order to pursue an integrated patient-centred healthcare system. It is equally important to prevent fragmentation of the profession by several basic specialties in the improvement of the competence of nurses, therefore with the introduction of the profession of nurse responsible for general care, changes are implemented in the education system for the acquisition of the qualification of a nurse (qualification of nurse responsible for general care can be obtained in future in full-time studies of 4 years for the duration of studies of previous years and in addition to the acquisition of a specialty in formal education), while refusing certification. By providing more competences and more independent practice rights in the general care nurse profession, a faster access to the labour market for nurses will be promoted and mobility within the profession will be facilitated, thus a gradual improvement in the quality and availability of nursing care is expected.
* At the beginning of 2022, a project supported by the European Commission's Directorate-General for Structural Reform on the development of a Health Workforce Strategy in Latvia was launched. The project will be developed by Ltd. “Ernst and Young Baltic”, in close cooperation with the leading health sector institutions and professional organisations. Within the framework of the “Health Workforce Strategy in Latvia”, it is intended to analyse the current Latvian health-care workforce planning system, as well as to model the supply and demand of future health workers, thereby providing evidence-based, high-quality and efficient planning of the health-care workforce in Latvia. As one of the main results of the project, the development of a data-based model for health-care workforce planning will include considerations from health professionals on possible future health scenarios and current and historical data at national level, including health-care workforce load, pay, regional placement and age structure. The project implementation period is from 31 January 2022 to 22 May 2023. The strategy is expected to result in the ability of the Latvian authorities to keep health-care workforce in line with the needs of citizens and health care and the dynamic development of health care.
* Patient co-payments also have a significant impact on access to healthcare services. Changes have been made to reduce and abolish patient co-payments in order to reduce the financial burden on patients. For example, for people aged 65 and over, the co-payment of patients for a visit to the general practitioner has been reduced. Similarly, the total amount of the patient's co-payment for each hospitalization has decreased, which may not be exceeded in one hospital. In addition, persons with Group II disability (previously only persons with Group I disability) are exempted from the patient co-payment from 1 January 2022.

There have been introduced new and developed existing health services. Since 2018, a number of state-paid health services have been in place, such as diabetic foot care, diabetes patient training offices, state-paid enteral and parenteral feeding.

With a view to identifying the risk of cardiovascular disease as soon as possible, citizens aged between 40 and 65 in 2018 have the possibility to check heart health free of charge by A family doctor using the SCORE method, thereby initiating, if necessary, faster and more effective treatments to improve quality of life and survival.

A “Yellow corridor” has been established for patients, including patients over 65 years, with relapses of malignancy or recurrence of disease after recovery or during recovery. As part of the “Yellow corridor” medical consultations, diagnostic tests a.o. state-paid healthcare services are provided outside the overall patient line, i.e., within 10 days.

Measures to promote health and disease prevention are constantly provided for in order to ensure the preservation of health. During the 2014-2020 programming period[[38]](#footnote-38), health promotion and disease prevention measures were implemented, covering a large part of Latvia's population, particularly people of social exclusion risk (implementation of that project is scheduled to take place by 31 December 2023). At national and local level, health promotion and disease prevention measures are being implemented in the four priority areas of health (cardiovascular, oncology, perinatal and neonatal care and mental health as regards healthy nutrition, adequate physical activity, reducing the use of addictive substances and the distribution of processes, promoting reproductive and psychological health. These measures also include activities for people over 54 years of age.

***Information and Communication technologies (ICT)***

ICT is developing even faster than before, also driven by the impact of COVID-19. ICT also contributes to the autonomy, self-determination and participation of older people in society. Seniors in Latvia are increasingly taking advantage of the opportunities offered by ICT. If 10 years ago (in 2010) only 29% of seniors (65+ years) had a computer at home, then in 2020 the amount doubled to 60.9%. For seniors living alone, this trend is even more pronounced, from 5.8 % who had a computer in the household in 2010 to 38.4 % for single-resident seniors` households in 2020. In the past decade, there have also been changes in the internet use. If only 9.4% of seniors aged 65-74 used the Internet regularly (at least once a week) in 2010, then in 2020 there are already more than half of seniors – 56.2%. Yet also in 2020, still one in three (31.8 %) of seniors never used the internet at all[[39]](#footnote-39). *The Digital Transformation Strategy for 2021-2027* identifies the society ageing trend, emphasising the need to develop an IT solution to be installed in a person's home to monitor changes in a person's condition, as well as to promote the adaptation of socializing tools for seniors in order to create conditions for seniors to continue their lives as long as possible in their usual residence and reduce the risk of living alone in terms of developing mental illnesses.

***Research***

Studies about the ageing processes of individuals and populations has been increasingly being carried out in recent years to help address emerging needs in an ageing society. Riga Stradins University, which specializes in healthcare and social sciences, has been conducting 6 studies in the field of ageing since 2019:

1. Promoting healthy ageing, well-being and social security (2021-2024) - addressing issues of healthy ageing, well-being and social security;
2. Modelling of public health effects of COVID-19 for older people in Latvia and Norway (2021-2022) - using innovative methods to understand and manage the consequences of the COVID-19 crisis for older people;
3. Challenges of an ageing population in the Baltic Sea Region (2020-2023) - the aim is to improve knowledge on the factors of social exclusion due to age by comparing the Baltic and Scandinavian countries. The project explores how social exclusion develops among the population and changes the conditions for societal diversification, what they mean for well-being in old age and how policies affect ageing processes;
4. “The impact of the COVID-19 pandemic on the healthcare system and public health in Latvia; strengthening the preparedness of the health sector for future pandemics" sub-project “Impact of COVID-19 on Latvian population groups over 50 years of age: recommendations for reducing health and social consequences and preparedness for future crises." (2020). The aim was to analyze the habits of the elderly during the COVID-19 outbreak and to develop policy recommendations on avoidable risk factors for future crisis situations;
5. The impact of long-term physical activity on the burden of cognitive dysfunction and depression on seniors (2019-2020) - to explore the relationship of long-term aerobic exercise to impairment of cognitive processes due to ageing;
6. Modifiable bio and lifestyle markers to predict worsening cognitive function (2021-2022) - find out if lifestyle and biological markers predict abnormal cognitive aging before a manifestation of clinical symptoms.

As part of the ESF project, a number of studies were carried out between 2018 and 2020, targeting int.al. to seniors, such as a Study of the health habits and functional abilities of Latvian residents over working age, a cross-section study of the risk factors for cardiovascular and other non-infectious diseases of Latvian residents, a study on salt and iodine consumption in the adult population of Latvia, Study on the distribution of addictions (gambling, computer dependency, new technologies etc.) of Latvian residents and the risk factors affecting it.

**Key achievements and challenges ahead**

In order to protect the human rights of all older people and to raise the quality standards for integrated social and long-term care and health services, as well as to adapt the status, training and working conditions of professional care workers, the following laws, which entered into force from 2003, should be mentioned as the most important achievements over the last 20 years:

* In 2003, the *Law on Social Services and Social Assistance* came into force, which for the first time established a framework in the field of social services (not just social assistance), laying down general principles for the provision of social services, duties and responsibilities of state and local governments. With the establishment of a framework for social services, various new social services have been introduced over 20 years and are constantly being developed;
* In 2009, the *Law on the Rights of Patients* entered into force with the aim of promoting favourable relationships between a patient and the provider of health care services, facilitating active participation of the patient in his or her health care, as well as to provide him or her with an opportunity to implement and protect his or her rights and interests;
* In 2010, Latvia ratified the UN Convention on the Rights of Persons with Disabilities, which entered into force on 31 March 2010. A new *Disability Law* came into force in 2011.

One of the achievements in the allocation of social services is deinstitutionalization process launched in 2015 and the progress towards the development of community-based services.

***The future tasks***:

* increase the accessibility, efficiency and relevance of community-based social services to the needs of the target group, in particular by increasing access to social services for seniors[[40]](#footnote-40);
* promote the transition of individuals to community-based or family-oriented services while improving the quality of institutional care services[[41]](#footnote-41);
* improve the financial protection of citizens in cases of illness and incapacity and reduce waiting times for the state-paid health services, including by increasing the availability of state-paid health services, medicines and medical devices[[42]](#footnote-42);
* strengthen the coordination of patient healthcare in order to ensure continuity and cooperation between professionals in patient healthcare at different stages of treatment, including the development of cross-sectoral co-operation, ensuring that the patient is attracted to the social care services required during the healthcare phase[[43]](#footnote-43);
* and promote the development of social networking programs for seniors[[44]](#footnote-44).

# **Part III**

# **Healthy and active ageing in a sustainable world**

On July 17, 2018, Latvia presented the voluntary national Report to the High level political Forum on the implementation of the Sustainable Development Goals[[45]](#footnote-45). The report identifies ageing as a weakness of Latvia, especially in the area of income and opportunity inequality, where ensuring good living for the elderly is one of the major challenges in an ageing population. The report also highlights the ageing population in the context of gender equality by updating the availability of care services for older family members.

The report to the UN on implementation of the sustainable Development Goals was co-ordinated by the Cross-Sectoral Coordination Centre (hereinafter - CSCC), which is an institution under the authority of the Prime Minister responsible for the Latvian development planning system. The CSCC also participates in the EU Council Working Group on *Agenda 2030 for Sustainable Development* and is active in the European Sustainable Development Network, a European public Administration Expert Group on Sustainable Development. The CSCC shall develop the National Development Plan (the hierarchically highest medium-term planning document, which determines the most hierarchically significant indicators of policy results to be achieved), monitoring and co-ordinating the implementation thereof, monitoring and co-ordinating implementation of such national development planning documents, which are related to the participation of the Republic of Latvia in the EU, as well as co-ordinating declarations regarding the intended activities of the Cabinet and implementation of the action plan for implementation thereof.

The main Sustainable Development Goals, which are in line with the measures in this report:

* End poverty in all its forms everywhere;
* Ensure healthy lives and promote well-being for all of all ages;
* Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all;
* Achieve gender equality and empower all women and girls;
* Ensure access to affordable, reliable, sustainable and modern energy for all;
* Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;
* Reduce inequality within and among countries.

# **Lessons learnt from the impact and consequences of the emergency situation on the elderly**

The health system was significantly impacted by the COVID-19 pandemic in 2020-2021, placing a heavy burden on both the inpatient and primary healthcare sectors. Due to the high number of inpatient COVID-19 patients, individual medical facilities temporarily restricted the provision of planned health services. The COVID-19 pandemic has increased the need for psycho-emotional support for residents and is predicted to have adversely affected the diagnostic and treatment options for other chronic diseases, thus impairing the health of the population.

A study “Impact of COVID-19 on Latvian population groups over 50 years of age” was developed in 2021 within the framework of the State Research Programme “To reduce the consequences of COVID-19”: recommendations for reducing health and social consequences and preparedness for future crises "[[46]](#footnote-46). A survey of about a thousand Latvian residents aged over 50 revealed that almost a fifth of seniors have felt that COVID-19 has affected their mental health condition, while 6% of the mental health condition has been seriously affected because they have experienced both sleep problems, depression and anxiety and nervousness more often than not during the emergency. While well over half of older people surveyed use digital technology, only a fifth have used it to get health services. Only one in ten have made internet purchases. Digital technology opportunities among seniors are most used to gather information. In addition to the surveys, in-depth interviews have been conducted with men and women living in different regions of Latvia. Telephone consultations and e-prescriptions have been used by everyone who had it up to date; there were also no problems with known medications and getting them. Video communications (and computer programs) were not used due to shortages of resources and skills, thus drawing attention to the problems of economic inequality among seniors. Summing up responses to changing habits during COVID-19, it must be concluded that more than three in four seniors have avoided visiting shops and public places, as well as other forms of face-to-face contact with people. Seniors have felt the limit of daily activity during the emergency, but the restrictions have not been very significant, they say. People have tried hard to reduce contact with those around them, visited shops less often, moved less frequently on public transport, avoided travel, tried to keep up with the 2 m distance, used disinfectant more often. Just over half of seniors have also made food savings for longer periods, but a relatively small proportion of seniors have been prompted by COVID-19 to watch TV more often, read books more, eat healthier, communicate more with friends and acquaintances. The extreme situation has had virtually no impact on the drinking and smoking habits of seniors, leading to the conclusion that health habits have developed steadily in maturity compared to young people's age. Significant differences between gender, interview languages and age groups, such as retirement age and before retirement, were not observed. The study also covers employment-related issues, finding that older people do not work remotely (above 90%), which in turn can be both a protective factor for social isolation and related depression, and simultaneously raise anxiety and fear about possible infection with COVID-19. Insights from interviews show that it is older seniors, including employed people, who accept the situation and rely on destiny. Their lived experiences offer a different perspective on the crisis posed by COVID-19 compared to younger people.

One of the most vulnerable groups in the COVID-19 emergency situation were elderly people in need of ongoing care - both those in home settings receiving home care service and those in long-term social care institutions. Guidance[[47]](#footnote-47) was prepared in 2020, providing a care-at-home service to sustain the continued, high-quality and safe delivery of services that included key principles needed when planning and providing services amid the COVID-19 outbreak or widespread and rapid spread. In order to reduce the risk of contracting COVID-19 and prevent mass infection with COVID-19 to people living in state, local government and private institutions for long-term social care and social rehabilitation (hereinafter - institutions for long-term social care), as well as to provide support to institutions for long-term social care for the prevention of COVID-19 and the consequences thereof, an action plan for limiting the spread of COVID-19 in institutions for long-term social care and social rehabilitation was approved on February 4, 2021.[[48]](#footnote-48) The Action Plan identified 7 directions of actions:

1. Dealing with operational issues.

2. Monitoring and control of the situation.

3. Compliance with epidemiological safety requirements.

4. Prevention of the spread of infection.

5. Support for employees of long-term social care institutions.

6. Communication with clients' relatives and institutions.

7. Exit measures.

On July 7, 2021, “Plan to increase vaccination coverage against COVID-19 infection” was approved[[49]](#footnote-49). Given the very low coverage of vaccination against COVID-19 among seniors, in 2021, family doctors got involved by addressing seniors directly. 425 general practitioners engaged in calling seniors. 24,135 people have been called, of whom 9,236 have agreed to be vaccinated - 38% of those called. A number of information measures were also implemented in order to promote vaccination against COVID-19, including in relation to seniors, for example, a written article “Studies prove – adverse reactions from COVID-19 vaccines are the least common for seniors”[[50]](#footnote-50), a letter from the Minister of Welfare to the largest seniors organization - the association “Latvian Federation of Pensioners”, was sent inviting to address each Member of his organisation, employee, inviting them to vaccinate, as well as to implement activities aimed at promoting vaccination, etc., within the framework of cooperation agreement between the Ministry of Welfare and the assocation.

In order to ensure the continuity of payment of various benefits and services, a number of key statuses were automatically extended, such as the status of needy and low-income households, the disability period, etc. However, several health and social rehabilitation services were discontinued during the emergency periods[[51]](#footnote-51).

In order to mitigate the negative effects of the COVID-19 pandemic, alongside existing policy measures and standard support instruments, both lump-sum and temporary support measures were introduced directly for people of retirement age:

* A lump-sum allowance of EUR 200 for seniors and people with disabilities was granted in April 2021;
* In 2021, each person living in Latvia who has reached the age of 60 by the end of 2021 and completed a full vaccination course against COVID-19 infection shall be paid a benefit of EUR 20 per month during the period from 1 November 2021 to 31 March 2022.

In 2021, an open project application competition “Support to NGOs for the Reduction of the Negative Consequences caused by the COVID-19 crisis” was organised, the purpose of which was to provide support for the activities of NGOs, including such activities, which are implemented in addition to activities performed by state and local government institutions in order to reduce the consequences caused by the COVID-19 crisis in all regions of Latvia. Funding was received by 21 NGOs. The activities of one association were targeted directly at seniors, namely the aim of the project was to train 24 seniors so that in future they could engage in “Senior School” activities using the Internet connection method. Project activities are aimed at seniors who are constantly attending “Senior School” classes but are unable to attend in-person classes due to restrictions on gatherings during the COVID-19 pandemic. Within the framework of the project, classes were organised in small groups (3 people), providing the opportunity to acquire practical skills in work with electronic devices (tablet computers) and Internet usage skills, as well as to learn to use several useful Internet applications. As a result of the project, seniors learned to participate independently in the Zoom Online conference.

Overall, an assessment of the situation shows that a large number of activities have been implemented to prevent deaths as a result of COVID-19. Unfortunately, though, the vast majority of those who died of Covid-19 infection were seniors.

# **Planned measures WHO healthy ageing decade 2020 - 2030**

The Ministry of Health has developed “Public Health Strategy for 2021-2027” (draft)[[52]](#footnote-52), which aims to improve the health of Latvian residents by extending life in good health, preventing premature mortality and reducing health inequalities. By 2027, it is planned to:

* increase the number of healthy years of life by four years for men and three years for women;
* reduce potentially lost years of life by 15%;
* increase the average life expectancy of newborns in men by 1.8 years and in women by 1.2 years.

The *Public Health Strategy for 2021-2027 (draft)* sets out the following priority health areas: cardiovascular disease, oncology, mental health, maternal and child health (perinatal and neonatal period) care, rare diseases, palliative care, medical rehabilitation. The aspect of healthy ageing runs through the measures included in the *Public Health Strategy for 2021-2027 (draft)* and measures targeting the whole population, including the elderly, such as health promotion and disease prevention measures, will be implemented during its period of operation. Access to human-centred and integrated health services, improved availability of state-paid outpatient, inpatient services and reimbursable medicines and medical devices to citizens will also be promoted.

# **Conclusions and future priorities**

The results of the active ageing index (see Annex 3 “Active Ageing Index”)[[53]](#footnote-53) show that Latvia's average active ageing index is close to the EU average, i.e., 35.3 (EU – 35.7). Employment indicators in Latvia significantly exceed the EU average indicators – Latvia has the sixth highest indicator, as evidenced by relatively high employment rates in the 55 + age group. Employment rates have risen not only since 2005 but also since 2015. Employment growth has been influenced by many factors, both increasing the retirement age and increasing the life expectancy of the population, active ageing and also low pensions, leading many seniors to choose to continue working beyond retirement age.

Participation rates in Latvia are at the EU average level. Volunteering for seniors has increased, but political participation has fallen. The proportion of seniors (55 +) providing care to their children or grandchildren has dropped slightly compared to 2015, but is nonetheless seen as a relatively high rate of 27.5%. The proportion of seniors 55 + who looked after their parents or relatives with disabilities has risen very significantly. Compared to 2015, the figure has risen from 10.6% to 27.8% in 2018. This reaffirms the lack of a social care service in the country and highlights the need to invest significantly in the development of this service.

Independent, healthy and safe life indicators have improved slightly since 2005, but are still very low compared to the EU – Latvia has the lowest indicator among all EU countries. Unmet healthcare needs, low lifelong learning rates, high risk of poverty and low incomes unfortunately point to the low effectiveness of these policies and the weak impact on seniors' situation.

Capacity and active ageing environment indicators in Latvia are also significantly lower than in other EU countries. Significant progress has been made in some areas, such as the use of ICT by seniors aged 55-74 years has increased significantly compared to 2005. The level of education acquired by seniors aged 55-74 has also increased significantly. However, life expectancy and the number of healthy years in Latvia are significantly lower than in other EU countries.

Taking into account the active ageing index as well as identified gaps in different areas, the main priorities for the future in the area of ageing are as follows:

* improve access to social care and health care services;
* increase the amount of social transfers and their impact on poverty reduction for people of retirement age, as well as assess the possibility of introducing a basic pension;
* and continue to implement anti-discrimination measures through awareness raising activities on the needs of seniors.
1. Ministry of Welfare, conceptual report “The Active Ageing Strategy for Longer and Better Working Lives in Latvia”, <http://polsis.mk.gov.lv/documents/5688> [↑](#footnote-ref-1)
2. Central Statistical Bureau, information survey “Seniors in Latvia” (2021). Available for <https://admin.stat.gov.lv/system/files/publication/2021-09/%21Seniori_Latvija_2021_%2821_00%29_LV.pdf> [↑](#footnote-ref-2)
3. Economic Development Review of Latvia (2021). Available at: <https://www.em.gov.lv/lv/latvijas-ekonomikas-attistibas-parskats> [↑](#footnote-ref-3)
4. Central Statistical Bureau, information survey “Seniors in Latvia” (2021). Available for <https://admin.stat.gov.lv/system/files/publication/2021-09/%21Seniori_Latvija_2021_%2821_00%29_LV.pdf> [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Ibid. [↑](#footnote-ref-6)
7. <https://unece.org/fileadmin/DAM/pau/age/Ministerial_Conference_Lisbon/Documents/2017_Lisbon_Ministerial_Declaration.pdf> [↑](#footnote-ref-7)
8. “Strategy on Social Protection and Labour Market Policy for 2021-2027” (2021). Available at: <https://likumi.lv/ta/id/325828-par-socialas-aizsardzibas-un-darba-tirgus-politikas-pamatnostadnem-2021-2027-gadam> [↑](#footnote-ref-8)
9. “Public Health Strategy for 2021-2027” (draft to 03.03.2022.). Available at: <https://tapportals.mk.gov.lv/legal_acts/b8342cd9-318a-4f99-b147-0a144bcbf231> [↑](#footnote-ref-9)
10. “Education Development Strategy for 2021-2027” (2021). Available at: <https://likumi.lv/ta/id/324332-par-izglitibas-attistibas-pamatnostadnem-2021-2027-gadam> [↑](#footnote-ref-10)
11. “Digital Transformation Strategy for 2021-2027” (2021). Available at: <https://likumi.lv/ta/id/324715-par-digitalas-transformacijas-pamatnostadnem-20212027-gadam> [↑](#footnote-ref-11)
12. <https://nvo.lv/uploads/zinojums_lidzdaliba_lemumu_pienemsana_2021.pdf> [↑](#footnote-ref-12)
13. Social Inclusion Policy Coordination Committee and Council of Seniors` Affairs. [↑](#footnote-ref-13)
14. Measure 9.1.4.4 “Promotion of diversity (non-discrimination)” of the specific support objective 9.1.4 “Increasing the integration of persons at risk of discrimination into society and the labour market” of the operational programme “Growth and Employment” [↑](#footnote-ref-14)
15. <https://nvo.lv/lv/content/par_lpa> [↑](#footnote-ref-15)
16. Research carried out by the Ombudsman's Office of Latvia in cooperation with Norstat “Discrimination in the employment environment in Latvia. Comparative study 2011 and 2020', <https://www.tiesibsargs.lv/uploads/content/diskriminacija_darba_vide_2020_petijuma_rezultati_1594374193.pdf> [↑](#footnote-ref-16)
17. Objective of specific support 8.4.1 of the operational programme “Growth and Employment” of the EU Funds “Improving the professional competence of employed persons” [↑](#footnote-ref-17)
18. Low income household is a household whose income per month does not exceed the maximum EUR 436 for the first or single person in the household and EUR 305 for other persons in the household (the amounts vary among municipalities from EUR 272 to EUR 436). [↑](#footnote-ref-18)
19. Needy income household is a household whose income per month does not exceed EUR 272 for the first or single person in the household and EUR 190 for other persons in the household. [↑](#footnote-ref-19)
20. The minimum amounts of benefits and pensions, or thresholds thereof, are determined on the basis of methodologically justified criteria consistent with socio-economic reality, i.e. in percentage of the median disposable income of households per equivalent consumer (hereinafter - median income), the calculation of which uses the equivalence scale 1; 0.7 (1 for the first or single person in the household and 0.7 for the rest members in the household). [↑](#footnote-ref-20)
21. Electricity Market Law [↑](#footnote-ref-21)
22. The tasks set out in the “Strategy on Social Protection and Labour Market Policy for 2021-2027”*.* [↑](#footnote-ref-22)
23. Ibid. [↑](#footnote-ref-23)
24. The challenges set out in the“Education Development Strategy for 2021-2027”. [↑](#footnote-ref-24)
25. The guidelines are available on the website of the Ministry of Welfare: <https://www.lm.gov.lv/lv/vadlinijas-horizontala-principa-vienlidziba-ieklausana-nediskriminacija-un-pamattiesibu-ieverosana-istenosanai-un-uzraudzibai-2021-2027> [↑](#footnote-ref-25)
26. Ministry of environmental Protection and Regional Development, <https://www.varam.gov.lv/lv/administrativi-teritoriala-reforma> [↑](#footnote-ref-26)
27. “Strategy on Social Protection and Labour Market Policy for 2021-2027” (2021), p. 80. [↑](#footnote-ref-27)
28. Reviews on social services and social assistance in the municipality/republican cities during 2014-2019. [↑](#footnote-ref-28)
29. Study “Assessment of the content, accessibility and impact of public-based social services on reducing social exclusion for pre-retirement and retirement-age persons and persons with mental disorders”, available: http://195.244.155.179/node/3142 [↑](#footnote-ref-29)
30. Reviews on social services and social assistance in the municipality/republican cities in 2020. [↑](#footnote-ref-30)
31. Informative Report “Final evaluation on the implementation of the Strategy on the Development of Social Services 2014-2020” (2021), p. 44. Available at: <https://tapportals.mk.gov.lv/legal_acts/a7d57dd0-0473-45a1-8324-c7375afd2b79> [↑](#footnote-ref-31)
32. “Strategy on Social Protection and Labour Market Policy for 2021-2027” (2021), p. 93. [↑](#footnote-ref-32)
33. Ibid p. 77. [↑](#footnote-ref-33)
34. Assistant - a natural person who gives assistance to a person with a very severe or severe level of functioning limitation in performing such activities outside his or her dwelling which due to his or her disability cannot be performed independently, - to get to the place where he or she is studying, working, receiving services; to move about and to take care of himself or herself in an educational institution, in a place of paid employment; to be in contact with other natural and legal persons, and also assist a person with visual disability to acquire a programme of basic vocational education, secondary vocational education or higher education (Disability Law). [↑](#footnote-ref-34)
35. Informative Report “Final evaluation on the implementation of the Strategy on the Development of Social Services 2014-2020” (2021), p. 64. [↑](#footnote-ref-35)
36. Ltd. “Project and Quality Management”, Ilze Mileiko, Barbara Abele. Study “Modelling the design of an optimal service for a social rehabilitation service for adult victims of violence, taking into account the gender perspective” (2018); available at: <https://www.lm.gov.lv/lv/media/6298/download> [↑](#footnote-ref-36)
37. Ibid., p. 68. [↑](#footnote-ref-37)
38. 9.2.4. specific objective “Improving Access to Health and Disease Prevention Services, in particular for the population at risk of poverty and social exclusion” 9.2.4.1 “Complex Measures for Health Promotion and Disease Prevention” and measure 9.2.4.2 “Measures to promote local public health and disease prevention” [↑](#footnote-ref-38)
39. Central Statistical Bureau, information survey “Seniors in Latvia” (2021). Available at <https://admin.stat.gov.lv/system/files/publication/2021-09/%21Seniori_Latvija_2021_%2821_00%29_LV.pdf> [↑](#footnote-ref-39)
40. The tasks set out in the *“*Strategy of Social Protection and Labour Market Policy for 2021-2027”. [↑](#footnote-ref-40)
41. Ibid. [↑](#footnote-ref-41)
42. “Public Health Strategy for 2021-2027” (draft to 03.03.2022.), p. 38. [↑](#footnote-ref-42)
43. Ibid. [↑](#footnote-ref-43)
44. “Digital Transformation Strategy for 2021-2027” (2021). [↑](#footnote-ref-44)
45. <https://www.pkc.gov.lv/sites/default/files/inline-files/Latvija%20IAM%20Zinojums%20ANO.pdf> [↑](#footnote-ref-45)
46. The study is available at: <https://www.vm.gov.lv/lv/media/6495/download> [↑](#footnote-ref-46)
47. Available here <https://www.lm.gov.lv/lv/jaunums/covid-19-noradijumi-aprupes-majas-pakalpojumu-sniedzejiem> [↑](#footnote-ref-47)
48. Approved by Cabinet Order No 66. Available here <https://likumi.lv/ta/id/320748-par-ricibas-planu-covid-19-izplatibas-ierobezosanai-ilgstosas-socialas-aprupes-un-socialas-rehabilitacijas-institucijas> [↑](#footnote-ref-48)
49. Approved by Cabinet Order No. 491. Available here <https://likumi.lv/ta/id/324688-par-vakcinacijas-aptveres-palielinasanas-planu-pret-covid-19-infekciju> [↑](#footnote-ref-49)
50. “Informative report on the plan to increase vaccination coverage against COVID-19 infection” (01.11.2021). Available for <https://tapportals.mk.gov.lv/legal_acts/55479b9e-da21-4009-b331-96efffc3e19e> [↑](#footnote-ref-50)
51. Three emergency periods: First emergency period was from March 12, 2020 to June 9, 2020. Second emergency period was from November 9, 2020 to April 6, 2021. Third emergency period was from October 11, 2021 to February 28, 2022. [↑](#footnote-ref-51)
52. “The Public Health Strategy for 2021-2027” (draft to 03.03.2022.). [↑](#footnote-ref-52)
53. The comparison with EU countries is based on the following information: <https://composite-indicators.jrc.ec.europa.eu/active-ageing-index/active-ageing-index/profiles/LV> [↑](#footnote-ref-53)