

Life in 2015: the Latvia MDG Report

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Foreword

What will life in Latvia be like in 2015? This is not just a rhetorical question. At a time when people are beginning to enjoy the fruits of development, we would like to look into Latvia's future. Will Latvia in 2015 be the place where we want to raise and educate our children, and retire? Or will it be a safe haven only for the privileged?

The purpose of this Report is to prompt each and every member of society to consider what life in Latvia will be like in 10 years. The short period between the renewal of independence and membership in the European Union brought changes in all of the major social systems. Changes in employment opportunities, in healthcare, in social welfare had a dramatic impact on each person's life. Now that the pace of change has slowed, we can make more precise predictions about the future – and to influence it.

To prepare this Report, the Ministry of Foreign Affairs and the United Nations Development Programme Latvia collaborated with researchers, an inter-ministerial working group and the UN community. The information is prepared for the non-specialist reader. Where possible, targets are quantified. Achievement of the eight UN Millennium Development *Goals* will help to resolve the most profound human development problems – poverty and its various manifestations, and degradation of the natural environment. In the course of preparing this Report, the authors adapted the UN global *targets* for meeting the Goals to Latvia's specific circumstances and prepared *indicators* for measuring progress towards the Goals. This Report was accepted by the Cabinet of Ministers of the Republic of Latvia on March 15th, 2005.

Latvia is not the only country in the world preparing a country Report on progress towards achievement of the UN Millennium Development Goals. In response to a summons from the UN Secretary General, this is being done by all countries that signed the Millennium Declaration in 2000. In 2005, it will be possible to compare these Reports and thus to gain insight into the topography of human development across our planet.

Life in 2015: the Latvia MDG Report

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Global Millennium Development Goals

In what kind of a world will we be living in 2015? This is the question that preoccupied the heads of state and government who met in September 2000 at the largest-ever gathering of world leaders to adopt the United Nations (UN) *Millennium Declaration*. In an age when human activities are causing irreversible degradation of the natural environment, in an age when despite the “progress” of humanity, millions of people lack drinking water, nourishment, the security of a home, 191 nations pledged to change this situation by the year 2015.

On the basis of the Millennium Declaration, the UN, the World Bank, and the Organisation for Economic Cooperation and Development (OECD) agreed on eight interrelated *Millennium Development Goals* (MDG), the achievement of which will improve life for the poorest and most vulnerable:

- 1) Eradicate extreme poverty and hunger
- 2) Achieve universal primary education and access to secondary education
- 3) Promote gender equality and empower women
- 4) Reduce child mortality
- 5) Improve maternal health
- 6) Combat HIV/AIDS, malaria and other diseases
- 7) Ensure environmental sustainability
- 8) Develop a global partnership for development

These Goals draw the world’s attention to the targets that must be met by the year 2015 in order to achieve measurable results in people’s day-to-day lives. The first seven Goals seek to reduce poverty related problems, and to prevent the Earth’s degradation. The eighth Goal addresses *development cooperation* between the richest and the poorest countries to achieve long-term social and economic development in less-developed countries. The global Goals were developed on the basis of figures for the year 1990. However, this was the year *before* Latvia regained independence, and cannot be taken as the base-line year since it does not reflect the development process in the years following upheaval of the political system.

The information that is compiled about progress towards achievement of the Goals helps the UN and the world’s most-developed countries to plan cooperation and aid priorities and to adapt their activities to changing global conditions. It is already clear in which regions the Goal to eradicate poverty is being achieved and in which much more must be done to improve living conditions. For example, China’s economic growth since 1990 has helped 150 million people in China to escape poverty. Poverty has also declined in Brazil, India, Vietnam and elsewhere. In Eastern Europe and in CIS countries, however, the number of poor people has tripled from 31 million to approximately 100 million. Another example: unless urgent measures are taken, Russia, India and China may be facing an HIV/AIDS epidemic by the year 2015.



Latvia's Millennium Development Goals

Each UN member nation adapts the Millennium Development Goals to domestic conditions, develops goals, targets and indicators suitable for its own country and follows progress towards achievement of these Goals.

Latvia's Goals are realistic, but they are also challenging enough to serve as points of reference in discussions about policy changes needed to improve Latvia's future. The indicators make it possible to identify problems which exist alongside positive development trends.

In comparison with many other countries, Latvia's situation is quite positive. For example, a large number of people are not extremely poor, people here do not die of hunger, and Latvia is not threatened by malaria and other diseases. However, the economic growth of the past decade has come in tandem with a decline in living standards for some social groups. Human development cannot be considered successful if poverty and social exclusion continue to grow.

Adaptation of the global Goals to Latvia began in 2003. The Ministry of Foreign Affairs set up an inter-ministerial working group and, in collaboration with UNDP Latvia, consulted experts and civil society organisations. This group of experts completed their analysis of the situation in regard to Goal achievement and determined the targets and indicators taking into consideration recent changes, including Latvia's accession to the EU.

Unlike the global targets, Latvia's targets cannot always be expressed in figures (for example, targets to generally reduce the number of poor people, to improve maternal reproductive health). For some of the targets, Latvia has pledged to achieve the average levels of the European Union of 15 Member States.

The next pages will provide information on Latvia's Goals and targets for reaching these Goals. By following the targets and indicators, each reader can draw conclusions about whether or not Latvia is likely to achieve its Goals in the next 10 years. Each section also contains information about government and civil society activities aimed at Goal achievement, as well as references to other sources of information. Due to the limited volume of this Report, statistics that support statements can be found in the electronic supplement <http://www.un.lv>.

Only a few countries have committed themselves to the achievement of all eight Goals. Usually, less-developed countries pledge to tackle the first seven Goals and developed countries undertake to achieve the eighth Goal. However, all countries do have poverty related development concerns, and environmental sustainability is an issue even in developed countries. By committing itself to the achievement of all eight Goals, Latvia has demonstrated its determination to improve human development in its own country and to help countries in which conditions are more severe.

Millennium Development Goals and Targets in Latvia

Goals	Targets
1. Reduce poverty	1. Reduce the number of poor people 2. Reduce income inequalities between the rich and the poor
2. Achieve universal basic education and access to secondary general or secondary vocational education	3. Ensure, by 2015, basic education for all persons up to the age of 18 4. Ensure, by 2015, access to secondary general or secondary vocational education for 85% of the population
3. Ensure equal opportunities for women and men	5. Reduce gender disparities in life expectancy and approximate life expectancy levels to the European average 6. Reduce gender disparities in access to financial resources 7. Reduce the predominance of one gender in power and decision-making positions
4. Reduce child mortality	8. Reduce by half, between 1995 and 2015, the under-five mortality rate, approximating this to the EU average 9. Reduce by half, between 1995 and 2015, child mortality related to external causes in all age groups
5. Improve maternal health	10. Reduce maternal mortality related to preventable causes to the European average 11. Improve women's reproductive health
6. Reverse the incidence of HIV/AIDS, tuberculosis, diphtheria and other preventable causes of death	12. Reduce by 10% per year in the period up to 2015 the number of new HIV cases among both women and men 13. Achieve adequate care and treatment for 50% of HIV patients by 2015 14. Reverse the incidence of tuberculosis (TB) and bring the tuberculosis-related mortality rate down to the 1990 level 15. Reverse the incidence of diphtheria to 1 case per 100,000 people by 2010 16. By 2015, reduce by 10% as compared to 2000 the preventable causes of premature deaths connected with traffic accidents, alcohol and drugs, suicide and violence
7. Ensure environmental sustainability	17. Integrate the principles of sustainable development into sectoral policies 18. Prevent the depletion of natural resources 19. Provide safe drinking water for the population
8. Promote development cooperation	20. Increase Latvia's funding for development cooperation 21. Promote public awareness of and participation in development cooperation

Millennium Development Goals. Information

Millennium Declaration in Latvian <http://www.un.lv/down/Press/millennium.pdf>

Global and regional Millennium Development Goals <http://www.developmentgoals.org>

The Millennium Project http://www.unmillenniumproject.org/reports/index_overview.htm

UNDP *Human Development Report 2003*. This annual global review of human development is dedicated to the Millennium Development Goals <http://www.undp.org/>



Goal 1: Reduce poverty

One-sixth of the world's population of 6.3 billion lives in poverty. In UN terms people living in *poverty* survive on no more than 2 USD per day, but those spending less than 1 USD per day live in conditions of *extreme poverty*. The global UN Millennium Development targets for poverty are to halve the number of extremely poor people (per UN definition, there are currently approximately 363 million such people throughout the world) and the number of people suffering from hunger.

In the European Union (EU) people are considered as poor if their living standards are below those regarded by society as acceptable. Individuals whose income is less than 40% of the income of one equivalent consumer can be considered as *extremely poor*, while those whose income does not exceed 60% of the income of one equivalent consumer are considered as *poor*.

No matter which definition is applied, poverty remains a phenomenon that restricts an individual's opportunities in many ways. Poverty makes it impossible to buy enough food, pay utility bills, get an appropriate education, see a doctor, attend cultural events, etc. The causes of poverty often cannot be separated from the effects, drawing the impoverished into a *vicious cycle of poverty* (see Box 1.2.). If an individual is trapped in this vicious cycle and unable to escape on his own, the government and society must assist in eliminating the causes of poverty and alleviate the effects.

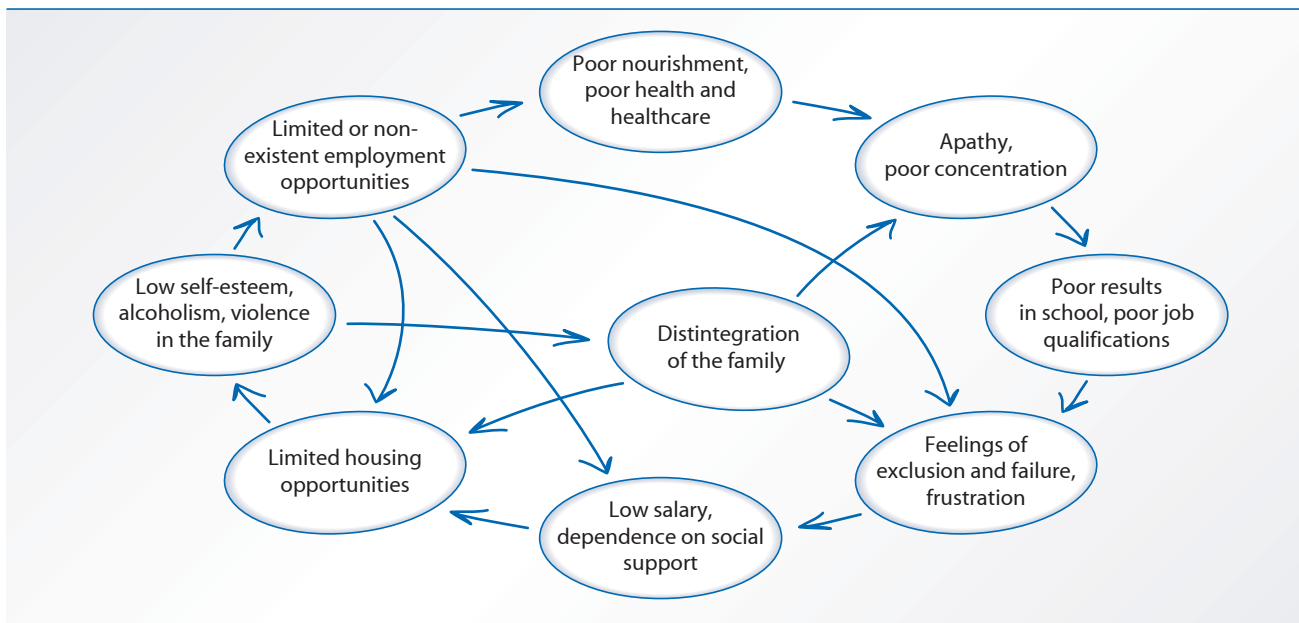
The proportion of poor people in Latvia does not significantly differ from the EU average. However, in comparison with the EU of 15 Member States, real incomes in Latvia are very low. A poor person in the EU of 15 Member States has four times the amount of money at his/her disposal than does a poor person in Latvia. The gap between rich and poor within the country continues to widen. Social groups and regions unable to escape poverty without special support are appearing throughout the country.

In 1991, Latvia began the transition from a planned to a market economy. At the beginning of this time of political, economic and social change, Latvia's GDP fell sharply, and incomes rapidly polarised. From 1992, when Latvia began to register unemployed persons, the unemployment rate gradually increased and reached a culmination in 1998. To alleviate the negative effects of the new economic system on people's incomes, the government developed and implemented a new social welfare system.

From about 1995 to the present day, Latvia's rate of economic growth has been among the highest in the new EU Member States (with the exception of 1998 and 1999, when Latvia felt the effects of Russia's financial crisis). Up to 2003, the inflation rate did not exceed 3% per year.

Rapid economic growth, however, does not automatically translate into a rapid increase in overall welfare. The country's revenues are generated by the working population. The government uses part of its tax revenues on different forms of benefits

Box 1.2. Poverty's vicious cycle



and allowances to support those who, for some reason, are unable to earn their own living. Salaries, pensions and benefits are not used by only one individual, they are used by the whole family (household). Families or households are made up of employed and unemployed persons, pensioners, children and disabled persons. This means that each family's welfare to a large extent depends on the proportion of working individuals in the family. The more people in the family work and receive regular incomes, the better off the family (see Box 1.3).

Groups currently facing the greatest risk of poverty are:

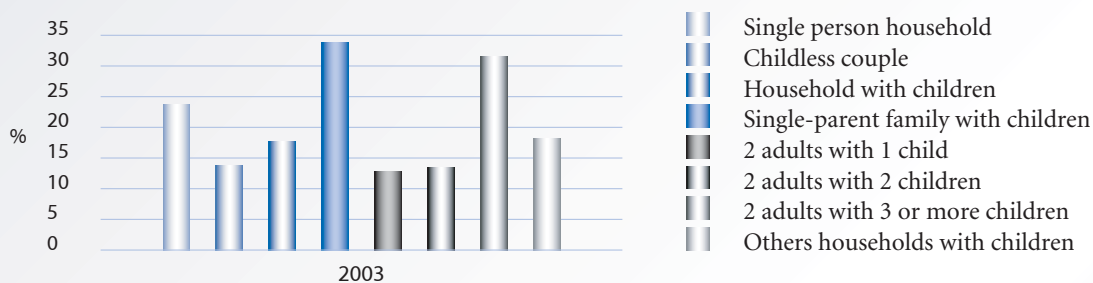
- families with unemployed persons, especially in the pre-pension age group;
- families with children and only one breadwinner, especially if this is the mother;
- families with three or more children;
- families in which one or more members are seriously ill, disabled or for some other reason unable to earn a living.¹

This list is not all encompassing. Groups at risk of poverty change along with changes in social conditions, job market and social welfare policies. In the past three years young people aged 16-24, whose education is unfinished or does not meet job-market requirements, have emerged as a risk group (see Box 1.3.). Many young people do not attend school and cannot find a job.

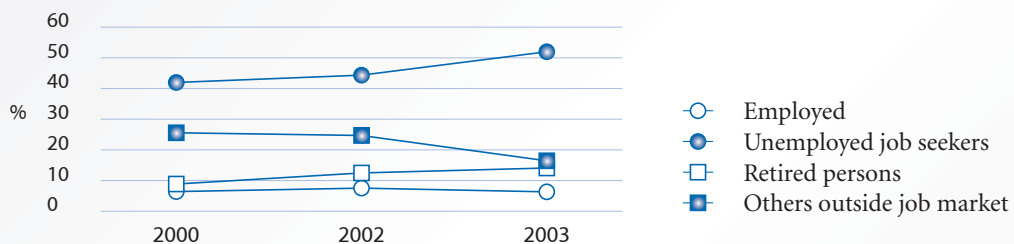
The poverty risk has a lot to do with where a person lives – in the capital, in a small town, or in rural areas. Although incomes have generally risen, increases are not evenly distributed. Income levels and their rate of increase differ across the country and between rural and urban populations.

Box 1.3. Poverty risk for different types of households

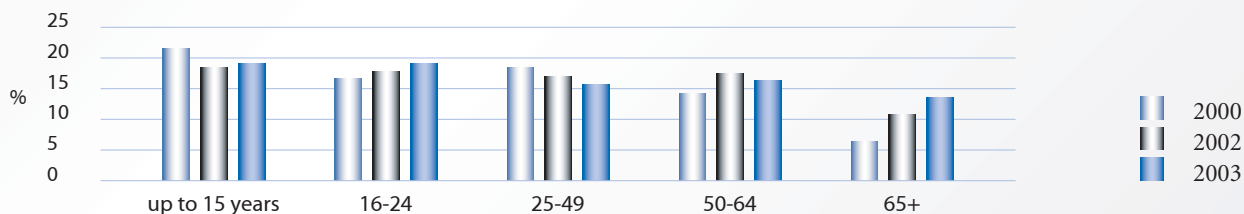
Poverty risk index by demographic type



Poverty risk index by employment



Poverty risk index by age



Source: Central Statistical Bureau of Latvia

A large number of people have not acquired an education that is in demand on the job market, and are therefore not employable. This slows down the country's economic growth and makes it harder to reduce poverty. Coordinated government economic, education, employment, healthcare and social policy can narrow the income gap by improving opportunities for the poor.

Latvia's main targets for reducing poverty are:

Target 1: to reduce the number of poor people in the country.

Target 2: to reduce income inequalities between the rich and the poor.

Target 1: Reduce the number of poor people

Indicator 1: Proportion of the population living with less than 40% of the median income of an equivalent consumer

1990	1995	2000	2001	2002	2003
-	-	6	-	5	5

Indicator 2: Proportion of the population with less than 60% of the median income of an equivalent consumer (incl. social transfers)

1990	1996	2000	2002	2003	ES-15 2001
-	16	16	16	16	15

Indicator 3: Social housing financed by government or municipality (thousand m² of total floor space)

1990	1995	2000	2001	2002	2003
465.0	8.4	0.7	-	-	-

Source: Central Statistical Bureau of Latvia; for Indicator 3, the *National Action Plan for Reduction of Poverty and Social Exclusion (2004 – 2006)*.

The number of people in Latvia living in poverty has been fairly constant over the past years. In 2003, approximately 5% of the population was living in extreme poverty, with incomes of no more than 20.30 LVL/month. These people were unable to afford adequate food, appropriate clothing, or suitable living accommodations. Those who have at their disposal no more than 60% of the median income of an equivalent consumer (61 LVL in 2003) face the risk of poverty. In 2003, 16% of Latvia's population faced this risk. As previously mentioned, this figure does not differ much from that in other European countries. In 2001, 15% of the European population was living on the threshold of poverty. Without social support, in 2003, 43% of Latvia's population would have been facing the risk of poverty. This indicates that the social welfare system is contributing to the reduction of poverty.

Another indicator for poverty is the percentage of income spent on food. In 2001, in the EU of 15 Member States, one person generally spent 12% of his or her income on food. In Latvia, the average has dropped from 60% in the mid-1990's to 32% in 2003.

The proportion of income that must be spent on housing and utilities affects the welfare of poorer people. In 2003, 3/5 of households in Latvia spent more than half of their income on housing, utilities and food, which left less money over for clothing, household goods, education, culture, healthcare and other needs.²

A growing number of people find it necessary to apply for social housing. The most vulnerable groups are currently families with children, particularly large families, persons in the pre-pension age group, as well as pensioners and disabled persons who live in the big cities. Those living below the social welfare threshold set by the municipality are eligible for social housing. Although the waiting lists are growing, the availability of social housing is not increasing.

People who find themselves living in poverty – among them people who have been evicted from their apartments for failure to pay the rent or utility bills, who have had to move out because their apartment owners are renovating or modernising, or who have been tricked into selling their apartments – can become homeless. Poor people who move to cities from rural areas and fail to register also risk becoming homeless. Although there are no accurate figures, the number of homeless people in Latvia, especially in Riga, is growing. It is estimated that approximately 5,000 people in Riga were homeless in 2004.³

In 2001, the 15 EU Member States allocated a three times higher share of GDP to social housing needs than did Latvia. Since real estate prices are rapidly rising, unless the supply of social housing is increased and debt problems resolved, the number of people who do not have appropriate and affordable housing will increase.

Target 2: Reduce income inequalities between the rich and the poor

Indicator 4: Gini coefficient per year in Latvia and in 2001 in the European Union

1997	2000	2002	2003	ES-15 2001
0.31	0.34	0.34	0.36	0.28

Indicator 5: S80/S20 Ratio of total equivalised income received by top income quintile to bottom income quintile

1990	1996	2000	2002	2003	ES-15 2001
–	5.0	5.5	5.5	6.1	4.4

Indicator 6: GDP per capita (in LVL, by region)

1998					1999					2000					2001					2002				
R	V	K	Z	L	R	V	K	Z	L	R	V	K	Z	L	R	V	K	Z	L	R	V	K	Z	L
2184	983	1614	938	905	2448	1040	1641	1072	891	2746	1111	1913	1161	965	3017	1220	2040	1258	1278	3499	1407	2015	1354	1176

R – Riga and vicinity, V – Vidzeme, K – Kurzeme, L – Latgale, Z – Zemgale

Source: Central Statistical Bureau of Latvia

Although there has been no overall increase in poverty in Latvia in recent years, polarisation of incomes is gradually increasing. Some groups are becoming poorer than others, and the chances for these groups to escape the vicious poverty cycle are becoming ever slighter. Polarisation evokes a series of negative phenomena. In a highly polarised society, for example, tolerance diminishes and social tensions grow.

Effective poverty reduction policies also reduce income inequalities. They help create conditions that give the poor opportunities to benefit from their talents, skills and initiative. Education and employment opportunities for the poorest,

both in the cities and in rural areas, are especially effective in increasing welfare. Such policies consolidate the population and lead to growth of a middle class – which is the best buffer against many possible crises.

Income inequalities are measured by the Gini coefficient (0 – perfect equality; 1 – perfect inequality), but the ratio of top to bottom quintile illustrates the differences between the richest and poorest parts of the population (see Box 1.1.) In 2003 the Gini coefficient was 0.36 in Latvia, compared to 0.28 in the EU of 15 Member States. It was lowest in Denmark (0.21) and the other Scandinavian countries, and highest in Portugal (0.38) and the other southern European countries (see Indicator 4).

In 2003, average monthly per capita income in the poorest household quintile was 31.87 LVL, but in the richest quintile, it was 6.1 times higher or 194.4 LVL. Furthermore, there were 1.3 times more persons living in the poorest quintile families

Box 1.1. Explanation of terms

Poverty is a multi-dimensional term. In the European Union, persons are considered to be poor if their income and resources (economic, social, and cultural) are so inadequate as to preclude them from having a living standard considered acceptable in the society in which they live.

Equivalent consumer – one consumer unit, calculated by a special methodology, using an equivalence scale. The equivalence scale makes it possible to compare families of different size and composition.

Poverty risk – the proportion of equivalent consumers living below a specified poverty threshold.

Poverty threshold – a poverty baseline fixed by the government, below which a person can be considered as poor. Latvia uses Eurostat's comparative indicator – income of less than 60% of the median income of a single-person household (equivalent consumer).

Extreme poverty threshold – income of less than 40% of the median income of a single-person household (equivalent consumer).

Gini coefficient – coefficient from 0 to 1, depicting inequalities in the distribution of income or consumption. If there is perfect equality in the distribution of incomes or consumer resources within a society, the Gini coefficient is 0. The greater the inequalities, the higher the coefficient.

S80/S20 – ratio of top quintile average household incomes to bottom quintile average household incomes. This indicator shows income polarisation.

Household quintiles – All households in the country are ranked in ascending order by per capita income and then divided into five equal parts – quintiles. The poorest households are in the bottom quintile, the richest, in the top quintile. (see Box 1.4.)

Median income – income level separating the bottom half of a country's households from the top half.

(bottom quintile) than in the richest, including 38% of all of Latvia's children. At the same time, 20% of the richest households had 43% of total household income at their disposal (see Box 1.4.).

Polarisation's regional dimensions continue to increase. There is a significant difference in the standard of living between Riga and other regions. The GDP of Riga and its vicinity was 3,499 LVL per capita in 2002 – approximately twice that of Vidzeme and three times that of Zemgale or Latgale. In the capital city of Riga, the average income was 118.23 LVL per month. Riga and vicinity generally have the fastest development rates, and the regions of Latgale and eastern Vidzeme have the highest unemployment rates.

The rural population suffers most from unemployment. The average income of an urban family in 2003 was 98 LVL per month; that of a rural family was 63 LVL (this was just slightly above the poverty threshold in 2003). Many rural residents have not had officially registered work the minimum number of years required to receive an old-age pension. They will receive only social assistance upon retiring, not a pension. Many rural residents are also not informed about opportunities offered to the unemployed, for example, cost-free retraining courses.⁴

Government and civil society poverty reduction initiatives

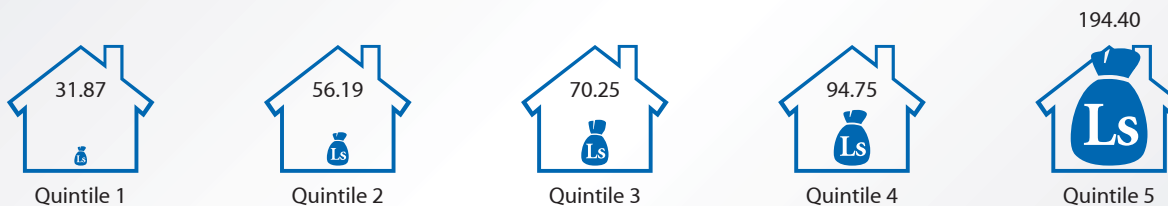
Latvia's poverty reduction measures are aimed toward:

- eliminating the causes of poverty in different population groups;
- alleviating the effects of poverty;
- strengthening public awareness of each individual's personal responsibility for improvement of his or her situation;
- reducing inequalities in development between different regions and within different regions by promoting cohesive regional development.

In its *National Action Plan for Reduction of Poverty and Social Exclusion (2004 – 2006)*, Latvia has pledged to carry out a number of measures to prevent and alleviate the effects poverty (see Box 1.5. for some examples). These long-term measures give people the opportunities to improve their lives. (For example, the government finances further education or retraining for

Box 1.4. Income distribution among household quintiles

Income at the disposal of a household (in cash and in kind) 2003 (monthly average, LVL)



Source: Central Statistical Bureau of Latvia. *Ziņojums par mājsaimniecību budžeta pētījuma rezultātiem 2003. gadā* [Report on the household budget survey 2003]. Riga, 2004.

unemployed persons, which provides opportunities to obtain better, higher paying jobs.) Alleviating the effects of poverty helps people to escape from poverty's vicious cycle. Implementing these measures is the responsibility of the government, the local governments and society at large. An understanding of the individual's role and responsibility, on the other hand, develops in the family, at school and in society as a whole.

The government has planned to stimulate regional development with a government aid programme and with help of the EU Structural Funds by expanding the range of regional development instruments and ensuring their coordinated use. One of the main challenges is to ensure that the development of different branches of Latvia's economy positively impacts the country's regions.

The Ministry of Regional Development is currently coordinating the preparation of the *National Development Plan (NDP) (2007 – 2013)*. This is an investment plan that will set national priorities in order to stimulate balanced and sustainable national development and improve Latvia's competitiveness within the European Union. In accordance with the NDP, a *Framework Document on the National Strategy for Use of EU Structural Funds (2007 – 2013)* will be drafted.

From poverty prevention to social inclusion

In the year 2000, the European Council defined the strategic development goal of the European Union: "to become the most competitive and dynamic knowledge-based economy in the world, capable of sustainable economic growth with more and better jobs and greater social cohesion." One of the main objectives for meeting this goal is a significant reduction of poverty and social exclusion throughout Europe. Social exclusion is a broader term than poverty. It is a process in which the individual is unable, due to poverty, insufficient education, discrimination or other circumstances, to fully or partly fit into society and take part in social life. Social inclusion measures provide opportunities to do this.

The European countries have developed a *Social Inclusion Strategy and a Community Action Programme to Combat Social Exclusion (2002 – 2006)*, which comprises the national action plans of the EU Member States for reducing poverty and social exclusion. In 2003, when it was still a candidate country, Latvia together with the European Commission prepared a Joint Memorandum on Social Inclusion, which sets out the main goals, policy measures, and areas that must be improved in this country. On this basis, in 2004, Latvia, like the other new EU Member States, drafted its *National Action Plan for Reduction of Poverty and Social Exclusion (2004 – 2006)*.

Implementation of the plan requires coordinated action not only between different ministries, but also between the government, local governments, and non-governmental organisations. By carrying out the anticipated measures, Latvia will be progressing towards the Millennium Development Goals. The number of poor and needy people will decline and, as a result, so will the polarisation of society.

Box 1.5. Policy objectives and measures to prevent and alleviate poverty (examples)

Promote employment:

- Improve availability and quality of further-education and retraining programmes;
- Promote self-employment and creation of new jobs;
- Provide opportunities for relocation closer to places of employment (geographic mobility);
- Create opportunities to coordinate work with family life.

Reduce lack of cohesion in regional development:

- Provide support for small and medium enterprises which are registered and operate in regions that are in particular need of support;
- Improve the employment potential of the population in sectors important for a region by implementing employment-promoting measures, improving education and training opportunities at the regional and local level, and by helping socially excluded groups to enter the job market.

Improve access to education and ensure that education and training meet the demands of a modern job market:

- Create opportunities to continue education that has been broken off at the basic level;
- Improve the quality, accessibility and compliance with job market demands of professional education;
- Increase adult and life-long education opportunities.

Guarantee minimum public healthcare services and access to needed medication:

- Allocate sufficient budget funds to procurement of medication and monitor effective use thereof to ensure that patients with serious or chronic diseases receive government-subsidised medication.

Provide adequate housing for all:

- Increase the supply of social housing and promote the creation of a nation-wide system for registering receipt of social transfers;
- Create a mechanism for providing support for families with children in dealing with housing problems.

Provide public transportation for all:

- Create a public transportation network and improve access to existing services.

Provide opportunities for all to take part in public cultural and sports events, and spend leisure time in a fulfilling manner.

Establish a public legal aid system for people with low incomes.

Ensure adequate income:

- Regularly raise the minimum wage;
- Improve tax policy – review rates for untaxed income minimum and deductions for dependants;
- Raise old age pensions at a faster rate;
- Increase social benefits;
- Ensure that municipal social benefit systems provide adequate support for people with low incomes;
- Ensure support for children whose fathers (mothers) refuse to support them.

More information about these and other objectives can be found in the *National Action Plan for Reduction of Poverty and Social Exclusion (2004 – 2006)*, <http://www.lm.gov.lv>

Reduce poverty. Information

Nacionālais rīcības plāns nabadzības un sociālās atstumtības mazināšanai 2004.-2006.gadam [National Action Plan for Reduction of Poverty and Social Exclusion (2004 – 2006)]. 2004. <http://www.mk.gov.lv>

Konceptuālais jautājums nabadzības situācijas risināšanai un pamatnostādnes nabadzības novēršanai [Framework Document on Poverty Reduction and Policy Guidelines for the Prevention of Poverty]. 2000. <http://www.mk.gov.lv>

Since 2002, the Central Statistical Bureau of Latvia has been compiling Poverty Prevention Monitoring Indicators <http://www.csb.lv/Satr/nabdz.cfm>

Central Statistical Bureau of Latvia. 2003. *Sociālie procesi Latvijā [Social processes in Latvia]*. Riga, 2003.

European Commission. Joint Memorandum on Social Inclusion. 2004.



Goal 2: Achieve universal basic education and access to secondary general or secondary vocational education

Throughout the world, 113 million school-age children do not attend school. Two-thirds of them are girls. One-sixth of the world's population is illiterate. Although Latvia lags behind many other countries in regard to life expectancy and other human development indicators, this is not so in regard to education. Almost all people in Latvia are literate, and more women than men have higher education and take part in life-long education.

Nevertheless, not all children in Latvia attend school. The National Education Inspectorate has established that, in the 2003/2004 school year, 2,088 children were not attending basic school. Statistics show that *one-quarter of all of Latvia's young people are not getting a secondary education*. More than 20% of young people aged 15-24 are unemployed. This figure exceeds the average unemployment rate of the economically active population by 8.7%. These young people have one common problem: without an education, they will find it hard to improve their own welfare or that of their kin.

To achieve the Millennium Development Goal, Latvia has set the following targets:

Target 3: to ensure, by 2015, basic education for all persons up to the age of 18.

Target 4: to ensure, by 2015, access to secondary general and secondary vocational education for 85% of the population.

Target 3: Ensure, by 2015, basic education for all persons up to the age of 18

Indicator 7*: Persons in a specific age group, who are enrolled in the basic education programme. % of total population in the same age group.

1996	1998	2000	2002	2003
82.5	82.0	86.5	91.1	91.8

Indicator 8**: School-age children who are not attending school and who have not acquired a basic education. % of all registered school-age children (number of children).

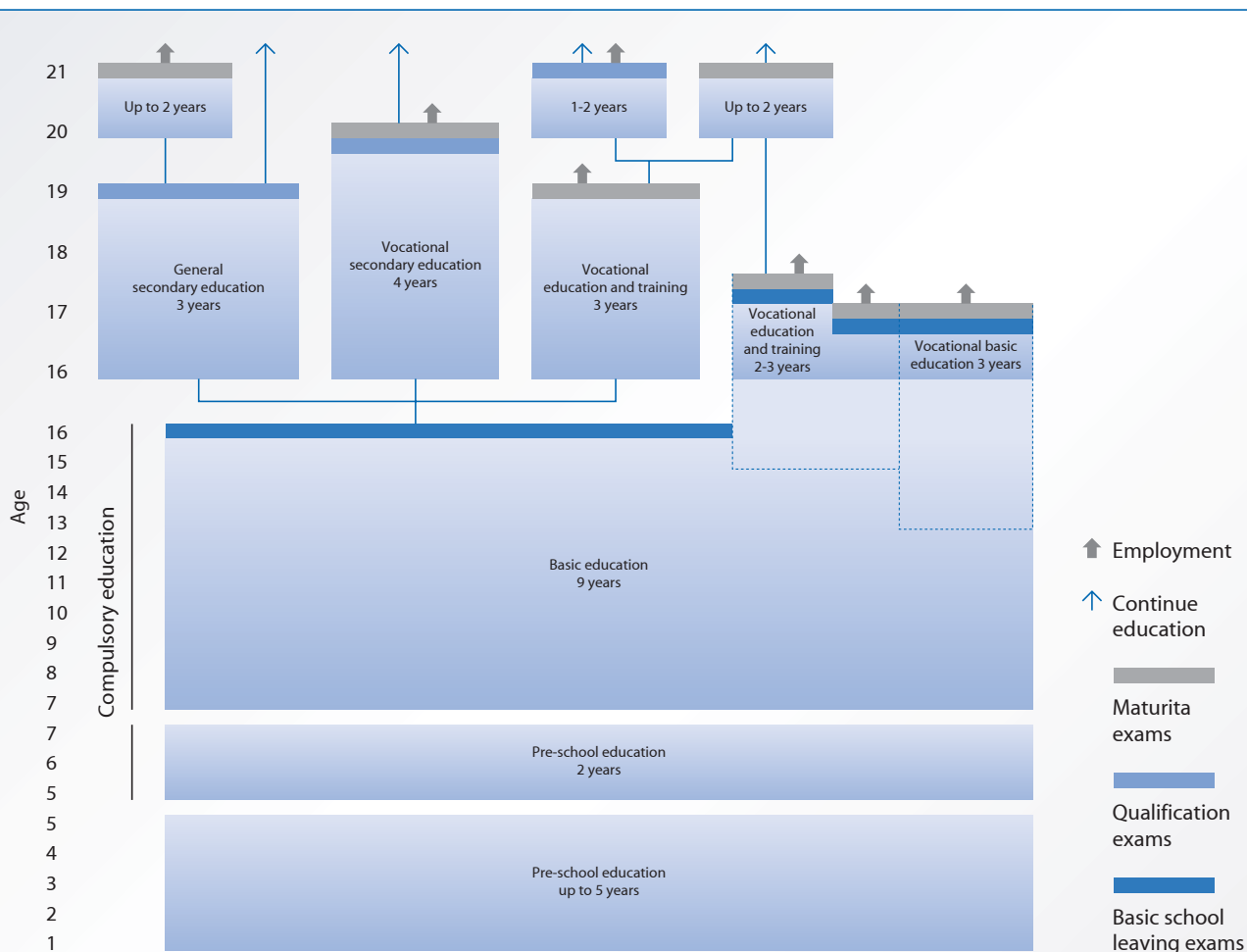
1999	2000	2002	2003
0.94 (3005)	0.84 (2607)	0.80 (2512) +	0.67 (2088)

+ Beginning in 2002 five- and six-year olds are included in the count.

Source: * Central Statistical Bureau Poverty Monitoring, ** Ministry of Education and Science

A young person who has not completed basic school is denied the opportunity to acquire a secondary general or secondary vocational education. In a five-year period, the number of young people who have not received an Certificate of

Box 2.1. General education in Latvia



General education is acquired in three stages: 1) pre-school education 2) basic education 3) secondary education

Latvia's Constitution provides that each person is entitled to an education and that basic education is compulsory. Since September 1, 2002, the preparation of five- and six-year olds for elementary school is also compulsory, as is the completion of basic education or continued basic education up to the age of 18. After completion of one stage, a student is entitled to acquire an education in each of the following stages.

Source: Ministry of Education and Science

Basic Education has almost doubled. In 2002/2003, there were 916 such young people. When in the 2003/2004 school year the government set tougher standards for the quality of basic education, 3,238 students or 9.5% of all 9th graders failed to receive a general education diploma. Those without basic school education who are not in school often have poorly paid jobs or are unemployed.

Not all children have equal educational opportunities. There is a bigger risk that children from disadvantaged families and children with special needs could fail to attend or finish school. The Ministry of Education and Science is encouraging the integration of children with special needs into schools, so that increasing numbers can attend schools instead of receiving tuition at home. In 2003, only 1,387 children were being taught at home.

Parental support also plays a big role in shaping a child's attitude to learning and attending school. At the beginning of 2004, approximately 24,000 children in Latvia belonged to 13,000 so-called risk families. In these families, parents often pay little attention to their children, and the children frequently see no point in going to school. In the 2003/2004 school year, 4,509 or 1.4% of grade 1-12 students were not in school at least 1/3 of the time without a legitimate excuse. The National Education Inspectorate lists the main reasons for truancy: voluntary absence and vagrancy (2,287), parental irresponsibility (1,117), and social problems within the family (1,105).

Poor children have additional reasons for failing to attend school. They often lack appropriate clothing, money for school lunches or transportation, not to mention books, excursions and other expenses connected with school. A study on social exclusion carried out by the University of Latvia Institute of Philosophy and Sociology shows that 51% of the poor respondents had been in a situation where their children were unable to take part in school or class activities for lack of money. In the majority of cases, these were disabled (73%), single (70%) or long term unemployed (56%) parents.⁵

There are other reasons not related to poverty that prevent children from receiving an education. For example, the system for financing education makes it impossible for children who are in pre-trial custody to continue learning. Many schools are not wheel chair accessible or in other ways suitable for children with special needs.

Target 4: Ensure, by 2015, access to secondary general or secondary vocational education for 85% of the population

Indicator 9*: Young people in a specific age group, who are enrolled in the secondary education programme. % of young people in the same age group

1996	1998	2000	2002	2003
62.0	66.3	70.9	71.3	74.7

Indicator 10**: Students expelled from vocational education schools for poor marks or truancy (for poor marks /for truancy)

2000/2001	2001/2002	2002/2003
-	-	1789/1809

Indicator 11**: Grade 10-12 students expelled from general education day schools (% of total number of grade 10-12 students at general education day schools)

1999/2000	2000/2001	2001/2002	2002/2003
1980 (3.9)	1932 (3.8)	2003 (4.2)	2377 (4.8)

Source: * Central Statistical Bureau Poverty Monitoring, ** Ministry of Education and Science

As already mentioned, one-quarter of all young people in Latvia aged 16-18 do not receive a secondary education diploma – neither for secondary general nor secondary vocational education. This proportion is slowly increasing. Also increasing is the number of young people who for some reason are expelled from general education schools. In 2003, of the 6,698 students who were expelled from vocational education institutions, approximately half were expelled for poor marks and half for truancy.

Secondary general education paves the road to university or to a higher professional education institution – without a higher education, a young person is not ready for the job market. This is why it is important to make sure that young people acquire a secondary education. A completed secondary vocational education increases the likelihood that a person will find work in his or her profession or will be able to attend a higher professional education institution.

It is important that the acquired education also be in demand on the job market. Currently, almost 40% of job seekers aged 15-74 have a vocational or professional education. Their education may not meet the requirements of the job market.

To fulfil the Millennium Goals and targets, all persons living in Latvia, regardless of age, must be given an opportunity to finish basic school and a secondary or secondary vocational education institution. The benchmark for young people with a finished secondary education should be set at 85%.

Government and civil society initiatives

The *Framework Document on Educational Development (2002 – 2005)* sets out the following as the main objectives of the Ministry of Education and Science:

- to ensure access to life-long education for all persons living in Latvia;
- to improve the quality of education at all stages and to plan education in accordance with the needs of society and the national economy.

To ensure that general education is available to all, the government has also focussed its attention to young people in prisons. In the second half of the 2002/2003 school year, the number of imprisoned persons acquiring a secondary education increased by almost 25%.

In vocational education, academic adjustment classes have been set up to allow those who have been expelled to continue their education. To ensure that vocational education meets market demands, cooperation has been improved between educational institutions and employers. Employers are involved in drafting professional standards, assessing the quality of education, accrediting programmes and institutions, and promoting professional development.

At present, it is important to devote attention to children who, for reasons connected with poverty, do not attend school. This must be done to prevent situations later in life where they are unable to find well-paid employment for lack of education. Expenses directly or indirectly connected with education should not be an obstacle to getting a good education.

The quality of education, the attitude of teachers and principals, the professional skills of the teaching staff, cooperation between schools and families must also be improved. This would increase the likelihood that the 8% elementary-school-age children and the 25% secondary-school-age young people who currently do not attend school will see the benefits of receiving an education.

Box 2.2. Academic adjustment classes

Academic adjustment classes were introduced in Latvia in 2000. They are intended for children who, for different reasons, cannot keep up in their studies. These children usually need more coaching and more time for learning.

In the first two months, during the adaptation period, the teacher becomes familiar with each student's educational needs. This helps the teacher to motivate the children to learn. It is also important to inform parents about why a child should spend some time in an adjustment class.

In the 2003/2004 school year, 1,664 students in 67 schools in Latvia were attending academic adjustment classes. In 2004, classes were introduced for students who complete grade 9 with poor marks. In the 2004/2005 school year, 575 students who had not received a Certificate of Basic Education were admitted to academic adjustment classes. They now have an opportunity to repeat the subjects and, a year later, take the tests again in order to receive their diploma.

Local governments play a big role in setting up these classes. The Ministry of Education and Science pays the teachers' salaries, but the local government must provide classrooms and buy the necessary teaching materials. As a result of the work done in these classes, the number of students who are able to finish school has increased.

Education. Information

Ministry of Education and Science <http://www.izm.gov.lv>

Framework Document on Educational Development (2002 – 2005). 2002. <http://www.izm.gov.lv>

Ministry of Education Action Plan for Implementation of the Government Declaration <http://www.izm.gov.lv>

Information on the education system in Latvia <http://www.education.lv>

Academic Information Centre <http://www.aic.lv>

Studies on education <http://www.politika.lv/>



3

Goal 3: Ensure equal opportunities for women and men

None of the Millennium Development Goals will be achieved if women's rights and opportunities for involvement in public life and policymaking are not improved worldwide. It is therefore important to ensure that girls in all countries attend school. Educated women will find better-paid jobs and increasing opportunities to take part in making decisions on issues of public concern.

In Latvia, however, where women have higher education levels than men and are already working in a broad spectrum of professions, the gender equality Millennium Goal is to achieve equal opportunities for men and women alike to take part in decision making, to be equally protected against poverty, and to live equally long lives.

In Latvia, there are disparities that limit the opportunities of choice and personal welfare for one or the other gender. Men have a shorter life expectancy, are more susceptible to diseases and accidents, and generally have a lower education level than women. Women, on the other hand, live in greater poverty than men and raise children alone more often. Women are frequently discriminated in the job market and receive lower salaries for doing the same job as men. Women are less often the ones who have the final say in making decisions in both the public and the private sectors.

The main targets for ensuring equal rights and opportunities for women and men in Latvia are:

Target 5: to reduce gender disparities in life expectancy and approximate life expectancy levels to the European average.

Target 6: to reduce gender disparities in access to financial resources.

Target 7: to reduce the predominance of one gender in power and decision-making positions.

Target 5: Reduce gender disparities in life expectancy and approximate life expectancy levels to the European average

Indicator 12: Life expectancy of new-borns in Latvia and in the EU of 15 Member States (men/women)

1990	1995	2000	2002	2003	ES-15 2002
64.2/74.6	60.8/73.1	64.9/76.0	65.4/76.8	65.9/76.9	75.8/81.6

Source: Central Statistical Bureau of Latvia

There is a distinct disparity in male and female life expectancy in Latvia – a situation with extremely negative implications for society. For example, a male child born in 2003 in Latvia will generally live nine months past retirement age (65.9), while a female child will live 11 years longer. Life expectancy is increasing, but very slowly.

Box 3.1. Explanation of terms

Gender equality anticipates equal opportunities for men and women, and the involvement of both genders in all areas of public and private life.

There are many reasons for the shorter life expectancy of males. The rate of male mortality related to external causes is approximately three times that of female mortality related to external causes. The frequent deaths of men from injuries or traffic accidents (especially working-age men) are a serious problem. More men than women suffer from tuberculosis and HIV/AIDS. Alcoholism, drug addiction and smoking, which can be indirect causes of death, are also more widespread among men. Men pay less attention than women to health, including their own and their partners' reproductive health (which is linked to sexual activity and procreation). The majority of women regularly see a doctor, but men do so very rarely.⁶

Disparities also stem from different ways of reacting to changes in society, the job market, and the family's financial situation. Men tend to react more strongly and more frequently than women commit suicide, drink themselves to death, etc.

Target 6: Reduce gender disparities in access to financial resources

Indicator 13: Average pre-tax salary in lats (men/women)

1995	2000	2002	2003
92.82/72.64	160.45/126.16	178.70/145.59	194.23/ 161.69

Indicator 14: Poverty risk index (men/women)

1996	1998	2000	2002	2003
15/16	18/16	17/16	16/16	15/17

Source: Central Statistical Bureau of Latvia

Disparities exist in job opportunities for men and women in Latvia. The employment rate for women is relatively high, but the average salary of women in all professions is lower than that of men. In 2002, women received only 81.5% of the salary that men received. One-third of women work in the private sector (often in less lucrative jobs in the services industry). Two-thirds are employed in the public sector, where they have stable social guarantees. Women frequently find it difficult to get well-paid jobs because, more often than men, they are subjected to discriminatory criteria such as age, family status, or appearance.⁷

Job offers in Latvia tend to be gender-specific. The so-called "women's jobs" are in education, culture, healthcare and social care. In these professions, average salaries and career opportunities are not as promising as they are in the professions dominated by men. The fact that gender specific jobs will continue to be a reality in the near future is suggested by statistics showing that only 15% of those studying medicine or pedagogy are men. There are also few women working in professions connected with information technologies.

Relatively few women are employers, and only 1/3 of small and medium enterprises are run by women. Since small and medium sized enterprises are expected to be the ones to guarantee new jobs and regional development, it is important to promote women's business initiatives.

The disparities increase when children are born – men continue to work, and their incomes increase, but for women it is more difficult to continue working or to re-enter the job market after maternity leave. Under the Latvian Labour Law, starting January 2004, fathers are entitled to take paternity leave and receive a child-care allowance for this period. However, society in Latvia has not yet accepted the idea of fathers taking leave to care for their children. Financial considerations and differences in parents' salaries possibly play a role. But one of the reasons is also the fact that employers do not encourage such practice.

According to the *Latvian National Action Plan for Reduction of Poverty and Social Exclusion (2004 – 2006)*, employers feel that raising children will reduce a woman's productivity. They rarely allow women to work part-time or to work at home. Women in rural areas may face unemployment because not all rural territories have public transportation. Lack of transportation not only means that it takes longer to get to work, it also precludes taking a child to kindergarten. This makes it impossible for children to attend kindergarten and for both parents to hold salaried jobs.

Women who are raising children on their own face a greater poverty risk. In such families, income is spent on basic necessities (food and utility bills), although there is sometimes not enough money even for those. Clothing, education and a fulfilling social life (cultural events, gifts for friends, trips to visit relatives, etc.) are often out of the question.

Target 7: Reduce the predominance of one gender in power and decision-making positions

Indicator 15: Persons elected to the Latvian parliament (%) (men/women)

1990	1993	1995	1998	2002
96/4	86/14	92/8	83/17	82/18

Indicator 16: Persons elected to municipal councils (%) (men/women)

1994	1997	2001
62.5/37.5	61/39	59/41

Indicator 17: Proportion of women at the head of companies or agencies

1997	1998	2000	2002	2003
24.0	25.4	26.4	28.4	27.2

Source: Central Statistical Bureau of Latvia

Although the prevailing view in Latvia is that a person's qualities are more important than gender, in the majority of cases men still occupy the senior positions. For example, public service employees are mainly women, but men hold the top jobs. Women are assigned the roles of "deputy, assistant and implementor."⁸ In spite of this, the influence of women on policymaking

at government and local government levels and in business is constantly growing. More than one-third (36.7%) of Latvia's lawmakers and senior government and public officials are women, as are 41% of all municipal deputies and 18% of parliamentary (*Saeima*) deputies.⁹

Government and civil society initiatives

In the past three years, civil society and the government have launched activities to promote equal opportunities for women and men. The Cabinet of Ministers has approved the *Framework Document on Implementation of Gender Equality* and the *Programme for Implementation of Gender Equality (2005 – 2006)*. The goal of the programme is to inform the public and to ensure that the principles of gender equality – equal rights, equal responsibilities, equal access to resources – are observed in all areas of political and public life. The programme is expected to promote changes in the attitude of society to gender equality and to equal responsibility for decision making, be it in people's private lives, in politics or in business. In 2003, a Gender Equality Department was established at the Ministry of Welfare to coordinate questions connected with this issue.

The public, too, is increasingly becoming involved in gender equality issues. The Gender Equality Society was founded in 2000. In 2003, 33 women's organisations and the women's sections of numerous political parties established the Latvian Women's Organisation Network to take part in policymaking on gender equality. This umbrella organisation has been admitted to the European Women's Lobby, which unites 3,500 women's organisations from EU Member States. Both the aforementioned and other non-governmental organisations carry out equal-opportunity projects and take part in drafting policy.

A step further

Latvia's Millennium Development Goal 3 addresses life expectancy and access to financial resources and power, but there are other aspects of gender equality that also deserve attention.

There are serious disparities in the education of men and women. More women than men acquire a higher education and take part in life-long learning. Boys generally have lower marks and leave school in lower classes. In the 2003/2004 school year, 4,313 of the 5,856 general education students in grades 1-12 repeating a year for the second or third time were boys. Studies on gender disparity in the educational system would help to find solutions not only for achieving greater gender equality in the job market, but also for reducing gender disparity in levels of knowledge and skills.

Disparities also exist in the way that time is divided between women and men at work and at home. Women usually do most of the household chores. Although an equal number of women and men work outside the home, a survey done 10 years ago shows that working women spend twice as much time on household chores than working men. Men also do not get greatly involved in raising and caring for children. A more equitable division of responsibilities at home would create more equal opportunities outside the home as well.

More public attention should be focused on violence in the family against women. Statistics provided by the State Police show that, in 2002, 588 women were victims of violence.¹⁰ A survey carried out in Latvia shows that 29% of the female

respondents had been physically abused by their partners, and 22% of the male respondents admitted to having abused their partners.¹¹ People in Latvia are not very well informed about dimensions of and solutions to domestic violence.

Gender equality. Information

Koncepcija dzimumu līdztiesības īstenošanai Latvijā [Framework Document on Implementation of Gender Equality in Latvia].

2001. <http://www.mk.gov.lv>

Programma dzimumu līdztiesības īstenošanai 2005.-2006. gadam [Programme for Implementation of Gender Equality (2005 – 2006)] <http://www.lm.gov.lv>

Latvian Women's Organisation Network. *Shadow Report on the Combined Initial, Second and Third Periodic Reports on Implementation by the Republic of Latvia of the Convention on the Elimination of all Forms of Discrimination against Women.* 2004. <http://www.politika.lv>

Latvian Women's Organisation Network <http://www.marta.lv>

Studies on gender equality in Latvia <http://www.lm.gov.lv>



4

Goal 4: Reduce child mortality

Child mortality is a patent indicator of a country's development level, and the global Millenium Development Goal is to reduce the under-five mortality rate. The most common causes of death in this age group across the world are: inadequate nutrition, infectious and parasitic diseases, lack of immunization. These causes of death can be prevented by reducing poverty and improving the healthcare system.

Latvia's healthcare system provides cost-free treatment for children and ensures that 90% of children receive the necessary vaccinations. The most common causes of death in Latvia are not the same as global ones. Approximately 39% of children live in poor households (families with an average monthly per capital income of less than 42 lats). In such households, earning a living is the parents' main concern, which means that they can devote relatively little attention to their children. Parental negligence is frequently the cause of children's injuries or deaths.

To reduce child mortality, Latvia has set two targets:

Target 8: to reduce by half, in the period from 1995 to 2015, the under-five mortality rate, approximating this to the EU of 15 average.

Target 9: to reduce by half, between 1995 and 2015, child mortality related to external causes in all age groups.

This is because child mortality is actually greater in higher age groups in Latvia.

Target 8: Reduce by half, between 1995 and 2015, the under-five mortality rate, approximating this to the EU average

Indicator 18: Under-five mortality rate (deaths per 1,000 children under the age of five)

1990	1992	1995	1998	2000	2002	2003
3.3	3.8	3.6	3.3	2.6	2.6	2.6

Indicator 19: Infant mortality rate (deaths in the first year of life per 1,000 live births in Latvia and in the EU)

1996	1998	2000	2002	2003	ES-15 2002
15.9	15.0	10.4	9.8	9.4	4.2

Indicator 20*: Perinatal mortality rate (stillbirths and deaths in the first 7 days of life per 1,000 live births and stillbirths)

1980	1990	1994	1998	2000	2002	2003	ES-15 2002
10.02	12.11	18.8	15.7	12.2	12.6	10.4	6.3

Source: Central Statistical Bureau of Latvia. * Ministry of Health

The major causes of death among children under the age of five are the so-called external causes (violence, traffic accidents, fire, drowning) (see also Target 6), infections, parasitic diseases, and diseases of the respiratory system. In comparison with other European countries, Latvia has a relatively high infant mortality rate. Although this has gone down since 1996, it is still double that of the European Union of 15 Member States.

A child's health and development prior to birth and in the first year of life depend mainly on the mother's health, on the parents' knowledge, and on their concern for the child. A pregnant mother who registers to receive regular medical attention in due time and is able to maintain good health during her pregnancy will bear a healthier child. If mothers were provided with better access to healthcare and with better care, and if they were encouraged to take greater responsibility for their own health, the number of children who die during the perinatal period (up to the 7th day of life) would be reduced. If parents have learned in school about a healthy lifestyle and if they are informed about proper childcare during the first year of life, there is less chance that a child will suffer from infections or respiratory problems, or sustain injuries.

The government has undertaken to achieve the goal that in Latvia at least 60% of infants up to the age of six months are primarily breast-fed.¹² Breast-feeding and mother's milk are extremely important for a child's health and development. Children who are breast-fed suffer two times less from inflammations of the middle ear, five times less from infections of the urinary tract, two times less from diabetes, and they have fewer cavities.¹³ Mother's milk also protects infants from diarrhea and acute infections of the respiratory tract and stimulates their immune system. According to figures provided by the Agency of Health Statistics and Medical Technologies, in 2002, 22.4% of infants up to the age of six months were breast-fed. In the Nordic countries, this figure is as high as 75-80%.

Of course, education alone will not help to reduce the number of children who die before reaching the age of five. Although the government pays for the healthcare of children up to the age of 18, children are often not taken to see a doctor or are taken too late. In areas with low population density, one of the reasons for this is poor public transportation and/or lack of money to pay for a trip to the doctor or the nearest treatment center. Parents' low incomes often make it impossible to pay for the required medicine.

Target 9: Reduce by half, between 1995 and 2015, child mortality related to external causes in all age groups

Indicator 21: Mortality related to external causes in different age groups (ages 0-4, 5-14, 15-19)

1995	2000	2002	2003
0-4/5-14/15-19	0-4/5-14/15-19	0-4/5-14/15-19	0-4/5-14/15-19
67/118/159	32/64/121	43/60/103	43/33/86

Source: Central Statistical Bureau of Latvia

External causes of death are: traffic accidents, drowning, suffocating or burning to death in fires, violence and others. To better understand and prevent these causes of death, attention must be drawn to parental and environmental influence on children of different ages, and also to differences between a child-safe environment in the city and in the country.

Box 4.1. Infant-friendly Hospitals

A significant contribution to improvement of health in the early stages of life could be made by one of the initiatives to promote the development of infants' health – the **Infant-friendly Hospital**, which is being organized by the Government Agency for Health Promotion. This initiative was launched in 1991 by UNICEF and the World Health Organisation with the goal of making all obstetric institutions support centers for breast-feeding. For a hospital to become an Infant-friendly Hospital, it must take a number of internationally prescribed measures to ensure the health of mother and child. In many places where hospitals have joined this initiative, a greater number of mothers are breast-feeding and the children's health has improved. Currently, eight hospitals in Latvia have been granted the title Infant-friendly Hospital: in Valmiera, Smiltene, Jēkabpils, Bauska, Tukums, Balvi, Aizkraukle and Saldus.

Box 4.2. Deaths by causes in different age groups (absolute numbers)

Age group (years)	0-4				5-14				15-19			
	1995	2000	2002	2003	1995	2000	2002	2003	1995	2000	2002	2003
Deaths – total, incl. deaths by external causes, incl.	503	248	251	256	180	114	92	69	197	145	134	124
• traffic accidents	67	32	43	43	118	64	60	33	159	121	103	86
• drowning	4	3	12	4	38	19	15	12	67	51	30	45
• fire (suffocation and burning)	17	13	9	14	43	23	24	8	19	8	20	8
• violence	15	5	3	10	6	7	6	2	4	–	2	–
	3	5	4	3	2	1	2	–	19	11	9	6

Source: Central Statistical Bureau of Latvia

Statistics show the highest mortality rate in the under-five age group in rural areas. Here, death can be the result of leaving a child without adult supervision or of insufficient parental care. This is why children drown and suffer in fires or traffic accidents. In the 5-14 age group, the child mortality rate in cities is the same as that in rural areas. At the ages of 15-19, an urban environment holds the greatest risks for juveniles to contract diseases or to get themselves into dangerous situations that can result in accidents. In rural areas, on the other hand, statistics on juvenile deaths show a high number of suicides. In 2002, seven young people living in rural areas committed suicide (see statistics supplement <http://www.un.lv>).

The government policy guidelines *A Latvia Fit for Children* point out that children's environments, including educational institutions, are not sufficiently safe. Schools and schoolyards, children's playgrounds, and public parks do not meet children's needs or interests. Cities and townships often lack facilities for sports, leisure or cultural activities. Carelessness and recklessness on part of the young people, dark roads, streets and pedestrian crossings, and inattentive drivers are reasons for a growing number of child and juvenile deaths and injuries resulting from traffic accidents.

The social environment also has an effect on children's safety. Alcoholism and drug addiction among children have reached alarming proportions. A growing trend among youth – unsafe sex and experimentation with intravenous drugs by sharing syringes – is increasing the numbers of those who have contracted HIV.

Children with parents who are alcoholics, use other intoxicating substances or are depressed have an increased risk of being victims of violence at home. In 2003, nine children aged 0 to 19 died violent deaths, and there are many more who have suffered. As the guidelines point out: “It is difficult to find out early on and provide the necessary help in cases where a child is suffering from violence in the family, at school or at some other childcare institution.”

Government and civil society initiatives

In 2003, the government acknowledged the need to improve conditions for children by setting up the Secretariat of the Special Assignments Minister for Children and Family Affairs, which in 2004 became the Ministry for Children and Family Affairs. The ministry is responsible for dealing with questions concerning parental responsibilities, child and family security and rights. In collaboration with non-governmental organizations, the ministry has prepared and is implementing the *A Latvia Fit for Children* policy guidelines, which seek to resolve many of the problems connected with children’s safety. The ministry is also drafting and has pledged to coordinate implementation of the *Framework Document on National Family Policy*.

In its *Action Plan for Implementation of the Strategy for Healthcare of Mother and Child (2004 – 2007)*, the Ministry of Welfare draws attention to the reproductive health of mothers and to the health of children in the early stages of life, and describes concrete measures that must be taken to reduce infant mortality in the perinatal period.

Considering the amount of attention that childrens’ issues are now receiving, it is expected that Millenium Development Goal 4 will be reached by 2015.

Reduce child mortality. Information

Ministry for Children and Family Affairs <http://www.bm.gov>

Guidelines. *Bērniem piemērota Latvija [A Latvia Fit for Children]*. 2004. <http://www.mk.gov.lv>

Programme. *Bērniem piemērota Latvija 2004.-2007. gadam [A Latvia Fit for Children (2004 – 2007)]*. 2004.

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5

Goal 5: Improve maternal health

Every year, about 500,000 women worldwide die in childbirth due to the absence of skilled birth attendants. About 350 million families in the world know too little about maternal health and contraception. A mother must be healthy in order to nurse and raise a child. Poverty, malnutrition, frequent pregnancies, births unattended by skilled health personnel – all these are conditions that have a negative effect on maternal health. Moreover, they do not just affect the mother and her capacity to raise children. An unhealthy mother cannot give birth to a healthy child. The child can be born with diseases, or weak and sickly. The following generations will have to bear the consequences of a mother’s poor health.

To reduce maternal mortality related to childbirth and post-natal complications, one of the targets of this UN Millennium Goal is to ensure that every birth is attended by a medical professional. Latvia is one of the top-ranking countries in the world in this aspect of maternal healthcare – all births are attended by a doctor or a midwife. Nevertheless, the maternal mortality rate is relatively high. It is therefore important to provide good healthcare for women during pregnancy, delivery and in the post-natal period, and to educate women and men about family planning and maternal health issues.

To improve maternal health, Latvia has set two targets:

Target 10: to reduce maternal mortality related to preventable causes to the European average.

Target 11: to improve women’s reproductive health.

Target 10: Reduce maternal mortality related to preventable causes to the European average

Indicator 22: Maternal mortality per 100,000 live births (number of cases)

1994	1998	2000	2001	2002	2003
57.7	43 (8)	25 (5)	25 (5)	5 (1)	14,3 (3)

Source: Agency of Health Statistics and Medical Technologies. Health Statistics Department

Three pregnant women died in 2003 in Latvia, which is a seemingly small number. However, Latvia has a relatively small population and, consequently, a low death rate. When calculated as the ratio per 100,000 people, in a global comparison the maternal mortality in Latvia rate is high (six times higher than in Germany).

Target 11: Improve women's reproductive health

Indicator 23*: Number of abortions (induced abortions per 1,000 women aged 15-44)

1991	2002	2003
79.9	28.8	24.5

Indicator 24**: Incidence of sexually transmitted diseases (number of syphilis and gonorrhoea cases per 100,000 people)

1990	1994	1998	2000	2002	2003
104	210	159	74	53	54

Source: * Agency of Health Statistics and Medical Technologies. Health Statistics Department, ** Central Statistical Bureau of Latvia

Poor maternal health is one of the main reasons for infertility, stillbirths and infant mortality in the first week of life. A mother's health problems are also reflected in the weight of a child. Approximately 5% of children in Latvia are born underweight (no more than 2,500 grams). Such children run a greater risk of contracting infections. Low birthweight can also have a negative effect on a child's physical and mental development.

A woman's reproductive health is affected most of all by sexually transmitted diseases, abortions and births before the age of 18, and frequent pregnancies. These can lead to infertility or prevent a mother from delivering a healthy child. As compared to 1991, the number of induced abortions in Latvia (per 1,000 women) has declined by more than half. However, it is still approximately three times higher than in Finland.

A woman's health during pregnancy and in the post-natal period can also be affected by the general state of her health, unfavourable living conditions, insufficient or poor nutrition, and use of alcohol or drugs. It is also important to receive medical care in time. Women in Latvia generally show concern for their own health and for that of their child and register their pregnancies in due time. The 10% of women who are late to register must be convinced of the importance of doing so in time.

Box 5.1. Explanation of terms

Maternal mortality – the number of women who die during pregnancy or within 42 days of the termination of pregnancy (irrespective of the duration of pregnancy) from any cause related to or aggravated by pregnancy or its management, but not from accidents or accidental causes.

Family planning – the deliberate choice of a couple to regulate the number of children and the time of conception through use of contraceptive agents or natural contraceptive methods.

Women's reproductive health – physical, mental and social welfare related to a woman's reproductive (procreative) system.

Perinatal care – prophylactic, diagnostic and medical care for women during pregnancy, labour and the postpartum period, and for new-borns up to the 7th day of life.

Maternal health could best be improved by family planning. Knowledge about contraceptives, women's and men's health, pregnancy and birth can help to avoid unwanted pregnancies and sexually transmitted diseases, to determine the best time in life for having children and to ensure a sufficiently long pause between pregnancies. Informed behaviour should prevent situations where decisions must be taken on whether or not to have an abortion. Channels for disseminating information are important. Recent studies show that young people obtain information from the media or from peers (see Box 5.2.). They are least prepared to learn from parents or from teachers at school.¹⁴

Box 5.1. Peer education

Peer education is one of the most effective informal ways for young people to obtain information on questions of particular interest to them. Relationships, contraception, pregnancies, etc., are issues that can sometimes be difficult to discuss with adults.

Under different peer education programmes promoted by the UN Development Programme, motivated and friendly young people are taught to work with groups of peers: talk about problem situations and ways of resolving them, provide information on health topics of current interest. Such initiatives contribute to the efforts of teachers and parents, and prevent many possible health and relationship problems.

The peer education method has been applied by a number of non-governmental organisations in Latvia since the mid-90s. In 2003, 18 such organisations from all over Latvia formed a network. Teachers also apply this method to prepare school students for work with other youths.

Peer education is extremely beneficial for solving problems of social risk groups: juvenile delinquents, drug-users, street children, etc. Trained young people who come from the same environment can give practical advice and information that their peers would possibly not accept from anyone else.

Government and civil society initiatives

The Ministry of Health in collaboration with non-governmental organisations has prepared and implemented a *Strategy for Healthcare of Mother and Child (2002 – 2007)*. This strategy anticipates improvement of the perinatal care system – prevention, diagnosis and treatment of diseases, healthcare during pregnancy, medical assistance during delivery and in the postpartum period, preparation of teaching materials on sexual and reproductive health, family planning, pregnancy and birth.

For over 10 years, the Latvian Family Planning and Sexual Health Association (LFPSHA) *Papardes zieds* has been dealing with reproductive and sexual health issues. The Association works with both young people and healthcare professionals and contributes to shaping public opinion (for example, on the issue of abortions). The Ministry of Health in cooperation with the UN Development Programme and *Papardes zieds* is seeking to provide young people in Latvia with necessary information, medical treatment and help.

A step further

Although the Millennium Development Goals link maternal health to pregnancy, birth and the child's first days of life, attention must also be paid to a mother's psychological health, since this affects not only her desire to give birth, but also the life of the child. Many women give birth without wedding their child's father, and these fathers are not legally responsible for supporting their children or in some other way taking part in their upbringing. Raising a child alone can be a moral and financial burden. The greater the number of children, the higher the family's risk of poverty. This factor, too, affects a woman's psychological condition. Post-natal depression is a problem that is recognised worldwide. Greater public awareness of psychological issues connected with pregnancy, childbirth and child raising could have a positive impact on Latvia's demographic situation.

Improve maternal health. Information

Mātes un bērna veselības aprūpes stratēģija Latvijā [Strategy for Healthcare of Mother and Child in Latvia]. 2001.

<http://www.vm.gov.lv/>

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Goal 6:

Reverse the incidence of HIV/AIDS, tuberculosis, diphtheria and other preventable causes of death

The illness and death of any person is a great loss, not only for family, but also for the country. It is therefore important to combat the major diseases and the most frequent causes of death. The greatest hazards to public health worldwide are currently posed by HIV/AIDS, tuberculosis and malaria. Tuberculosis is still one of the major killers, taking the lives of at least two million people each year. Forty-two million people in the world have HIV/AIDS. Illness and death are often caused by lifestyle choices and external causes (accidents, suicide, violence, etc.).

As the World Health Organisation points out, these diseases and causes of death have a social dimension. In the wealthiest countries, people with higher incomes live several years longer and are less susceptible to disease. Healthcare and information about a healthy lifestyle are also important, provided they are able to reach and address the most endangered population groups. The incidence of numerous diseases and causes of death can be reduced through awareness of health risks and opportunities for avoiding or mitigating the results (for example, in the case of HIV).

Average life expectancy in Latvia is shorter than in the rest of Europe. This is mainly the result of diseases caused by an unhealthy lifestyle and a high mortality rate related to preventable external causes. Although there is a decline in the number of tuberculosis cases, the mortality rate from this disease is still high. More and more heterosexuals are contracting HIV. The increase in all of these causes of death is connected with social change.

Box 6.1. Explanation of terms

External causes of death – injuries, accidents or violence, which have resulted in or contributed to a person's death. External causes of death include suicides, falls, traffic accidents, alcohol poisoning, overdosing of narcotics or other harmful substances.

Diseases resulting from an unhealthy lifestyle – diseases caused by an unhealthy diet, working and living conditions, stress, sedentary lifestyle, and other harmful habits.

Deaths from diseases caused by an unhealthy lifestyle and from external causes greatly increased during the transition period from Soviet rule to independence, when all people experienced huge changes in their personal lives. Not all were able to cope. Lasting unemployment and lack of hope frequently leads to the use of alcohol and other intoxicating substances. This can end in alcoholism and drug abuse, which is not only a problem in itself, but also the source of new problems. For example, substance abuse can cause aggression, depression and other psychological problems, which can, in turn, lead to violence or suicide.

In many cases, victims have no social support. Relatives, friends and neighbours often do not help each other, especially in urban environments. Social and other special services do not have the capacity to cooperate and uncover problems in their early stages, for example, a juvenile's transition from sporadic use of marihuana to synthetic drugs.

This is why one of Latvia's main Millennium Development Goals is to reverse the incidence of HIV/AIDS, tuberculosis, diphtheria and other preventable causes of death. To achieve this Goal, the following targets have been set:

Target 12: to reduce by 10% yearly, in the period up to 2015, the number of new HIV cases among both women and men.

Target 13: to achieve adequate care and treatment for 50% of HIV patients by 2015.

Target 14: to reverse the incidence of tuberculosis (TB) and bring the tuberculosis-related mortality rate down to the 1990 level.

Target 15: to reverse the incidence of diphtheria to 1 case per 100,000 people by 2010.

Target 16: by 2015, to reduce by 10%, as compared to 2000, the preventable causes of premature deaths connected with traffic accidents, alcohol and drugs, suicide and violence.

HIV/AIDS

The situation with HIV/AIDS has more or less stabilised in Latvia inasmuch as work is being done with risk groups and prophylactic measures are being taken. In 2002, the number of new HIV cases went down by a third as compared to the previous year, but at the same time, the number of AIDS cases increased by a third and the HIV/AIDS-related mortality rate has continued to rise. Transmission routes are changing – now HIV/AIDS victims include the heterosexual partners of infected persons, and newborn children.

Target 12: Reduce by yearly 10%, in the period up to 2015, the number of new HIV cases among both women and men

Indicator 25: Yearly number of new HIV cases by gender

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Men	–	–	–	7	19	14	25	124	178	354	627	379	271	157
Women	–	–	–	1	2	3	0	39	63	112	180	163	132	94

Indicator 26: Yearly number of new HIV cases by transmission group

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Homosexuals	1	1	5	3	8	9	16	22	10	5	7	8	12
Heterosexuals	2	–	–	3	6	5	2	15	25	46	64	65	67
Unknown route of infection	–	–	–	2	6	3	2	4	13	32	73	71	90
Users of intravenous drugs	–	–	–	–	1	–	5	122	192	382	663	396	232
Total	3	1	5	8	21	17	25	172	240	465	808	540	401

Source: AIDS Prevention Centre (September 1, 2004)

Initially, HIV was contracted in Latvia primarily by homosexual men, but in 1998 intravenous drug users became the main group of HIV victims. The spread of HIV reached its culmination in Latvia in 2001. Only systematic work with risk groups, education of society, and changes in drug habits have been able to halt spreading of this disease.

The majority of HIV cases still occur among male intravenous drug users who share needles and syringes. However, since 2002, there has been an increase in the number of HIV cases among women. More frequently than men, they are infected by their sexual partners. In many cases, the route of infection is unknown. As of October 1, 2004, in 37.3% of the registered cases, the route of infection had not been identified. It is therefore important to improve the quality of the data needed for control of this disease.

The rate of HIV transmission is highest among young people. There is a distinctly larger number of new HIV cases in the 20-29 age group. Many young people do not feel that HIV is a real risk, or they lack the motivation to take the necessary precautions to avoid the risk. Currently, only 30% of young people aged 15-25 are informed about ways of preventing the transmission of HIV and reject prevailing misconceptions about HIV/AIDS. Unfortunately, there are still young people who are not taught health education at school. Among these are boarding school and vocational school students, juveniles in correctional institutions, and others.

Target 13: Achieve adequate care and treatment for 50% of HIV patients by 2015

Indicator 27: HIV/AIDS mortality (number of AIDS deaths)

1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
4	7	9	12	17	20	31	48	72	114	169	227

Indicator 28: HIV patients receiving antiretroviral therapy (HAART) as a % of total number of HIV patients eligible for therapy (Total)

1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
-	-	-	-	-	-	-	-	20	20	25	25

Indicator 29: HIV incidence among new-borns born to HIV-infected mothers and infected by way of vertical transmission

1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
-	-	-	-	-	-	-	1	1	-	2	2

Sources: AIDS Prevention Centre. Central Statistical Bureau of Latvia. *Reproductive Health of the Population (2003)*.

In Latvia, the Aids Prevention Centre, which was established in 1993, leads the effort to halt spreading of the HIV epidemic, and the Infectology Centre of Latvia is responsible for the treatment of patients. A vaccine against HIV has not yet been found and HIV cannot be cured; however, early treatment can significantly increase the life expectancy and quality of life for persons infected with HIV. This means that HIV is no longer a deadly disease, but a chronic disease that is controllable and manageable. The government has pledged to make the currently best combined antiviral therapy (HAART) available to all HIV patients. The cost of this therapy for one HIV patient is approximately 5,400 lats per year, or about 450 lats per month. Considering the incubation period of the disease, it is likely that the number of persons requiring therapy will rapidly increase in the coming years.

At present, only one-quarter of those in Latvia who require therapy are actually receiving it. This indicator is lower than indicators in Western and Central Europe. One of the reasons for this is exclusion from the programme of HIV-positive intravenous drug users who find it hard to comply with therapy regimen. Since Riga is the only place where therapy is available, transportation and financial problems can also prevent people in Latvia from seeking treatment. Public attitudes to infected persons can have a particularly negative effect on rural residents. Fear of public censure can make people avoid contact with doctors. Failure to receive therapy affects not only the infected person, but others as well. For example, the risk of mothers passing the infection on to their children could be reduced, if pregnant women were to start therapy early on in their pregnancy.

In the next couple of years, social support systems must be developed for persons with HIV/AIDS, and for their families and friends. This would not only lessen discrimination against persons with HIV, it would also motivate them to seek therapy.

Government and civil society initiatives

The government has approved the *Programme for Limiting Incidence of the Human Immune Deficiency Virus (HIV) and AIDS (2003 – 2007)*. This is Latvia's third programme for curbing HIV/AIDS. The goal is a steady decline in the number of new HIV cases.

To control the spreading of HIV and other sexually transmitted diseases among intravenous drug users, in 2002 the AIDS Prevention Centre, the Council of Baltic Sea States and the United Nations Development Programme in collaboration with local governments began setting up easily accessible (low threshold) HIV prevention points. Such points are now located in 10 cities: Bauska, Jelgava, Jēkabpils, Jūrmala, Kuldīga, Liepāja, Olaine, Riga, Talsi and Tukums.

For work with partners of drug users, pregnant women, and others, the AIDS Prevention Centre has obtained financing from the EU Public Health Programme for expanding network and services of the HIV prevention points in 2005 – 2006.

NGOs are being established in Latvia to help people who are affected by HIV/AIDS (see Box 6.2.).

Box 6.2. Support for persons with HIV or AIDS

The *Dialogs* support centre is currently one of the most active NGOs supporting persons affected by HIV/AIDS. The centre's mission is to give psychological, emotional and social support to people infected with HIV and to AIDS patients. The centre aims at the integration of persons with HIV or AIDS into society and the elimination of discrimination against such persons. The centre offers individual consultations or work in support and self-help groups.

<http://www.diacentrs.lv>

Tuberculosis

The incidence of tuberculosis rapidly increased in Latvia around 1997. It is currently on the decline, but still far from the 1990 level. Tuberculosis is primarily a social disease, which is contracted mainly by the poorest part of the population.

Target 14: Reverse the incidence of tuberculosis (TB) and bring the tuberculosis-related mortality rate down to the 1990 level

Indicator 30: Tuberculosis cases (per 100,000 people)

1996	1997	1998	1999	2000	2001	2002	2003
60.1	69.5	75.6	70.0	72.3	73.4	65.9	63.7

Indicator 31*: Tuberculosis-related child and juvenile mortality (per 100,000 children or juveniles in the same age group)

1996	1997	1998	1999	2000	2001	2002
16.8	19.1	26.9	27.9	33.1	39.1	28.7

Indicator 32**: Implementation of DOTS+ (Directly Observed Treatment Short Course). Number of treatments initiated, including prison inmates

1997	1998	2000	2001	2002
130	211	235	244	166

Source: * Central Statistical Bureau of Latvia, ** World Health Organisation

Box 6.3. Multiresistant tuberculosis

There are various forms of tuberculosis, but the one that is presently the most difficult to treat is multiresistant tuberculosis (MR-TB). Latvia became the world's MR-TB hot spot in 1996. A World Health Organisation study shows that, at that time, our country had one of the highest tuberculosis morbidity rates among this organization's member countries. The culmination – 335 diagnosed cases of MR-TB – was in 1997. In collaboration with the World Health Organisation, Latvia drafted an MR-TB treatment strategy and a drug monitoring system. This ensures that all MR-TB patients are registered and monitored individually. In 2000, the government launched the DOTS+ programme for patients with MR-TB. The incidence of multiresistant tuberculosis cases has declined from year to year, and Latvia has gone a long way from its “leading” position in the global community.

Tuberculosis affects mainly working-age persons, whereby the morbidity rate for men is 2.5 times that for women. Persons without a permanent place of residence, unemployed persons, prison inmates, and alcoholics face a higher risk of contracting tuberculosis. The risk is particularly high for ex-prisoners without a job or a home.¹⁵

Poor people often do not know which healthcare services are available and which are cost-free. If ill persons sought the help of a doctor in the early stages of the disease, both the morbidity and the mortality rate of tuberculosis would decline.

Government and civil society initiatives

There are seven tuberculosis consultation centres in Latvia. Treatment of tuberculosis is completely financed from the national budget.

Diphtheria

Target 15: Reverse the incidence of diphtheria to 1 case per 100,000 people by 2010

Indicator 33: Diphtheria cases (per 100,000 people)

2001	2002
3.9	1.9

Source: World Health Organisation

Diphtheria is a disease that is almost unknown in Europe because the majority of people are regularly vaccinated. In the past 10 years in Latvia, the incidence of diphtheria has fluctuated – an indication that many people are not being vaccinated on time. According to the World Health Organisation, at least 90% of a country's population must be vaccinated to prevent spreading of the disease. This would make it possible to meet the target of no more than 1 case of diphtheria per 100,000 people per year. Although vaccination is cost-free, vaccination institutions are reporting that 30% of adults have still not been vaccinated. Studies show that people fail to get vaccinated due to lack of information, time, or because vaccination points are far from where they live.

Diseases related to lifestyle and external causes of death

Box 6.4. Life expectancy of new-borns in Latvia and in the ES-15 in 2002 (in years)

	Males	Females
Latvia	65.4	76.8
European Union	75.8	81.6

Source: Central Statistical Bureau of Latvia

In comparison with other Europeans, people in Latvia do not live long lives. Life expectancy is significantly reduced by diseases resulting from an unhealthy lifestyle and by external causes of death.

In 2001, Latvia was ranked number one in deaths related to cardiovascular diseases in the 25-64 age group (according to the Atlas of Health in Europe). Lifestyle is one of the factors contributing to these diseases – an unhealthy diet, working and living conditions, stress, lack of exercise, unhealthy habits, etc. Many people in Latvia cannot afford the healthcare services that would be necessary to prevent or treat these diseases.

Latvia is ranked third in Europe in mortality related to external causes. In 2003, the top external causes of death were suicide, falls, traffic accidents, poisoning (alcohol, drugs or other harmful substances), and violence. The number of such deaths is slowly declining, but external causes are still the third most frequent cause of death in Latvia after cardiovascular diseases and tumours.¹⁶

As compared to 1990, the mortality of working-age men has increased. This is primarily linked with alcohol, traffic accidents and suicides. (For information on child mortality related to external causes see Goal 4: Reduce child mortality.)

Target 16: By 2015, reduce by 10%, as compared to 2000, the preventable causes of premature deaths connected with traffic accidents, alcohol and drugs, suicide and violence

Indicator 34: Deaths related to external causes per 100,000 people (men/women)

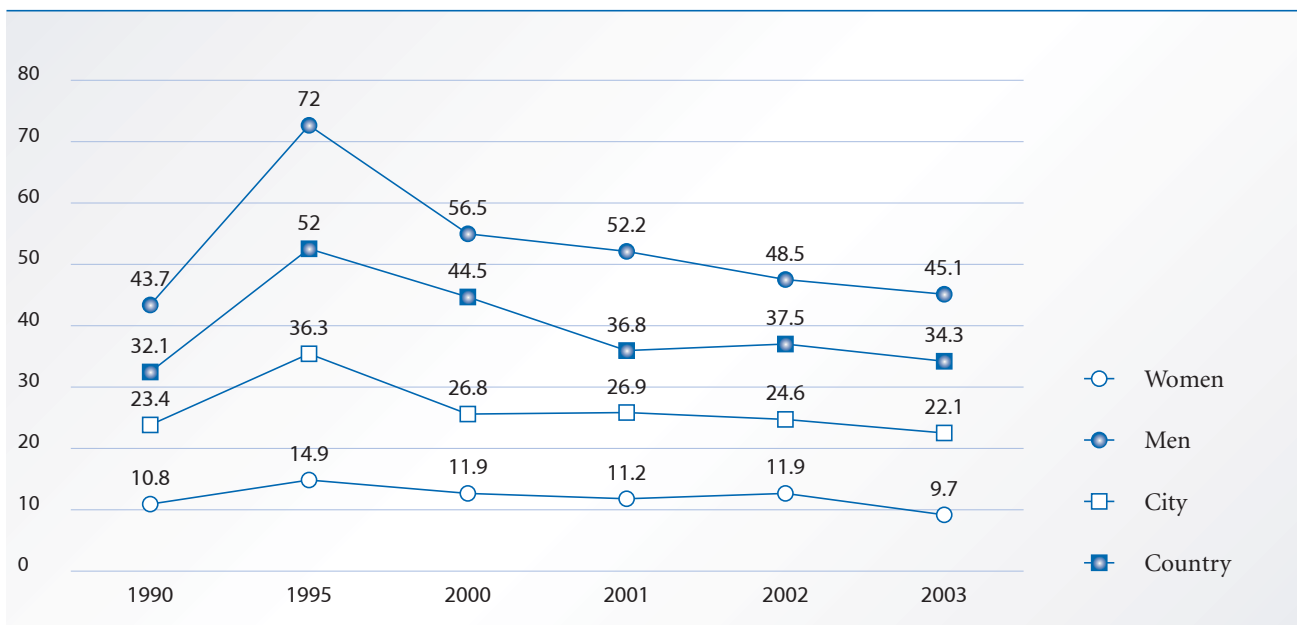
1980	1990	1995	2000	2001	2002	2003
245/68	244/67	348/90	261/72	255/74	251/76	228/74

Source: Central Statistical Bureau of Latvia

Suicides

In 2003, the highest percentage of deaths resulting from external causes results was from suicides (18%). In Latvia, the number of deaths by suicide is higher than the number of deaths in traffic accidents. In 2003, 505 people took their own lives. Three men to every one woman chose to commit suicide. Although the yearly suicide rate is declining, in comparison with the EU of 15 Member States it is still high. Suicides are usually committed in the most active period of a person's life – between the ages of 35 and 54.

Box 6.5. Death by suicide per 100,000 people



Source: Central Statistical Bureau of Latvia

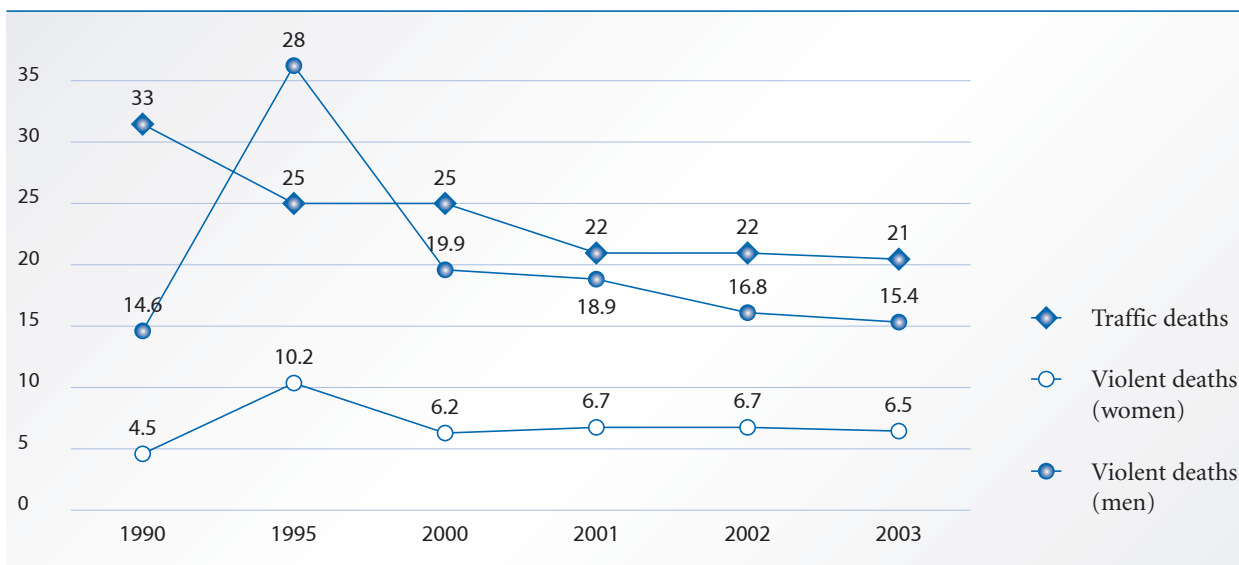
Traffic accidents

There were more fatal traffic accidents in 2001 in Latvia than in any other country that is now in the European Union. Although the number of deaths has somewhat declined, it is still high (493 in 2003), and the number of persons injured in traffic accidents continues to grow (6,639 in 2003). Both pedestrians and drivers face risks. Traffic accidents are frequently connected with the use of alcohol or drugs, and with psychological problems – inability to cope with stress, aggression, etc.

Violence

In 2003, 247 people died violent deaths. Men more often than women and city dwellers more often than country dwellers face the risk of a violent death. Both deaths by suicide and deaths by violence reached a culmination in 1993 (640 people). Since then, the incidence of violent deaths has gone down, but has still not reached the 1990 level.

Box 6.6. Traffic and violent deaths, per 100,000 people



Source: Central Statistical Bureau of Latvia

Alcoholism

Although the public is being educated and measures have been taken to restrict the use of alcohol, alcohol consumption in Latvia is increasing. In 2001, it was 7.8 litres to every person over the age of 15, but by 2003, the amount had increased to 9.4 litres, and the increase was in the consumption of both spirits and beer/wine. More casualties, injuries, traffic accidents and crimes take place under the influence of alcohol. It should be kept in mind that excessive use of alcohol is not only a reaction to social problems, it is also a factor that exacerbates existing problems.

Drugs

Unlike the use of alcohol, the use of drugs is a fairly new problem in Latvia. In a relatively short time, Latvia's status has changed from a country of drug transit to country of drug consumption. Changes in supply (domestic and contraband) dictate which substances are "en vogue". Young people often think that some of these substances are harmless and use them recreationally.

The risk of drug use is greatest for young people who have problems in the family, in school, in their relationships, or who live in an unfavourable environment. Young people can begin using drugs because of these problems, but drug use can lead to crime, violence, lost social opportunities, dependency and death (136 deaths in 2002). Each year, traffic safety is endangered by more and more drivers who get behind the wheel under the influence of narcotic substances. In 2002, the police stopped 285 drivers under the influence of drugs.

Government and civil society initiatives

Preventable causes of deaths connected with traffic accidents, alcohol and drugs, suicide and violence are addressed by different policies at national and local government levels. A health education component is now included in the social science subject now taught in grades 1-9. Crisis help is becoming more accessible for the population. Ambulatory multidisciplinary teams that can provide psychological help have been planned in 26 districts, and seven local governments have anticipated the gradual introduction of cost-free legal and psychological consultations for people who have suffered from violence or other crises.

Lawmakers are planning to increase liability and punishment for driving under the influence of alcohol or drugs, and a public information campaign on safe driving is currently underway.

Latvia has prepared a *Drug Control and Addiction Prevention Strategy (2004 – 2008)*, which focuses on risk groups, preventive measures, institutional cooperation at the local government level, and rehabilitation opportunities.

HIV/AIDS, tuberculosis, diphtheria, other preventable causes of death. Information

Ministry of Health <http://www.vm.gov.lv>

Cilvēka imūndeficīta vīrusa (HIV) un AIDS izplatības ierobežošanas programma 2003.-2007. gadam [Programme for Limiting Incidence of the Human Immune Deficiency Virus (HIV) and AIDS (2003 – 2007)]. 2003.

State Agency for Addiction <http://www.narko.lv>

AIDS Prevention Centre <http://www.aids-latvija.lv>

AIDS website <http://www.aids.lv>

State Agency for Tuberculosis and Lung Diseases <http://www.tuberculosis.lv>

Public Health Agency <http://www.sva.lv>

Ministry of Health. Ricības programma Sabiedrības veselības stratēģijas ieviešanai 2004.-2010. gadam [Action Programme for Implementation of the Public Health Strategy (2004 – 2010)]. 2004.



Goal 7:

Ensure environmental sustainability

The environment sustains human life and provides the basis for all future development. At present, the impact of human activities on the environment is negative, and the global population is continuing to increase. Both these circumstances make it difficult to plan and ensure environmental sustainability. A complex approach to economic, social and environmental issues is the basic principle of **sustainable development**.

Box 7.1. The basic principles of sustainable development

Sustainable development has been defined in the 1987 report of the UN Joint Committee on Environment and Development, *Our Common Future*. Sustainable development – Development that serves the long term interests of society by meeting the needs of the present without compromising the ability of future generations to meet their own needs. It is development that serves the long-term interests of society.

Sustainable development is possible only if policy is planned, rationally managed and continuous at global, regional and local levels. For this reason, specific documents on environmental issues and sustainable development have been adopted at all policy levels.

For example:

- UN: *Agenda 21*, the Millennium Declaration, the Convention on Biological Diversity, the Framework Convention on Climate Change, the Kyoto Protocol;
- EU: the Lisbon Strategy, the EU Sixth Environmental Action Programme, the EU Sustainable Development Strategy;
- Latvia: the National Environmental Policy Plan (2004 – 2008) Latvia's Policy Guidelines on Sustainable Development.

Forests are a source of livelihood for 1.2 billion people across the world living in extreme poverty.¹⁷ However, due to inefficient management, forests are shrinking and now cover only 30% of all land. Since forests account for as much as 90% of terrestrial biodiversity, inefficient management of forests poses a serious threat to global biological diversity.

The world is growing warmer. Temperature increases are projected to be in the range of 1.4 to 5.8 degrees Celsius between 1990 and 2100, causing floods and other disasters.¹⁸ Of the estimated 6 to 7 billion tons of carbon dioxide (CO₂) released each year by human activity, about 1/3 is absorbed by oceans and another third by plants. The rest is released into the atmosphere, causing the so-called greenhouse effect. Most of the CO₂ emissions are caused by burning fossil fuels – coal, oil, natural gas.

In the last 100 years, depletive management of forests and natural resources has been the major reason for climatic changes. This is why people have started exploring the economic use of natural resources and environment-friendly technologies.

To ensure environmental sustainability, it is important for Latvia to meet the following targets:

Target 17: to integrate principles of sustainable development into sectoral policies.

Target 18: to prevent the depletion of natural resources.

Target 19: to provide safe drinking water for the population.

One of the concepts for sustainable development strategy is dematerialization – increasing human welfare, while simultaneously reducing material consumption and exploitation of resources. Occurrence of dematerialization in any specific sector or in the economy as a whole is called decoupling. For example, the term “decoupling of the economy” indicates that economic development no longer depends solely on material consumption. Dematerialization can be achieved by developing the services sector and knowledge-intensive production.

The level of dematerialization is measured by eco-efficiency indicators. These show the rate of economic growth, the consumption of resources and the amount of pollution caused during this period (for an example, see Box 7.2.). The main sectors of the economy: energy, industry, transportation, construction, fisheries, agriculture, etc. should be constantly monitored to ensure environmental sustainability.

Target 17: Integrate the principles of sustainable development into sectoral policies

Indicator 35: Sectoral eco-efficiency of the Latvian economy

Energy	Decoupling has occurred: significant increase in exploitation of renewable resources
Industrial	Production decoupling has occurred
Transportation	Decoupling is weak: increase in pollution caused by the industry, unchanged energy consumption (see Box 7.2.)
Construction	No decoupling: consumption of resources exceeds growth of the sector
Fisheries	No decoupling: all indicators show a negative trend
Agriculture	Decoupling is weak

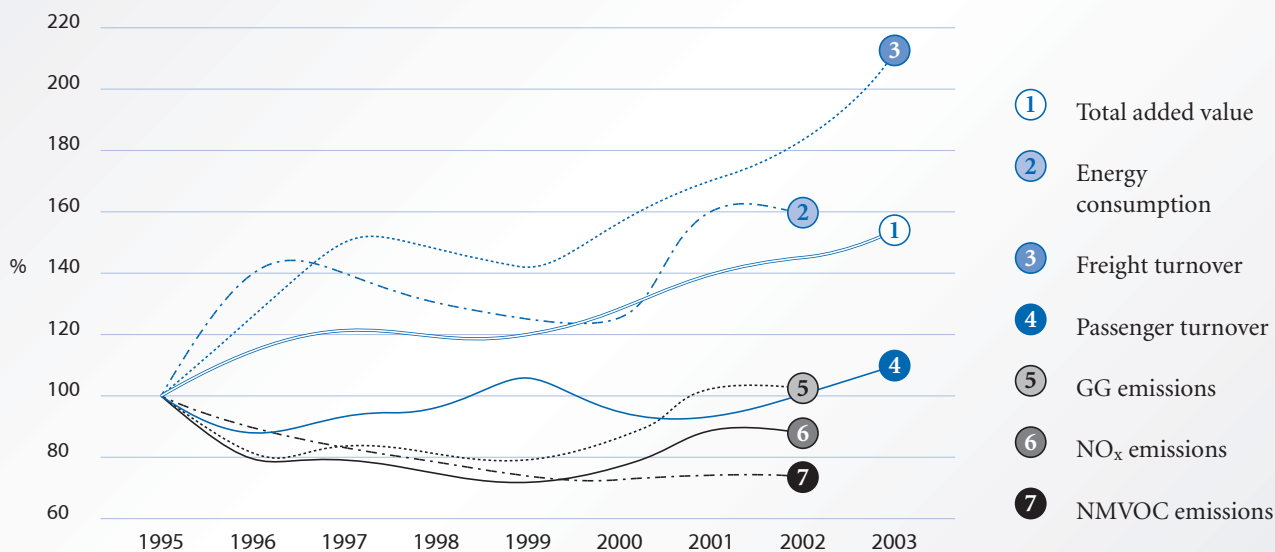
Source: Latvian Environmental, Geological and Meteorological Agency

The energy sector shows a decrease in consumption of fossil fuels (oil, natural gas, coal). Since 1995, the consumption of renewable energy resources, mainly fuel wood, has increased by 43%. The use of renewable energy resources is particularly important as a way of reducing impact on climate and environment.

The industrial production and the construction industry are growing, but the extremely rapid increase in the consumption of various resources (especially sand) suggests inefficient use of resources with little added value. This could be an indication that the price of these resources is too low.

Box 7.2. Eco-efficiency of transportation

Latvia must reduce the volume of ozone-depleting greenhouse gases (GG) emitted by transportation vehicles. This can be achieved through efficient use of energy resources. With a baseline year chosen as the reference point, Latvia's eco-efficiency indicators make it possible to analyse development of the sector from the aspect of efficient use of energy resources and environmental pollution. At present, decoupling is weak: pollutant emissions are increasing and energy consumption is not significantly declining.



Note: Diagram shows freight transportation by road and rail

Sources: Central Statistical Bureau (total added value, energy consumption, freight and passenger turnover), Source: Latvian Environmental, Geological and Meteorological Agency (greenhouse gases, NO_x, NMVOC emissions)

Overfishing of the main industrial fish species (sprats, herring, cod, salmon) and unfavourable conditions in the Baltic Sea in recent years have contributed to a reduction of fish stocks. This means smaller catches and negative economic and social indicators.

Latvia's agriculture is also undergoing improvement, although the sector's added value is currently shrinking (as a proportion of GDP) and the foreign trade balance for agricultural products is negative. On the one hand, the changes reflect an effort to reach the current agricultural production level of the EU (indicators are, for example, the increase in use of mineral fertilisers and in the area of farmland being treated with pesticides and insecticides, as well as the concentration of production in larger food processing plants that comply with EU standards). On the other hand, changes in agricultural policy show that the sector's future is being linked to sustainable development. More rational use of energy in farming, the appearance of organic farms, and support for young farmers (aged 18 – 40) are a few of the positive landmarks on Latvia's road to a sustainable and ecoefficient agricultural sector.

Indicator 36: Energy consumption in Latvia (thousand tons – ktce*)

	1999	2001	2003
Total energy consumption	5,730	5,740	6,583
Including:			
natural gas	1,495	1,980	2,138
mineral oil products and other oil products	1,335	1,313	1,727
fuel oil, shale oil	900	269	166
fuel wood, peat, coke and other types of fuel	1,300	1,475	1,854
coal	120	123	90
electricity (hydropower, wind power, imported power)	580	580	608

Sources: Central Statistical Bureau and Ministry of Economics. * 1 ktce = 0,02931 PJ

Latvia's total energy consumption is the lowest in the European Union – 2,600/kWh per capita/ year due to several factors. Latvia has no energy-intensive industrial sub-sectors, and services make up the largest sector of the national economy (72.7%). Also, the relatively low incomes of the population restrict private consumption.

Latvia's energy supply is relatively evenly distributed among suppliers:

- of the three fossil fuels – natural gas, oil and coal – only natural gas comes from a single supplier;
- approximately 46% of fuel comes from domestic sources; in comparison with the first half of the 1990s, Latvia is 1.6 times less dependent on imported fuel;
- approximately 70% of Latvia's power supply is produced in Latvia; more than 40% of this energy is produced using renewable (wood waste products, etc.) energy resources (see Box 7.3.). Latvia imports power from three autonomous and competing suppliers.

Indicator 37: Per capita carbon dioxide (CO₂) emissions (into the atmosphere) and total greenhouse gas emissions (Gg CO₂ equivalent) in Latvia

	1990	1991	1993	1994	1996	1997	1999	2002
CO ₂ /capita	8.31	6.67	4.73	4.69	3.70	3.56	3.12	3.13
CO ₂ emissions/removal	3,479.72	110.49	-4,937.00	-3,800.98	-5,801.60	-3,019.86	-1,613.48	-995.62
Total greenhouse gas emissions (incl. CO ₂ emissions)/removal	10,219.21	6,590.91	-1,065.62	-328,12	-2,337.26	446.97	1,657.70	2,427.22

Source: Latvian Environmental, Geological and Meteorological Agency

Latvia has ratified the UN Framework Convention on Climate Change, the goal of which is to prevent negative effects on the climate of greenhouse gases produced by human activities. The member states pledged to reduce, by 2000, the emission of greenhouse gases to the 1990 level. Since Latvia no longer has many big industrial producers, it has fulfilled this requirement (total greenhouse gas emissions in 2000, were 34.4% of the 1990 total).

The Kyoto Protocol to the Convention prescribes that, from 2008 to 2012, greenhouse gas emissions must be reduced by 5% of the 1990 volume worldwide. To meet EU requirements, Latvia must reduce total greenhouse gas emissions by 8% as compared to 1990. It is quite likely that Latvia will meet this requirement. Greenhouse gas emissions can be reduced by applying energy efficiency measures, carrying out clean-technology projects and trading emission quotas.

To reduce climate change and irrational consumption of energy, but at the same time ensure development, Latvia must:

- by 2010, increase the consumption of renewable energy resources (wood, wind and solar energy, biogas etc.) to 43% (34.2% in 2003);
- produce and use biofuel in such quantities as to ensure that, in 2006, biofuel comprises 2% of total fuel consumption in transportation;
- use efficient and environment-friendly technologies (cogeneration, combined cycles, energy-efficient furnaces, upgraded heating systems, demand-side management, energy-efficient lighting and household appliances, etc.) in order to reduce, by 2010, consumption of fossil fuels (oil, natural gas and coal) by 25% per GDP unit;
- insulate buildings (Dwelling houses make up approximately 70% of all buildings. Insulation is indirectly linked to fulfilment of Goal 1, because it will reduce households' monthly heating expenses. Currently, in the new EU Member States, approximately 20% of total costs for living accommodations are spent on heating. In the EU of 15 Member States, this figure generally does not exceed 6%.);
- develop a more environment-friendly transportation system and improve traffic management;
- introduce environment management and quality control systems in factories, and an environment management and audit system (EMAS) in Latvia's enterprises;
- introduce best available techniques and cleaner technologies.

Target 18: Prevent the depletion of natural resources

Indicator 38: Land area covered by forests (thousand ha)

1995	1983	1994	1998	2003
1,747	2,782	2,820	2,871	2,923

Source: State Forest Service

Although the proportion of land area covered by forests shrank worldwide to 30% in 2000, in Latvia 45% of the territory is covered by forests. Latvia is one of the most wooded countries in Europe, with per capita forest area exceeding the European average 4.5 times. Forests play a major role in the Latvian economy, they reduce the concentration of carbon dioxide in the atmosphere, and they provide opportunities for recreation.

The main objectives of Latvia's forest policy are:

- to protect the biological diversity and quality of Latvia's forests in order to maintain a positive climate and water regimen, and to prevent soil desiccation;
- to support afforestation of non-arable land in order to increase absorption of carbon dioxide (to purify the air);
- to promote exploitation of wood and wood products;
- to educate forest owners, managers and the public about the biological diversity and ecological importance of forests.

Box 7.3. Forest management risks

The government should support the owners of farmland and forests. Without re-forestation subsidies, landowners will not be motivated to plant new forests on non-arable land. Likewise, sustainable management of privately owned forests and forestland will be jeopardised if investments are not found for improvement of the economic, ecological and social value of forests. It is much more difficult to apply sustainable forest management principles to small privately owned forests (ca 8 ha). Furthermore, those who have just recently become forest owners lack knowledge about forest management and market economy. In the past 10 years, 41-75% of Latvia's total annual growth has been felled. In the private forests, the rate of woodcutting often surpasses the rate of reforestation, mainly due to the economic situation in rural areas. To maintain a sustainable supply of resources and to make up for what has been neglected in 15 years of independence, 18 thousand ha of privately owned forestland must be reforested each year and 43 thousand ha of underbrush cleared.

Indicator 39: **Proportion of protected areas in Latvia (%)**

1960	1970	1975	1980	1990	1998	2004*
0.6	0.7	2.2	4.7	6.6	6.8	12.1

Source: Latvian Environmental, Geological and Meteorological Agency, * as of May 1, 2004

Up until 2001, there were 243 protected areas in Latvia, which covered 8.9% of the country's territory. In 2001 – 2004, the territory of protected areas was increased by 3.2%. Each European Member State has been asked to establish a protected area network (Natura 2000) to conserve species biodiversity and protect critical ecosystems. In 2004, the network in Latvia incorporated 337 protected areas, 295 natural monuments, and 649 microreserves. These protected areas are distributed fairly evenly throughout Latvia – with a few more in the lowlands of eastern Latvia and a few less in the Zemgale plain.

To prevent the depletion of natural resources and ensure protection of biological diversity, Latvia must:

- introduce a mechanism to compensate landowners for losses resulting from restrictions on commercial activities in protected areas;
- support long-term studies on biological diversity and provide financial and technical resources for research institutes;
- introduce environmental protection plans, rules for the exploitation of protected areas, and plans for the protection of endangered species;
- integrate biodiversity conservation policy requirements into all sectoral laws and planning documents;
- involve the public in environmental protection activities and inform the public about the outcomes of such activities.

Target 19: Provide safe drinking water for the population

Indicator 40: Water from natural sources in Latvia (thousand m³)

1998	1999	2003
343,835	307,346	254,389

Source: Latvian Environmental, Geological and Meteorological Agency

Box 7.4. Raising awareness of sustainable development

Latvia's first 22 nature guides were trained between 2001 and 2003 and certified as part of the Latvian-Danish partnership project "Development of a Nature Guide Network in Latvia". Currently, there are 42 professional nature guides working in Latvia. Signing up for a route and paying a symbolic fee will give anyone the opportunity to enjoy a day in the fresh air and to discover the wonders of nature. Awareness of environmental processes encourages greater personal commitment to sustainable development.

The guides at the North Vidzeme biosphere reservation, for example, offer activities, excursions and lectures on the following topics:

1. The Vidzeme coast: coastal erosion, coastal flora, coastal ecosystems
2. The Salaca River and confluence basin: determination of water quality with the help of water plants and animals; water ecosystems
3. Geologic objects and processes, the geologic trail
4. Forest ecosystems
5. Local cultural history – interaction between man and nature

Latvia has sufficient underground supplies of water to provide safe drinking water for the whole population. Underground freshwater supplies in Latvia twice exceed the maximum water output required to cover the needs of the whole population and four times exceed current output from underground sources.

Surface water, which is much more susceptible to pollution than underground water, is also abundant in Latvia. However, water supplies (like water output) are not evenly distributed throughout Latvia. Since the hydrogeological condition of the upper soil layers in Latvia does not provide sufficient protection for groundwater (accidents can easily lead to pollution of underground water supplies), shallow wells can only be permitted in rural areas. Water from artesian wells is much safer and can be used for central water-supply systems.

Water loss, which in Latvia is 9-13% of water output, must be reduced. Modernisation and reconstruction of small-town water management systems as part of the national investment programme *Water Supply and Wastewater Treatment in Latvia's Small Towns (800+)* is contributing to this aim.

Government and civil society initiatives

The European Union has launched a long-term process to ensure sustainable development, with special focus on the use of renewable resources and the integration of environmental questions into other sectoral policies, laws and funding regulations.

Important initiatives in Latvia are: development of science and research, introduction of entrepreneurs to best practice, eco-labelling, green procurement and environmental analysis systems, redistribution of the tax burden, introduction of higher taxes on natural resources and other economic instruments to increase the efficiency of resources.

Latvia has adopted a number of policy-planning documents dedicated to sustainable development. *Latvia's Sustainable Development Strategy* (2002) formulates 10 goals that follow from global sustainable development principles and Latvia's geopolitical location, natural environment, social and economic experience, and current situation. The *National Environmental Policy Plan (2004 – 2008)* adopted in 2003 deals with the use of natural resources, the sectors of the national economy that require use of resources (industrial production, energy, transportation, construction, agriculture, forestry, fisheries and tourism) and their desired development.

A Sustainable Development Council has been working in Latvia since October 2003, seeking to encourage compliance with sustainable development principles in the environmental, social and economic sectors, and to coordinate the sustainable development process in Latvia.

Sustainable development. Information

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The Latvian Environmental Agency has been renamed the Latvian Environmental, Geological and Meteorological Agency.



8

Goal 8: Promote development cooperation

There are many countries in the world where people live in unacceptable conditions, with insufficient food, unsafe drinking water and inappropriate housing. Many children in such places do not survive to see their fifth birthday, and older children forego school to work for a living.

A number of factors prevent people and their countries from escaping poverty. To improve the situation, a global partnership system must be established to help poor countries or countries in difficulties to tackle their problems and carry out their plans. In such a system, countries help one another by lifting trade barriers, opening markets, facilitating the introduction of modern technologies, etc.

Latvia and the other new EU Member States are good examples of how quickly countries can develop if they have favourable market conditions, greater access to the markets of developed countries, and the will to develop an effective system of administration.

Box 8.1. Development cooperation

Development cooperation – the provision of different forms of aid for poor or less-developed countries to promote their long-term social and economic development. Development partners can provide experience and know-how, including technical aid, for the implementation of simple projects or complex, long-term programmes. Global development cooperation also includes debt reduction for the poorest countries, promotion of local industry and other activities that directly or indirectly stimulate development of these countries.

Development aid differs from humanitarian aid – such as, food and medication for flood-stricken areas. Humanitarian aid helps to eliminate the effects of catastrophes or specific situations, but it is not a long-term solution to pervasive problems. *Cooperation* takes place between recipient and donor countries and regions, with the partners agreeing on the best form of support to achieve desired goals. In this way, rich countries avoid imposing unneeded measures on poor countries, and both sides assume responsibility for the results.

Although human development challenges exist in Latvia, people in this country are generally better off than billions of other people in the world.¹⁹ Latvia and its people must finally acknowledge the positive results of the reforms carried out during the transition period. Latvia can share its development experience with other countries. By participating in development cooperation, Latvia can contribute to achievement of the global UN Goals. This not only benefits recipient countries; it also strengthens Latvia and its security, and gives the people of Latvia the opportunity to gain experience in global partnership.

To meet the Goal of promoting development of the poorest countries, Latvia's main targets are:

Target 20: to increase Latvia's funding for development cooperation.

Target 21: to promote public awareness of and participation in development cooperation.

Target 20: Increase Latvia's funding for development cooperation

Indicator 41: Share of GDP allocated by the Latvian government to support development cooperation (%)

2001	2002	2003	2004
0.023	0.01	0.008	data to be compiled

Indicator 42: Proportion of development cooperation funding contributed through international organisations and EU budget vs. funding contributed by Latvia directly (%)

2001	2002	2003	2004
99.1	94	92	data to be compiled

Source: Ministry of Foreign Affairs

Target 21: Promote public awareness of and participation in development cooperation

Indicator 43: Public support for development cooperation (%)

2001	2002	2003	2004
-	-	-	66.6

Indicator 44: NGO and private sector participation in development cooperation projects

2001	2002	2003	2004
Data to be compiled beginning with 2004			

Source: Ministry of Foreign Affairs

In the fifteen years since Latvia renewed independence, it has received foreign aid worth millions of lats and a development boost that will secure growth in future years. The benefits for Latvia, however, cannot be measured in monetary terms alone. The returns on development cooperation have had a direct impact on the quality of life of the people living in Latvia. On its own, Latvia in the short term would never have been able to improve water purification and waste management, for example.

Government and civil society initiatives

The Ministry of Foreign Affairs is responsible for implementing development cooperation policy at the government level. The ministry has drafted basic policy guidelines, which set out Latvia's development cooperation goals, targets and priorities.

Latvia has assisted other nations, even in the earliest stages of its own development. Initially this was primarily in the form of humanitarian assistance to flood and earthquake stricken areas. For example, Latvia sent victims of the earthquake in Armenia blankets from former Soviet army supplies. At the time, Latvia could afford no more – it was undergoing huge reforms and had no resources to spare.

As prosperity has grown in the nation, Latvia has increased its contribution to development cooperation by sharing the experience it gained in the reform process. Latvia has, for example, helped Ukraine to reform its public administration. Latvian government and NGO experts have assisted in the reorganisation of judicial systems in other countries, have trained judges and police officials, have shared their experience in creating a strong central bank, in setting up a functional veterinary service, in dealing with environmental problems and many other issues. In the very near future, Latvia hopes to carry out projects involving the promotion of democracy and economic development, environmental protection and public administration reform in CIS and Balkan countries. In the long term, this will help to strengthen development of these countries and, consequently, secure stability in the region.

Latvia is joining the international aid community. By adopting the UN Millennium Declaration in 2000, Latvia has demonstrated to the whole world its commitment to global poverty reduction and its readiness to provide funding for this purpose. As a member of the European Union, Latvia must reinforce this commitment by taking part in the shaping and implementing of Europe's development cooperation policies. The EU Member States responded to the UN invitation that wealthy countries increase their funding for development cooperation, in 2002, in Barcelona by pledging to increase their development cooperation budgets by 2006, upping these to 0.33% of GDP. In light of the country's need to achieve its own Millennium Development Goals, Latvia will need to balance its domestic needs with its monetary contribution to development cooperation.

Latvia has started drafting government policy on development cooperation. In 2003, the Cabinet of Ministers adopted *Guidelines on Development Cooperation Policy*. The Ministry of Foreign Affairs will soon draft *Latvia's Development Cooperation Programme (2005 – 2010)*. Each year, a plan of action will be prepared, setting out the priority countries and areas for Latvia's development cooperation projects in the following year.

Latvia has started contributing to the budgets of international institutions that support development cooperation. Since 2004, Latvia has made payments to the EU budget, from which approximately 4.6% are allocated to development cooperation goals. Our country has also contributed to UN agencies and other international organisations such as the International Red Cross.

The non-governmental sector plays an important role in the implementation of development cooperation. There are many examples of Latvia's non-governmental organisations (NGOs) that have provided assistance in other countries. The Latvian Portage Association helped Georgia develop an alternative system for addressing learning and development disorders during early childhood. The Latvian Union of Local and Regional Governments regularly shares its public administration experience with local governments in other countries. Many of Latvia's non-governmental organisations have gained valuable experience through participation in international projects and volunteer work. To help the government develop and promote development cooperation policy, twenty one non-governmental organisations have established the Latvian Platform for Development Cooperation (LAPDP). One of the immediate goals of this association is to raise public awareness about the role of development cooperation and to help Latvia's non-governmental organisations to take part in international development cooperation projects.

Individuals in Latvia have also contributed to development cooperation either as volunteers, for example, in Ghana or India, or as participants in international projects in Moldova, Georgia, Kosovo and elsewhere. Private companies contribute indirectly through their involvement in internationally financed major infrastructure construction projects or consulting assignments in less developed countries.

By providing political and financial support for NGO initiatives, the government supports assistance for people in poorer countries. The government has envisaged a financing mechanism that will allow Latvia's non-governmental organisations to apply for grants for the implementation of development cooperation projects. Latvia's NGOs will gain experience, and this will open future opportunities to carry out international development cooperation projects financed by the European Union or other international organisations.

Development cooperation. Information

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Conclusion

Latvia has developed at an extremely fast pace. After the renewal of independence in 1991, in the first years of the transition period, Latvia's government was faced with the task of reorienting all of the country's main systems from a planned to a market economy.

As of 2004, Latvia's new regional affiliation and Latvia's Millennium Development Goals require it to seek approximation to the European Union level of development by striving for equity and social cohesion. This means that, in the period up to 2015, Latvia's domestic policies must address the elimination of inequalities between social groups.

Regional policy must stimulate greater welfare for the rural population. Policy aimed at elimination of poverty and social exclusion must increase opportunities for those for whom Latvia's development superhighway has not been the road to greater personal welfare. Health policy must increase life expectancy.

Latvia will achieve its Millennium Development Goals by 2015 if government and civil society carry out the planned policies, devoting special attention to the risk groups of each of the Goals.

Summary

Latvia's progress towards achievement of the Millennium Development Goals

The eight interrelated Millennium Development Goals (MDGs) are based on the UN Millennium Declaration (2000). Achievement of these Goals by 2015 will improve the lives of the poorest and most vulnerable. Latvia has drafted 21 targets and 44 indicators to adjust the global Goals to conditions in Latvia. This Report examines Latvia's progress towards achievement of these Goals.

Latvia is progressing towards all of the Goals, however, the rate of progress differs from Goal to Goal. In certain areas, for example, reducing maternal or child mortality, or combating aids, effective measures and work with risk groups will make it possible to achieve the Goals sooner. In other areas, for example, ensuring equal pay for women and men, or universal secondary general or secondary vocational education, progress is slower. Life expectancy of males is increasing very slowly and is still extremely short when compared to the European average.

Widening of the gap between the richest and the poorest has not been halted. The growing number of poor people can slow progress towards achievement of the other Goals. It is therefore important to continually identify the groups facing the highest poverty risk and give them opportunities to eliminate the causes and alleviate the effects of poverty.

Brief outline of progress towards each Goal:

Goal 1: Reduce poverty

Growing income inequalities between the rich and the poor are not being halted. If nothing is done, the rural population, families with three or more children, families with unemployed persons, families with one or more seriously ill or disabled persons, single-parent families (especially if the parent is a woman) are at risk of becoming even poorer by 2015. Other risk groups are emerging – a primary one is young people aged 15-24.

Goal 2: Achieve universal basic education and access to general secondary or secondary vocational education

The percentage of children who finish basic school is increasing. The percentage of young people who are acquiring a secondary general or secondary vocational education is slowly increasing, but has not reached the 75% mark. Those who are not attending school or are not gaining a profession are thereby diminishing their future chances of supporting themselves and becoming active members of society. These young people must be motivated to learn, and all those who have broken off their schooling must be given the opportunity to continue and complete their basic, secondary or secondary vocational education.

Goal 3: Ensure equal opportunities for women and men

There are significant disparities in life expectancy between the sexes. Male life expectancy is increasing very slowly because many men have an unhealthy lifestyle leading to premature death, and many working-age men die of external causes (such as violence,

traffic accidents, suicide, etc.). Salaries are increasing for women and men alike, but women's salary levels are nowhere near those of men. Women still face a greater poverty risk, especially in their old age and if they are raising their children alone. The number of women in the *Saeima* (parliament) is still small, but in local government councils, the number of women is gradually approaching the number of men. In the past 10 years, only 25-30% of companies have had women directors, and this percentage is not significantly changing.

Goal 4: Reduce child mortality

The mortality rate is rapidly declining in the 5-14 age group, more slowly in the 15-19 age group. However, the under-five and infant mortality rate is not declining quickly enough to achieve EU of 15 Member States averages by 2015. To improve the situation, attention must be focused on the living conditions of children below the age of five and on ensuring a safe environment for children.

Goal 5: Improve maternal health

Along with a decline in the number of induced abortions and the incidence of sexually transmitted diseases, maternal mortality related to preventable causes is also declining and reproductive health is improving. Knowledge about reproductive health and family planning plays an important role.

Goal 6: Reverse the incidence of HIV/AIDS, tuberculosis, diphtheria and other preventable causes of death

Effective prevention and containment measures have helped to stabilise the spread of HIV/AIDS. Nevertheless, in order to prevent spreading of the disease among heterosexuals, it is important to continue education of young people about preventive measures. By 2015, adequate care and treatment must be ensured for twice the number of HIV patients. The incidence of tuberculosis has declined in Latvia, but it is still nowhere near the 1990 level. The DOTS+ programme helps to provide early treatment for patients with the multi-resistant form of tuberculosis. Diphtheria, on the other hand, could take on epidemic proportions in Latvia if a 90% vaccination rate is not achieved. Currently the vaccination rate is 70%. Latvia does not have a targeted policy for extending life expectancy of the population, which is very low for men and low for women in comparison to EU averages. Promotion of a healthy lifestyle for men and women, as well as protection of males from external causes of death such as suicide, violence, traffic accidents, as well a reduction of alcoholism and drug addiction, would significantly increase life expectancy for both genders and reduce disparities in life expectancy between the sexes (see Goal 3).

Goal 7: Ensure environmental sustainability

The principles of environmental sustainability (sustainable development) are being integrated into government policy. The eco-efficiency of the transportation and energy sectors has improved. Improvements are needed in the transportation and in agriculture. Eco-efficiency has not been achieved in the fisheries and construction sectors. Energy consumption in Latvia is low and the energy supply (with the exception of natural gas) is fairly evenly distributed among different suppliers. It is likely that Latvia will meet its commitment to reduce the emission of greenhouse gases. Latvia has an abundance of forests and protected areas. The majority of the population is provided with safe drinking water.

Future key measures include focusing research on environmental sustainability, introducing the business community to best practice, redistribution of the tax burden, development of eco-labelling, green procurement and environmental analysis systems. Eco-efficient development of the national economy must continue, with greater attention being paid to low efficiency sectors.

Latvia is well on its way towards achievement of Goal 7. The country's relatively good environmental conditions could contribute to improvements in the other Millennium Development Goals.

Goal 8: Promote development cooperation

Latvia has developed at a fast pace due to favourable market conditions and access to the markets of developed countries, and also because it has created an efficient system of administration. Since 2003, Latvia has a ranking in the Human Development Index that places it in the group of nations with a high level of human development. The country has started helping poorer and less-developed countries with the goal of promoting long-term social and economic development in these countries. The percentage of GDP that Latvia allocates to development cooperation increases each year to the extent that Latvia's finances allow. Non-governmental organisations are gradually taking part in partnership projects. In the near future, Latvia hopes to carry out projects involving the promotion of democracy, economic development, environmental protection and public administration reform in CIS and Balkan countries. In addition, Latvia's contributions to international institutions (for example European Union, UN organisations) help less-developed countries to meet their Millennium Development Goals. Each year, the Ministry of Foreign Affairs prepares an agenda identifying priority countries and sectors for development cooperation.

Latvia, in order to achieve its eight Millennium Development Goals, must identify changing disadvantaged population groups and address their needs. This requires continual monitoring and analysis on the part of the government. To ensure environmental sustainability, eco-efficiency indicators must be considered key in all sectors of the economy. Because Latvia is generally in a better situation than the majority of countries, it is Latvia's duty to help less-developed countries by way of development cooperation. With targeted and coordinated policies, public support, Latvia will reach all of its eight Millennium Development goals by 2015.

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