



COUNTRY REPORT

LATVIA

MIPEX

HEALTH STRAND



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MIGRANT INTEGRATION POLICY INDEX *HEALTH STRAND*

Country Report Latvia

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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental body, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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READER'S GUIDE TO THE REPORT

This report was produced within the framework of the IOM's EQUI-HEALTH project, in collaboration with Cost Action IS1103 ADAPT and the Migrant Policy Group (MPG). Full details of the research and its methodology are contained in Sections I and II of the Summary Report, which can be downloaded from the IOM website at <http://bit.ly/2g0GIRd>. It is recommended to consult this report for clarification of the exact meaning of the concepts used.

Sections 5–8 are based on data from the MIPEX Health strand questionnaire, which covers 23 topics, in 10 of which multiple indicators are averaged. Each indicator is rated on a 3-point Likert scale as follows:

- 0 no policies to achieve equity
- 50 policies at a specified intermediate level of equity
- 100 equitable or near-equitable policies.

'Equity' between migrants and nationals means that migrants are not disadvantaged with respect to nationals. This usually requires equal treatment, but where migrants have different needs it means that special measures should be taken for them. Scores relate to policies adopted (though not necessarily implemented) by 31st December 2014. However, some later developments may be mentioned in the text.

To generate the symbols indicating a country's ranking within the whole sample, the countries were first ranked and then divided into five roughly equal groups (low score – below average – average – above average – high). It should be remembered that these are relative, not absolute scores.

The background information in sections 1-4 was compiled with the help of the following sources. Where additional sources have been used, they are mentioned in footnotes or references. It should be noted that the information in WHO and Eurostat databases is subject to revision from time to time, and may also differ slightly from that given by national sources.

Section	Key indicators	Text
1. Country data	Eurostat	CIA World Factbooks, BBC News (http://news.bbc.co.uk), national sources
2. Migration background	Eurostat, Eurobarometer (http://bit.ly/2grTjIF)	Eurostat, national sources
3. Health system	WHO Global Health Expenditure Database ¹ (http://bit.ly/1zZWnuN)	Health in Transition (HiT) country reports (http://bit.ly/2ePh3VJ), WHO Global Health Expenditure database
4. Use of detention		National sources, Global Detention Project (http://bit.ly/29IXgf0), Asylum Information Database (http://bit.ly/1EpevVN)

These reports are being written for the 34 countries in the EQUI-HEALTH sample, i.e. all EU28 countries, the European Free Trade Area (EFTA) countries Iceland, Norway and Switzerland, and three 'neighbour' countries – Bosnia-Herzegovina, FYR Macedonia and Turkey.

All internet links were working at the time of publication.

¹ For the definition of these indicators please see p. 21 of the WHO document *General statistical procedures* at <http://bit.ly/2lXd8JS>

1. COUNTRY DATA

KEY INDICATORS		RANKING
Population (2014)	2.001.468	●○○○○○
GDP per capita (2014) [EU mean = 100]	64	●○○○○○
Accession to the European Union	2004	

Geography: Latvia is located in Eastern Europe, bordering the Baltic Sea, Belarus, Estonia, Lithuania, and the Russian Federation. The terrain is composed of low plains. The most populous city is the capital Riga (643.000) and two-thirds of the population lives in urban settings.

Historical background: Several eastern Baltic tribes merged in medieval times to form the ethnic core of the Latvian people (ca. 8th-12th centuries A.D.) Latvia was under foreign rule from the 13th to the 20th century. The region came under the control of Germans, Poles, Swedes, and finally, Russians. After World War I Latvia declared independence from Russia, which recognized it in 1920. Two decades later, following a pact between Stalin and Hitler, Soviet troops invaded the country in 1940 and Latvia was absorbed into the Soviet Union. The country re-established its independence in 1991.

Government: Latvia is a parliamentary democracy divided into 110 municipalities and 9 cities. The country joined the European Union in 2004 and the Eurozone in 2014.

Economy: Latvia has a small but open economy with exports contributing nearly a third of GDP. The country experienced GDP growth of more than 10% per year during 2006-2007, but the global financial crisis had a dramatic impact: GDP fell by one-third between 2008 and 2010, leading to widespread social unrest. After receiving a 7,5 billion euro IMF/European Union bailout in exchange for the government's commitment to stringent austerity measures, Latvia returned to growth in 2011. Its GDP is still below pre-crisis levels, but annual growth was 2,0% in 2016 and is expected to reach 3,2% in 2017 and 3,5% in 2018.²

Unemployment was at its lowest ever level of 5,3% in the fourth quarter of 2007, but reached a record high (21,3%) in the first quarter of 2010.³ Since 2010 it has fallen slowly but steadily, reaching 9,6% in 2016. Many young Latvians have left to seek opportunities abroad. As can be seen below in Fig. 1, the population fell by 25% between 1990 and 2015, about half of the decline being due to the emigration of Russians. The graph shows clearly how the size of this minority grew from 1940-1989, then declined from 34% of the population to 26% in 2015. Currently, one-third of Latvia's population speak Russian at home; since the Russian annexation of the Crimea in 2014, concerns about security have increased in Latvia.⁴

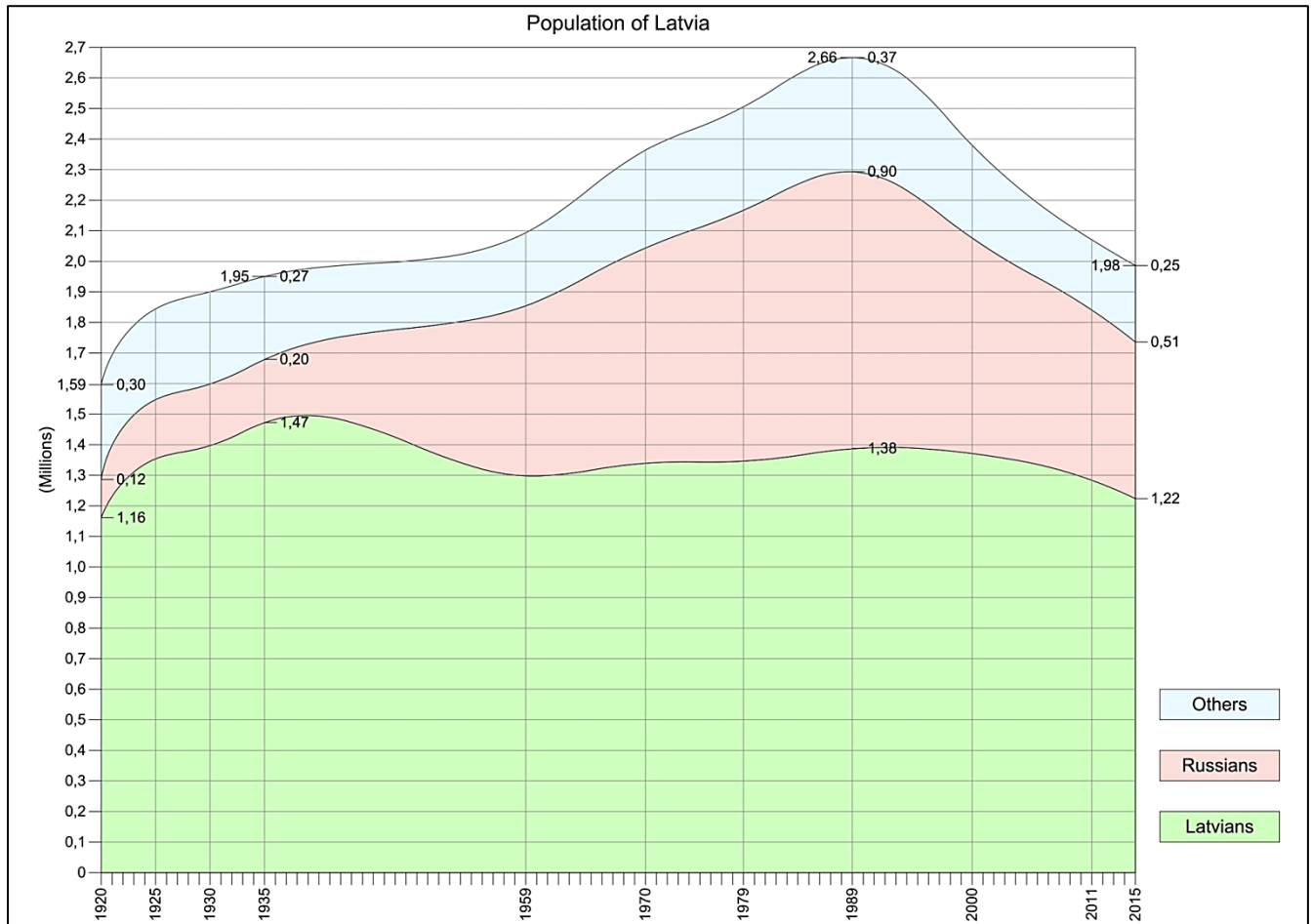
² https://ec.europa.eu/info/sites/info/files/ecfin_forecast_spring_110517_lv_en.pdf

³ <http://www.tradingeconomics.com/latvia/unemployment-rate>

⁴ <http://bit.ly/2hYrl6C>

Figure 1. Population of Latvia 1920-2015

Source: Wikimedia (author: Abols)⁵



⁵ <https://commons.wikimedia.org/wiki/File:Population-of-Latvia.PNG>

2. MIGRATION BACKGROUND

KEY INDICATORS (2014)		RANKING
Foreign-born population as percentage of total population*	4,4	●●○○○○
Percentage non-EU/EFTA migrants among foreign-born population	68	●●●●○
Foreigners as percentage of total population	15,2	●●●●●
Non-EU/EFTA citizens as percentage of non-national population	98	●●●●●
Inhabitants per asylum applicant (more = lower ranking)	5.337	●●○○○○
Percentage of positive asylum decisions at first instance	26	●●○○○○
Positive attitude towards immigration of people from outside the EU (Question QA11.2, Eurobarometer)	27	●○○○○
Average MIPEX score for other strands (MIPEX, 2015)	34	●○○○○

* see text

According to Eurostat data, the percentage of foreign-born residents in Latvia in 2014 was 13,5% (12,1% from outside the EU/EFTA and 1,4% from within). However, most of the third country nationals (TCNs) arrived from the Soviet Union before 1990 (see Fig. 1 and Table 1). They should therefore be excluded from the figures on migration, since at the time when they moved they were not crossing international borders. It is difficult to know how many of this group are still alive and in the country: on the basis of available data, we have estimated the stock of TCNs who arrived *after* 1990 as 3% (about 60.000 people),⁶ which together with the EU/EFTA migrants (1,4%) makes 4,4%. From 2013–2015 the number of TCNs arriving averaged 3.303 a year. In the same period the number of emigrants averaged 20.500 a year; indeed, Latvia has been a country of net emigration since 1991.⁷ Together with the negative rate of natural increase (currently -3,3 per 1000 inhabitants), this explains the continuing population decline.

Of the Soviet-era immigrants who came to Latvia between 1945 and 1990, half chose for naturalization, some decided to become citizens of their native country (Russia, Ukraine, Belarus, Lithuania, Estonia, etc.), and some are not officially citizens of any country; they are permanent Latvian residents with special 'non-citizen' passports. At the beginning of 2014, almost 85% of the total population were citizens of Latvia and 11% had 'non-citizen' status, 3% were Russian citizens, and the rest were citizens of other countries.⁸ The majority of non-citizens and Russian citizens have been residing in Latvia for 30–50 years, and some were actually born in Soviet Latvia. The major difference affecting non-citizens is the fact that they cannot vote and cannot be elected. As far as general health and access to the medical system is concerned, there is no difference from regular citizens, therefore they have not been counted as third-country nationals (TCNs) for the purpose of the present study.

⁶ This figure is probably too high, but on the other hand ignoring *all* TCNs from the period before 1991 may not be theoretically justified.

⁷ <http://www.csb.gov.lv/dati/statistikas-datubazes-28270.html>

⁸ <http://www.pmlp.gov.lv/lv/sakums/statistika/iedzivotaju-registrs/>

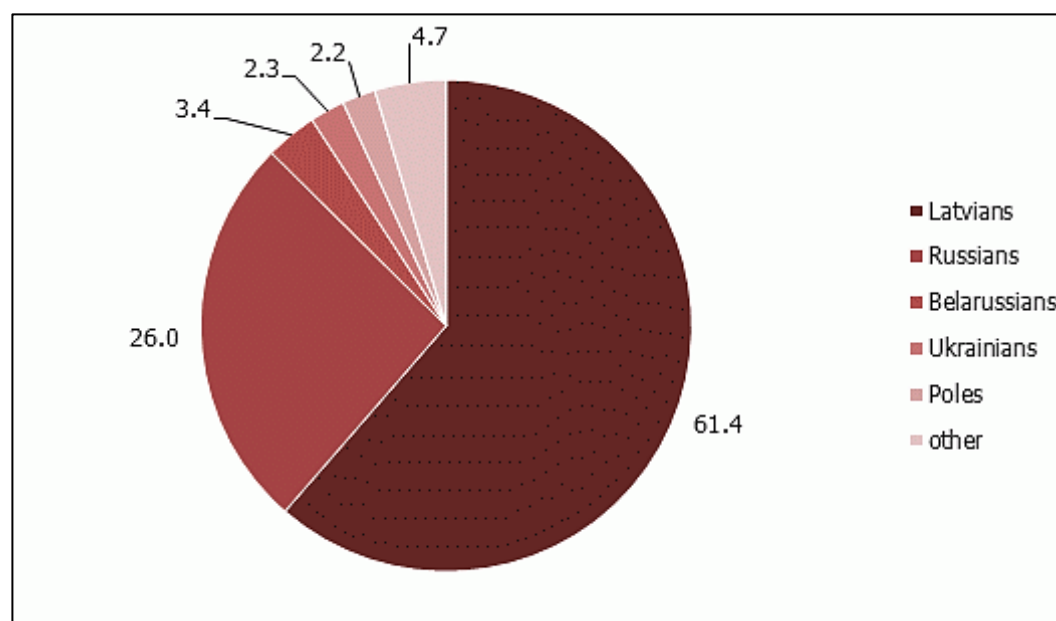
In 2014, according to Eurostat, there were only 375 applications for asylum in Latvia. Irregular immigrants may number up to a few hundred, but the number of 'overstayers' is impossible to estimate. The low number of TCNs in the country who have arrived since 1991 helps to explain why access to health care for migrants has not received much attention so far (Latvia's total score on the MIPEX Health strand is the lowest in the EU/EFTA). This negative attitude to migrant integration is not confined to health; the same is true for the average of the other 7 MIPEX strands. Attitudes to third-country nationals are also more negative than in all other EU/EFTA countries (see Key Indicators, above).

Table 1. Distribution of Latvian residents by major nationalities and ethnicities, January 2014

Source: Central Statistical Bureau of Latvia⁹

	Citizenship		Ethnicity	
Total	2.001.468	100,0%	2.001.468	100,0%
Latvian	1.696.633	84,8%	1.229.067	61,4%
Latvian non-citizens	253.640	12,7%	n/a	
Russian	38.777	1,9%	520.136	26,0%
Lithuanian	2.948	0,1%	25.025	1,3%
Ukrainian	2.391	0,1%	45.282	2,3%
Belarusian	1686	0,1%	68695	3,4%
Estonian	697	0,0%	1.882	0,1%
German	595	0,0%	2.886	0,1%
Jewish/Israel	353	0,0%	5.402	0,3%
Polish	219	0,0%	43.365	2,2%
Roma/Gypsy	n/a		5.594	0,3%
Other or undetermined	3.529	0,2%	54.134	2,7%

Figure 2. Graphical representation of the above data on ethnicity (same source)



⁹ <http://www.csb.gov.lv/en/dati/statistics-database-30501.html>

As can be seen from Table 1 and Fig. 2, Latvia has a rather mixed **ethnic composition**, in which ethnic Latvians form 61% of the total population. The largest ethnic minority are the Russians (26%). Over 61% of ethnic Russians are Latvian citizens, but 32% of them are 'non-citizens' (mostly in the older age groups) and the remaining 7% are citizens of Russia. Other ethnic groups include Belarusian, Ukrainian, Polish, Lithuanian, and the Roma.

The Roma minority is socially and economically poorly integrated, therefore there are some problems related to their healthcare access. For example, a disproportionately high percentage of Roma cases are in the official statistics on infant mortality and HIV.¹⁰ The government has taken some steps towards integrating the Roma in the educational and social systems, as well as the labour market, but not much has been done in terms of access to medical services or information about health issues. In 2012 the government issued policy measures to inform the Roma population living in unhealthy conditions or under the poverty line about health issues, observing general hygiene, and opportunities for rehabilitation and social care. However, the only action currently planned with respect to Roma health is to conduct a study and to get reliable statistics on the Roma situation.¹¹

¹⁰ http://cilvektiesibas.org.lv/site/record/docs/2012/02/06/ciganu_stavoklis_latvija.pdf

¹¹ http://ec.europa.eu/justice/discrimination/files/roma_latvia_strategy_en.pdf

3. HEALTH SYSTEM

KEY INDICATORS (2013)		RANKING
Total health expenditure per person (adjusted for purchasing power, in euros)	832	●○○○○○
Health expenditure as percentage of GDP	5,7	●○○○○○
Percentage of health financing from government National health system (NHS) / social health insurance (SHI)	62	NHS
Percentage of health financing from out-of-pocket payments (higher percentage = lower ranking)	36	●○○○○○
Score on Euro Health Consumer Index (ECHI, 2014)	593	●●○○○○
Overall score on MIPEX Health strand (2015)	17	●○○○○○

The method of health system funding in Latvia has been subject to many changes since the country became independent in 1991; the present system, introduced in 2011, is tax-financed (NHS). In the EU/EFTA, only Romania had a lower rate of health expenditure per person in 2014. The recession was responsible for part of this (between 2008 and 2010 this indicator declined by 27%);¹² but even before the recession, health expenditure – as in all the Baltic States – was low by EU standards.

Life expectancy has improved since 2000, but according to Mitenbergs et al. (2012: xvii) it is still much lower than the EU average (8 years lower for men, 4 years for women). Tobacco consumption is among the highest in the EU/EFTA, though it has declined in recent years; smoking-related illnesses, particularly cardiovascular disorders, are a major cause of death (ibid: xv).

Although – except for migrants – health care coverage is universal, 36% of the costs are met by out-of-pocket payments; within the EU/EFTA, only in Cyprus and Bulgaria is this percentage higher. People with very low incomes are exempted from charges, but in spite of this, “almost 14% of the Latvian population reported an unmet medical need because of costs, while this number was below 1% in Estonia, Lithuania, Slovenia and most other EU member states” (ibid.: xxi). Unmet medical needs were mainly found among poorer people. Waiting lists are common, but they can be avoided by people able to pay the full cost of care. In 2011, “most Latvians rated health care provision in their country as bad (66%), whereas only 30% judged it as good, earning Latvia the fourth lowest rank among EU countries” (ibid.: xxi). In addition to the very small percentage of migrants in the country, the overall inadequacy of health system resources in Latvia perhaps provides another reason for the unwillingness to adapt services to migrants’ needs.

¹² http://www.who.int/gho/health_financing/per_capita_expenditure/en/

4. USE OF DETENTION

Policies. Key legal provisions are stated in the 2003 **Immigration Law** and the 2009 **Asylum Law**, which was revised in 2015.¹³

- Section 51 of the Immigration Law stipulates that border guards can detain foreigners on the following grounds: for illegally crossing the border or violating entry procedures; for infringement of conditions of residence, including overstaying a visa or working without the requisite work permit; for failing to leave within the specified terms of an expulsion order or in order to implement an order of forcible expulsion; and when a foreign national is perceived to be a threat to national security or public order and safety.
- Section 16 of the Asylum Law stipulates that an asylum seeker may be detained if 1) it is necessary to ascertain or verify the person's identity or nationality; 2) it is necessary to ascertain the facts on which the asylum application; 3) it is necessary to decide on the person's right to enter Latvia; 4) there are grounds for assuming that the person submitted an application to hinder his removal; 5) the competent State authorities (including the Border Guard) have a reason to believe that the asylum seeker presents a threat to national security or public order and safety; 6) detention is necessary for transfer procedure in accordance with the EU Dublin Regulation.

Detention facilities. There are only two migrant centres in the country – the Mucenieki open centre for asylum seekers on the outskirts of Riga, and the detention centre for asylum seekers and undocumented migrants in Daugavpils. Each centre has a capacity for 100-200 persons. Most asylum seekers and registered undocumented migrants reside in one of the centres; only a few reside on their own or with acquaintances. Unregistered migrants with irregular status reside elsewhere, but they have no formal rights to legal income or social support.

Numbers detained. Annually, a few hundred persons are detained. In 2015 the number of persons detained for illegal border crossing was 463,¹⁴ most of them Vietnamese nationals, who were placed at Daugavpils.

Health services. Detainees have the right to emergency medical care provided by persons working in the detention centre or ambulance team; primary health care, including urgent dental aid, provided by the medical personnel of the centre; and secondary health care services when judged necessary. Additional medical services and prescribed drugs can be purchased at the cost of the migrant.

¹³ The full provisions are described at <https://www.globaldetentionproject.org/countries/europe/latvia>

¹⁴ http://www.rs.gov.lv/faili/doc2013/valsts_robezсарdzes_2015.gada_publicais_parskats.pdf

5. ENTITLEMENT TO HEALTH SERVICES

Score 31 Ranking ●○○○○

A. Legal migrants

Inclusion in health system and services covered

Legal migrants are not covered by the same system as nationals. For nationals there is the state guaranteed medical service system, which allows access to medical services at reduced cost (which, however, often takes much longer than when the full cost is paid, especially when it comes to seeing a specialist). But most legal migrants have to pay the full cost of medical services or pay for private medical insurance, which is expensive and not state-regulated. Only those legal migrants who have permanent residence permits or are gainfully employed citizens of the EU, EEA, or Switzerland have access to state coverage.¹⁵ At the same time, permanent residence permits are issued only to persons who already have private medical insurance. Only emergency medical assistance is provided to migrants unconditionally.

Special exemptions

Special exemptions for vulnerable groups are available under certain conditions. Ante-natal care and childbirth services are covered by the state only for spouses of Latvian citizens, as well as non-citizens who hold a temporary residence permit,¹⁶ but in practice they are also covered for asylum seekers and registered (detained) undocumented migrants.

Legally speaking, assistance has to be provided to all persons regardless of their status for medical diagnoses such as cholera, plague, Ebola and similar diseases. In practice, TB patients also get full treatment at no cost, regardless of status. Victims of trafficking have some access to additional medical services if they are included in the 'Safe House' NGO project,¹⁷ but such persons must be legally registered with the authorities. So far all victims of trafficking have been Latvian residents, who are assisted after being trafficked to other European countries.

Barriers to obtaining entitlement

Every patient or client has to have a personal code, issued by the Ministry of the Interior (Mol), which in turn depends on having a registered address. Without this personal code healthcare access becomes problematic, since healthcare providers cannot provide services without it. All patients also have to present a valid identity document in order to obtain treatment.

Administrative discretion in granting coverage may apply to nationals as well as migrants. For example, many family doctors refuse to register and treat families that have infants, because they do not want to work with such a 'difficult caseload'.

¹⁵ <http://likumi.lv/doc.php?id=44108>

¹⁶ *ibid.*

¹⁷ <http://www.patverums-dm.lv/en/services>

B. Asylum seekers

Inclusion in health system and services covered

National legislation grants access to state guaranteed medical services to refugees but not to asylum seekers.¹⁸ The latter are covered by a different system requiring no contributions. (In this respect asylum seekers are in a more favourable situation than nationals, who have to pay the patient fee: their costs are covered by annual projects of the European Refugee Fund, locally administered by the MoI). The Office of Citizenship and Migration has signed an agreement with the Health Centre of the MoI, stipulating that medical services and a nurse be available regularly at the centre for asylum seekers in Mucenieki. For complicated or acute medical situations asylum seekers are referred to other health providers, and related costs are covered from the same ERF annual projects. For most chronic diseases, assistance is not provided. Since many asylum seekers are in the procedure for only a few months (usually up to three), in practice some may have their applications refused before medical services become available.

Special exemptions

See under legal migrants.

Barriers to obtaining entitlement

Every patient or client has to have a personal code (see above) and to present a valid identity document in order to obtain treatment.

In the case of asylum seekers an additional administrative step is necessary – medical services must be requested beforehand from state authorities, who can decide to approve the request or not. There are regular gaps between ERF annual projects, meaning that for stretches of up to a few months, no paid medical assistance can sometimes be provided to asylum seekers.

Medical services for asylum seekers are available only after reporting to the asylum centre, which is located outside the capital (about one hour ride with public transport).

As mentioned above, administrative discretion in granting coverage may apply to any client or patient.

C. Undocumented migrants

Inclusion in health system and services covered

No undocumented migrants without a personal code (issued by the Ministry of Interior) can legally access medical services, unless they are in detention. Medical services for detained migrants are available upon request, and the Border Guard arranges and pays for provided services. There have been cases of detained migrants with serious health problems (such as hepatitis C), but no information is available as to whether and how they were treated. In case an undocumented migrant who is not detained has a health problem, he/she will have access to medical services only after the full cost has been paid in advance. If a medical service provider accepts undocumented migrants without payment, they will not be reimbursed from the state budget and will have to offer services 'pro-bono'. According

¹⁸ <http://likumi.lv/doc.php?id=44108> paragraph 17

to MOI officials, no free access to undocumented migrants should be provided, since it would discourage them from registering with state authorities. In practice registration often means detention and consequent deportation. The only medical service available free to undocumented migrants not in detention is medical consultation over phone.

Special exemptions

See under legal migrants

Barriers to obtaining entitlement

Every patient or client has to have a personal code, which is issued by the Ministry of Interior and depends on having a registered address. Without this code, healthcare access becomes problematic, since healthcare providers cannot provide offer services without it. All patients also have to present a valid identity document in order to obtain treatment.

In the case of detained undocumented migrants, an additional administrative step is necessary – medical services must be requested beforehand from state authorities, who can decide to approve the request or not. And there are regular gaps between ERF annual projects, meaning that for stretches of up to a few months, no paid medical assistance can be provided to undocumented migrants.

As mentioned above, administrative discretion in granting coverage may apply to any client or patient.

6. POLICIES TO FACILITATE ACCESS

Score 28 Ranking ●○○○○○

Information for service providers about migrants' entitlements

Sporadic efforts have been made to prepare and distribute such information, but it is scarce and not sufficient. Some brochures have been prepared and distributed on ad hoc basis within ERF (European Refugee Fund) and EIF (European Integration Fund) projects by selected NGOs. Three major health service providers were checked in October 2014 and no information on migrant' entitlements was available at any of them. Nor were employees of the providers aware of such publications. Medical service organizations do not receive much information on migrant entitlements and this information is not passed on to their employees. It has to be added that few entitlements are available to migrants who do not possess private medical insurance, especially undocumented migrants.

Information for migrants concerning entitlements and use of health services

Some brochures and web pages¹⁹ have been prepared by selected NGOs as activities within ERF and EIF projects. Three major health service providers were checked in October 2014 and no such information was available at any of them. Only information for the general public is provided. As mentioned above, very few entitlements exist for migrants, so there is not much to disseminate.

The languages in which sporadic information has been disseminated include Latvian, Russian and English. All service providers can communicate in Latvian and Russian, and to some extent also in English. Unfortunately, no other languages are covered. Only two groups have been covered by the above targeted information: legal migrants and asylum seekers. No information at all is provided for undocumented migrants.

Health education and health promotion for migrants

No forms of health education or health promotion for migrants are carried out. No campaigns about health risks and assistance to migrants have been prepared, and there are no plans to produce such campaigns. Some small-scale trainings concerning Roma have been provided for social and medical workers in selected municipalities, but there is practically no policy of targeted information for migrants about health education and health promotion.

Provision of 'cultural mediators' or 'patient navigators' to facilitate access for migrants

'Cultural mediators' or 'patient navigators' to facilitate access for migrants are available on a limited ad-hoc basis. When EIF projects are implemented (usually about six months per year), some selected migrants can receive such assistance, if requested at the National Integration Centre²⁰ or selected NGOs, but it is not a systematic approach. Only for two groups such assistance is provided – asylum seekers and legal migrants. Undocumented migrants are not covered.

¹⁹ <http://www.patverums-dm.lv/en/health-care>

²⁰ http://www.integration.lv/images/pdf/nic_buklets_v3.pdf.pdf

Is there an obligation to report undocumented migrants?

There is no obligation to report undocumented migrants. National legislation prohibits the disclosure of 'sensitive personal information'²¹ about a patient. However, this might be interpreted as relating only to the health condition of a patient, and not to their legal status. Border Guard informants have been able to recall only single cases in which medical service providers have informed them about undocumented migrants, but such practice is not the norm and is not encouraged.

Are there any sanctions against helping undocumented migrants?

There are no legal sanctions or other pressures to deter health staff from helping undocumented migrants, but such services would not be reimbursed. Medical personnel in general enjoy relatively low remuneration, therefore almost all of them would expect a full payment for medical services from all undocumented migrants.

²¹ <http://likumi.lv/doc.php?id=4042>

7. RESPONSIVE HEALTH SERVICES

Score 0

Ranking ●○○○○○

Interpretation services

There is no availability of qualified interpretation services for patients with inadequate proficiency in Latvian or Russian. In practice almost 100% of medical personnel are bilingual in Latvian and Russian. Some of them (about half) are also able to communicate in English to some extent. Other languages are practically not available, but Russian or English is understood by the majority of migrants.

Requirement for 'culturally competent' or 'diversity-sensitive' services

No such standards are prepared and no compliance is monitored. Some medical service providers have participated in the courses on Roma issues, which were available sporadically as NGO initiatives. A first priority would be to instruct health workers in the basic principles of 'patient-centred care'; many doctors do not explain to patients what they are doing in the process of treatment.

Training and education of health service staff

No training and education of health service staff towards providing services responsive to the needs of migrants are offered, either at pre-graduate or post-graduate levels of education.

Involvement of migrants

There are no policies to involve migrants in information provision, service design, and delivery, but occasionally this has occurred. Nevertheless, migrant NGOs are likely to be welcomed by officials, if they would be willing and able to suggest any improvements. The main obstacle here is the small number of migrants, who cannot create sustainable NGOs. Recently, a Lebanese doctor (Mr. Hosam Abu Meri) was elected to the National Parliament from the PM party, so some changes might happen in future. Roma NGO leaders were consulted widely in the creation and implementation of the government's Roma action plan.

Encouraging diversity in the health service workforce

There are no recruitment measures to encourage participation of people with migrant background in the health service workforce. The various ethnic groups are represented among the health service workforce, except for the Roma.

Development of capacity and methods

Diagnostic procedures and treatment methods are not adapted to take account of variations in the socio-cultural background of patients, although in the case of Roma this might be done.

8. MEASURES TO ACHIEVE CHANGE

Score 8

Ranking ●○○○○○

Data collection

Collection of data on health is done by the Centre for Disease Prevention and Control,²² but only routine data on health is collected, which does not include information about the patient's legal status or country of origin (though it may include ethnicity). Databases containing health information are not linked, but such linkage is practically possible with other databases containing migrant status, origin, or ethnicity. For example, some past research has focused on the Roma minority and has gathered specific data on Roma social conditions and health issues such as smoking, TB, and HIV.

Support for research

Support for NGO research on migrant health is sporadically provided from EU funds to explore issues related to migrants or ethnic minorities.

'Health in all policies' approach

No consideration given to the impact of migrant or ethnic minority health policies within or outside the health sector.

Whole organisation approach

Migrant health is not a priority within the health system.

Leadership by government

There is no government plan for action on migrant health, this is not a priority issue at all and such a need is not addressed by any politician. The general issues of medical access for citizens have been declared as a government priority, but in no way related to migrants.

Involvement of stakeholders

There are no policies to involve stakeholders in the design of migrant health policy, since this is not viewed as problematic issue.

Migrants' contribution to health policymaking

Migrant stakeholders do not participate in national policymaking affecting their health. At the same time, migrant and Roma NGOs would be welcomed by government officials were they to have interest and capacity in the future.

²² <https://www.spkc.gov.lv/en>

CONCLUSIONS

On the MIPEX Health strand, Latvia obtains the lowest scores of all EU/EFTA countries, and the same is true of the average score on all other MIPEX strands. Migration integration policies appear to be very low on the country's political agenda.

Looking back at the results from earlier rounds of MIPEX, in which Health was not included, there has been little change since the first round in 2007; and then, as in 2011, Latvia also obtained the lowest of all EU/EFTA scores. This was even true before the recession: in 2007 the MIPEX summary report²³ stated that:

Like many Central European countries, Latvia follows EU standards only to a minimum, e.g. on anti-discrimination. Basic access to education slightly improves newcomers' labour market mobility. Long-term residence is also slightly favourable, thanks to European standards. Major weaknesses are political opportunities for non-nationals, access to nationality, migrant education and discrimination protections.

In 2010²⁴ the conclusion was basically unchanged:

Latvia still has the weakest integration policies among the EU Member States, as its current approach creates almost no targeted support and many more obstacles than opportunities for non-EU citizens to participate in society. LV scores 4-6 points behind the next lowest-scoring countries (including LT) and far below EE (46). LV's slight areas of strength were required by the EU (family reunion and permanent residence) and still weaker than the policies in most other European countries. If immigration increases, schools, hospitals, employment services and local communities may need greater targeted support to equally service immigrants and benefit from their skills (see improvements in EE, CZ, PT, Nordics).

Part of the reason why the position of TCNs in Latvia has so little priority is that immigration by TCNs has been so limited (though of course there may be a chicken-and-egg problem here: migrants tend to avoid countries where they know their life will be difficult). As was shown in Section 2, the Eurostat figure of 12,1% foreign-born residents in 2014 from outside the EU/EFTA is totally misleading; most of this group consists of former Soviet citizens who moved to Latvia when the country was itself still part of the Soviet Union. They were therefore internal, not international, migrants. Nevertheless, migrants from third countries may still number tens of thousands, so they are not a group whose rights can be simply ignored.

Another reason why the group enjoys so little priority in health policies in particular is the impoverished state of the health system – which was not caused by the recession, though that made it much worse. Lastly, there is the question of public opinion. Most TCNs in Latvia come from predominately Russian Orthodox countries, so the theme of Muslim versus Christian cultural identities has not played a role, as it has in many European countries. Nevertheless, surveys show very negative public attitudes to

²³ http://www.mipex.eu/sites/default/files/downloads/migrant_integration_policy_index_mipex_ii-2007.pdf

²⁴ <http://old.mipex.eu/latvia>

immigration by TCNs. Latvians see their main problem not as attracting more people to come to their country, but as discouraging more of its own citizens from leaving it.

But however understandable the low Health strand scores in Latvia may be, they raise serious questions about whether migrant's health rights are adequately protected in terms of international legal standards. The almost complete exclusion of irregular migrants from health care, unless they pay the costs themselves, is particularly disturbing. The MOI officials quoted in Section 5, who regard denial of health care as legitimate method of pressuring irregular migrants into reporting themselves to the authorities, are only voicing out loud what many policy-makers in many European countries evidently believe: that withholding necessary health care is an acceptable means to the end of discouraging irregular migration. That this strategy violates international law has been pointed out by, among others, the IOM (Ingleby & Petrova-Benedict 2016).

Although short-term measures are justifiable in a crisis, it is also not acceptable for health services for migrants in Latvia to remain dependent on project funds administered by the ERF and EIF. During the depths of the recession this dependence could perhaps be justified, but now that the Latvian economy is showing signs of sustainable growth this is no longer the case. Until policies are improved, it would be highly desirable to have at least one health service centre in Riga which offers free medical assistance to anonymous migrants without checking their legal status. Early treatment, after all, can save the State higher costs later when a condition becomes an acute medical emergency – as well as perhaps saving a person's life.

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