**Answers to the Office of the United Nations High Commissioner for Human Rights on prevention of maternal mortality and morbidity in Latvia**

***1. What steps has your Government or organization taken to utilize a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity, including in the context of humanitarian settings? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?***

Latvia is a democratic state and human rights are fundamental rights for the people of Latvia. Mother and child health is one of the four public health priorities in Latvia set in the Public Health Guidelines for 2014-2020, which are based on the World Health Organisation Regional Strategy for Europe "Health 2020".

A comprehensive analysis of the situation was carried out during the development of the Public Health Strategy, including the heading “Mother, Father and Child Health”. The Strategy used data from population surveys on lifestyle habits, as well as health statistics, such as the health habits of pregnant women, maternity outcomes, etc.

After the results were summarized, the challenges to be addressed and tasks to be performed in the fields of maternal, father and child health were defined, as well as the indicators to be achieved and the funding needed to implement the guidelines. Every member, organisation or institution of the society had the opportunity to participate in the development of guidelines and to express their views on them. Public Health Guidelines for 2014-2020 are publicly available to every member of the society.

The “Mother and Child Health Improvement Plan 2018-2020” has been developed in cooperation with maternal and child health professionals and patient representative organisations. This plan also provided a comprehensive analysis of the situation and public participation. The plan aims to improve the maternal and child health situation by promoting health and disease prevention, as well as promoting early diagnosis, early treatment and medical rehabilitation. It is also publicly available to every member of the society. Therefore, the principles of technical guidance have been considered in the design of maternal and child health policy.

In addition, according to the Medical Treatment Law, healthcare for a pregnant woman, a child and a person with a predictable disability is a priority.

***2. Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area.***

 Technical guidance has urged the Government, including the Ministry of Health, to reorganize some practises and develop other emphasis in work to eliminate preventable maternal mortality and morbidity.

One of the main areas of work were to strengthen our statistical capacity and to promote reliable transparent, collaborative and disaggregated data collection on the availability, accessibility, acceptability and quality of sexual and reproductive health-care services for all women and girls in affected populations, including host populations.

In terms of maternal mortality and morbidity, Latvia was one of the most problematic countries in Europe at the beginning of the last decade (2010s). Being aware of the seriousness of the situation at national level and due to the support of the World Health Organization, on 5 September 2012 the maternal mortality Confidential Analysis Expert Committee was confirmed and the Confidential Enquiry of Maternal Death introduced. The analysis system introduced in Latvia is based on the audit method applied in the United Kingdom for over 60 years. The Committee has developed a report on maternal mortality and morbidity for 2013-2015. As Latvia is a rather small country in the sense of its population, this kind of monitoring should take some time to reduce as much as possible the possibility to identify any particular person or case.

The technical guidance also once more emphasized the importance of well-structured and transparent collaboration between different parties involved. On the one side, there are women, who are active agents and are entitled to participate in decisions that affect their sexual and reproductive health. On the other side there are many relevant actors, including the Government, regional organizations, national human rights institutions, entities providing humanitarian assistance and civil society organizations that, within their respective mandates, shall strengthen their efforts to reduce preventable maternal mortality and morbidity in humanitarian settings when designing, implementing and reviewing policies and evaluating programmes to reduce preventable maternal mortality and morbidity, while ensuring the meaningful participation of women and girls in all decisions that affect them.

***3. What challenges does your Government or organization face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.***

The main challenge in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity is the work with women at social risk (poor, with mental or physical disadvantages, with addictions or criminal behaviour).

Another challenge, by taking into the account the limited resources of the State budget, is the introduction of new health services in the field of maternal and child health, with a view to continuously improving maternal and child health care. Despite the limited funding, in recent years new healthcare services in the area of maternal and child health care have been introduced, infrastructure of medical facilities has been developed and stricter requirements for medical treatment institutions in the provision of maternity and post-natal services introduced.

For example, a 100% compensation for the influenza vaccine for pregnant women has been applied and extended range of tests for pregnant women aged 35 years have been developed. The medical treatment institution must have procedures in place for assessing the risk to pregnancy and childbirth in such cases, for determined action in cases of complications during the pregnancy, emergencies and complications in obstetrics, according to the profile and extent of its work.

As a specific case for prevention of maternal mortality and morbidity, it is possible to visit HIV prevention points in several cities in Latvia and to carry out a variety of tests free of charge, such as for HIV, hepatitis, and sexually transmitted infections, and to receive a specialist's advice on health, prevention and treatment issues.

In these cases, social workers are the most important agents to be involved. This requires a cooperation between the Ministry of Health and the Ministry of Welfare, as well social departments and health care specialists of each local government.

***4. Please provide information on the main areas of concern specifically in relation to maternal morbidities in your country and/or context. Please elaborate on the main causes leading to maternal morbidities in your country and/or context?***

As the work to prevent maternal mortality and morbidity is developing, we can observe improvements in many fields that are correlating with the issue. For example, due to the significant work with the dissemination of information and empowering family doctors to act in the cases of patient’s pregnancy, the level of antenatal care started before the 12th gestational week has increased, and the number of cases of pregnancy at a young age has decreased (table Nr. 1).

*Table Nr. 1. Antenatal care*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **Antenatal care started before the 12th gestational week, %** | 89,6 | 91,0 | 88,6 | 90,9 | 90,9 | 92,9 | 91,9 |
| **Number of adolescents (15-17) from pregnant women with antenatal care, %** | 2,0 | 1,5 | 1,4 | 1,0 | 1,0 | 0,9 | 1,4 |

Still there are significant problems that affect maternal mortality and morbidity and they are as follows:

1. Latvia has high mortality and morbidity from non-infectious diseases, the development of which is largely influenced by the lifestyle of people, including pregnant women and young parents (diet habits, physical activity and addictive substances, etc.).
2. Still there is insufficient awareness of the importance of early onset of healthcare for pregnant women and the negative effects of the use of addictive substances on the health of pregnant women and the foetus.
3. Insufficient vaccination against such infectious diseases of vaccine as flu and diphtheria.
4. Insufficient family planning services available for women at social risk.

The main causes of death directly related to pregnancy are: bleeding, foetal embolism, pulmonary embolism. The most common causes of non-contiguous death are: circulatory diseases, influenza and its complications. We are working to develop awareness of a necessity to start a timely and qualitative observation of pregnancy. That requires development of technical equipment (to use modern and qualitative equipment), as well as professional skills of the medical and medical support personnel (by developing the skills in different trainings, courses and seminars).

One of the biggest challenges is developing awareness of the importance of early onset healthcare for pregnant women. Thought the results improve with each year, still it is important to ensure that all women receive appropriate and timely treatment. In this matter, not only medical and medical support personnel but often also social workers are important to raise awareness of this issue, because women who are not visiting medical treatment institutions on time are those who are at social risk. In those cases, most of them have more enhanced cooperation with the social worker, and so the social worker becomes the most significant person to support the pregnant women and to urge her to start the corresponding treatment on time.

The medical and medical support personnel are the main agents who provide the information about the importance of vaccination, vaccines (their types and purposes), vaccine planning and its logistics, and up-to-date information on the vaccination reload. This is another issue that medical and medical support personnel are constantly informed and taught about. Vaccination of pregnant women against the flu, as in entire population, has so far been rather low. So that is one more issue that we are working on, to develop a general understanding about vaccines and to increase the accessibility of vaccines for pregnant women, by introducing 100% financial coverage of flu vaccine for pregnant women since year 2019.

In addition, the Ministry of Health and its Subordinate Institutions (the National Health Service and the Centre for Disease Prevention and Control) are initiating different informative campaigns and have set up an online platform (<https://grutnieciba.lv/>) – the portal for women waiting for a baby or preparing for pregnancy, where the information has been prepared by health professionals and doctors.

***5. Is there particular group of women and girls who are more at risk of maternal morbidities? (For instance, adolescents, women living with HIV, indigenous women, women of African descent, women from rural areas etc.)***

During last years, the number of maternal deaths has decreased.

*Table Nr. 2. Number of maternal deaths (by causes)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2015** | **2016** | **2017** | **2018** |
| **Total number of deaths** | **12** | **5** | **1** | **3** |
| **Number of deaths due direct to pregnancy-related causes** | 8 | 0 | 1 | 2 |
| **Number of dead due indirect to pregnancy-related causes** | 4 | 5 | 0 | 1 |

Still a particular group of women and girls who are more at risk of maternal morbidities can be identified. In the 2013-2015 report of the Confidential Enquiry of Maternal Death, it is concluded that women who are at social risk or socially disadvantaged have limited access to family planning services – it is also due to geographical causes when the visit to a doctor is unavailable in terms of time and money that will be spent to overcome the distance. Although medical treatment is free of charge, sometimes distance is the main obstacle for women receiving enough qualitative or timely care according to the Cabinet Regulation No. 611 (25.07.2006) “Procedures for Provision of Deliveries Assistance”, which aims to provide patients with safe and high quality medical services.

As it was mentioned previously (3rd paragraph), two more risk groups are 1) women with mental development disorder, and 2) women with interdependencies. The common problem of these two cases is the possible lack of the ability to take care of herself and later on – the child, and it also can cause other health problems for both mother and child. Thus, as mentioned before, one of the ways to work with these mothers-to-be, if they do not visit the doctor, is through a social worker.

There is also prevention work done, for example, by providing information on the use of contraception. The “Mother and Child Health Improvement Plan 2018-2020” includes measures to provide state-paid contraception services to women at social risk. This measure shall provide a gynaecologist consultation, the payment of laboratory examinations and appropriate contraceptives from State budget resources.

***6. What type of measures are in place to prevent maternal morbidity, including laws, policies and programmes? How has a human rights-based approach informed such measures?***

The aim of the Law on the Rights of Patients is to promote a positive relationship between a patient and the provider of health care services, facilitating active participation of the patient in his or her health care, as well as to provide him or her with an opportunity to implement and protect his or her rights and interests. In ensuring the rights of patients, differential treatment based on a person's race, ethnic origin, skin colour, gender, age, disability, state of health, religious, political or other persuasion, national or social origin, property or marital status or other circumstances is prohibited. Differential treatment includes the direct or indirect discrimination of a person, infringement of a person or an implication to discriminate him or her. The Law defines that a patient has the right to information regarding the opportunities for the receipt of health care services and the procedures for the payment for health care services, as well the patient has the right to receive information regarding his or her state of health from the attending physician.

In addition, the purpose of Sexual and Reproductive Health Law is to define legal relations within the field of sexual and reproductive health with the aim to protect unborn life and the sexual and reproductive health of every person. The priority of sexual and reproductive health is assistance with deliveries, as well as the provision of information on sexual and reproductive health. The State shall implement the principles of sexual and reproductive health by providing free-of-charge assistance in deliveries and the possibility to obtain basic knowledge regarding sexual and reproductive health promotion and care at medical treatment and educational establishments.

Cabinet Regulation No. 611 “Procedures for Provision of Deliveries Assistance” defines how the medical treatment institution should organize their work with pregnant women, women during the deliveries (including cases of home-birth) and women and children after the deliveries. The Regulation determines how to monitor and analyse the data on maternity and deliveries, and provides that cases of maternal mortality and perinatal mortality within a medical treatment institution are analysed and evaluated using a multidisciplinary approach.

In general, monitoring the pregnancy, including medical advice, laboratory and diagnostic examinations in specified weeks of pregnancy, is paid from State budget resources in accordance with the law and regulations. Pregnant women and women in the post-natal period up to 70 days do not have to pay the patient's fees if they receive state paid healthcare services related to pregnancy and post-natal monitoring and pregnancy. Advice provided by the doctor and the necessary examinations related to monitoring of pregnancy are free of charge for the patient.

The principle “money follows a pregnant woman” has been developed. Consequently, a pregnant woman is free to choose a medical treatment institution in which to receive a state-paid healthcare service, including private health care providers.

High quality and safety requirements for maternity services are defined and monitored. Before the National Health Service buys services, an evaluation is performed to determine whether hospitals meet all of the criteria. On 1st April 2019, the breakdown by level of hospital healthcare providers was applied. The types of services, including delivery services to be provided are defined for each level. Each year the National Health Service, in cooperation with the Health Inspectorate, will review the service compliance, including delivery services provided by hospitals with the level granted. Such aspects as quality and specificity of the organisation of work are evaluated, as well as the current list of working medical practitioners by department, including residents, the amount and quality of surgical services in accordance with the entries in the operation journal, etc.

Public Health Policy Guidelines 2014-2020 are a medium-term policy planning document. The overarching objective of the public health policy is to increase the number of healthy life years of inhabitants of Latvia and to prevent premature death, preserving, improving and restoring health. The following (3 out of 6) sub-objectives has been brought forward for achieving the overarching objective of the policy:

1. To prevent inequality in the field of health by taking measures in order to ensure equal health promotion and health care opportunities for inhabitants of Latvia.
2. To reduce premature mortality from non-communicable diseases by reducing the negative impact of risk factors on health.
3. To improve the health of a mother, father and child, to reduce infant mortality.

The “Mother and Child Health Improvement Plan 2018-2020” is currently being implemented. The aim of the plan will be achieved through the implementation of four strands of action:

1. Health promotion and prevention.
2. Care of pregnant women, parturient woman and new-borns.
3. Improving access to outpatient services in childcare.
4. Improving the availability and quality of health services for chronic paediatric patients.

With the support of the Structural Funds of the European Union, the following programs were developed and are implemented in the framework of the 2014-2020 programme period:

* Support the development and implementation of guidelines for the development of health networks for priority areas (cardiovascular, oncology, perinatal and neonatal care and mental health) and quality assurance systems, in particular for improving the health of people at risk of social exclusion and poverty;
* Improving access to health promotion and disease prevention services, in particular for those at risk of poverty and social exclusion;
* Improve access to medical and medical support personnel, who are providing services in priority health areas for residents living outside Riga (capital city of Latvia);
* Improving the qualification of medical and medical support personnel;
* Improving the availability of qualitative health services, in particular for people at risk of social, territorial exclusion and poverty, by developing healthcare infrastructure.

The Ministry of Health established the Advisory Board on the Health of the Mother and Child. The Advisory Board is an advisory and coordinating body aimed at providing professional sector support for the implementation of the maternal and child health policy and for improving the health of the mother and child. It includes representatives from the National Health Service, the Centre for Disease Prevention and Control, Latvian Nurses Association, Latvian Association of Family Doctors of Latvia etc.

All these measures are aimed to improve the state of pregnant women, mothers and children.

***7. What measures are in place to support women and girls affected by maternal morbidities, including targeted programmes aiming at addressing their specific needs?***

According to the Medical Treatment Law, healthcare for a pregnant woman, a child and a person with a predictable disability is a priority. As mentioned above, state paid healthcare services related to pregnancy and post-natal monitoring for pregnant women and women in the post-natal period up to 70 days are free of charge.

Work is ongoing to improve the knowledge of social care providers on contraception services and the possibilities for providing these services to women at social risk. These is constant work with opportunities to improve education of children's social care institutions, guardians and foster families on sexual reproductive health and the prevention of addictions by improving the skills of social care institutions, social workers, guardians and foster families.

***8. Does your Government or organization regularly collect and analyse disaggregated data and information on maternal morbidities? Please elaborate on good practices and challenges in this regard.***

Latvia regularly collects and analyses disaggregated data and information on maternal morbidities. The main institution in charge of this is the Centre for Disease Prevention and Control. According to the Cabinet Regulation No. 720 (27.11.2018.) “Regulation on samples of official statistical forms in the field of health care”, annually the Centre for Disease Prevention and Control summarizes data on the health of the population, healthcare, mother and child's health and habits affecting the health of the population.

A register of new-borns has been established in Latvia, which also includes information on maternal morbidity and habits during pregnancy. Data from this registry are used in the analysis of maternal morbidities.