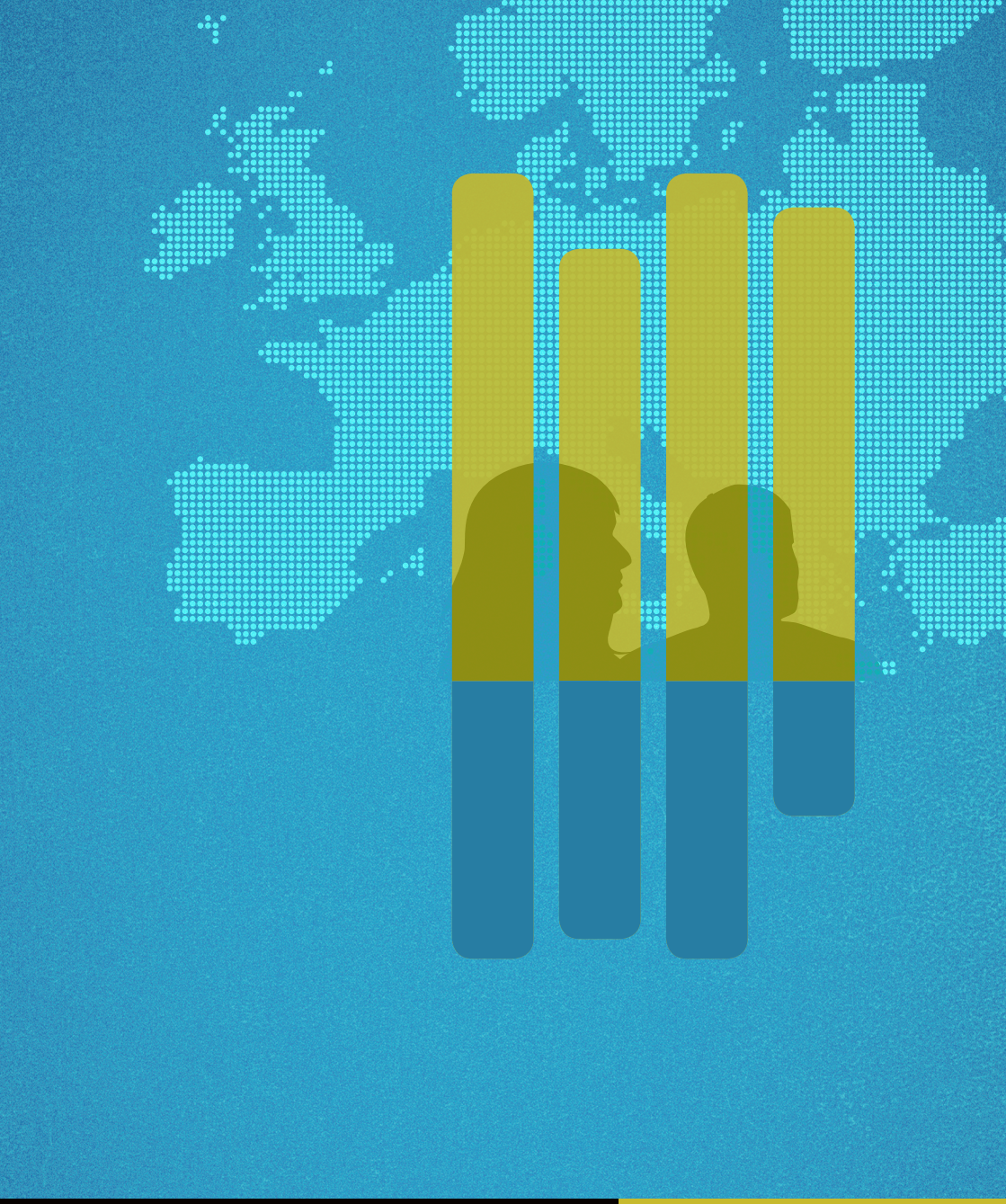

Improving Prison Conditions by Strengthening the Monitoring of HIV, HCV, TB and Harm Reduction

Mapping Report - Latvia

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LATVIJAS CILVĒKTIESĪBU CENTRS
LATVIAN CENTRE FOR HUMAN RIGHTS

Report by Latvian Centre for Human Rights

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ISBN 978-9934-8542-2-4

Editor: Jeff Marks
Designer: Mark Joyce

Published by
Latvian Centre for Human Rights
13 Alberta street
Riga LV-1010, Latvia
http://cilvektiesibas.org.lv

HARM REDUCTION INTERNATIONAL

This report forms part of the EU co-funded project "Improving Prison Conditions by Strengthening Infectious Disease Monitoring" implemented under the lead of Harm Reduction International in 2015 and 2016.

This project is co-funded by the European Union under the Criminal Justice Programme. The contents of this publication are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Commission.

CONTENTS

I. INTRODUCTION

1. Background and justification

The Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Hepatitis C (HCV) – are a major health concern in prisons, evidenced by the fact that prevalence rates tend to be substantially higher among prison populations than in the general population.

Prisons and other places of detention are high-risk environments for the transmission of these diseases. This is related to the over incarceration of vulnerable and disadvantaged groups who carry a disproportionately high burden of disease and ill-health; the criminalization of drug users and high levels of injecting drug use; overcrowded and substandard prison conditions; inadequate health care; and the denial of harm reduction services.

Several international, regional and national human rights mechanisms are in place to monitor and inspect prison conditions in order to prevent torture and ill-treatment – including the Subcommittee on the Prevention of Torture (SPT), under the Optional Protocol to the UN Convention against Torture (OPCAT), with National Preventive Mechanisms (NPMs), as well as within the Committee for the Prevention of Torture of the Council of Europe (CPT) and national bodies in a number of European countries.

United Nations human rights bodies and the European Court of Human Rights (ECtHR) are increasingly finding that issues relating to infections in detention can contribute to, or even constitute, conditions that meet the threshold of ill treatment of prisoners. It is therefore critically important for human rights-based monitoring mechanisms that have a mandate to prevent ill treatment to meaningfully examine issues relating to infections in places of detention.

2. About this report

This report forms part of the EU co-funded project “Improving Prison Conditions by Strengthening Infectious Disease Monitoring” implemented under the lead of Harm Reduction International in 2015 and 2016.

The project aims to reduce ill-treatment of persons in detention and improve prison conditions through improved and standardised monitoring and inspection mechanisms on HIV, HCV and TB.

The research component of the project includes a mapping of the current situation relating to these diseases in prisons in seven European countries (Greece, Ireland, Italy, Latvia, Poland, Portugal and Spain) as well as a mapping of practices among monitoring mechanisms in target countries, with particular reference to infections in prisons.

The project also mapped existing regional and international public health and human rights standards relating to infections in prisons and developed a user-friendly tool, including a set of key indicators, to generate better informed, more consistent, and sustained monitoring of infections in prisons by national, regional and international human rights monitoring mechanisms.

More about the project and its products can be found on the Harm Reduction International website (www.ihra.net).

The current report, written by Anhelita Kamenska and Dr. Solvita Olsena presents the mapping situation in Latvia.

3. Methodology and methodological challenges

The research is comprised of desk research, policy and legal analysis, and selected interviews with relevant stakeholders. Different sources of information have been used to support the research, e.g. reports of international treaty bodies, particularly the European Committee for the Prevention of Torture (1999-2013) and related government reports, policy and legislative documents concerning public health care in relation to the prevention and treatment of infectious diseases (TB, HIV/AIDS, Hepatitis C, B), including prisons. Analysis of annual reports of the Latvian Prison Administrations, Ombudsman as well as Audit Report on Prison Health Care undertaken by the State Control Office have been examined for the purposes of research. Data collected by the Latvian Prison Administration and the Centre for the Prevention and Control of Diseases have been analysed. Legislation pertaining to criminal justice and penal reform, relevant ECtHR and domestic court judgements have also been assessed.

Section I provides the background and justification of the project and the report as well as methodology applied. Section II provides the country context, including overall political context, economic, health and criminal justice and prison context. Section III focuses on infections in prisons, including analysis of data and harm reduction services in prisons. Section IV looks at human rights monitoring in prisons in relation to prison health care, including national and regional monitoring mechanisms. The report also provides conclusions and recommendations.

II. NATIONAL CONTEXT

1. Overall political context

Latvia regained "de iure" independence in August 1991 after almost five decades of Soviet rule. In 1991, it was admitted to the United Nations, and in 1995 it became a member of the Council of Europe. In 2004, Latvia joined NATO, and became a member of the European Union. By 4 May 1990, Latvia had acceded to more than 40 international treaties. This, however, resulted in lengthy delays reporting to various UN treaty bodies, including the UN Human Rights Committee, the Committee against Torture, etc.

Latvia fully restored its pre-war 1922 Constitution (Satversme) in 1993. On 15 October 1998, the Saiema (parliament) amended the Constitution and added a second section entitled "Basic Human Rights[1]," thereby bringing Latvia's constitution into line with European standards and ending uncertainty about the place of human rights in Latvia's legislative hierarchy. The amendments include a basic catalogue of human rights. Until these changes, a bill of rights had only been enacted in a regular set of laws. Article 111 provides that the State shall protect human health and guarantee a basic level of medical assistance for everyone.

Latvia's governments have generally been short-lived. From 1990 until present, it has had 19 governments. There were nine Ministers of the Interior before Latvia transferred the prison system under the Ministry of Justice, and eleven Ministers of Justice after the transfer, some of whom served on the Latvian government several times. This frequent change of political leadership has had a distinct impact on criminal justice reforms.

When Latvia regained independence in 1991, it inherited a prison system, previously an integral part of the Soviet prison system, characterised by large capacity penal colonies with a cheap prison labour force, dilapidated prison infrastructure often dating back to tsarist times, substandard sanitary conditions, severe overcrowding in pre-trial detention facilities, a heavily militarised system closed to public scrutiny, and impacted by punitive penal policies. As a result, the early 1990s were characterised by serious prison disorder, including prison escapes and hunger strikes.

Latvia witnessed the first serious prison reform efforts in 1994. The Sentence Enforcement Code introduced a progressive system of execution of imprisonment. Starting in 1994 the large capacity dormitories typical of the Soviet penal colonies, accommodating 50-80 prisoners, began to be replaced with prison cells accommodating 2-18 prisoners.

Latvia also entered into bi-lateral co-operation with the Nordic countries in 1994, aimed at reforming the prison systems in the Baltic States. This later became known as the Nord-Balt Prison Project and was supported by the Council of Europe.

Abolition of the death penalty was one of the preconditions of Latvia's membership to the Council of Europe. On 15 April 1999, the Parliament ratified Protocol 6 of the European Convention for the Protection of Human Rights and Fundamental Freedoms, thus, abolishing the death penalty in times of peace. Protocol No 2 abolishing the death penalty in all circumstances was ratified later, in 2012.

On 1 April 1999 the new Criminal Law entered into force. While it provided for new alternatives to custody, such as community service, more frequent levy of fines, etc. it also lowered the age of criminal responsibility to 14 for all crimes, and increased harsher prison terms for most crimes, notably serious and especially serious crimes.

Since the late 1990s, the high proportion of juveniles in pre-trial detention, long periods of pre-trial detention and the plight of juvenile prisoners was the focus of domestic[2] and international human rights organisations (e.g. the UN Committee on the Rights of the Child[3]). Over the years, long pre-trial detention periods as well as substandard conditions in pre-trial facilities remained a key human rights problem.[4] The number of pre-trial detainees rose from 28% in 1991 to 44.6% in early 2003.[5] It was not uncommon that pre-trial detainees would go on hunger strikes to demand a speedier review of their cases by the courts.[6] Long pre-trial detention periods were also occasionally blamed for prisoner suicides.[7]

Regular criticism by international organisations, a European Court of Human Rights ruling in 2002, and awareness raising efforts by various domestic actors among the judiciary apparently spearheaded changes in legislation and subsequent practises in the application of pre-trial detention. On 28 November 2002, the European Court of Human Rights, in the case *A. Lavents v Latvia*, ruled that Latvia had violated Lavent's right to trial within a reasonable period of time, lawfulness of detention, fair hearing within a reasonable period by an independent and impartial tribunal established by law, presumption of innocence, and the right to respect for family and private life.[8]

A new Criminal Procedure Law came into force on 1 October 2005 and provided for stricter rules for imposing pre-trial detention, introducing new statutory limits for pre-trial detention, depending on the gravity of crime. The law also introduced a new post of an investigating judge, who decides on pre-trial detention and monitors the observance of human rights during the criminal procedure stage.[9]

The dire health situation in prisons also raised serious public health concerns. During the second half of the 1990s, the prison system was plagued by tuberculosis, with a high incidence of multi-drug resistant TB. Through foreign assistance, successful co-operation between the State TB and Lung Disease Centre and prison authorities in introducing DOTS strategy and treatment of MDRTB cases in the prisons, the number

of TB patients dropped from 700 (7.6% of the total prison population) in 1997, to 278 in 2004.[10] The first HIV patient was identified in the prison system in 1997, when mandatory HIV testing was introduced, and in early 2006 there were 410 HIV infected prisoners.[11] Over the years, budgetary allocations for prison health care remained low, and prison medical services were said to be receiving between 10-20% of the necessary funding.[12]

In 2000, in line with the recommendations of the Council of Europe, the prison system was transferred from the Ministry of the Interior to the Ministry of Justice. In November 2003, prisons ceased to be guarded by army conscripts. However, the prison system has retained its military character as prison governors, their deputies and heads of service are officers, comprising about one third of prison staff.[13]

In October 2003 the National Probation Service was established. The Law on Probation Service was adopted in December of the same year, which foresaw the gradual establishment of local probation offices and the takeover of supervision of various categories of offenders (those sentenced to non-custodial sanctions and ex-prisoners) from other institutions. By the end of 2005, probation service departments had been established throughout Latvia.[14]

2. Economic context

Effect of economic crises

From 2008 until 2012, Latvia underwent serious economic crises which, among other things, led to serious cuts in public spending, including prisons. It lost approximately 25% of its GDP between 2008 and 2010. Close to 30% of civil servants were laid off, salaries in the public sector were cut by 25%. The reductions made during the crisis years amounted to approximately 11% of Latvia's GDP. Most of the fiscal consolidation was done on the expenditure side of the public budget.[15] Unemployment rose from 7% in December 2008, to 22.8% in 2009, and economic migration to other EU Member States increased. Austerity measures were implemented by the Latvian government to receive financial bail-out from international donors, the IMF and the European Union.

Despite an economic recovery since 2011, Latvia is one of the most unequal economies in OECD countries and it stands out in terms of poverty risks. In 2013, according to Eurostat, some 19% of population lived on less than 60% of the national median disposable income, and over 35% were at risk of poverty or social exclusion, more than 10 percentage points above the EU average.[16]

Prisons

As a result of economic crises and subsequent public spending cuts, Latvia's prison budget in 2010 was reduced by 26% compared with 2009, and went down from €42 to €31.3 million.[17]

Budget of the Latvian Prison Services, 2009-2014	
	Budget
2009	29,807,508 LVL (42,412,263 EUR)
2010	22,360,961 LVL (31,816,781 EUR)
2011	26,196,490 LVL (37,274,247 EUR)
2012	26,208,342 LVL (37,291,111 EUR)
2013	27,748,764 LVL (39,482,934 EUR)
2014	41,014,249 EUR
2015	42,396,113 EUR

Source: Laws on the State Budget 2009-2015

On 1 July 2009, the monthly salary of all prison officials and staff was reduced by almost 24%. From 1 August until 31 December 2009, all prison officials, staff and educators had to switch to a part-time 32 hour working week (Latvia has a 40 hour working week). In the 2009 visit to Latvia, the CPT criticised Latvia for:

> …the grossly inadequate staffing level for an establishment (Jekabils Prison) with a capacity of 700 (66 staff posts, of which nine were vacant). Due to recent budget cuts, staff worked only four (instead of five) days per week. As a result, in practice, one or two prison officers were responsible for supervising more than one hundred prisoners during the day. At night, there was no permanent staff presence in the units, a mobile group of prison officers instead performing checks from time to time. This can only render proper staff control extremely difficult, if not impossible, all the more so when prisoners are held in large-capacity dormitories. In reality, prisoners remained largely unsupervised in their respective dormitories throughout the day and night.

Earlier, in the end of 2008, to reduce maintenance costs one prison was closed and several prisons were merged under one central administration, bringing the number of prisons from 15 down to 12. In autumn 2014, another prison was closed.

During the 2013 visit, the CPT found:

> …it regrettable that the Olaine Prison Hospital, which started operating in 2007 with a capacity of some 200 beds, had to be downsized in 2010 due to the financial crisis which has severely affected Latvia. The number of the Hospital's

health-care staff had been reduced from 176 to 33, and some of its departments, such as internal diseases and surgery, had been closed. As a result, the Hospital accepted psychiatric (30 beds) and TB patients (70 beds) and full use could not be made of its high-standard facilities.[18]

Although the budget of the Prison Services has gradually increased since 2009, prisons remain plagued by dilapidated prison infrastructure and, in 2014, the government approved the building of a new prison until 2018 by committing nearly €80 million.[19]

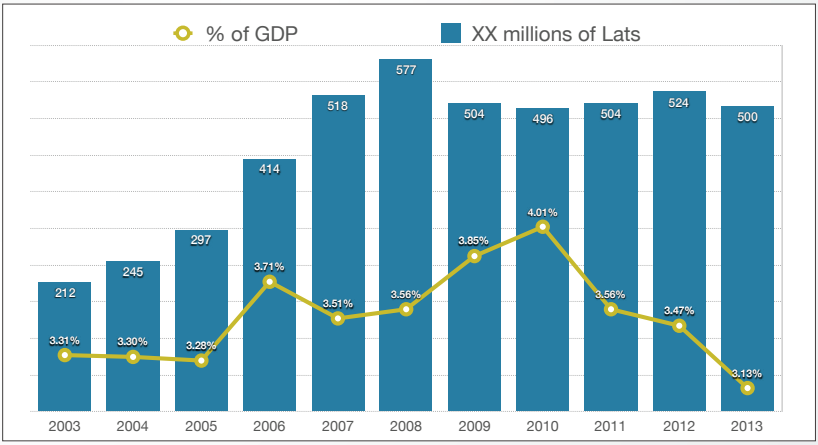
3. Health context

Latvia's health system has one of the lowest levels of funding in the EU. Government spending on healthcare as a share of GDP was just 3.6% in 2011, the second lowest in the EU, according to World Health Organisation (WHO) data.[20] In 2012 it reached 3.9%.

The Latvian health care system is based on general tax-financed statutory health care provision, with a purchaser–provider split and a mix of public and private providers. The Ministry of Health is responsible for national health policy and the overall organization and functioning of the health system. The independent National Health Service (NHS) implements state health policies and ensures the availability of health care services throughout the country.

According to most health system performance criteria, such as health status, financial risk protection, and patient satisfaction, Latvia still lags behind not only western EU countries, but also other countries that joined the EU in 2004.

Medical budget`s expenses over 10 years



Source: Image: Ir.lv

One key healthcare indicator, life expectancy, is similar in all three Baltic states, being 76 in Estonia and about 73 in Latvia and Lithuania. All three remain below the EU average.[21]

EU health indicators also show that some 12% of Latvians in 2012 did not go to the doctor because it was too expensive, too far or because they faced unmanageably long waiting times. For poorer people, that level was 22.4%, also the highest in the EU.[22]

According to a Eurobarometer survey 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.

4. Criminal justice and prison context

Comprehensive Criminal Law amendments were adopted on 13 December 2012, aimed at liberalising Latvia's penal policy and bringing down the prison population by an estimated 30%.[23] The amendments came into force on 1 April 2013. Several criminal offences were decriminalised, community based sanctions were broadened for a wider range of crimes (~150 crimes), thresholds for minimum and maximum sanctions were lowered for a wide range of crimes, and in some cases mandatory minimums were abolished. Lower sanctions were fixed for property crimes (e.g. thefts, robberies, fraud) which are not connected with a threat to a person's life or health. The qualification was also changed for a significant number of crimes, from serious to less serious offences.

From 1991, when Latvia regained independence until 31 October 2008, there were 15 prisons in the country. In October 2008, several prisons were merged – Matisa and Central Prison became the Riga Central Prison, while Daugavpils and Griva Prisons were merged under one central administration to become the Daugavgriva Prison.[24] In December 2008, one prison (Parlielupe Prison) was closed down due to dilapidated infrastructure. On 1 November 2014, Skirotava Prison was closed leaving Latvia with 11 prisons in 2015.[25] The prisons were closed and merged due to the economic crises, to save on the costs of prison maintenance. Also, the decreasing prison population has contributed to the closure of prisons.[26] There are closed, semi-closed and open prisons and a correctional facility for juveniles in Latvia.

At the end of 2013, the Latvian Prison Administration established an Auditing Commission, which included staff and officials of the Prison Administration and the Ministry of Justice to undertake a survey of conditions of prison accommodation, which was completed in May 2014. The Auditing Commission assessed accommodation using the following criteria:

- sufficient living space (the norm for dormitory type rooms being no less than 4 square meters per prisoner, for solitary confinement cell – no less than 9 square meters);

- the need for repairs (minor repairs or complete renovation);
- the presence and sufficiency of ventilation;
- whether the sanitary annex is sufficiently separated;
- provision of individual beds;
- compliance with climate minimum requirements;
- compliance with general hygiene requirements and epidemiological safety.

All the information gathered was processed according to the above criteria and proposals submitted to the Ministry of Justice as to whether the living conditions in prisons comply with the principles of human dignity, do not result in inhuman, degrading treatment and ill-treatment of persons, as well as about the financial investment for the improvement of living premises (for each prison separately).[27]

On 18 June 2015, the Saeima (parliament) amended the "Law on the Sentence Execution Code of Latvia" raising the norm for living space per sentenced prisoner from 2.5m^2[28] to 4m^2 (in multi-occupancy cells). The space per single occupancy cell should not be smaller than 9m^2. The amendments took effect on 14 July 2015.[29] The living space of 4m^2 per prisoner in multi-occupancy cells had been CPT's longstanding recommendation.[30]

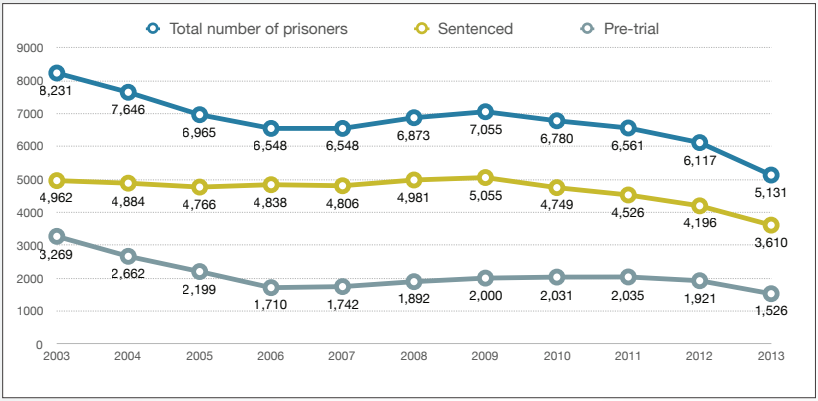
The prison population rate has, over the years, remained one of the highest in the European Union and in wider Europe.

The prison population rate per 100,000 population (Latvia)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total number of prisoners (including pre-trial detainees)	8,135	7,731	7,228	6,531	6,452	6,544	6,999	6,778	6,556	6,195	5,205
Prison population rate per 100,000 inhabitants	348.9	333.3	313.4	258.3	258.5	291.4	309.5	301.5	316.0	303.0	257.2

Source: Annual reports of the Council of Europe Annual Penal Statistics, SPACE I http://wp.unil.ch/space/space-i/annual-reports/

Total number of prisoners 2003 - 2013



Source: Annual Reports, Latvian Prison Administration 2003-2013

Drug related offences

According to Article 46 of the Administrative Offences Code (*Administratīvo pārkāpumu kodekss*) unauthorised use, acquisition and storage of small amounts of illicit drugs may be punishable by a warning or a fine of up to €280. In imposing an administrative penalty, a person shall also be warned in writing about criminal liability for repeated unauthorised use, preparation, acquisition or possession in small amounts of illicit substances within 12 months. A person may be released from administrative liability if he/she has voluntarily handed over small amounts of illicit drugs at its disposal.

Criminal Law provides for criminal liability for use and possession of larger amounts for personal use (Section 253.2 Unauthorised Acquisition, Storage and Sale of Narcotic and Psychotropic Substances in Small Amounts and Unauthorised Use of Narcotic and Psychotropic Substances.).[31] It is punishable by short-term imprisonment, community service or a fine.

There is a significant number of drug dependant persons in prisons in Latvia. In 2014, there were 618 drug dependant prisoners in the prison system, while 1,059 cases of drug abuse were identified which included 763 cases of intravenous drug users (IDU).[32] In 2013, 1,621 cases of drug addiction were identified, while in 2012 – 1,849 and in 2011 – 1,789 respectively.

III. HIV, HCV AND TB IN PRISONS

1. Legal and policy context

General legal framework for prevention of infections in Latvia

General constitutional obligation in public health protection to be used for control and prevention of infections is provided by the Latvian Constitution - Satversme, Art. 111.[33] A special law regulating epidemiological safety and control/prevention of infectious diseases, the Epidemiological Safety Law,[34] was enacted in 1997. Prevention of infections is part of the epidemiological safety measures provided by this law[35].

The following legal regulations provide for control of diseases:

1) procedures for the performance of the mandatory medical and laboratory examination, compulsory and forced isolation and treatment of infections[36];
2) procedures for the Determination of Exposed Persons, Initial Medical Examination, Laboratory Examination and Medical Observation[37];
3) procedures for Registration of Diseases.[38]

HIV/AIDS matters in general are regulated by the *Sexual and Reproductive Health Law.*[39] Based on the delegation provided by Sexual and Reproductive Health Law, the Cabinet of Ministers adopted a regulation on "*Organisational Procedures for Restriction of the Spread of Human Immunodeficiency Virus Infection (HIV) and AIDS and the Treatment of HIV-Infected Persons and AIDS Patients".*[40]

Health care matters in general are regulated by the Medical Treatment Law[41], but patients' rights are regulated by the Law on the Rights of Patients'.[42]

Registration of patients with certain diseases is governed by the regulations of Cabinet of Ministers.[43] Organisation and financial matters of state-financed health care are governed by Cabinet Regulations[44] as well. Inmates are provided with the possibility for receiving health care services the same way as persons in the wider community.

Prisoners, like any other person, are equally entitled to receive state reimbursed medical products and medical devices listed in the reimbursement list[45] of medical products and medical devices if their diagnosis falls within the scope of those specified in the Cabinet Regulations.

Policies and strategies

The Ministry of Health has elaborated policies and strategies that state objectives and action plans in HIV/AIDS, TB, and HCV prevention.

The Plan to Limit Prevalence of Tuberculosis 2013–2015[46] was approved by the Ministry of Health on 12 March 2013.

Guidelines for the Restriction and Control of the Spread of Narcotic and Psychotropic Substances and Addiction 2011-2017[47] were approved by the Cabinet Order No. 98 of 14 March 2011, whereby the Ministry of Justice is tasked with the development and implementation of a framework document on health care of prisoners, inter alia, by providing also for the implementation of solutions to ensure pharmacological medical treatment of persons dependent on drugs and for reducing the social and biological consequences of using drugs.

There is a draft policy "Action Plan for 2014-2016 to restrict the spread of HIV infection, hepatitis B and C virus infection, and sexually transmitted diseases"[48], covering measures with a considerable scope to ensure health care to prisoners and the prevention of these diseases. The amount of additional funding required for that will also be estimated. The draft plan was published for public consultations in March 2014, however, no final document has been adopted by the Cabinet of Ministers.

The State programme for the previous period "Programme for the Limitation of Spreading of the Human Immunodeficiency Virus (HIV) Infection for 2009-2013" was adopted by the Cabinet of Ministers on 30 June 2009. The Information report on implementation of the programme was published on 2011 and the final report on October 2014[49] (see footnotes 28 and 41).

The Public Health Strategy 2014–2020[50] was adopted by the Cabinet of Ministers on 30 September 2014.

At the statutory level of laws, e.g. the Epidemiological Safety Law, the Sexual and Reproductive Health Law and the Medical Treatment Law and Patients' Rights Law enacted by the Parliament, there are no special provisions concerning issues pertaining to prisons and prisoners.

At the governmental level of regulations concerning particular procedures of epidemiological safety, issues relating to prisons are not regulated separately. However, some of the provisions issued by Cabinet of Ministers provide references to prisons and prisoners.

Ambulatory and hospital care for prisoners is organized and financed by the Ministry of Justice (health care in prisons is separated from general health care system in Latvia). General health care services are directly provided in prisons by the Latvian Prison

Administration.[51] HIV/AIDS and TB prevention and treatment in prisons is financially covered under the health budget as part of a national programme under the Ministry of Health.

Health care in prisons is being regulated by the Cabinet Regulations No. 25 adopted on 14 January 2014, *"Regulations on health care for detained and convicted persons in prisons"*.[52] However, there are no particular regulations concerning infections.

The Plan to Limit the Prevalence of Tuberculosis 2013–2015, describes the situation in prisons quite generally. The Plan provides for the involvement of the Latvian Prison Administration to realise the action plans related to tuberculosis control in prisons. The draft "Action Plan to limit prevalence of HIV, STD, Hepatitis B and C 2014–2016" contains a chapter describing the situation in prisons and lists a number of specified action points to be implemented in prisons. These include prophylactic and harm reduction strategies (to increase access to substitution therapy, vaccination and education of staff) as well as the increase of diagnostic services for HIV, Hepatitis B and C and STDs.

The Guidelines for the Restriction and Control of the Spread of Narcotic and Psychotropic Substances and Addiction refer to the situation in prisons and state some action points, such as the improvement of treatment of addicted prisoners, the implementation of harm reduction measures, the provision of prisons with means for the detection of narcotic substances, informing the staff in prisons on overdose prevention. As provided by the guidelines, research on drug prevalence in prisons in Latvia in 2014[53] was conducted; results have been published and used for this report.

There is a reference to prison issues in the Public Health Strategy as well.

The elaboration of a Framework Document on Prisoner Health Care began in 2013. The Ministry of Justice later changed the approach and decided to improve the health care of prisoners by providing detailed legal regulations. It is foreseen that the new strategy on prisoner health care and draft regulations on this issue will be published by the Ministry of Justice in 2015. The Ministry will organise public consultations and will invite professional organisations and the general public to submit comments and proposals for the amendments.

2. Data on HIV, HCV and TB and analysis

The official data on infections incidence are collected by the Centre of Disease Prevention and Control (CDPC, *Slimību profilakses un kontrole centrs*). For this survey, the Centre provided the following data:

	Total Numbers					Per 100,000 population				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
HIV diagnosed	274	299	339	340	347	13.1	14.5	16.7	16.9	17.3
In prisons	49	67	59	43	56	708.3	1004.4	930.7	763.1	1132
B hepatitis	316	315	330	329	301	15.1	15.3	16.2	16.3	15.0
In prisons	1	0	1	1	1	14.5	0	15.8	17.7	20.2
C hepatitis[54]	1,112	1,336	1,410	1,274	1,764	53.0	64.9	69.3	63.3	88.1
In prisons	4	1	3	1	5	57.8	15.0	47.3	17.1	97.0[55]
Tuberculosis[56]	825	788	880	776	637	38.9	38.0	43.0	38.3	31.8
In prisons	56	43	50	45	44	809.5	644.6	788.8	798.6	853.9

Source: Centre for Prevention on Control of Diseases

The epidemiological surveillance data collected and the results of studies done by the Center for Disease Control and Prevention provide that there is a significant blood transmitted infections acquisition risk in prisons in Latvia. The epidemiological data indicate that there is higher incidence of disease in prisons as well as significant risk to get infected while in prisons.[57]

According to the data 2010 – 2014, 17% new HIV cases were registered in prisons. The study "Prevalence of Narcotics in Latvian Prisons 2014" suggests that in 2013 out of 5,139 prisoners 662 or 13% were HIV positive. According to the study, the prevalence of hepatitis B in prisons is 7% (HBsAG positive) and prevalence of hepatitis B in prisons is 34% (anti HCV positive). The prevalence of disease is higher than in the general population.[58]

Data are published in the annual reports by the Latvian Prison Administration in 2011, 2012, 2013, 2104 and 2015.

	Prison population[59]	HIV diagnosed	HIV treated	AIDS diagnosed	AIDS treated	TB diagnosed	TB treated	IV drug users
2014	4,745	396	667	136	220	43	69	763
2013	5,139	454	662	107	164	44[60]	95	918
2012	6,117	509			152		116	1,218
2011	6,561		702		120		79	1,265

Source: Latvian Prison Administration

The data provided in the reports refer to the cases of HIV, AIDS and Tuberculosis diagnosed and treated. One can see that data in the latest reports are not collected and provided in a similar manner and therefore should not be compared. It seems that each positive registration of a HIV case in prison is counted as a new case.

According to the data obtained from the Latvian Prison Administration by the State Audit (Valsts kontrole), in 2012, 116 TB cases and 868 HIV/AIDs cases were registered in prisons. The numbers on HIV/AIDS are different than mentioned in the Report of the Latvian Prison Administration for the same period.

According to the data published by the ECDC, in 2013, approximately 8.5% of prison population was HIV positive.

According to the annual reports of the Latvian Prison Administration[61] there are deaths related to AIDS and AIDS/TB registered every year, however precise numbers are not mentioned in the yearly reports.

The Latvian Prison Administration provides data on diagnostic procedures performed to detect HIV/AIDS, tuberculosis and use of narcotics or psychotropic substances.

Diagnostic procedures performed to detect HIV/AIDS, Tuberculosis and the use of narcotics or psychotropic substances in prisons 2012- 2014.

	HIV Tests	Chest X-ray Diagnostics	Hepatitis testing	Positive tests on narcotic/ psychotropic drug use
2014	2,025	7,655		1,059
2013	2,237	8,719	558[62]	114
2012	2,676[63]	7,641		
2011	3, 077	5,861		

There are various risk factors identified – injecting drug use, sexual contacts, tattooing and others. According to the data of 2010-1014, among the firstly diagnosed HIV cases the predominant mode of transmission is injecting drug use, 65% of cases. In data collected in 2014, prison is mentioned as a risk factor in 8 out of 70 (11%) acute Hepatitis B cases, in 2 out of 77 (2.5%) chronic Hepatitis B cases, in 5 out of 58 (8.6%) acute Hepatitis C cases and 128 out of 1,706 (7.5%) chronic Hepatitis C cases. Prison is the fifth most common risk factor in the case of Tuberculosis. Data from 2014 provide that prison as a risk factor was registered in 7% of cases.[64]

The substitution treatment (methadone) was provided for 28 prisoners in 2014, for 11 (16%)[65] in 2013 and for 11 in 2012. Prisons are not able to fulfill the requirements stated by the regulations of substitution treatment[66], namely, there are no narcologists working in prisons, and so methadone therapy is only provided for prisoners who have begun this process before imprisonment.

Data on viral hepatitis in prisons are not published by the Prison Administration, but some data are registered by the Center of Disease Prevention and Control. According to the officially registered cases, the incidence of hepatitis varies from one year to another, and does not correlate to the general incidence in the population. The various forms of hepatitis are diagnosed/registered in prisons only in selected cases, mainly if there are clinical data on liver dysfunction or if hepatitis is diagnosed before imprisonment. General screening is not provided and therefore latent forms of hepatitis are not diagnosed. Prisoners without clinical signs may request hepatitis testing at their own expense.[67]

Similar conclusions are drawn by the authors of the study on prevalence of narcotics in prisons: with regards to HCV it is harder to evaluate the real situation because the testing of prisoners for HCV takes place only in the cases when there are symptoms of infection with HCV. The specific tests for HCV made in 2012 were positive in 34.2% of cases (in absolute numbers – 1,066/365, CDPC data), which indicates high HCV prevalence among prisoners.[68]

According to the data of the study "Prevalence of Narcotics in Latvian Prisons 2014," 17% of sentenced prisoners admitted that they are infected with Hepatitis C, 7% of sentenced prisoners state that they are infected with HIV/AIDS, 6% mention that they have suffered from TB before or are currently ill, 5% - with Hepatitis B and 3% - with sexually transmitted diseases. The real indicators of sickness rate of infections are most likely higher.[69]

Data is being primarily collected by the Latvian Prison Administration. From 1 January 2014, a medical department has been established within the central Administration office in order to coordinate the work of medical departments of all prisons and ensure a uniform approach to prisoner health care[70]. Local medical departments in each prison are responsible for registration and notification.

The Centre for Disease Prevention and Control receives data from prisons, collects, compares and publishes the data on incidence of HIV, AIDS, tuberculosis and viral hepatitis in a state statistical report without specifying the data related to prisons. In the report there is a note that all data include patients in prisons[71]. The Centre provides data on HIV, TB and hepatitis incidence in prisons upon request.

The State Audit Office (*Valsts kontrole*), after auditing the health care matters in prisons for 2011–2013 noted that the Prison Administration has not ensured efficient management and supervision of health care system for the prisoners— , there is no uniform procedure for the implementation of unified health care procedures and for the reporting of results of health care services for prisoners[72].

Data provided by the Centre of Disease Prevention and Control on new HIV and TB cases seem to be reliable. As HIV testing in prisons is provided voluntarily, one could predict that there are many non-diagnosed cases. The Centre maintains a personalised

national register of HIV patients, therefore the Center is able to secure that the data on new cases submitted by the prisons are entered properly.

Due to the lack of screening and qualitative data on hepatitis prevalence in prisons, one should conclude, that the reliability of the data is limited. Conclusions provided by the State Audit Office of Latvia in respect of the lack of efficient reporting procedures of results of health care services support such conclusion.

It has been noted[73] that some of the mandatory reports on initially diagnosed HIV cases are not filed properly due to missing or poorly documented pre-test and post-test consultations. This negatively influences the collection of epidemiological data and analysis of risk factors.

The data on HIV diagnostics provided in the Final Report on the implementation of "Programme for the Limitation of Spreading of the Human Immunodeficiency Virus (HIV) Infection for 2009-2013" are slightly different than the data provided by the Latvian Prison Administration.

There are differences between data collected in the survey "Prevalence of Narcotics in Latvian prisons 2014," the Latvian Prison Administration's and the CDPC of Latvia gathered statistics on sickness rates with HIV. As it is noted by the authors of the survey, the comparison of data is only indicative because of the differences of methodology (the survey contains only convicted prisoners, the statistical data cover all prisoners; the survey asks about HIV/AIDS, the statistics are only for HIV).[74]

Publicly available reports do not provide disaggregated data on infections in prisons by nationality (in Latvia – ethnic origin), gender, age, sexual identity or social status. Statistical reports on HIV/AIDS and tuberculosis provide data disaggregated by sex and age. As there is only one prison for women in Latvia, disaggregated data by sex could be obtained from the data regarding that particular prison as well. However, such data are not available publicly. Data on HIV in prisons 2011-2012 provides that among 126 diagnosed with HIV, 101 were male prisoners, while 25 were female prisoners.

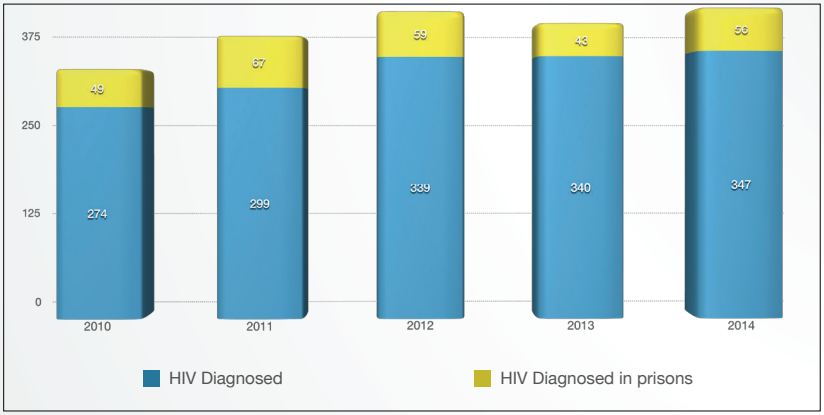
The central HIV register contains data regarding the nationality (ethnic origin) of the person and a mode of transmission. However some of the registration sheets are missing some of these data.

Data on HIV infection rates in Latvia

Year	Total	Including Prisoners	per 100,000 prisoners	Gender		Age Groups						
				Male	Female	15-17	18-29	30-39	40-49	50-59	60 un >	Not
2004	323	71	893.8	61	10	0	46	14	5	1	0	5
2005	299	52	709.2	44	8	1	26	15	6	0	0	4
2006	299	47	689.5	42	5	0	32	6	4	0	0	5
2007	350	70	1,062	64	6	1	32	24	6	0	0	7
2008	358	70	1,043	61	9	0	38	20	4	2	1	5
2009	275	44	631.8	34	10	1	18	16	2	0	0	7
2010	274	49	708.3	42	7	0	25	18	2	4	0	0
2011	299	67	1,004	55	12	0	31	29	6	1	0	0
2012	339	59	930.7	46	13	0	19	28	12	0	0	0
2013	340	43	763.1	34	9	0	16	16	8	3	0	0
2014	347	56	1,132	54	2	0	20	25	10	1	0	0

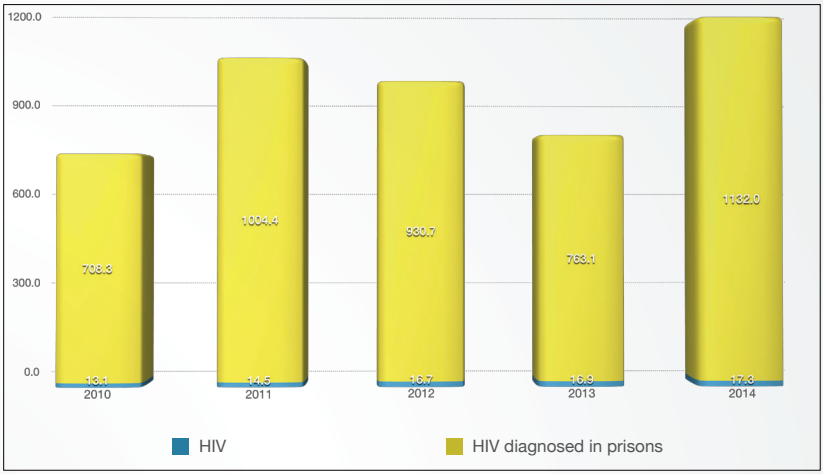
Source: Centre of Disease Prevention and Control

Data on HIV infection rates in Latvia



Source: Centre of Disease Prevention and Control, table - LCHR

HIV Diagnosed (Per 100,000 population)



Source: Centre of Disease Prevention and Control, table - LCHR

Year	Sexual Orientation				Mode of transmission (infection)				Mother tongue				
	homosexual	bisexual	heterosxual	not known	homosexual	heterosexual	Drug injection	Not known	other	romani	Russsian	Latvian	Not known
2004	0	0	65	6	0	8	54	9	5	3	43	15	5
2005	0	0	45	7	0	12	33	7	0	5	27	18	2
2006	0	1	41	5	0	4	34	9	3	2	28	9	5
2007	0	0	60	10	0	15	49	6	3	0	37	22	8
2008	2	1	55	12	2	24	36	8	5	8	37	14	6
2009	0	0	31	13	0	13	29	2	4	3	15	14	8
2010	1	0	38	10	1	16	31	1	1	3	32	12	1
2011	0	0	55	12	0	16	44	7	0	2	50	13	2
2012	0	0	54	5	0	14	36	9	1	1	39	12	6
2013	0	0	43	0	0	14	28	1	0	1	34	3	5
2014	0	0	55	1	0	17	39	0	0	5	34	17	0

Source: Centre for Prevention on Cotrol of Diseases[75]

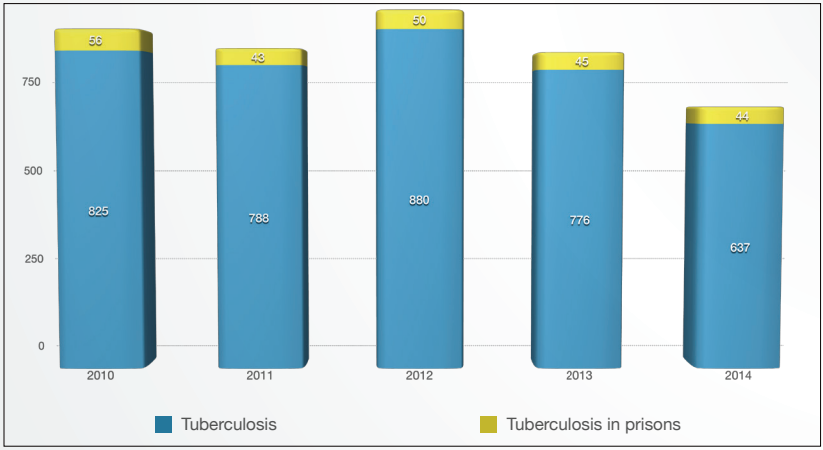
Data on primary TB cases in Latvia

Year	Total number of primary TB cases	Including in prisons	Number of cases included in the report*	Risk factors		
				Alcohol abuse	Drug abuse	HIV positive
2004	1373	82	69	31	6	1
2005	1238	76	69	29	18	7
2006	1144	44	41	12	10	7
2007	1079	31	31	11	8	5
2008	918	35	29	21	10	6
2009	830	49	46	24	12	12
2010	825	56	48	26	17	9
2011	788	43	39	16	16	16
2012	880	50	50	28	28	23
2013	776	45	45	13	19	13
2014	637	44	44	6	24	20

In 2012 the TB register was transferred to unified information system PREDA. As a result of data transfer, in several cases the entry recorded in prison was not transferred, and they cannot be so easily identified from the database. The report includes only cases where the transfer has been successful.

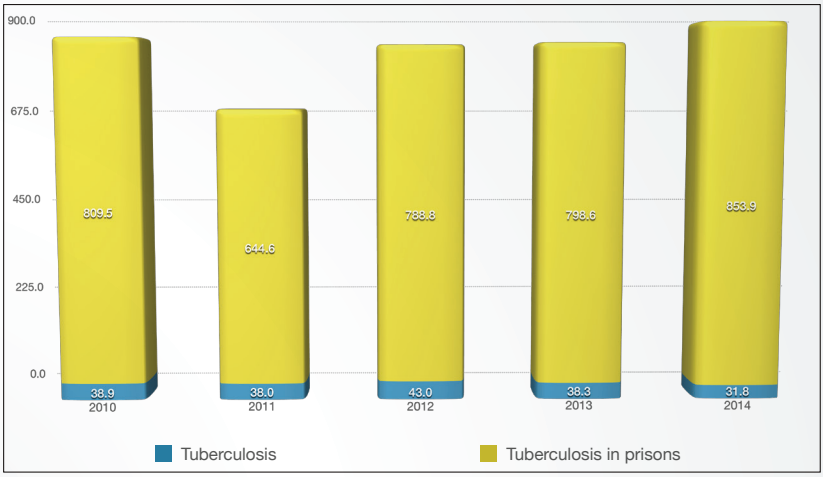
Source: Centre of Disease Prevention and Control

Tuberculosis (total numbers)



Source: Centre of Disease Prevention and Control, table - LCHR

Tuberculosis (per 100,000 population)



Source: Centre of Disease Prevention and Control, table – LCHR

Year	Women						Men					
	0-17	18-29	30-39	40-49	50-59	60 >	0-17	18-29	30-39	40-49	50-59	60 >
2004	0	1	2	2	0	0	0	29	25	6	3	1
2005	0	1	2	1	0	0	0	29	15	14	7	0
2006	0	3	1	0	0	0	1	14	11	6	4	1
2007	0	0	1	1	0	0	0	9	9	9	2	0
2008	0	0	0	1	0	0	0	9	13	3	3	0
2009	0	5	3	0	0	0	0	15	9	8	6	0
2010	0	4	1	0	0	1	0	17	14	10	1	0
2011	0	1	3	0	0	0	0	11	18	4	1	1
2012	0	1	1	1	0	0	0	19	20	6	1	1
2013	0	1	1	0	0	0	0	10	17	13	3	0
2014	0	1	4	0	0	0	0	13	17	6	3	0

Source: Centre for Prevention and Control of Diseases

	Ethnic Origin						
Year	Russians	Latvians	Ukrainians	Belarussians	Roma	Lithuanians	Not known
2004	10	13	2	1			43
2005	12	9					48
2006	10	7			1		23
2007	8	3					20
2008	3	9	1			1	15
2009	10	5		1	1		29
2010	12	4			2	1	29
2011	7	7			2		23
2012	14	10					26
2013	25	18			1		1
2014	26	12			4		2

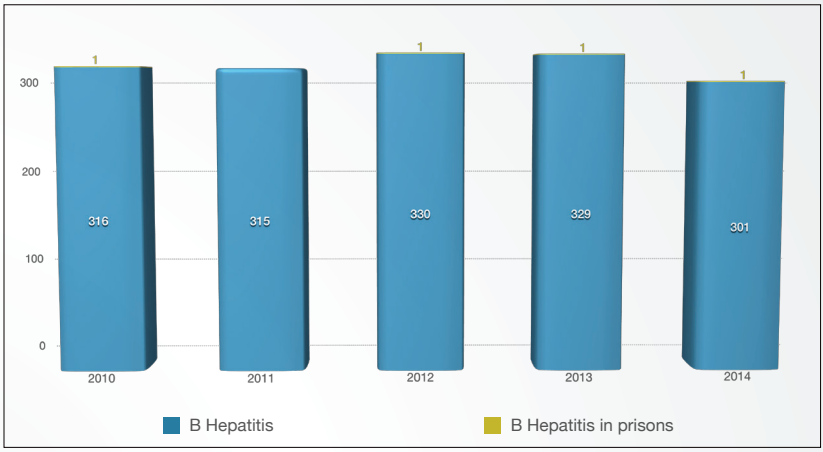
Source: Centre for Prevention and Cotrol of Diseases

Hepatitis B (acute, chronic and HBsAg carriers) and hepatitis C (acute and chronical) from 2004–2014, total and in prisons

	Hepatitis B				Hepatitis C			
Year	Total number of cases	Per 100,000 inhabitants	Incl. in prisons	Per 100,000 prisoners (aver)	Total number of cases	Per 100,000 inhabitants	Incl. diagnosed in prisons	per 100,000 prisoners (avg.)
2004	712	31.5	ND[76]	ND	1,247	55.1	ND	ND
2005	631	28.2	ND	ND	1,139	50.9	ND	ND
2006	586	26.4	ND	ND	1,444	65.1	ND	ND
2007	553	26.1	3	45.5	1,680	77.9	10	151.7
2008	555	25.7	2	29.8	1,466	67.3	5	74.5
2009	458	21.4	3	43.1	1,356	63.6	7	100.5
2010	316	15.1	1	14.5	1,112	53.0	3	43.4
2011	315	15.3	0	0.0	1,336	64.9	7	104.9
2012	330	16.2	1	15.8	1,410	69.3	2	31.6
2013	329	16.3	1	17.7	1,274	63.3	5	88.7
2014	301	15.0	1	20.2	1,764	88.1	27	545.6

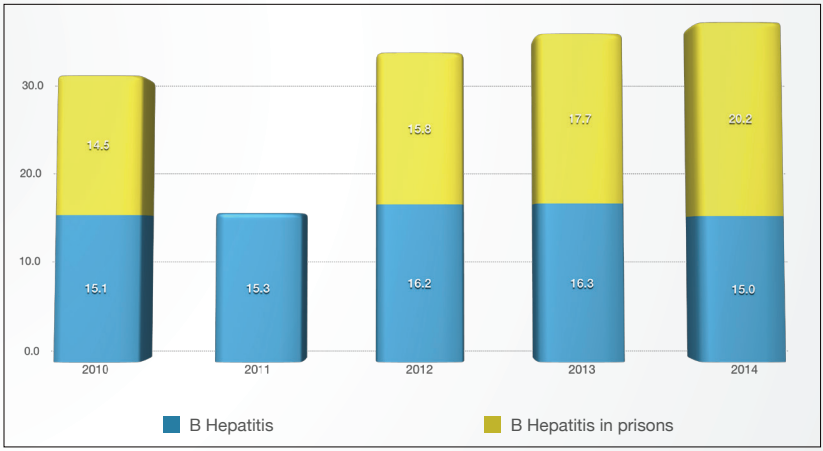
Source: Centre for Prevention and Control of Diseases

B Hepatitis (total numbers)



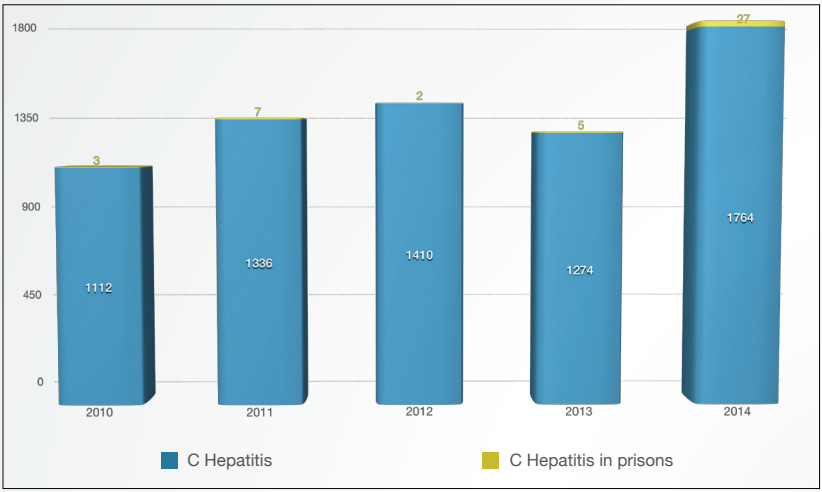
Source: Centre of Disease Prevention and Control, table - LCHR

B Hepatitis (per 100,000 population)



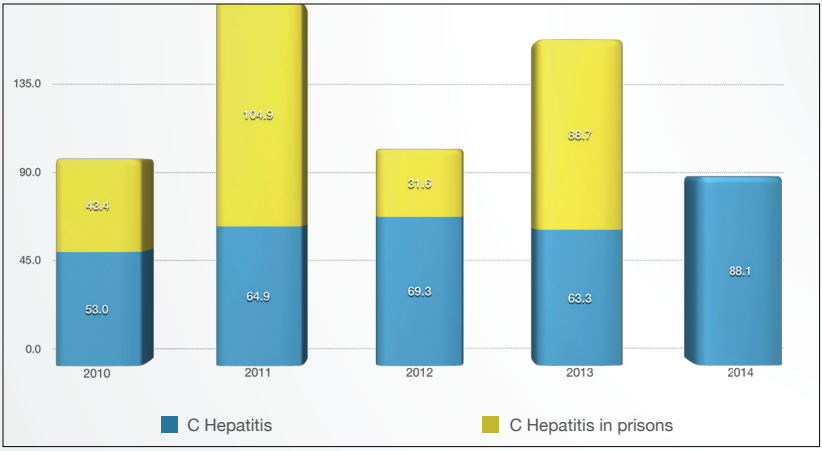
Source: Centre of Disease Prevention and Control, table - LCHR

C Hepatitis (total numbers)



Source: Centre of Disease Prevention and Control, table - LCHR

C Hepatitis (per 100,000 population)



Source: Centre of Disease Prevention and Control, table - LCHR

Hepatitis B (acute, chronical) and hepatitis C (acute, chronical) diagnosed in prisons in 2007–2014, by age and gender

Age / Gender	Hepatitis B			Hepatitis C		
	Men	Women	Total	Men	Women	Total
0 yrs	0	0	0	0	1	1
18-29	9	0	9	27	7	34
30-39	2	0	2	14	4	18
40-49	0	1	1	10	0	10
50-59	0	0	0	2	1	3
Total	11	1	12	53	13	66

Source: Centre for Prevention and Control of Diseases

Some public presentations by prison officials[77] or experts involved in health care in prisons[78] refer to diseases related to social status and other risks related to infections. For example, it is noted that 80% of prisoners before the arrest had unhealthy lifestyle and health/social risk factors, like alcohol and substance abuse, no fixed occupation or living place.

The situation with limited availability of data restricts our ability to analyse the situation in depth. Data on various vulnerability factors are missing therefore there is no possibility to identify the most vulnerable groups, situations and places.

Public policies on prevention of HIV, TB and hepatitis refer to prisoners as one vulnerable group among others, like homeless people or prostitutes. Prisoners as a group are not divided considering other factors leading to higher vulnerability.

Lack of disaggregated data allowing for more precise information and the ability to characterise various groups suffering from these diseases in prisons limits our capacity to prepare more targeted advice and suitable prevention methods to reach those more deprived in appropriate manner.

HIV and tuberculosis prevalence among the general public[79] as well as among prisoners is high in Latvia. Latvia has a significant HIV epidemic among people who inject drugs (PWID). The high prevalence documented in prisons does not mean that HIV transmission is necessarily occurring in prisons. Rather, it probably reflects the high HIV prevalence among PWID and the likelihood that they spend time in prisons[80].

The general rate of tuberculosis has decreased from 1,373 primary TB cases in 2004, to 788 cases in 2011[81], but in 2012, a slight increase in rates (880) was observed which fell down to 637 cases in 2014. However, Latvia is still among the EU countries with a higher incidence of tuberculosis.

3. Harm reduction policies and services in prison

There are some harm reduction services available in prisons. According to the report by the Latvian government to the CPT prepared in 2012:

> …the educational work with prisoners regarding drug addiction problems is carried out at prisons constantly. There are different kinds of materials available regarding the drug addiction problem, moreover, medical practitioners perform individual work with prisoners, by organising various types of training and seminars, psychologists perform individual work, as well as non-governmental and religious organisations participating in the problem-solving visit prisons regularly.[82]

According to the information provided by the Latvian Prison Administration, there are some harm reduction activities organised in prisons.[83] In 2011, the programme of social rehabilitation "Knowledge as means of HIV protection" was provided in Ilguciems prison for women. In Valmiera prison, social rehabilitation programmes on HIV/AIDS prevention and alcohol/substance addiction were provided. In 2012, education and consultation services were organised for prisoners in Valmiera prison in order to motivate prisoners to undergo testing; a Minnesota programme was provided for prisoners in Ilguciema prison for women and in Cēsis Correctional Facility for Juveniles. In 2012, education seminars for medical personnel in prisons on prophylactic measures for tuberculosis prevention in social risk groups, namely injecting drug users and persons with HIV infection, were organised.

In 2013 the continuation of methadone therapy was provided for 11 prisoners and for 28 in 2014. There are no data on the methadone needs among prisoners.

At present, due to the shortage of funding, the distribution of disinfectants and condoms free of charge in prisons is limited. Distribution of syringes and needles to prisoners is not provided for in the Latvian legislation.

The Action Plan for 2014-2016 to reduce the spread of HIV infection, hepatitis B and C virus infection, and sexually transmitted diseases will require the organisation of more harm reduction services in prisons in future. Additional funding will be provided by the government.

The Centre for Disease Prevention and Control has prepared informative materials for staff working in prisons and organised some seminars on HIV consultations and prevention of drug abuse. The CDPC has prepared and distributed various informational materials in prisons related to the side effects of antiretroviral therapy, methadone therapy, prevention and treatment of tuberculosis, HIV testing, viral hepatitis testing and treatments. The information was prepared in Latvian and in Russian.

In 2011, the NGO DIA-LOGS provided 10 lessons for women prisoners with a drug dependency financed by the Norwegian-funded project "HIV prevention efforts for target groups most at risk behaviour for young people and women". In 2012, the Association HIV.LV within the US Embassy financed project "Education as a tool for HIV prevention" organized ten seminars for 40 prison staff members, providing training on HIV and other blood-borne disease prevention measures. In 2012, the Association HIV.LV within the project "Education as a tool for HIV prevention" organized training for 411 prisoners in 10 prisons on HIV and other blood-borne disease prevention measures. The Association also published a brochure "Retention: brochure for patients" in Latvian and Russian. The brochure was distributed to more than 3000 prisoners.

Harm reduction services, first of all, should be funded by the state as part of state financed health care system. Funding of health care is a severe problem for Latvia in general and for prisons in particular. It can be acknowledged that the current state budget allocations for prisoner health care are insufficient. Current funding does not allow for the provision of more effective and modern treatment and prevention services. Many of the problems identified stemmed from significant budget cuts across the prison system after the economic crisis in 2008 resulting in a scarcity of resources allocated to prison health care in recent years.

As already mentioned before, a shortage of health care staff was observed in each prison, especially the number of feldshers (auxiliary nurses) and nurses.[84] There are difficulties in finding qualified, educated and appropriately certified medical staff for work in prisons due to both the specific work conditions and low remuneration. Therefore there is limited availability of qualified medical personnel for infections control and prevention in prisons.

As noted by the State Audit Office, the legislation does not stipulate which specific services are to be provided to the prisoners within the prisons, and the Prison Administration has not assessed the necessary number of medical personnel in prisons. Therefore the workload (the number of served prisoners) of medical practitioners in prisons substantially differs, which might impact on the efficiency of the provision of health care services.

Medical staff of prisons work in close cooperation with the Ministry of Health, the Infectology Centre of Latvia (responsible for the healthcare of HIV patients in Latvia) and non-governmental organisations. This cooperation allows for medical staff to identify the human immunodeficiency virus (HIV), to observe the health conditions and treatment of prisoners with HIV, as well as to provide preventive measures in prisons.[85]

In September 2013, the Latvian Prison Administration started the implementation of the project "Establishment of a New Unit at Olaine Prison, Including Construction and Staff Training", No LV08/2, developed within the framework of the programme "Reform of Temporary Places of Detention of the State Police and Correction Services of Latvia", co-financed by the Ministry of Justice and the bilateral financial instrument

of the Government of Norway. The project aims at developing a system of working with prisoners with substance use problems, and provides for the development of an appropriate prisoner assessment system and training prison staff to conduct such assessments. The project envisages the building of an Addiction Centre in the territory of Olaine Prison to accommodate 200 prisoners, the Minnesota Programme (used in prisons of Poland) and a programme entitled Pathfinder, taken over from Oslo Prison in Norway will be implemented in the centre. It is planned that prisoners with drug dependecy problems will spend a year at the Addiction Centre and then will be either released early on probation (with or without electronic surveillance), or will continue to serve their term in a drug-free unit in another prison.[86] After the project the Addiction Centre will be financed by the State.

Data on the AAAQ (availability, accessibility, acceptability and quality) of services

Data on the AAAQ (availability, accessibility, acceptability and quality) of services related to the control of infections in prisons are very limited.

In the reports of the CPT in 2011 and 2013, complaints by prisoners in respect to health care AAAQ have been recorded. Regarding general health care, in all the prisons visited, the delegation received numerous complaints from prisoners about long delays in gaining access to a doctor and the quality of treatment provided.[87] Since then some improvements to availability and accessibility of services have been recorded.

The State Audit Office noted that in 85% of the inspected cases, medical care services are provided within the medical care units of prisons (medical care units and the Prison Hospital of Latvia) by providing access for such persons to prison's medical practitioners within one week (or five working days). This corresponds to the general national procedures on waiting time for primary health services, including in 38% of the inspected cases the prisoners received medical care on the same day when he/she submitted a request for medical care; in 32% of the inspected cases medical care was received within 3 days, and in 15% of the cases — within one week from the day of receiving the request. Meanwhile in 15% of the inspected cases the prisoners received medical care after one week, and these were secondary health care services, which in compliance with legislative provisions are provided on a first-come-first-serve basis by evaluating the urgency at which service has to be received.[88]

The Prison Administration has not defined a uniform procedure in medical care units of prisons for the registration of applications of the prisoners for visits to medical practitioner as well as for registering health care services provided to the prisoners. As a result, in 28% of inspected cases the auditors could not obtain assurance on the provision of health care services for the prisoners and on the work actually performed by medical practitioners.[89]

The enforcement of requirements and professional quality of health care are monitored and controlled by the Health Inspectorate. The Prison Administration closely cooperates with the Health Inspectorate in processing individual applications and in supervising the work of health care professionals. According to a report provided by the Government to the CPT in 2014 for the period 2008–2012, the Inspectorate examined 1,140 applications from prisoners (20 of which were substantiated), conducted 362 inspections and 473 verifications within the Inspectorate's competence, as well prepared 448 letters in response to the prisoners' applications. In the realm of public health, the Inspectorate received 64 applications over the past five years (20 of the applications were substantiated), of those, 36 were complaints concerning hygiene standards, 16 on the presence of rodents and insects, 7 on the poor quality of drinking water, 2 on noise and 1 on air pollution in prison.

Data to provide detailed analysis on this issue are missing, however, the general coclusion by the experts interviewed for the Research on drug prevalence in prisons of Latvia in 2014, states "in the opinion of experts the situation of the prevalence of infectious diseases in prisons during the last four years (since the research done in 2010) has not significantly changed[90]."

Barriers to the implementation of effective infections control in prisons

The CPT in 2011 noted that, despite there being high numbers of HIV positive prisoners in most of the establishments visited, extremely limited arrangements had been made to provide appropriate care for such prisoners. In particular, a very small number of these prisoners were receiving antiretroviral drugs for their infection (e.g. three out of 47 inmates at Jelgava Prison; four out of 68 at Valmiera Prison). Further, it appeared that no information on HIV or on prevention methods was made available to staff and prisoners.[91]

The State Audit Office has concluded that the Prison Administration has not established unified principles for the organisation of circulation of medicinal products and goods in all prisons and has not ensured supervision over circulation of medicinal products and goods.

There is a shortage of health-care staff in Latvian prisons.[92] The Prison Administration has not assessed the necessary of medical personnel in prisons. Therefore the workload (the number of prisoners served) of medical practitioners in prisons substantially differs which might impact on the efficiency of the provision of health care services.There are substantial differences in the number of medical personnel and this aspect is not defined in relation to the number of prisoners; for example the number of prisoners per one primary care medical practitioner and one assistant practitioner per prison ranges from 26 prisoners in Vecumnieki prison up to 319 prisoners in Daugavgriva prison and 514 prisoners in Brasa prison.[93]

The state budget allocation for prisoner health care is insufficient and does not allow

for the use of more effective and modern medications in treatment. Many of the problems identified stemmed from significant budget cuts across the prison system after the economic crisis in 2009 and the consequent scarcity of resources allocated to prison health care in recent years. For example, there is limited availability of express diagnostics materials for HIV and viral hepatitis.

Following the financial downturn in 2009, national structural reforms were instigated that further influenced the extent and quality of existing prevention measures. Several agencies working in the field of health prevention and promotion were closed and funding for programmes implemented by non-governmental organisations was limited.[94]

Sufficient motivating factors to increase the involvement and active participation of prisoners in HIV, STS and hepatitis diagnostics, treatment and prevention are missing. Lack of measures and tools to secure and provide for the specific needs of prisoners (e.g. the organization of user-friendly services) negatively affect the implementation of harm reduction programmes. It has been documented that some of the prisoners are refusing HIV treatment and are cooperating poorly with medical professionals.

Capacity and professional knowledge of medical personnel in infections control matters should be improved.

Vaccinations for hepatitis B provided by the state are not being introduced for prisoners. However, all prison staff are offered a hepatitis B vaccination.

Non-governmental organisations with expertise and knowledge in harm reduction matters are not financed or supported by the state. Therefore they may only provide their services to prison populations through temporary projects.

During the "Research on drug prevalence in prisons of Latvia in 2014," experts concluded that in relation to harm reduction measures (methadone programmes, psychological consultations, syringe exchange programmes, availability of disinfectants, drug free units) it is not possible to implement the majority of these programmes at the moment. It is not only because of the lack of resources, but also because of the inadequate prison infrastructure (premises), as well as the insufficient level of education of prison employees. In addition to these factors the syringe exchange and the availability of disinfectants are strongly hindered by the overall attitude against recognition of drug and psychotropic substance availability, moreover in the opinion of experts, implementation of these programmes means that at some point drug use in prisons is legalized, which is in contradiction to drug use prohibition. Regarding the implementation of methadone programmes in prisons (where a prisoner has the opportunity to continue it if they have begun this process before imprisonment) the overall opinion is positive. [95]

Compared with the results of the survey of 2010, awareness of prison staff has increased regarding treatment with methadone and drug free units in prisons;

however, awareness has decreased on syringe exchange programmes. The analysis of the awareness of convicted prisoners regarding programmes for the prevention of infection disease prevalence and drug use show that since 2010 their awareness regarding treatment with methadone in prisons has increased. Statistically significant changes cannot be observed in the awareness of convicted prisoners with regards to other activities and programmes. [96]

In general, convicted prisoners give more positive evaluations regarding the usefulness of all programmes than prison staff. Similar to the survey of 2010, convicted prisoners think that the most useful is the voluntary treatment programme followed by the intensive psychological help for drug users and treatment for drug dependency as an alternative for imprisonment. However, prison staff think that besides voluntary treatment programmes and intensive psychological help for drug users, there should also be drug free units in prisons. [97]

IV. HUMAN RIGHTS MONITORING IN PRISON AND HIV, HCV, TB

1. Human rights monitoring mechanisms

National monitoring mechanisms

Ombudsman's Office

The only human rights-based monitoring mechanism in Latvia which conducts monitoring visits to prisons is the Ombudsman (*Tiesībsargs*). The Ombudsman's Office was established in 2007, replacing and significantly expanding the earlier National Human Rights Office (NHRO) which had operated since 1995.

From 6 December 1996 until 15 December 2005 the Law on National Human Rights Office did not explicitly provide for a specific mandate of the NHRO to visit places of detention.

According to the Law on Ombudsmen, the Ombudsman has the right to visit closed-type institutions at any time and without a special permit, to move freely within the territory of the institutions, to visit all premises and to meet in private with persons held in places of detention.[98] Among other tasks, the Ombudsman shall accept and examine appeals of private individuals; initiate a verification procedure for the clarification of circumstances; request that institutions within the scope of their competence and within the time limits provided for by the law clarify the necessary circumstances of the matter and inform the Ombudsman. Upon the examination of the verification procedure, the Ombudsman shall provide the institution with recommendations and opinions regarding the lawfulness and effectiveness of their activities, as well as their compliance with the principles of good administration.

The Ombudsman's Office has to fulfill a very wide mandate. It also operates as the Equality Body under the EU's Race and Employment Directives, it monitors forced returns under the EU's Return Directive and its mandate also includes good governance issues. Therefore, the issues related to places of detention are not always among its first priorities, since the capacity and resources of the Office are rather limited. The Ombudsman is not specifically mandated to look at issues relating to health in prisons.

Comprehensive monitoring visits to Latvian prisons, which last for several days, began to be conducted in 2007. Prior to 2007, the majority of visits were conducted in response to complaints. According to the Ombudsperson's Office, there are three types of visits to prisons:

- a visit in response to individual cases (e.g. threat to safety and security, violence, health care);

- thematic visit (e.g. investigation of cases of violence in prisons, resocialisation plans, etc.);
- a comprehensive monitoring visit (e.g. a visit to a prison establishment lasting several days with comprehensive assessment of different aspects of the prison).

No monitoring visit reports conducted by the Ombudsman are publicly available. However, some brief descriptions, conclusions and recommendations from reports and most widespread complaints can be found in the Ombudsman's annual reports. The reports occasionally refer to relevant international standards, including CPT standards and recommendations from visits. In several cases findings from prison reports have been published as Ombudsman's Opinions (e.g. Opinion on prison health care in 2010). Although annual reports from recent years mention 10-15 prison visits per year, there is no break-down of information concerning the type of prison visits, but it can be deduced from annual reports that no more than 3-4 comprehensive prison visits are conducted each year.

In 2010 the Ombudsman's Office published a 15 page Opinion concerning the provision of health care in prisons, including the need for a new legislative framework. The Opinion also draws upon findings during the prison visits, however, does not refer to infections. The Opinion looked at several issues: whether the organisation of health care in prisons is linked with general national health care system, whether prisons have the necessary doctors and specialists, whether a prisoner can receive the necessary consultations for free if a specialist is not available in prisons, whether the funding allocated to Prison Administration at the end of 2009 and the beginning of 2010 is sufficient to provide for prisoner health care as required by legislative acts, the procedure and costs for accommodating disability access and care issues, and whether after re-organising the Prison Hospital the prisoners are provided the same type of services as before the re-organisation.[99]

The 2012 annual report mentions a wide range of complaints received from the prisons. Complaints also refer to prison conditions; specifically the timely access to prison health care and quality of health care services in prison.[100]

In an international conference in November 2014, the representative of the Ombudsman's Office concluded that, despite regular recommendations of the Ombudsman addressed to prisons, it is not infrequent that recommendations are implemented only after visits and recommendations from the CPT. For example: although the closure of the punishment cells in Jekabpils Prison was recommended by the Ombudsman in 2008, they were only closed down after the recommendations of the CPT in 2009. Similarly, problems raised by the Ombudsman concerning the application of hand-cuffs in the case of life-term prisoners without individual risk assessments and short-terms visits without a glass partition were changed only after the recommendations by the CPT.[101] According to the staff member of the Ombudsman's Office, mostly CPT standards as well as ECHR jurisprudence are used as monitoring standards and guidelines.

Planned comprehensive thematic visits of the Ombudsman's Office involve 3-4 persons from the Office with experience and knowledge in monitoring. At least 4 persons from the Civil and Political Rights Division (out of 11-12 persons working in the Division) have had special training for monitoring. They also examine complaints of the prisoners. New staff members get trained and are involved in the monitoring visits from time to time. Monitoring visits are generally conducted by lawyers; however, psychologists as well as psychiatrists may sometimes participate in the visits. The Office has a contract with a psychiatrist who was identified through the Latvian Psychiatrist Association.

Monitoring visits are announced and unannounced. When planning a visit, the aim of the visit is first determined, a plan is developed with specific tasks and division of roles. Immediately after the visit, the administration of the institution is informed about what problems have been identified. A report is prepared after the visit. If the views of the participants of the visit radically differ, a repeat visit is organised.

The attitude of the prison administrations towards the visits might vary. Sometimes, the heads of the institutions are very responsive and take initiative to implement the recommendations. A report about the visit is forwarded to the prison in question, Prison Administration Board and the Ministry of Justice. Every institution provides an answer about report according to their competence.

There have been specific visits to monitor prison health care, however, there have been several visits when these issues were raised and discussed with the prison doctors, e.g. the separation of prisoners with TB, the use of medication in cases when the prisoners refuse to take it, etc. There have been no separate reports or summaries on health care issues in prisons. However, general points regarding prison health care issues can be included in the annual report of the Ombudsman.

According to the Ombudsman's Office many problems have been resolved as a result of long-term activity. These include the application of security measures to persons sentenced to life imprisonment. As a result of long-term work and persuasion, it was decided that the service dogs are to no longer be used in the guarding of persons sentenced to life imprisonment. Another example is the partition of sanitary annexes in place of detention (to ensure privacy).

The Ombudsman forwards many complaints to the Health Inspectorate if relevant to their remit. The Office also asks to inform about the outcome of complaints. The Ombudsman's Office does not organise monitoring visits to places of detention together with the Health Inspectorate.[102]

Conclusions

- Comprehensive monitoring visits by the main national monitoring body, the Ombudsman's Office, remain few, which raises the issue of the effectiveness of preventive monitoring;
- No reports of monitoring visits conducted by the Ombudsman have been made public;
- Brief descriptions of some aspects of monitoring visits (e.g. conditions of detention, prison regimes, some analysis of widespread complaints) can be found in the Annual Reports of the Ombudsman and separate Opinions published by the Ombudsman;
- Information on prisoner health care issues has been included in annual reports, opinions on prisoner health care and access to dentist in prisons have been published;
- There have been no thematic visits on blood-borne diseases conducted by the Ombudsman;
- Findings of unpublished monitoring reports are increasingly requested by prisoners and administrative courts which increasingly cite these reports;
- Issues addressed by the Ombudsman and CPT overlap, which is an indication that there is a follow-up by the Ombudsman on problems identified by the CPT and relevant visit report recommendations. There are cases when recommendations by the Ombudsman have not been addressed by the prison authorities, however, following the CPT visit recommendations practices are changed.

Regional/international monitoring mechanisms

European Committee for the Prevention of Torture (CPT)

Latvia ratified the European Convention against Torture, Ill-Treatment and Human and Degrading Treatment on 10 February 1998. It came into force on 1 June 1998. Since the ratification of the Convention, Latvia has received seven visits by the CPT. Of those, four have been regular visits and three have been ad hoc. The most recent visits by the CPT to Latvia took place in September 2011 and September 2013, while the visit reports were made public in August 2013 and March 2014 respectively.

During the visits, the CPT conducted 27 individual visits to prisons – Central Prison (Rīga Central Prison from 2008) (6 times), Ilguciems women's prison - 2, Jelgava Prison - 6, Jēkapils Prison - 2, Daugavpils Prison (Daugavgriva Prison from 2008) - 6, Cēsis Correctional Facility for Juveniles - 1, Valmiera Prison -1, Liepāja Prison -2, Olaine (prison hospital).

The long-standing specific focuses of CPT visits in prisons have largely been inter-prisoner violence and prison health care.

CPT recommendations relevant to infections and harm reductions services in prisons

CPT reports, particularly from visits in 1999, 2002 and 2004 have focused on the situation of prisoners with TB; their treatment, availability of medication, conditions of their detention, hygiene standards, and the state of the Prison Hospital of the Central Prison (the largest remand prison). This is where prisoners with a diagnosed condition requiring hospitalisation were transferred until the opening of the new Prison Hospital in Olaine in 2007. The incidence of TB in prisons was high, including multidrug-resistant TB (MDRTB). For example at the time of the visit in 1999, 22% of all prisoners with TB were suffering from MDRTB.

The CPT has also paid attention to the state of prisoners HIV patients; availability of treatment, education for prison staff and prisoners, and conditions of detention.

1999

In its first visit the CPT recommended a review of the manner in which detained persons are screened for tuberculosis, taking into account the international standards in the field of control of tuberculosis as defined by the WHO and ICRC. It recommended the authorities take the necessary measures at the Central Prison in order to ensure appropriate distribution and monitoring of the taking of tuberculostatic medicines and enhancing the material conditions in cells/dormitories for tuberculous patients that are conducive to the improvement of health. The CPT highlighted that urgent measures were needed to substantially reduce the occupancy levels in those cells/dormitories and to improve access to natural light and ventilation. The CPT drew further attention to the continuation of the treatment of TB prisoners while they are being held in a disciplinary cell.

The CPT recommended that prison health care services assume a more active role in monitoring living conditions in Latvian prisons and, if necessary, advocate appropriate measures with a view to promoting the health of prisoners.

During its visit to the Central Prison, the delegation was informed that some 20 known HIV+ prisoners were accommodated separately from the other prisoners. The CPT recommended that the Latvian authorities devise a policy aimed at putting an end to the practice of ostracising HIV+ prisoners. That policy should provide for a programme of education and information for both prison staff and prisoners about methods of transmission, means of protection, etc.

The CPT also recommended that the Latvian authorities ensure the continuous supply of anti-tuberculosis medication. It observed severe overcrowding and poor ventilation in the hospital rooms for TB patients; the failure to segregate patients with resistant forms of TB; the mixing of TB patients with other patients in the rooms for women and juveniles; and indications that follow-up treatment is inadequately supervised after discharge from the Prison Hospital.[103]

2002

In its 2002 visit[104] the CPT concluded that material conditions offered to patients had, if anything, deteriorated since the visit in 1999. In fact they were totally unacceptable, in particular for those suffering from serious diseases. Many of the rooms (in particular those accommodating TB patients) had no access to natural light (the windows being covered by metal plates), and artificial lighting and ventilation were very poor in most of them. In addition, many rooms were dilapidated and the sanitary facilities were in an execrable state.

The CPT greatly welcomed the fact that the screening for and treatment of tuberculosis had improved since 1999, and that the number of tuberculosis patients in Latvian prisons had decreased considerably in recent years. There was ready access to all necessary medication. Medicines were made available in accordance with the DOTS (Directly Observed Therapy Short-course) programme. Further, information about tuberculosis, AIDS and hepatitis was provided in the form of posters, brochures, etc. in all health care facilities of the prison.

At Rīga Central Prison the conditions in the health care facilities as well as in the cells accommodating TB patients had not improved since the 1999 visit. The material conditions in the latter cells were inadequate and not conducive to the improvement of patients' health. The CPT reiterated its recommendation that steps be taken at the Central Prison to provide acceptable, hygienic conditions which are conducive to the improvement of prisoners' health.

The CPT noted an exponential increase in the number of HIV positive prisoners at Rīga Central Prison since the 1999 visit. The delegation was satisfied that they were receiving appropriate treatment. The CPT also applauded that these prisoners were no longer kept separately from other inmates. HIV positive prisoners were now afforded medical confidentiality, and no information whatsoever with respect to their condition was made available to non-health care staff.

2004

In its 2004 visit, the CPT again concluded that the living conditions under which patients were held at the Prison Hospital remained totally unacceptable. Practically none of the recommendations made by the CPT after the two previous visits to that establishment had been implemented. Many of the metal shutters had not been removed from the windows, including of cells accommodating patients with active and/or multi-resistant TB, for example.[105]

The CPT called upon the Latvian authorities to take steps as a matter of urgency to provide adequate health-care facilities to prisoners. Either by renovating the entire Prison Hospital or, preferably, by finding alternative solutions, such as the reinforcement of the health-care services in local prisons and the use of local hospitals.

2007

In its 2007 visit, the CPT welcomed the closure of the old prison hospital on the premises of Rīga Central Prison, following the opening of a new prison hospital at Olaine on 1 August 2007. It also praised the high quality of the health-care services provided to female prisoners at Iļģuciema Prison (including to mothers and their children).

At Rīga Central Prison the delegation was alarmed when it learned that more than 170 prisoners were known to be HIV-positive (18.5% of the prison population). CPT considered it a matter of grave concern that only extremely limited arrangements had been made to provide appropriate care for these prisoners, to prevent them from developing a life-threatening disease. One of the reasons seemed to be a widespread lack of awareness and knowledge among medical staff about HIV infection and the need for early intervention.

While an HIV test was offered to every newly-arrived prisoner, there was absolutely no pre-test discussion concerning the implications of a positive or negative test. In addition, there was no post-test discussion when a prisoner was found to be HIV-negative and very little post-test discussion when he was found to be HIV-positive. Despite the extremely high number of HIV-positive prisoners within the prison, only ten prisoners were receiving anti-retroviral drugs for their infection. At Iļģuciema Prison, 52 prisoners were diagnosed HIV-positive, but only four of them (including two pregnant prisoners) were receiving anti-retroviral drugs. At Jēkabpils Prison, only one out of four prisoners diagnosed as HIV-positive was receiving such treatment. In practice, such drugs were only provided to HIV-positive prisoners once they had been diagnosed with AIDS.

The CPT concluded that the statement made by the Latvian authorities in their letter of 22 February 2008 that "personnel of the Medical Department ensure that […] HIV and AIDS positive prisoners are examined in the laboratories of the Latvian Infection Centre [three times a year,] where they also receive consultations from the specialists" did not correspond at all with the actual situation during the visit to Rīga Central Prison.

No prisoner benefited from immunisation against hepatitis B, apparently due to the financial implications for prisoners.

The delegation also had the opportunity to discuss the worsening problem of HIV in Latvian prisons with representatives of the Rīga Centre for Infectology. However, from these discussions it transpired that, within the existing resources, the Centre could only be of limited assistance. Due to the problem of injecting drugs and sharing injecting equipment, it is likely that some prisoners are becoming infected with HIV during their stay at Rīga Central Prison. The CPT recommended that urgent steps be taken at Rīga Central Prison (as well as in all other prisons in Latvia) to develop a strategy for the prevention and treatment of HIV within the prison.

2011

In its report on the 2007 visit, the CPT had expressed its great concern about the level of care offered to HIV-positive prisoners at Rīga Central Prison and recommended that a strategy be developed for the prevention and treatment of HIV in the entire prison system.

In their response to the CPT report, the Latvian authorities indicated

> …at the end of 2007 with the support of the French government and in cooperation with World Health Organization Latvia office as well as the support of Dutch government and the support of World Bank in cooperation with UNODC [UN Office on Drugs and Crime], […] a state programme for AIDS prevention in Latvia (2008-2012) was developed. […] Under this document the programme comprises measures that extend possibilities for prisoner testing and consulting, as well as other measures for AIDS prevention in prisons. However, the advancement of this programme for adoption in the Cabinet of Ministers is the competence of the Ministry of Public Health.

However, the CPT concluded that no progress whatsoever had been made in this area. Once again, it noted, despite there being high numbers of HIV-positive prisoners in most of the establishments visited, only limited arrangements had been made to provide appropriate care for such prisoners. A very small number of these prisoners were receiving anti-retroviral drugs for their infection (three out of 47 inmates at Jelgava Prison; four out of 68 at Valmiera Prison). No information on HIV or on prevention methods was made available to staff and prisoners. The CPT called upon the Latvian authorities to take urgent steps to devise and implement a strategy for the prevention and treatment of HIV in the prison system, urging active involvement by the Ministry of Health.

2013

In its 2013 visit, the CPT was impressed by the quality of the health-care facilities and equipment at the Prison Hospital in Olaine. However, it found it regrettable that this institution, which started operating in 2007 with a capacity of some 200 beds, had to be downsized in 2010 due to the financial crisis which had severely affected Latvia. The number of the Hospital's health-care staff had been reduced from 176 to 33, and some of its departments had been closed. As a result, the Hospital mainly accepted psychiatric (30 beds) and TB patients (70 beds) and full use could not be made of its high-standard facilities.

The CPT, though, was informed that it was planned to gradually increase the budget of the Hospital with a view to recruiting additional staff and reopening the closed departments.[106]

Recommendations relevant to prison monitoring

In its 2011 visit to Latvia, the CPT highlighted that the Committee considers that Parties to the Convention establishing the CPT should also become parties the Optional Protocol to the United Nations Convention against Torture (OPCAT), which provides for the establishment of one or several independent monitoring bodies at national level (National Preventive Mechanisms), which will possess significant powers. Those bodies should be in a position to intervene more regularly rapidly than any international body. The CPT therefore encourages the Latvian authorities to accede to/ratify the OPCAT. The delegation noted that monitoring visits to prisons were conducted by the Office of the Ombudsman. However, the Ombudsman informed the delegation that he had limited resources for this activity. [107]

There was no mention of the Ombudsman in the report concerning CPT's ad hoc visit in 2013.

Courts

The courts are empowered to consider health rights in Latvia.

The State Audit conducted a review of prisoner complaints before domestic courts and ECtHR decisions in cases of complaints by prisoners.[108]

	2009	2010	2011	2012	2013
Number of cases reviewed before domestic courts	3	1	2	8	4
Turned down	3	1	1	7	4
Number of decisions	-	-	1	1	-
Compensation	-	-	-	1,000 LS (~€1,470 EUR)	-
Issue at stake	-	-	Unlawful action by Brasa Prison by not providing a prisoner wityh free of charge consultation by optometrist.	Unlawful action by Daugavgriva Prison by not granting prisoner access to a dentist at his own expense for a prolonged period of time.	-
ECtHR decisions on complaints by prisoners	4	9	6	11	1
of those, complaints concerning health care	3	8	-	8	-
ECtHR established violations in health care in prisons	No	No	No	No	No
Number of decision where compensation awarded	1	1	2	4	1
Compensation awarded (EUR)	5,000	11,700	5,564	32,000	6,000
Issue at stake	Conditions of detention and right to a fair trial	Conditions of detention and ineffective remedies	Conditions of detention and right to corre-spondence with court	Conditions of detention, ineffective investigation of complaints, right to a fair trial	Conditions of detention

V. CONCLUSIONS AND RECOMMENDATIONS

Latvia's prisons continue to be impacted by the Soviet legacy and economic crises during 2008-2012, which inevitably have had an effect on the provision of health services in prisons. The prison population rate has, over the years, remained one of the highest in the European Union and wider Europe. Prison health care issues have also been the strong focus of attention by various international human rights treaty oversight bodies, most notably the European Committee for the Prevention of Torture.

However, against this background, measures have and are being taken to bring about wider criminal justice system and prison reforms. The government has also adopted a range of policy documents and action plans concerning health care, including HIV/AIDS, TB, and HCV prevention in prisons.

Comprehensive Criminal Law amendments were adopted on 13 December 2012, aimed at liberalising Latvia's penal policy and bringing down the prison population by an estimated 30%. The amendments came into effect on 1 April 2013. Several criminal offences were decriminalised, community based sanctions were broadened for a wider range of crimes (~150 crimes), thresholds for minimum and maximum sanctions were lowered for a wide range of crimes, and in some cases mandatory minimums were abolished. Lower sanctions were fixed for property crimes (e.g. thefts, robberies, fraud) which are not connected with threat a person's life or health. The qualification was also changed for a significant number of crimes, from serious to less serious offences.

In June 2015, the norm for living space per sentenced prisoner from 2.5m^2 to 4m^2 (in multi-occupancy cells) was raised. The living space of 4m^2 per prisoner in multi-occupancy cells had been the CPT's longstanding recommendation.

Ambulatory and hospital care for prisoners is organized and financed by the Ministry of Justice (health care in prisons is separated from the general health care system in Latvia). General health care services are directly provided in prisons by the Latvian Prison Administration. HIV/AIDS and TB prevention and treatment in prisons is financially covered under the health budget as part of a national programme under the Ministry of Health.

Since 1 January 2014, a medical department has been established within the central Prison Administration office in order to coordinate the work of medical departments of all prisons and ensure a uniform approach to prisoner health care. Local medical departments in each prison are responsible for the registration and notification of cases of incidence of infections.

Data on incidence of infections is being primarily collected by the Latvian Prison Administration. The Centre for Disease Prevention and Control (CDPC) receives data from prisons, collects, compares and publishes the data on incidence of HIV, AIDS,

tuberculosis and viral hepatitis in a state statistical report without specifying the data related to prisons. In the report there is a note that all data include patients in prisons. The Centre provides data on HIV, TB and hepatitis incidences in prisons upon request. Data on the incidence rates of infections are published by the Latvian Prison Administration in their annual reports.

HIV and tuberculosis prevalence among the general public as well as among prisoners is high in Latvia. The general rate of TB has decreased from 1,373 primary TB cases in 2004, to 788 cases in 2011, but in 2012 a slight increase in rates (880) was observed which fell down to 637 cases in 2014. However, Latvia continues to have one of the highest incidences of tuberculosis in the EU.

The epidemiological surveillance data collected and the results of studies done by the CDCP provide that there is a significant blood transmitted infections acquisition risk in prisons in Latvia. The epidemiological data indicate that there is higher incidence of infections in prisons as well as significant risk of infection while in prisons.

Latvia has a significant HIV epidemic among people who inject drugs (PWID). The high prevalence documented in prisons does not mean that HIV transmission is necessarily occurring in prisons. Rather, it probably reflects the high HIV prevalence among PWID and the likelihood that they spend time in prisons.

Data on viral hepatitis in prisons are not published by the Prison Administration. Some data are registered by the Center of Disease Prevention and Control. According to the officially registered cases, the incidence of hepatitis varies from one year to another, and is not correlated to the incidence rate in the general population. The various forms of hepatitis are diagnosed/registered in prisons only in selected cases, mainly if there are clinical data on liver dysfunction or if hepatitis is diagnosed before imprisonment. General screening is not provided and therefore latent forms of hepatitis are not diagnosed.

The study “Prevalence of Narcotics in Latvian prisons 2014” suggests 13% of prisoners were HIV positive, while the prevalence of hepatitis B in prisons is 7% (HBsAG positive) and prevalence of hepatitis C in prisons is 34% (anti-HCV positive). HCV is harder to evaluate in reality because the testing of prisoners for HCV takes place only in cases when there are symptoms of infection with HCV.

There is limited substitution treatment (methadone) being provided in prisons - 11 in 2012, 11 (16%) in 2013 and 28 prisoners in 2014. Due to the fact that prisons are not able to fulfill the requirements stated by the regulations of substitution treatment, namely, there are no narcologists working in prisons, methadone therapy is provided only for prisoners who have begun it before imprisonment.

Data provided by the Centre of Disease Prevention and Control on new HIV and TB cases seem to be reliable. Due to the lack of screening and qualitative data on

hepatitis prevalence in prisons, one should conclude that the reliability of the data is limited. Conclusions provided by the State Audit Office of Latvia in respect of the lack of efficient reporting procedures of results of health care services support such conclusion.

Public policies on the prevention of HIV, TB and hepatitis refer to prisoners as one vulnerable group amongmany. Prisoners as a data group are not divided by other factors, leading to higher vulnerability. Data on various vulnerability factors are missing and therefore it is impossible to identify the most vulnerable groups, situations and places.

Lack of disaggregated data providing for more precise information and allowing the characterisation of various groups suffering from these diseases in prisons limits our ability to prepare more directed actions and suitable prevention actions and to reach those more deprived in appropriate manner.

There are some harm reduction services available in prisons, primarily through training and education projects. Due to the shortage of funding, at present the distribution of disinfectants and condoms free of charge in prisons is limited. Distribution of syringes and needles to prisoners is not provided for in the Latvian legislation.

Funding of health care is a serious problem for Latvia in general and for prisons in particular and currently the amount of state budget allocations for prisoner health care is insufficient. This does not allow the provision of more effective and modern treatment and prevention services. Many of the problems identified stemmed from significant budget cuts across the prison system after the economic crisis in 2008 and the subsequent scarcity of resources allocated to prison health care in recent years. For example, there is limited availability of specific diagnostics materials for HIV and viral hepatitis.

There are shortages of health care staff in each prison, especially the number of feldshers (auxiliary nurses) and nurses. There are difficulties in finding qualified, educated and appropriately certified medical staff for work in prisons due to both the specific work conditions and low remuneration. Therefore there is limited availability of qualified medical personnel for infections control and prevention in prisons.

Data on the AAAQ (availability, accessibility, acceptibility and quality) of services related to the control of infections in prisons are very limited.

Sufficient motivating factors to increase the involvement and active participation of prisoners in HIV, STS and hepatitis diagnostics, treatment and prevention are missing. The lack of measures and tools to secure and provide for the specific needs of prisoners, such as the organization of user friendly services, negatively affect the implementation of harm reduction programmes. Capacity and professional knowledge of medical personnel in matters of infections control should be improved.

Vaccinations for B hepatitis provided by the state are not being introduced for prisoners. However, all prison staff are offered a hepatitis B vaccination.

Non-governmental organisations with expertise and knowledge in harm reduction are not financed or supported by the state. Therefore they may provide their services to prison populations only through temporary projects.

The implementation of prophylactic and harm reduction strategies (to increase access to substitution therapy, vaccination and education of staff) as well as the increase of diagnostic services for HIV, hepatitis B and C and STD should be supported.

The improvement of treatment of addicted persons in prisons, the implementation of harm reduction measures, the provision of prisons with means for detection of narcotic substances, informing the staff in prisons on overdose prevention should also be supported.

Latvia has neither signed nor ratified the UN's OPCAT, consequently no national preventive mechanism has been designated.

The Ombudsman's Office is the only independent human rights monitoring body in relation to prisons. The Ombudsman is not specifically mandated to look at issues related to health in prisons. Comprehensive monitoring visits by the Ombudsman's Office remain few, which raises the issue of the effectiveness of preventive monitoring by the nation's primary monitoring body. No reports of visits conducted by the Ombudsman have been made public. Brief descriptions of some aspects of visits (conditions of detention, prison regimes, some analysis of widespread complaints, etc.) can be found in the Annual Reports of the Ombudsman and separate Opinions (prison health care, access to a dentist in prisons) published by the Ombudsman. There have been no thematic monitoring visits or reports on infections.

CPT reports, particularly from visits in 1999, 2002 and 2004 have strongly focused on the status of TB patients in prison, their treatment, availability of medication, conditions of their detention, hygiene standards, and the state of the Prison Hospital of the Central Prison.This Central Prison (the largest remand prison) was where prisoners with a diagnosed condition requiring hospitalisation were transferred until the opening of the new Prison Hospital in Olaine in 2007. The CPT has also paid great attention to the state of prisoners HIV patients, their availability of treatment, education for prison staff and prisoners, and prisoners' conditions of detention.

Latvia should ratify the UN's OPCAT and designate a National Prevention Mechanism.

VI. REFERENCES

Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014)

ECDC SPECIAL REPORT Thematic report: Prisoners Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report

Kamenska, Anhelita (2006). Independent Detention Monitoring in Latvia. Riga: Latvian Centre for Human Rights. P.14, available in English at http://cilvektiesibas.org.lv/media/attachments/30/01/2012/Independent_Detention_Monitoring_in_Latvia.pdf

Latvia, Prison Administration (*Ieslodzījuma vietu pārvalde*) (2004). 2004 Public Annual Report of the Latvian Prison Administration (Ieslodzījumu vietu pārvaldes 2004.gada publiskais pārskats), at www.ievp.gov.lv

Latvia, Prison Administration (*Ieslodzījuma vietu pārvalde*) (2015), 2014 Public Report (*2014. gada publiskais pārskats*), p.16, available in Latvian at: www.ievp.gov.lv/images/stories/IEVP_2014_gada_publiskais_parskats.pdf

LR Valsts kontrole (2014). Ieslodzīto veselības aprūpes nodrošināšana un organizēšana, p.66, available in Latvian at http://www.lrvk.gov.lv/uploads/reviziju-zinojumi/2013/5.1-2-8_2013/Revzinoj_11feb14.pdf

Ombudsman (Tiesībsargs) (2010). Opinion of the Ombudsman of 28 June 2010 about health care in prisons (Tiesībsarga 2010.gada 28.jūnija atzinums par medicīnisko palīdzību ieslodzījuma vietās): available in Latvian http://www.tiesibsargs.lv/img/content/atzinumi/atzinums_par_medicinisko_palidzibu_ieslodzijuma_vietas_28.06.2010.pdf

Piļāne, Ineta (2014). Presentation „Achievements, problems and prospects of the Office of the Ombudsman in monitoring places of detention" (in Latvian) for the international conference "Global, regional and national mechanisms for the prevention of torture and inhuman or degrading treatment: learning from one other" on 12-13 November in Riga, Latvia. Available in Latvian at http://cilvektiesibas.org.lv/site/attachments/21/11/2014/Tiesibsargs__prezentacija_CPT_konferencei_12112014_1.pdf

Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 3 to 8 December 2009 http://www.cpt.coe.int/documents/lva/2011-22-inf-eng.htm

Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 24 January to 3 February 1999. Strasbourg, 2001. CPT/Inf (2001) 27, at http://www.cpt.coe.int/documents/lva/2001-27-inf-eng.htm#_Toc505404157

Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 27 November to 7 December 2007, CPT/Inf (2008) 15 [13/03/2008], at http://www.cpt.coe.int/documents/lva/2009-35-inf-eng.htm

Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 12 to 17 September 2013. Strasbourg, 11 March. CPT/Inf (2014) 5, at http://www.cpt.coe.int/documents/lva/2014-05-inf-eng.htm

Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 25 September to 4 October 2002. Strasbourg, 10 May 2005. CPT/Inf (2005) 8 http://www.cpt.coe.int/documents/lva/2005-08-inf-eng.htm#_Toc39911121

Responses of the Latvian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Latvia form 5 to 15 September 2011, 27 August 2013, at: www.cpt.coe.int/documents/lva/2013-21-inf-eng.pdf.

UN Committee on the Rights of the Child, Concluding observations of the Committee on the Rights of the Child, Latvia**.** Para 45, 46. CRC/C/15/Add.142, 21 February 2001.

END NOTES

1. Amendments to the Constitution of Latvia (*Grozījumi Latvijas Republikas Satversmē*), Chapter 8, 15 October 1998, available at https://www.vestnesis.lv/ta/id/50292-grozijumi-latvijas-republikas-satversme
2. Latvian Centre for Human Rights and Ethnic Studies (2005). Human Rights in Latvia in 2004. p14, available at http://cilvektiesibas.org.lv/media/attachments/30/01/2012/Parskats2004_en.pdf
3. UN Committee on the Rights of the Child, Concluding observations of the Committee on the Rights of the Child, Latvia**.** Para 45, 46. CRC/C/15/Add.142, 21 February 2001.
4. Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 24 January to 3 February 1999. Strasbourg, 2001. CPT/Inf (2001) 27, available at http://www.cpt.coe.int/documents/lva/2001-27-inf-eng.htm#_Toc505404157
5. Data of the Latvian Prison Administration.
6. LETA, Apcietināto personu skaita straujā palielināšanas ir arī cietumu administrācijas traģēdija, uzskata Ieslodzījuma vietu pārvaldes darbinieks 13 November 2000.
7. Zahars Vitolds, Lai soda vieta ir demokrātijas spogulis [Let the Place of the Execution of Punishment Be Mirror of Democracy], Latvijas Vēstnesis, 23 March 2003.
8. ECtHR (2003). *Lavents c Lettonie, no 58442/00*, Strasbourg 28 February 2003 available at http://www.echr.coe.int
9. Criminal Procedure Law (Kriminālprocesa likums), 21 April 2005, available at http://likumi.lv/doc.php?id=107820
10. Ieslodzījumu vietu pārvaldes 2004.gada publiskais pārskats [2004 Public Annual Report of the Latvian Prison Administration], available at www.ievp.gov.lv
11. Ieslodzījumu vietu pārvaldes 2005.gada publiskais pārskats [2005 Public Annual Report of the Latvian Prison Administration], available at www.ievp.gov.lv
12. Kamenska, Anhelita (2006). Independent Detention Monitoring in Latvia. Riga: Latvian Centre for Human Rights. p 14, available in English at http://cilvektiesibas.org.lv/media/attachments/30/01/2012/Independent_Detention_Monitoring_in_Latvia.pdf
13. *Ibid*,p 15
14. Klišāne, L., Jurevičius M., Judins, A. Latvia. p 6, In: CEP (2013). Probation in Europe, available at http://cep-probation.org/wp-content/uploads/2015/03/Probation-in-Europe-2013-Chapter-Latvia.pdf
15. Paalzow, A. Latvian lessons. In: *Foreign Affairs*, 20 July 2015, available at https://www.foreignaffairs.com/articles/latvia/2015-07-20/latvian-lessons
16. OECD (2015). OECD Economic Surveys. Latvia, available at http://www.oecd.org/eco/surveys/Overview_Latvia_2015_Eng.pdf
17. Information about the annual state budgets is available in Latvian online at the consolidated legislation database of the Republic of Latvia likumi.lv; 2009: http://likumi.lv/doc.php?id=184709, 2010: http://likumi.lv/doc.php?id=202345, 2011: http://likumi.lv/doc.php?id=223570, 2012: http://likumi.lv/ta/id/242017, 2013: http://likumi.lv/ta/id/253192, 2014: http://likumi.lv/ta/id/262269, 2015: http://likumi.lv/doc.php?id=271309. Latvia switched to EUR as a national currency as of 1 January 2014 replacing national currency *lats* (LVL)
18. Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 12 to 17 September 2013. Strasbourg, 11 March. CPT/Inf (2014) 5, available at http://www.cpt.coe.int/documents/lva/2014-05-inf-eng.htm
19. Latvia, Cabinet of Ministers Decree No.639 Amendments to the Cabinet of Ministers 12 February 2013 Decree No.50 "On Prison Infrastructure Development Concept" *(Ministru kabineta rīkojums Nr.639 Grozījumi Ministru kabineta 2013.gada 12.februāra rīkojumā Nr.50 "Par Ieslodzījuma vietu infrastruktūras attīstības koncepciju"*), 3 November 2014, available in Latvian at: http://likumi.lv/ta/id/270047.
20. World Health Organisation, World Health Statistics 2014, available in English at: www.who.int/gho/publications/world_health_statistics/2014/en/
21. Eurostat, Mortality and life expectancy statistics, available in English at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Mortality_and_life_expectancy_statistics
22. Re:Baltica (2014). Latvia's Unhealthy Healthcare System, available in English at http://www.rebaltica.lv/en/investigations/health_in_latvia/a/1066/latvia%E2%80%99s_unhealthy_healthcare_system.html
23. Diena, Experts: Amendments to the Criminal Law will bring Latvia closer to the EU states' system of sentences (Eksperti: Grozījumi Krimināllikumā pietuvinās Latviju ES valstu sodu sistēmai), 19.03.2013 available at: www.diena.lv/latvija/viedokli/-13999228
24. Latvia, Latvian Prison Administration, 2008 Annual Public Report of the Prison Administration of the Ministry of Justice of the Republic of Latvia (LR Tieslietu ministrijas Ieslodzījuma vietu pārvaldes 2008. gada publiskais pārskats), 2009, p.5, available in Latvian at: www.ievp.gov.lv/images/stories/faili/2008.gada_publiskais_parskats.doc.zip
25. LSM.LV (2014). Slēdz Šķirotavas cietumu, 24 October 2014 available at: http://ltv.lsm.lv/lv/raksts/24.10.2014-sledz-skjirotavas-cietumu.id37619/
26. Ibid.

27. Latvia, Prison Administration (*Ieslodzījuma vietu pārvalde*) (2015), 2014 Public Report (*2014. gada publiskais pārskats*), p16, available in Latvian at: www.ievp.gov.lv/images/stories/IEVP_2014_gada_publiskais_parskats.pdf
28. This was space per adult male prisoner, the space per 3.5 m² per person was for female and juvenile prisoner
29. Latvia, Amendments to the "Law on the Sentence Execution Code of Latvia" (*Grozījumi Latvijas Sodu izpildes kodeksā*), Article 77 (1) para 2, 18 June 2015, available in Latvian at: http://likumi.lv/ta/id/274970
30. Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 25 September to 4 October 2002. Strasbourg, 10 May 2005. CPT/Inf (2005) 8 available at:http://www.cpt.coe.int/documents/lva/2005-08-inf-eng.htm#_Toc39911121
31. Use and possession of larger amounts for personal use is a crime (it is determined in the Law "On the procedures for the coming into force and application of the criminal law"). (Section 253.2, Criminal Law).
32. Latvia, 2014 Annual Report of Latvian Prison Administration, p48 available at http://www.ievp.gov.lv/images/stories/IEVP_2014_gada_publiskais_parskats.pdf
33. Latvia, The Constitution of the Republic of Latvia (*Latvijas Republikas Satversme*), 15 February 1922, Art. 111 states: "The State shall protect human health and guarantee a basic level of medical assistance for everyone", available in English at: http://www.saeima.lv/en/legislation/constitution
34. Latvia, Epidemiological Safety Law (*Epidemioloģiskās drošības likums*), 11 December 1997, available in Latvian at: http://likumi.lv/doc.php?id=52951; the purpose of this Law, as it is stated in Art. 2, "is to regulate epidemiological safety and specify the rights and duties of State authorities, local governments, and natural persons and legal persons in the field of epidemiological safety, as well as to determine liability for the violation of this Law".
35. Latvia, Epidemiological Safety Law, (*Epidemioloģiskās drošības likums*), 11 December 1997, available in Latvian at: http://likumi.lv/doc.php?id=52951; Art. 3.
36. Based on the delegation provided by the Art.20 of the Epidemiological safety law and Art. 22 of the Cabinet of Ministers Regulations No. 413 "Procedures for the performance of the mandatory medical and laboratory examination, compulsory and forced isolation and treatment of infectious diseases" (*Ministru kabineta 2005.gada 14.jūnija noteikumi Nr.413 „Kārtība, kādā veicama personu obligātā medicīniskā un laboratoriskā pārbaude, obligātā un piespiedu izolēšana un ārstēšana infekcijas slimību gadījumos"*), 14 June 2005, available in Latvian at: http://likumi.lv/ta/id/110743.
37. Based on the delegation provided by Art. 19 of the Epidemiological Safety Law and the Cabinet of Ministers Regulations No. 774 "Procedures for the Determination of Exposed Persons, Initial Medical Examination, Laboratory Examination and Medical Observation" (*Ministru kabineta 2006.gada 19.septembra noteikumi Nr. 744 „Kontaktpersonu noteikšanas, primārās medicīniskās pārbaudes, laboratoriskās pārbaudes un medicīniskās novērošanas kārtība"*) 19 September 2006, available in Latvian at: http://likumi.lv/ta/id/144279.
38. Based on the delegation provided by Art. 10 of the Epidemiological Safety Law, and Art.14 of the Cabinet of Ministers Regulations No. 7 "Procedures for Registration of Infectious Diseases" (*Ministru kabineta 1999. gada 5.janvāra noteikumi Nr. 7 „Infekcijas slimību reģistrācijas kārtība"*), 5 January 1999, available in Latvian at: http://likumi.lv/ta/id/20667. The Regulations No.7 determine the procedures by which "the cases where human infectious diseases and infection therewith have been determined and cases where infectious disease-causing agents have been determined shall be registered."
39. Latvia, Sexual and Reproductive Health Law (*Seksuālās un reproduktīvās veselības likums*), 31 January 2001, available in Latvian at: http://likumi.lv/ta/id/58982.
40. Based on the delegation provided by Sexual and Reproductive Health Law and the Cabinet of Ministers Regulations No. 628 "Organisational Procedures for Restriction of the Spread of Human Immunodeficiency Virus Infection (HIV) and AIDS and the Treatment of HIV-Infected Persons and AIDS Patients" (*Ministru kabineta 2003. gada 4. novembra noteikumi Nr.628 „Cilvēka imūndeficīta vīrusa infekcijas (HIV) un AIDS izplatības ierobežošanas un ar HIV inficētu personu un AIDS slimnieku ārstēšanas organizatoriskā kārtība"*), 4 November 2003, available in Latvian at: http://likumi.lv/doc.php?id=80819.
41. Latvia, Medical Treatment Law (*Ārstniecības likums*), 12 June 1997, available in Latvian at: http://likumi.lv/doc.php?id=44108.
42. Latvia, Law On the Rights of Patients (*Pacientu tiesību likums*), 17 December 2009, available in Latvian at: http://likumi.lv/ta/id/203008.
43. Based on the delegation provided by the Art.10 of Medical Treatment Law and the Cabinet of Ministers Regulations No.746 "Creation, replenishment and maintenance registry of patients' suffering from certain diseases" (*Ministru kabineta 2008.gada 15.septembra noteikumi Nr.746 „Ar noteiktām slimībām slimojošu pacientu reģistra izveides, papildināšanas un uzturēšanas kārtība"*), 15 September 2008, available in Latvian at: http://likumi.lv/ta/id/181288.
44. Latvia, Cabinet of Ministers Regulations Nr.1529 "Procedures for the Organisation and Funding of Health Care" (Ministru kabineta 2013. gada 17. decembra noteikumi Nr.1529 „Veselības aprūpes organizēšanas un finansēšanas kārtība"), 17 December 2013, available in Latvian at: http://likumi.lv/ta/id/263457.
45. Latvia, Cabinet of Ministers Regulations No. 899 "Procedures for the Reimbursement of Expenditure for the Acquisition of Medicinal Products and Medical Devices Intended for Outpatient Medical Treatment" (*Ministru kabineta 2006.gada 31.oktobra noteikumu Nr.899 „Ambulatorajai ārstēšanai paredzēto zāļu un medicīnisko ierīču iegādes izdevumu kompensācijas kārtība"*), 31 October 2006, Annex 1, available in Latvian at: http://likumi.lv/ta/id/147522.

46. Latvia, Ministry of Health, The Plan for the limitations of the spread of the TB 2013-2015 (*Tuberkulozes izplatības ierobežošanas plāns 2013–2015.*), available in Latvian at: www.vm.gov.lv/images/userfiles/vmrikp_050313_tbpl.pdf.
47. Latvia, The Guidelines for Restricting the Spread and Control of Narcotic and Psychotropic Substances and the Dependencies caused by these Substances 2011-2017 (N*arkotisko un psihotropo vielu un to atkarības izplatības ierobežošanas un kontroles pamatnostādnes 2011.–2017.gadam*), available in Latvian at: http://polsis.mk.gov.lv/view.do?id=3601.
48. Latvia, Ministry of Health Information Reports (*Veselības ministrijas informatīvie ziņojumi*), available at: www.vm.gov.lv/lv/nozare/normativie_dokumenti/informativie_zinojumi/?print
49. Ibid.
50. Latvia, Ministry of Health, Society Health Guidelines 2014-2020 (*Sabiedrības veselības pamatnostādnes 2014.-2020.gadam*), 14 October 2014, available in Latvian at: http://polsis.mk.gov.lv/view.do?id=4965.
51. Latvia, Cabinet of Ministers Regulations No.827 "The Latvian Prison Administration Statutes" (*Ministru kabineta noteikumi Nr.827 Ieslodzījuma vietu pārvaldes nolikums*), 1 November 2005, available in Latvian at: http://likumi.lv/ta/id/120647-ieslodzijuma-vietu-parvaldes-nolikums. The Latvian Prison Administration is a state administrative institution under the supervisory authority of the Ministry of Justice.
52. Latvia, Cabinet of Ministers Regulations No.25 (*Ministru kabineta 2014.gada 14.janvāra noteikumi Nr.25 „Noteikumi par apcietināto un notiesāto personu veselības aprūpi ieslodzījuma vietās"*), 14 January 2014, available in Latvian at: http://likumi.lv/doc.php?id=263883.
53. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014). The research on drug prevalence in prisons of Latvia in 2014 is the third comparative research on drug and psychotropic substance prevalence, use and restriction in prisons (two previous studies were carried out in 2003 and 2010).
54. Acute and chronic forms
55. According to the Center for Disease Prevention and Control, there is lack of information to explain this increase. Reasons could be various. Since 2014 there is amended regulation providing more detailed diagnostics of HCV. There is increased availability of HCV screening tests in prisons.
56. New cases of tuberculosis.
57. Letter no 3-5/1087 by the Centre for Prevention and Control of Diseases, 13 April 2015.
58. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014), p 129.
59. Number of persons in prisons on 31 December each year.
60. According to data published by the Centre for Disease Prevention and Control, available at: www.spkc.gov.lv/tuberkuloze/
61. Latvia, Prison Administration (*Ieslodzījumu vietu pārvade*),Annual public reports 2011, 2012, 2013, available in Latvian at: www.ievp.gov.lv/index.php?option=com_content&view=article&id=72&Itemid=75&lang=lv.
62. During 2013 the NGO was providing hepatitis express diagnostics in some prisons, therefore some data are available.
63. In other sources data on HIV tests provided in prisons are different for 2012 – 2,075; 2011 – 2,629.
64. Letter no 3-5/1087 by the Centre for Prevention and Control of Diseases, 13 April 2015.
65. Data included in the report of Latvian Prison Administration states that 11 prisoners were provided substitution therapy in 2013, however in the Final Report regarding implementation of the Programme for the Limitation of Spreading of the Human Immunodeficiency Virus (HIV) Infection for 2009-2013 other numbers are reported.
66. Latvia, Cabinet of Ministers Regulations No.70 "The Procedures of Treatment of Alcohol, Narcotic, Psychotropic, Toxic Substances, Gambling or Computer Game Addiction Patients" (*Ministru kabineta 2012. gada 24. janvāra noteikumi Nr.70 "Alkohola, narkotisko, psihotropo, toksisko vielu, azartspēļu vai datorspēļu atkarības slimnieku ārstēšanas kārtība"*), 24 January 2012, available in Latvian at: http://likumi.lv/doc.php?id=243233.
67. Information provided by the medical officer of the Latvian Prison Administration.
68. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014), p 129.
69. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014), p 129.
70. After the CPT visits in 2011 and 2013 and their observations regarding the health care in prisons, the Government undertook reforming health care administration, see more at www.cpt.coe.int/en/states/lva.htmand
    The Medical Department of the Administration has been assigned to make assessments regarding the number of medical staff required to ensure prisoner health care to the extent provided for in the legislation and to come up with proposals to increase staffing levels. Based on the given assessment and the proposals submitted, the Administration will amend the Prison Administration staff unit list by 1 January 2015.

71. Latvia, Centre for Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) *Latvijas veselības aprūpes statistikas gadagrāmata 2013* (Statistical Yearbook of Health Care in Latvia 2013), Public health and morbidity, available in Latvian at: www.spkc.gov.lv/statistics.
72. Latvia, The State Audit Office (*Valsts kontrole*), Audit report, 11 February 2014, No. 5.1-2-8/2013 Provision and organisation of health care services for the prisoners, available in English at: www.lrvk.gov.lv/uploads/Majaslapa%20ENG/Audit%20report/2013/5.1-2-8_2013/rev%C4%AAzijas-zi%C5%85ojums_ieslodzito-veselibas-aprupe_en.pdf.
73. In the conversation with the officer at CDPC.
74. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014), p 129.
75. Letter no 3-5/1491 by the Centre for Prevention and Control of Diseases, 15 May 2015.
76. ND – no data.
77. Latvia, Coordination commission on the reduction of prevalence of HIV, tuberculosis and sexually transmitted infections (*HIV infekcijas, tuberkulozes un seksuālās transmisijas infekciju izplatības ierobežošanas koordinācijas komisija*) *Sanāksmes protokols Nr.25* (Meeting protocol No.25), 11 December 2013. R.Fedosejeva „*Par tuberkulozi ieslodzījuma vietās*" (On tuberculosis in prisons).
78. Latvia, Coordination commission on the reduction of prevalence of HIV, tuberculosis and sexually transmitted infections (*HIV infekcijas, tuberkulozes un seksuālās transmisijas infekciju izplatības ierobežošanas koordinācijas komisija*) *Sanāksmes protokols Nr.25* (Meeting protocol No.25), 11 December 2013. L.Grāmatiņa „*Par personu, kuras atrodas ieslodzījuma vietās, veikto eksprestestēšanu 2013*" (On express testing of persons in prisons carried out in 2013).
79. In 2012, 16.6 HIV infection cases registered per 100,000 residents, which is 15% more than in 2011 (14.4 cases per 100,000 residents). In 2012, 6.7 AIDS cases per 100,000 residents, which is 26% more than in 2011 (5.3 cases per 100,000 residents).
80. ECDC SPECIAL REPORT Thematic report: Prisoners Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report.
81. From 1,729 cases in 2001 to 825 cases 2010 and 788 cases in 2011. In 2010 36.6 cases on 100,000 inhabitants.
82. Responses of the Latvian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Latvia from 5 to 15 September 2011, 27 August 2013, available at: www.cpt.coe.int/documents/lva/2013-21-inf-eng.pdf.
83. Latvia, Ministry of Health (*Veselības ministrija*), *Cilvēka imūndeficīta vīrusa (HIV) infekcijas izplatības ierobežošanas programmas (2009.-2013.) izpildes gala ziņojums* (The Informative report on implementation of the "Programme for the Limitation of Spreading of the Human Immunodeficiency Virus (HIV) Infection for 2009-2013"), pp 12-13, available in Latvian at: www.vm.gov.lv/images/userfiles/vmzino_210714_hivizp.doc.
84. CPD report, 2011.
85. Responses of the Latvian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Latvia from 5 to 15 September 2011, 27 August 2013, available at: www.cpt.coe.int/documents/lva/2013-21-inf-eng.pdf.
86. Responses of the Latvian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Latvia from 5 to 15 September 2011, 27 August 2013, available at: www.cpt.coe.int/documents/lva/2013-21-inf-eng.pdf.
87. CPT report 2011
88. Latvia, The State Audit Office (*Valsts kontrole*), Audit report, 11 February 2014, No. 5.1-2-8/2013 Provision and organisation of health care services for the prisoners, available in English at: www.lrvk.gov.lv/uploads/Majaslapa%20ENG/Audit%20report/2013/5.1-2-8_2013/rev%C4%AAzijas-zi%C5%85ojums_ieslodzito-veselibas-aprupe_en.pdf.
89. Ibid.
90. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014), p 129
91. CPT report, 2011.
92. Latvia, The State Audit Office (*Valsts kontrole*), Audit report, 11 February 2014, No. 5.1-2-8/2013 Provision and organisation of health care services for the prisoners, p 5, available in English at: www.lrvk.gov.lv/uploads/Majaslapa%20ENG/Audit%20report/2013/5.1-2-8_2013/rev%C4%AAzijas-zi%C5%85ojums_ieslodzito-veselibas-aprupe_en.pdf.
93. Ibid, p 5.
94. Report of EMCDDA.
95. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014), p 130.
96. Ibid.

97. Latvia, Centre of Disease Prevention and Control (*Slimību profilakses un kontroles centrs*) (2014), *Narkotiku izplatība ieslodzījuma vietās 2014.gadā. Pētījuma gala ziņojums* (Research on drug prevalence in prisons of Latvia in 2014). "Research on drug prevalence in prisons of Latvia in 2014" is the third comparative research on drug and psychotropic substance prevalence, use and restriction in prisons (two previous studies were carried out in 2003 and 2010).
98. Law on Ombudsman (Tiesībsarga likums), adopted on 6 April 2006 (in effect from1 January 2007)
99. Ombudsman (Tiesībsargs) (2010). Opinion of the Ombudsman of 28 June 2010 about health care in prisons (Tiesībsarga 2010.gada 28.jūnija atzinums par medicīnisko palīdzību ieslodzījuma vietās): available in Latvian http://www.tiesibsargs.lv/img/content/atzinumi/atzinums_par_medicinisko_palidzibu_ieslodzijuma_vietas_28.06.2010.pdf
100. LR Tiesībsargs (2012). LR Tiesībsarga 2012.gada ziņojums, p 50-51, in Latvian at http://www.tiesibsargs.lv/files/content/Tiesibsarga%20gada%20zinojums_2012.%20gads.pdf
101. Piļāne, Ineta (2014). Presentation „Achievements, problems and prospects of the Office of the Ombudsman in monitoring places of detention" (in Latvian) for the international conference "Global, regional and national mechanisms for the prevention of torture and inhuman or degrading treatment: learning from one other" on 12-13 November in Riga, Latvia. Available in Latvian at http://cilvektiesibas.org.lv/site/attachments/21/11/2014/Tiesibsargs__prezentacija_CPT_konferencei_12112014_1.pdf
102. Interview with the Head of the Civil and Political Rights Division of the Ombudsman's Office Ineta Piļāne (with participation of the Legal Adviser of the Civil and Political Rights Division of the Ombudsman's Office Solvita Anskaite) on 2 June 2015.
103. Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 24 January to 3 February 1999, CPT/Inf (2001) 27 ; [22November 2001] at CPT available at: http://www.cpt.coe.int/documents/lva/2001-27-inf-eng.htm#_Toc505404170
104. Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 25 September to 4 October 2002, CPT/Inf(2005) 8 [10 May 2005] available at http://www.cpt.coe.int/documents/lva/2005-08-inf-eng.htm#_Toc39911133
105. Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 27 November to 7 December 2007, CPT/Inf (2008) 15 [13 March 2008], available at http://www.cpt.coe.int/documents/lva/2009-35-inf-eng.htm
106. Report (CPT) - [CPT/Inf (2014) 5] ; [11 March 2014]
107. Report to the Latvian Government on the visit to Latvia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 12 to 17 September 2013. Strasbourg, 11 March. CPT/Inf (2014) 5, available at http://www.cpt.coe.int/documents/lva/2014-05-inf-eng.htm
108. LR Valsts kontrole (2014). Ieslodzīto veselības aprūpes nodrošināšana un organizēšana, p 66, available in Latvian at http://www.lrvk.gov.lv/uploads/reviziju-zinojumi/2013/5.1-2-8_2013/Revzinoj_11feb14.pdf

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Report by Latvian Centre for Human Rights

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This Project is co-funded by the **European Union**