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## **EUROPEAN SOCIAL CHARTER**

16<sup>th</sup> National Report on the implementation of  
the European Social Charter submitted by

**THE GOVERNMENT OF REPUBLIC OF MOLDOVA**

Articles 3, 11, 12, 13, 14, 23 and 30

for the period 01/01/2016- 31/12/2019

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**CYCLE 2021**

**National report on the implementation of the European Social Charter for the provisions accepted by the Republic of Moldova, belonging to the thematic group “Health, social security and social protection”: Article 3, Article 11, Article 12, Article 13, Article 14, Article 23 (or Article 4 of the of the Additional Protocol), and Article 30**

*(translated by Lingvistica)*

### Article 3 – The right to safe and healthy working conditions

**1. to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment.**

*b) With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.*

#### **Ministry of Justice**

In the context of registration of cases related to coronavirus infection COVID-19 on the territory of the Republic of Moldova, the National Administration of Penitentiaries (NAP) has undertaken the following actions for detection and prevention:

- approved the NAP Order No.119 of March 12, 2020 on the organization of the process of prevention and control of Coronavirus infection of new type in the penitentiary administration system, by which the competencies of the structural subdivisions were distributed;
- approved the Action Plan to prevent the spreading of COVID-19 infection among the staff and detainees;
- approved the Order No.134 of March 24, 2020 on measures for the penitentiary administration system in the context of declaring a state of emergency on the territory of the Republic of Moldova;
- approved the Order No.198 of June 11, 2020 concerning the management with the detainees who meet the criteria of the COVID-19 case definition;
- established a Technical and Medical Support Group for monitoring the situation in the penitentiary administration system;
- identified special spaces for the isolation of the persons with visible symptoms of coronavirus infection;
- reassessed the quantities of drugs that are necessary for the treatment of virus and supplied with sufficient medication the medical units of the penitentiary system;
- monitoring the detention sectors regarding the health status of inmates is undertaken daily, in particular daily measurement of temperature;
- improved the feed ration, insurance with consumable products (masks, gloves, disinfectant, quartz lamp etc.) necessary to prevent and control coronavirus infection among the staff and the inmates;
- provided protective equipment as follows:
  - ✓ Medical jumpsuits - 2018 pcs;
  - ✓ Protective coat - hat - 1027 pcs;
  - ✓ Masks - 64050 pcs;
  - ✓ Medical gloves - 69000 pcs;
  - ✓ Protective glasses - 250 pcs;
  - ✓ Protective Visors - 670 pcs;
  - ✓ Hands and surface disinfectant - 6940 litres;
  - ✓ Medical alcohol - 900 litres,

- ✓ Drugs with Chlorine - 890 kg;
- ✓ Infrared thermometers - 73 pcs;

### **Ministry of Internal Affairs**

With the adoption of the Parliament Decision no. 55/2020 on declaring a state of emergency on the entire territory of the Republic of Moldova, as a result of the pandemic caused by the new type of Coronavirus, the subdivisions of the central apparatus of the Ministry of Internal Affairs, the administrative authorities and the institutions subordinated to it have taken a series of legal and organizational measures to ensure the health, safety and protection of the institution's employees.

Thus, all MIA employees were informed, against signature, of public health measures and rules of conduct applicable to individuals established in the Decision of the National Extraordinary Public Health Commission no. 8/2020.

Following the approval of the MIA Order no. 133/2020 on COVID-19 infection protection measures within the subdivisions of the central apparatus of the MIA, administrative authorities and institutions subordinated to the MIA, employees were trained with reference to the rules of maintaining hand and airway hygiene, safe food practices, established in the standard Recommendations of the World Health Organization, the use of personal protective equipment and mandatory sanitary-hygienic measures, as well as the algorithm of actions in case of occurrence of the symptoms of the new type Coronavirus.

In the context of ensuring the execution of the decisions of the National Extraordinary Public Health Commission of the Republic of Moldova regarding the evolution of the epidemiological situation of COVID-19 infection, and Law no. 69/2020 regarding the establishment of measures during the state of emergency in public health and the amendment of some normative acts, we mention regarding the protection of employees, that during that period goods were purchased, namely protective suits, gloves, masks, disinfectants, thermometers, protective visors, wet wipes (disinf.), which were later distributed in the subdivisions of the Ministry of Internal Affairs.

During the current year, following the infection with COVID-19, 7 employees of the Ministry of Internal Affairs have died.

Also, starting with February, with the staff subordinated to the General Inspectorate of Border Police, 8 training sessions were organized and held on topics related to the measures of prophylaxis and avoidance of contamination with COVID-19 virus, namely:

A meeting on the "Individual protection to avoid contamination with COVID-19". The study subjects being: what is COVID-19, the manifestation of the disease, the personal protective equipment used by the Border Police, the recommendations of the International Health Regulation (2005) when carrying out activities at the state border, the actions in case of detection of symptoms of COVID-19 infection.

Two meetings on "Actions taken by the Border Police personnel in the context of the current epidemiological situation of COVID-19 infection". The study subjects being, the strict observance of the general-obligatory measures, actions of the Border Police employee in case of contact with persons infected with respiratory diseases (relatives, friends, acquaintances), persons returned to the Republic of Moldova from abroad. Obligations to comply with the rules of conduct, actions of the Border Police employee in case of symptoms of illness.

Four trainings on the "Standard Operating Procedure applied at the state border crossing points to combat the COVID-19 pandemic" organized by the International Organization for Migration.

A training on "Response to COVID-19 at the border crossing points in the Republic of Moldova" organized by the Ministry of Health, Labour and Social Protection.

Regarding the occupational safety and health at work as well as the response to the new forms of illness at work, we inform you that in accordance with the provisions of Law no. 186/2008 on safety and health at work and Government Decision no. 95/2009 for the approval of some normative acts regarding the implementation of the Law on safety and health at work, within the General

Inspectorate of Border Police, the following measures have been undertaken in order to respect the safety and health at work:

In January this year, training courses were organized for border guards within the structural, subordinated and regional subdivisions of GIBP, in the field of ensuring safety and health at work, with the issuance of cards in the field.

It was issued the GIBP order no. 111/2020 on the designation of border guards responsible for the activities of protection and prevention of occupational risks in the General Inspectorate of Border Police and the Border Police Sector Chisinau International Airport.

It was issued the GIBP order no. 226/2020 Regarding the establishment of the attributions which belong to the designated persons and with positions of responsibility in the field of occupational safety and health, also by the respective order was approved the Regulation on the protection and prevention attributions of the occupational safety and health specialist and the Regulation on establishing the responsibilities in the field of occupational safety and health of managers.

It was issued the GIBP order no. 226/2020 Regarding the approval of the Occupational Safety and Health Instructions.

It was issued the GIBP order no. 395/2020 On the approval of the assessment of the risks of illness and occupational injury at work.

The Plan for the protection and prevention of occupational safety and health measures of the GIBP for 2020 has been approved.

The personal training sheets in the field of occupational safety and health for each border guard from the structural subdivisions of the GIBP have been completed.

Also, in order to ensure an organizational climate of performance, as well as the good functionality of the police institution, the officers (psychologists) carried out the following activities:

- a) Assessment of the organizational climate in the context of the COVID-19 pandemic;
- b) Psychosocial risk assessment and specification of practical recommendations;
- c) Elaboration of a work plan with each aspect of the registered risk;
- d) Weekly communication with employees who have been diagnosed with COVID-19 and providing psychological support at a distance, and at the employee's request, communication will also take place with his family members;
- e) Systematic communication with all employees of the subdivision to maintain an institutional balance;
- f) Carrying out psycho-emotional rehabilitation activities with the employees who returned to work after being diagnosed with COVID-19.

Following the provisions of the National Extraordinary Public Health Commission, the National Commission for Exceptional Situations of the Republic of Moldova and the Ministry of Health, Labour and Social Protection, the **National Employment Agency (ANOFM)** has taken several measures to deal with the emergency in connection with the onset of the COVID-19 pandemic. In accordance with the provisions of the Decision of the National Extraordinary Public Health Commission, in order to reduce the risk of spreading COVID-19 infection, during the exceptional situation and the following ones, measures were taken to organize the activity of ANOFM, including remotely. Thus, internal orders of ANOFM were elaborated and approved, which provided both the recruitment of strict staff and the ensuring of the remote work process by ANOFM employees whose activity does not require the obligatory presence at work.

In order to ensure the smooth running of the business, the officials were informed of the need to comply with the rules and measures imposed by the authorities on the protection and prevention of infection with the new COVID-19 virus, including at work. Thus, the Occupational Safety and Health Instruction in connection with the epidemiological situation in the country and the occurrence of the risk of contracting COVID-19 was approved, according to public health standards. At the same time, for the protection of civil servants both within ANOFM and within the territorial subdivisions for employment (STOFM), during this period were purchased 215 disinfectant solutions (6 liters each), 4250 protective masks (50 boxes) and 250 pairs of protective gloves (20 boxes).

In order to reduce the risk of COVID-19 diseases, to provide employment measures during the emergency period, but also in the following period, measures have been taken to develop online work with jobseekers and the unemployed, such as registering the unemployed online, providing unemployment benefits during the emergency period and providing employment services, etc.

During the state of emergency, as far as possible, employment measures were granted, such as:

1. services: labour market information, career guidance, job placement, vocational rehabilitation for people with locomotor disabilities, pre-dismissal services;
2. measures: vocational training of the unemployed through qualification, retraining, further training and specialization courses, on-the-job training in the unit for the unemployed who do not have a profession or trade, professional internship, organized for the unemployed without work experience in the profession held, subsidized employment, including in the case of adapting the workplace according to the needs of people with disabilities, etc.

Thus, from the beginning of the year until the end of October 2020, including during the state of emergency, 67759 people looking for a job addressed STOFM, of which 41485 people were registered as unemployed.

The structure of jobseekers (67759) was as follows:

- 51.4% were men, and the share of women is 48.6% (32954);
- 19.5% were people aged 55-65 years (13225);
- 4.4% were Roma people (2982);
- 2.1% were citizens returning from abroad (1458);
- 2.0% were people with disabilities (1362);
- 0.1% of people were foreign citizens (82).

The structure of the registered unemployed (41485) was as follows:

- 63.3% of the unemployed had a primary / secondary / high school education level and did not have a professional qualification (26263);
- 58.6% were people from rural areas (24336);
- 50.8% were men, and the share of women is 49.2% (20448);
- 33.1% were unemployed for more than 6 months (13762) and 13.8% for more than 12 months (5739);
- 32.8% were looking for a job for the first time (13619);
- 17.8% of the unemployed were people aged 55-65 (7414);
- 9.5% of the total unemployed were young people aged 16-24 (3947), 18.4% - aged 16-29 (7636), and 34.2% - aged 16- 35 years (14159);
- 4.9% were Roma people: 2031 unemployed, of which 1110 women (54.6%);
- 3.4% were people returned from abroad: 1411 unemployed, of which 564 women (40%);
- 2.0% were people with disabilities: 847 unemployed, of which 371 women (43.8%);
- 0.1% foreign citizens: 44, of which 26 women.

According to the provisions of Law no. 105/2018 on the promotion of employment and unemployment insurance, during 10 months of 2020:

- 54885 unemployed people benefited from information services, of which 26,868 women (48.9%);
- 19445 unemployed people benefited from job placement services, of which 9905 women (50.9%);
- 589 unemployed people, including passers-by, have completed vocational training courses;
- 201 unemployed people were employed as a result of subsidizing jobs (art. 36), of which 150 people aged 50 and over, 35 people with disabilities, etc.;
- 77 unemployed people have been employed through the labour mobility measure, which provides for the granting of single allowances for acceptance and employment in another selected locality;
- 66 unemployed people were trained in the internship for a period of up to 4 months;

- 7808 unemployed people were supported in employment by STOFM (Territorial Subdivisions of Employment).

According to the provisions of Law 105/2018, persons with unemployment status who meet the conditions are established the right to unemployment benefits by STOFM based on the application for unemployment benefits submitted by applicants. The establishment of the amount and the monthly payment of the unemployment benefit is carried out by the National Social Insurance House (NSIH). At the same time, the monthly amount of unemployment benefits may not exceed the amount of the average monthly salary per economy for the previous year on the date of establishing the right to unemployment benefits.

Thus, during 10 months of 2020 according to the operative data retrieved based on the secure intersystem connections from the National Social Insurance House (NSIH) information system, according to the provisions of Law 105/2018, 7481 unemployed people benefited from unemployment benefits, including passers-by from 2019.

During the state of emergency, according to the Provision of the National Commission for Exceptional Situations of the Republic of Moldova no. 16 of April 10, 2020, persons registered as unemployed at one of the STOFM, including those returned from abroad, received unemployment benefits in the amount of MDL 2775 per month from the date they requested and submitted the application to STOFM. Thus, 23654 decisions to grant unemployment benefits were sent to NSIH.

### **Ministry of Internal Affairs**

#### **2.to issue safety and health regulations**

According to article 3 of the European Social Charter, *the MIA Medical Service* operates in the field of safety and health at work according to the agreement concluded between the Medical Service and the Trade Union of the MIA Medical Service (at unit level) for 2015-2019, Law no. 10/2009 on state supervision of public health, Regulation of the Public Health Center of the Medical Service approved by MIA order no. 188/2015, other legislative and normative acts in the field of public health.

In order to verify the working environment and hospitalization conditions at the microclimatic parameters of the Hospital and Polyclinic of the Medical Service, during 2019, the employees of the Medical Service performed instrumental sanitary-hygienic investigations measuring air temperature in medical offices and patient rooms in the Polyclinic and Hospital. In total, during the heatwave period (July-August) 126 cabinets and wards have been examined, and in 19 cabinets high temperatures were recorded, which exceeded the established norms, indicating the parameters 28,2 °C-31 ° C.

The development of the activity in the field of safety and health at work during the years 2016-2019 was carried out in accordance with the normative acts in force.

- Law on safety and health at work of the Republic of Moldova no. 186/2008.
- Labour Code of the Republic of Moldova no. 154/2003.

Regulation on the organization of activities for the protection of workers at work and prevention of occupational risks, approved by Government Decision no. 95/2009.

In order to organize the activity, orders in the field of occupational safety and health at work according to the normative acts in force have been drawn up.

In December 2017, training courses were organized with the participation of 26 employees of the Medical Service in the field of safety and health, at the Training Center in the field of labour relations in Chisinau. During the previous years, 153 personal training sheets in the field of occupational safety and health were drawn up upon employment. In all subdivisions of the Medical Service, the leaders

organized regular training once every 6 months, with the record in the personal training file in the field of occupational safety and health.

**3. to provide for the enforcement of such regulations by measures of supervision**  
**State Labour Inspectorate**



No. of article	Indicators	2016	2017	2018	2019
<b>3. The right to safe and healthy working conditions</b>	<b>crt. no. 3.</b> enforcement of safety and health at work regulations through surveillance measures				
	a) the number of people injured at work according to statistical data, total	371	448	503	493
	<i>including deadly</i>	29	41	38	36
	b) the organization of the State Labour Inspectorate	Law no.140/2001			
	- allocated financial resources, thousand lei	14002,9	15820,1	9475,8	11584,9
	- human resources, regulated staff	109	109	73	73
	- at the end of the year worked	97	90	59	61
	<i>including labour inspectors with inspection duties</i>	77	73	43	42
	- number of checks carried out in total	4458	3479	2317	1963
	<i>including in the field of occupational safety and health</i>	2092	732	-	-
	- number of units checked	3706	3135	2317	1963
	- number of employees monitored, thousands of people	146,9	111,5	108,7	103,7
	<i>including: women, thousands of people</i>	85,7	55,2	53,0	55,7
	<i>minors, people</i>	22	7	17	29

- number of infringements found, total	44614	27420	15179	10705
<i>including in the field of occupational safety and health</i>	21084	7224	-	-
- the number of reports on the contravention concluded	165	197	270	229
c) The attributions are regulated by GD no. 788/2013				
Carrying out the controls in compliance with the provisions of Law no. 131/2012				
Pursuant to art.23 <sup>1</sup> of the Law on safety and health at work no.186 / 2008, 10 competent authorities in the field of occupational safety have been empowered with the right to control in the field of occupational safety and health:				
1. National Food Safety Agency (10 inspectors);				
2. Agency for Consumer Protection and Market Surveillance (4 inspectors);				
3. National Public Health Agency (4 inspectors);				
4. Inspectorate for Environmental Protection (4 inspectors);				
5. National Auto Transport Agency (4 inspectors);				
6. Civil Aviation Authority (1 inspector);				
7. Naval Agency (1 inspector);				
8. National Agency for Energy Regulation (2 inspectors);				
9. National Agency for Regulation in Electronic Communications and Information Technology (4 inspectors);				
10. Technical Supervision Agency (10 inspectors).				

	The staff regulated pursuant to Government Decision. no.889 / 2017	-	-	44	44
	At the end of the year there have been working:	-	-	31	37
	<i>Number of controls performed in the field of occupational safety and health</i>	-	-	21	1116
	- number of employees monitored, thousands of people	-	-		67,8
	- the number of breaches found in the field of occupational safety and health	-	-	26	9925
	- the number of reports on the contravention concluded	-	-	-	146
	4. Promoting the progressive development of occupational health services for all workers with essential preventive and counselling functions				
	Number of controlled units in which the Committee on Safety and Health at Work has been set up	159	61	-	-

## **Article 11 – The right to protection of health**

### **1. to remove as far as possible the causes of ill-health**

*a) Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban, rural, distinct ethnic groups and minorities, longer term homeless or unemployed, etc) identifying anomalous situation (e.g. particular areas in the community, specific professions or jobs, proximity to active or decommissioned industrial or highly contaminated sites or mines, etc) and on prevalence of particular diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison, etc.).*

The National Bureau of Statistics presented the disaggregated information in excel format (see annex).

*b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for anomalies observed (premature death, preventable infection by blood borne diseases, etc.).*

#### **Ministry of Health, Labour and Social Protection**

***-referring to reproductive health services for women and girls, including safe medical abortion and maternal mortality.***

Access to safe and efficient sexual and reproductive health services, as an integral part of the right to health care, is established by the Constitution and the Reproductive Health Law no. 138/2012.

The government commits to providing access to sexual and reproductive health services tailored to the needs of beneficiaries, including women, girls, people with special needs (eg adolescents, victims of sexual violence and human trafficking, socio-economically vulnerable people, people with disabilities, older people, etc.), without discrimination.

The national program on health and sexual and reproductive rights for the years 2018-2022, approved by G.D. no. 681/2018 pursues the objectives of: (i) increasing access to sexual and reproductive health services for the whole population, (ii) providing quality services focused on the needs and rights of beneficiaries and (iii) access to adequate education and information for the population on sexual and reproductive health and their rights in this area.

The purpose of the Program is to ensure the population of the Republic of Moldova, regardless of gender, age, ethnicity, place of residence, religious affiliation, socio-economic health status and any other criteria, with a satisfactory sexual and reproductive health, at all stages of the life cycle.

Sexual and reproductive health services are provided at the levels of health care: primary health care, specialized outpatient health care and hospital care, both in the public and private sectors.

Among the groups with high vulnerability, adolescents and young people received special attention, manifested by the creation of a network of 41 youth-friendly centers located in Chisinau, Balti municipalities and district centers in the republic. Within these services, this group of population benefits from services adapted to their specific needs.

In the context of increasing the access of population groups with special needs to services in the field of sexual and reproductive health, since 2015, at the expense of the funds of the National Medical Insurance Company, the costs of contraceptive products are covered.

In accordance with the Methodological Norms for the implementation of the Single Program of the AOAM (Moldovan Businessmen Association), approved by order no. 596/404 of July, 21 2016, the primary medical institutions ensure the procurement of medical devices, contraceptives, including emergency, for the target population in the district: sexually active adolescents, especially those in a state of vulnerability and risk, young people in vulnerable and at-risk groups, as well as women of childbearing potential in vulnerable and at-risk groups; rapid HIV tests and standard sets of medicines for the treatment of urogenital infections, except syphilis and gonococcal infection, for people in vulnerable groups and medical and social risk groups.

With the support of the WHO, a video has been developed on the use of contraceptives by different categories of the population, including disadvantaged groups, which takes place within the CSPTs and is essential for the prevention of sexually transmitted infections and unplanned pregnancies.

Particular emphasis is placed on informing and communicating with the younger generation and adolescents through the CSPT network, which regularly implements information activities on contemporary methods of family planning in groups - information classes in schools and within the CSPT, during different information campaigns (eg International Family Day, International Contraception Day, etc.) and individual consultations for adolescents and young people aged 10-24.

At the national level, a whole series of information activities are developed and carried out on social networks regarding contemporary methods of family planning, *prevention of unsafe abortion* - live with specialists, online webinars, jointly developed video sports with teenagers, in flags, banners with informational messages (activated, especially during the COVID 19 pandemic crisis).

Within the network, the volunteer program with the peer-education component is developed. Volunteers are trained locally during national summer camps by sending messages among their peers including safe sexual behaviour and use of modern methods of contraception, prevention of unsafe abortion.

The network offers free contraceptive counselling and contraceptive products, which have begun to be procured by the state in the last 4-5 years and some centers have begun to provide safe abortion services for adolescents and young people.

## **2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health**

*a) Please provide information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life long or going) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity(SDGI) and gender violence.*

*-referring to sex education and reproductive health in order to prevent adverse effects in the community and in schools.*

From 2019, the Optional Subject for V-XII Classes was reintroduced in the Curriculum of which a separate module, Module V is provided. Reproductive health.

In addition, information sessions are organized within the network of CSPTs in the country and the net networks, in which sexual and reproductive health issues are addressed, as well as the rights of girls and boys.

With the involvement of the network of CSPTs, studies are conducted periodically to evaluate sexual behaviours between adolescents and young people (HBSC MOLDOVA), SERAT Study, UNESCO to assess the compliance of existing programs in compulsory curriculum (biology, civic education) on the subject of comprehensive sexual education (2017-2018), used to

advocate the introduction of complex sex education programs. Training in the field of sexual education and sexual development for adolescents of the representatives of the curricular development groups of the Ministry of Education, Culture and Research, of the representatives of the State Pedagogical University “Ion Creanga” have been organized.

At the same time, collaborative learning sessions are regularly organized at local level with resources from schools and communities on various aspects of adolescent health, including the prevention of unwanted pregnancy and unsafe abortion.

At the national level, activities are supported to implement the approach of schools promoting health (piloted in 22 schools) and to develop school plans to promote the health of students and teachers and to include the health education component (with the sex education component).

### **Ministry of Justice**

#### **3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents**

*b) Please provide a general overview health care services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).*

Granting medical assistance to persons deprived of their liberty is one of the positive obligation of the state and is ensured by penitentiary hospital and/or medical units within the penitentiary institution, or by public health institutions under the Ministry of Health, Labour and Social Protection - for emergency and specialized treatment, in the amount of the medical assistance provided by state policies.

The medical staff of the penitentiary institutions is subordinated to the head of the penitentiary institution, although they report to the Medical Department of the National Administration of Penitentiaries, under the Ministry of Justice, according to organizational and methodological protocols. Jointly they organize and provide medical assistance to the inmates in the subordinate subdivisions, as well as control over the compliance of the sanitary-hygiene rules, anti-epidemic assistance and hygienic education of inmates.

In their activity, healthcare personnel shall be guided by the medical standards approved by Ministry of Health, Labour and Social Protection, as well as relevant international standards or recommendations, Regulation on the provision of medical assistance to the persons held in penitentiaries (approved by order of the Ministry of Justice No. 478 of December 15, 2006).

<b>No</b>	<b>Medical staff</b>	<b>Units</b>
1.	Doctors, including pharmacists	119,5 12
2.	Feldshers	64
3.	Nurses	81,5
4.	<b>Total</b>	<b>264,5</b>

#### **Prevention of communicable diseases:**

The penitentiary system of the Republic of Moldova is recognized by World Health Organization (WHO) as an example of good practice on the implementation of risk reduction programs, by applying the package of comprehensive risk reduction services, namely:

1. Information, education and communication
2. Voluntary HIV counselling and testing
3. Treatment, care and support
4. Prevention, diagnosis and treatment of tuberculosis

5. Prevention of vertical transmission of HIV (from mother to fetus)
6. Programs for the syringes and needles exchange
7. Distribution of condoms
8. Prevention, diagnosis and treatment of STI diseases
9. Prevention of sexual assault
10. Treatment of drug dependence (including substitute treatment)
11. Prevention (including vaccination), HIV diagnosis and treatment
12. Post-exposure prophylaxis
13. Prevention of HIV infection through invasive health services (including dentistry)
14. Prevention of spread by piercing, tattoos, etc.
15. Protecting staff from professional risks.

The penitentiary administration system is an integral part of the National Tuberculosis Control Programs for the years 2016-2020, HIV Prevention Programs for the years 2016-2020, and Control of Viral Hepatitis for the years 2017-2021, actions being carried out on prevention, diagnosis, treatment, adherence to treatment of HIV infection, viral hepatitis, Tuberculosis. Medical examination at the admission in the penitentiary system is mandatory, as well as tuberculosis screening (radiography), HIV, syphilis and viral hepatitis infections with quickly tests. Currently, is under development the strategy for mental health in the penitentiary administration system, will be oriented on the comprehensive approach to mentally-disabled inmates.

*c) Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that person in need of mental health care are not neglected. Please also provide information from prison health-care services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialized establishments.*

### **Ministry of Health, Labour and Social Protection**

*- with reference to the reform of mental health service*

In order to exclude the isolation and discrimination of **people with mental health problems**, as well as to ensure their social integration, the reform in the field of mental health services is carried out by the Ministry of Health by creating, piloting and expanding the multifunctional system of Community Mental Health Services.

In the Republic of Moldova, 40 Community Mental Health Centers have been established and are operating, which are created in order to provide people with mental health problems, providing consultative medical assistance, psychosocial rehabilitation services, support and mediation of target contingents, etc.

With the support of the Swiss Agency for Development and Cooperation, in partnership with the Trimbos Institute of Mental Health (Netherlands), the Level Institute (Netherlands), the Mental Health Center in Lucerne and the Romanian Mental Health League, the Mental Health Services Reform project is being implemented in the Republic of Moldova for strengthening the capacities of the Centers organized analogous to European standards.

Thus, during 2019 about 214 thousand people in total have been assisted, including 41 thousand children, of which about 31 thousand people with psychosocial disabilities, including 10

thousand children. For the provision of mental health services in community health care and at home, the amount of 25668.2 thousand MDL have been allocated.

At the same time, about 4 thousand beneficiaries were assisted at home by mobile multidisciplinary teams, which were organized in each CCSM (Community Mental Health Center) based on the number of population served: 1 team per 40 thousand people. Total number of visits made at home by mobile multidisciplinary teams - 11,987.

Based on the MHLSP Memorandum of Understanding in collaboration with the Swiss Agency for Development and Cooperation, within the project "Support for the reform of mental health services in the Republic of Moldova" (MENSANA) organized the training "Honest, Open, Dignified". The activity aimed to teach people with mental health problems how to reveal their mental health problem and inspire other people with mental health problems in the recovery process. 3 meetings were organized to empower the beneficiaries of mental health services in Soroca, Ungheni, Briceni and Chisinau, which brought together 30 participants.

Based on a collaboration agreement with the specialized website [www.suntparinte.md](http://www.suntparinte.md):

- video tutorials were carried out on the topics of "bullying" in schools and addiction to information technology;

- public lessons were organized in Chisinau municipality and Sangerei city with the participation of national and international experts for parents, with the theme of information technology addictions among children and adolescents.

***d) Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings.***

During the first semester of 2020, 24 inmates died, out of which only one death (1 case) was associated with the use of drugs.

### **Ministry of Internal Affairs**

Article 11 of the European Social Charter aims to implement and accomplish the provisions of the National Control Programs and the prevention of non-communicable and communicable diseases. The medical service of the Ministry of Interior is run by:

- The national program for prevention and control of cardiovascular diseases for the years 2014-2020, approved by GD no. 300/2014.

- The national action plan for the years 2016-2020 regarding the implementation of the National Strategy for the prevention and control of non-communicable diseases for the years 2012-2020, approved by GD no. 403/2016.

The educational and health promotion activities of the employees of the administrative authorities and institutions subordinated to the MIA are organized and carried out by the medical staff within the Medical Service of the MIA according to the provisions of the Government Decision no. 886/2007 "On the approval of the National Health Policy" and the National Health Promotion Program for the years 2016-2020, approved by GD no. 1000/2016.

In order to warn the employees of the administrative authorities and institutions subordinated to the Ministry of Interior about the importance of respecting the healthy lifestyle and health benefits during 2017, 2018 and 2019, the team of medical specialists of the Medical Service conducted promotional training with the Police Inspectorates: Baltiu, Orhei, Ungheni, Stefan-Voda and Edinet and the employees of the General Inspectorate of Border Police. The promotion and training sessions were attended by about 500 civil servants with special status, to whom questionnaires were distributed and evaluated in order to assess personal knowledge about the harms of stress, smoking and alcohol abuse.



## **Ministry of Health, Labour and Social Protection**

***d) information on mortality from communicable diseases, especially injectable drug IUDs, education, information and harm reduction programs, etc.***

In the Republic of Moldova are implemented national health programs for the prevention and control of communicable diseases - tuberculosis, viral hepatitis B, C and D, HIV / AIDS, as well as non-communicable diseases: cardiovascular, diabetes, cancer, mental health. The entire population, regardless of domicile, has access to medical services at all levels equally and benefits from doctor's supervision, investigations and treatment with compensated medication.

Given that, at the beginning of the epidemic, four-fifths of all new HIV cases were due to IDUs, which later spread to the general sexually transmitted population, and given the major role that women play in reproductive health and raising children within the family and society, emphasis is set on providing psychological support, prevention of unwanted pregnancies of HIV-positive women, counselling and testing, family planning, care and social support after birth (food packages, clothes, summer camps for mothers and children).

Of all the major areas of intervention proposed, gender issues have been considered as a priority, included in all activities and, in the same way, interventions appropriate to the roles of women and men are determined. The responsibilities and opportunities of women and men from a social, cultural and political perspective are also taken into account.

The normative framework on the prohibition of discrimination against people infected / affected by HIV or vulnerable to infection, developed and adjusted in accordance with international standards, is based on the principle of respect for human rights and human dignity and is the basis for implementing comprehensive, multidisciplinary and intersectoral interventions.

The National HIV / AIDS Control and Prophylaxis Program 2016-2020 sets interventions for sex workers, but also women drug users, as groups at high risk of infection. HIV prevention services, sensitive to their needs, are accessible to them, especially through NGOs active in the field of HIV.

The new national HIV control and prophylaxis program for the period 2021-2025 (draft version) includes HIV prevention interventions and sets the following targets for the following vulnerable women in the context of HIV:

- 1) Transgender: from 0 people (2020) to 100 people (2025);
- 2) sex workers: from 40% in 2020 to 70% in 2025;
- 3) women drug users (around 20% of the entire group of injecting drug users) from 43% (2021) to 75% in 2025.

The program also provides care and support for people living with HIV, including women.

Objective 3 of the new National Program (draft version) addresses stigma and discrimination against all people affected by HIV, among them and women with HIV in terms of aligning normative acts with international rigors, to ensure decriminalization, including of sex workers; to ensure a tolerant environment in education, employment, medical institution, general population. Information campaigns are also provided in order to reduce stigma and discrimination against the mentioned groups.

The draft program is structured, quantified and budgeted, including concretely indicating the sources of funding: state budget, coverage from the Global Fund to Fight AIDS, TB and malaria (period 2021-2023); development partners; local public authorities.

***f) In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working***

*conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken of foreseen as a result of this evaluation.*

*- with reference to services in the COVID virus pandemic*

During the declaration of the state of emergency related to the pandemic with the new virus COVID 19, given that the pandemic changed the approach to the provision of health care services worldwide, including in our country, primary health care services were adapted to the new conditions of activity, in order to ensure the control and prevention of new Coronavirus infection (COVID-19).

The Ministry of Health, Labour and Social Protection during this period focused on ensuring the access of the population to medical assistance in the conditions of emergency:

- ✓ Clear regulations have been established for different categories of population, different types of services and institutions, in order to ensure access to medical services, in safe conditions, for cases when medical care cannot be postponed and can not be provided remotely.
- ✓ Emphasis was placed on ensuring access to compensate medicine from compulsory health insurance funds and those procured from the centralized budget of the Ministry of Health, Labour and Social Protection within the National Health Programs with rescheduling planned screening activities, annual prophylactic control, etc.
- ✓ It was clearly established how to ensure the continuous treatment of people with chronic diseases, especially the elderly, with disabilities.
- ✓ An important emphasis was placed on informing the population about the new conditions in organizing the activity of institutions, including the organization of surveillance / telephone consultations, pages on social networks, except when health care can not be postponed and can not be provided at distance, as well as the opportunity and importance of continuing supportive care in the case of chronic diseases.
- ✓ Family physicians were encouraged to seek the support of other people outside the health system (local public authorities, social workers, volunteers), in assessing needs and organizing necessary community interventions, with prior training, providing them with protective equipment (mask , gloves, etc.) and strict observance of measures to protect and control Coronavirus infection.
- ✓ Elderly people and people with disabilities are informed about the need for self-assessment of health, measuring at home the characteristic parameters (BP, blood sugar, T), informing the family doctor, social worker, by phone to request support, organizing necessary community interventions, by respecting measures for the protection and control of Coronavirus infection, including their training on protective measures and their provision of protective equipment (mask, gloves, etc.).
- ✓ In order to ensure the population's access to specialized outpatient medical care, during the pandemic, the obligation of the medical note from the family doctor was excluded.
- ✓ For oncological patients it was established the maintenance and observance of treatment plans and their deadlines.
- ✓ Scheduled dental care has been suspended, both in public and private institutions.
- ✓ It has been specified to the public providers of dental services to maintain the emergency dental care, within the providers of dental medical services with service territory.
- ✓ The patients who benefited from the respective treatment abroad were taken in haemodialysis treatment, chemotherapy, and rare diseases.
- ✓ In order to reduce the number of visits to the medical institution, the referral for re-expertise and the determination of the degree of loss of work capacity and its extension period were suspended. Exceptions are cases when the person has a severe degree of

disability and has or needs a personal assistant. Subsequently, when referring for re-examination, the CNDDCM (National Council for Determining Disability and Work Capacity) will determine the degree of loss of work capacity from the day following its expiration date.

- ✓ In order to ensure the social protection of persons, the referral is made for primary expertise, organizing the provision of all measures for the protection of the person for the entire examination period in order to complete the necessary documentation, with the electronic sending of their file in the established manner.
- ✓ By Order no. 368/2020 some additional measures to ensure the access of the population to mental, psychiatric and narcological health services in conditions of emergency have been regulated, which include concrete measures to control the infection, including increasing vigilance on early detection of patients with signs of acute respiratory infection / signs that meet the definition of COVID-19 with the organization of wards for patients with clinical signs of infection and their isolation from patients without clinical manifestations.
- ✓ Family doctors are informed about mental health issues that may occur among the population due to the COVID-19 epidemic (anxiety, depression due to self-isolation and quarantine, panic, etc.). Informational materials (mini-guide) were developed for PAS specialists, which were distributed through CRAP ( Republican Center of Psych pedagogical Assistance). Online webinars are organized. It works with the Education Departments of the district / municipality to send mental health protection messages to school principals, parent groups (Viber, etc.).
- ✓ For each IMSP (Public Medical Sanitary Institution), a mental health specialist has been appointed to provide psycho-emotional support to staff employed during crisis management caused by the COVID-19 epidemic. The specialist has been trained online based on WHO protocols and guidelines, to avoid spreading false messages or inability to provide support.
- ✓ For medical and non-medical staff, trained in detecting and treating cases of COVID-19 in pre-hospital and inpatient emergency services, a group of specialists has been created, which keep in touch through online platforms (Skype, Viber, Zoom, others ) firstly, with the persons responsible for organizing the services (shift leaders, department heads, head nurses, etc.), in order to inform about the need for psychological support.
- ✓ For professionals, trainings are organized on approaching the subject of COVID-19 in terms of mental health, stress management, aggression, frustrations, etc.

## **Article 12 – The right to social security**

### **Ministry of Health, Labour and Social Protection**

In order to protect the social insurance rights of the citizens of the Republic of Moldova and their family members who carry out or have carried out a work activity outside the state borders and respecting the commitments assumed by ratifying art. 12 of the revised European Social Charter, the Republic of Moldova has concluded bilateral agreements in the field of social security with 14 states: *Bulgaria, Portugal, Romania, Luxembourg, Austria, Estonia, Czech Republic, Belgium, Poland, Hungary, Lithuania, Turkey, Germany and Belarus.*

We mention that the Social Security Agreements protect the person in case of insured social risks, such as, as the case may be: old age, temporary or permanent incapacity for work, loss of earner, unemployment and death and grant the person the right to benefit from the following **benefits**: retirement pension, disability, survivor, disability benefits due to accidents at work or occupational diseases, benefits for temporary incapacity for work and maternity (depending on

agreement), childbirth and childcare allowances up to the age of 3 (depending on agreement), death and unemployment benefits (depending on agreement).

*The persons* who are the scope of the agreements are: insured persons in one of the Contracting States, self-employed persons, posted workers, personnel of international transport companies, personnel of diplomatic missions and consular posts, and family members of the insured persons (in case of loss of the earner and in case of death).

The agreements in the field of social security concluded by the Republic of Moldova are based on European principles established in Regulation (EC) no. 883/2004 on the coordination of social security systems, which are unanimously accepted and applied by all EU Member States, as well as countries outside the Community. These are:

-*Equal treatment* - the citizens of the Republic of Moldova have the same rights and obligations as the citizens of the state in which they operate;

- *Determining the applicable legislation* - the person will pay social security contributions only in the state in which he/she is employed, and not in both contracting states;

-*Summation of insurance periods* - when calculating the social security rights, both the insurance periods completed in the state of domicile and the periods completed in the other state are taken into account. Each state pays the share of the pension in proportion to the period of contribution to its own system;

- *Export of benefits* - the right of a migrant worker to benefit from the benefits acquired in the states in which he carried out his activity, on the territory of the state of residence.

The final objective of the treaties is for migrant workers from the Republic of Moldova who have worked abroad for a period of time, when reaching the retirement age, to receive a pension from this state and, at the same time, during the activity period to be insured with an income in the form of social benefits in the event of an accident at work or an occupational disease, or the insurance of family members in the event of the death of the earner.

We mention that the Republic of Moldova tends to expand the number of states with which it will regulate relations in the field of social security, based on European principles, designed to ensure a framework of social guarantees and is currently in the process of negotiating with the *Republic of Latvia, Greece, the Kingdom of Spain, the Russian Federation and the Italian Republic*.

We mention that according to the provisions of the Law on the public social insurance system, the insured is a natural person fit for work, domiciled or residing in the Republic of Moldova, for which payers of contributions to the state social insurance budget pay social insurance contributions in order to benefit from prevention, limitation or elimination of social risks provided by law.

The legislation in force in the field of social insurance does not distinguish between citizens of the Republic of Moldova and foreign citizens, who, working in the Republic of Moldova, must be insured in the state social insurance budget compulsory, thus obtaining the status of insured person.

### **3. to endeavour to raise progressively the system of social security to a higher level**

*a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).*

#### **National Social Insurance House**

In the context of the reform of the modernization of public services, which aims to increase the access, efficiency and quality of government services, the National Social Insurance House has implemented the electronic service "e-Cerere. Indemnizatii pentru familiile cu copii (Allowances for families with children)". Thus, the electronic service "e-Cerere" is a service for requesting online benefits for families with children and parental allowances, which is available on the single government portal of public services ([www.servicii.gov.md](http://www.servicii.gov.md)) and on the official web page of the

National House (www.cnas.md), being accessible for use online, available 24/24 hours. Respectively, the service excludes the need of the applicants to go to CTAS (Territorial House of Social Insurance) for the submission of applications for the establishment of said benefits.

***c) Please provide information on any impact of the Covid-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact.***

The specific measures taken by NSIH are the following:

- Granting the possibility to submit the application for the realization of the right to pension through the legal representative appointed by power of attorney;

-Granting the allowance, pursuant to Law no. 127/2020, to the descendants of medical staff who died as a result of medical activity in the fight against COVID-19, in case of death of the earner among the medical staff, who directly participated in medical actions against COVID-19 , his surviving spouse, one of the parents or children up to the age of 18 or, if he continues his studies in educational institutions (secondary, specialized and higher education), until their completion, without exceeding the age of 23 for years. These categories are granted an allowance, calculated from the average monthly income earned and declared in the last 12 calendar months preceding the month of death, depending on the category and the number of descendants.

-The right to death grant for eligible persons, in connection with the death of medical staff as a result of medical activity in the fight against COVID-19, granted under Law no. 289/2004 regarding the indemnities for temporary incapacity for work and other social insurance benefits.

-Pursuant to the Provision of the Commission for Exceptional Situations no. 16/2020, by derogation from the provisions of Law no. 105/2018 on the promotion of employment and unemployment insurance, during the state of emergency, persons who have lost their jobs as a consequence of the state of emergency caused by the epidemiological situation in the Republic of Moldova and were registered as unemployed in the territorial subdivisions for employment, during the state of emergency (March 17, 2020 – May 15, 2020), declared by the Decision of the Parliament no.55 / 2020 regarding the declaration of the state of emergency, they benefited, from the date of the request, from a single unemployment benefit in the amount of MDL 2775.

-At the same time, to the unemployed who benefited from unemployment benefits, as well as to those whose right to unemployment benefits were established during the state of emergency under the conditions of Law no. 105/2018, in an amount less than MDL 2775, for the period of emergency they were compensated the difference in payment between the amount of unemployment benefit granted and the amount of MDL 2775.

- According to the Provision of the Commission for Exceptional Situations no.25 / 2020, the holders of the entrepreneurial patent and the natural persons carrying out activities according to chapters 102 and 103 of Title II of the Fiscal Code no.1163 / 1997, during the state of emergency benefited from a single unemployment benefit in the amount of MDL 2775.

-At the same time, the holders of the entrepreneurial patent and the natural persons subject to taxation according to chapters 102 and 103 of Title II of the Fiscal Code no.1163\1997, who carry out activities in the field of trade and / or the provision of services in the markets and shopping centers, which ceased their activity between May 16 and June 30, 2020, in accordance with the decisions of the National Extraordinary Public Health Commission, pursuant to Law no. 69/2020 on the establishment of measures during the state of emergency in public health and the amendment of some normative acts, they benefited from a single unemployment benefit in the amount of MDL 2775, proportional to the days of cessation of activity.

Thus, received unique unemployment benefits:

1. Pursuant to Provision no. 16/2020 - 14886 persons;
2. Pursuant to Provision no. 25/2020 - 10784 persons;
3. Pursuant to Law no. 69/2020 - 2601 persons.

4. At the same time, according to the conditions of Law no. 105/2018, 3264 beneficiaries of unemployment benefits benefited from the difference in payment between the amount of unemployment benefits granted and the amount of MDL 2775.

Article 5 of Law no. 289/2004 stipulates that the insured persons from the public social insurance system have the right, including to the allowances for temporary incapacity for work caused by common diseases or accidents unrelated to work and allowances for the prevention of illnesses (quarantine). The quarantine allowance is granted to the insured who is forbidden to continue his activity due to the quarantine, for a period established by a medical leave certificate, drawn up according to the legislation in force. Thus, the indemnities for temporary incapacity for work are established by CTAS based on the information from the medical certificate, transmitted through secure intersystem connections and authenticated by the electronic signature of the responsible persons of the healthcare providers, respectively the beneficiaries do not travel to CTAS for requesting and establishing the respective allowances.

**4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:**

Currently, the NSIH applies 4 Agreements on guarantees of citizens' rights in the field of pension insurance, based on the principle of territoriality, according to which after relocation, the person will benefit from social benefits in the state of permanent residence and according to its legislation. As a result of the application of the provisions of the Agreements on guarantees of citizens' rights in the field of pension insurance, during the period January 01, 2010 – September 30, 2020 12 273 pension files of persons displaced from the Republic of Moldova in order to establish pension rights in the territory of the other contracting state have been sent.

NSIH also applies 14 agreements in the field of social security, based on the principle of proportionality, according to which each contracting state to the agreement pays the part of the pension calculated for the contribution period to the public social insurance system made on its own territory. Thus, in the period 2010 - 16.10.2020, 1014 social benefits were established based on international agreements in the field of social security. At the same time, based on the respective agreements rules on the secondment of persons from the territory of a Contracting State to the agreement in the territory of the other State are provided, remaining subject to social security legislation only in the State of secondment, thus avoiding double taxation.

**Article 13 – The right to social and medical assistance**

**Medical assistance**

**National Health Insurance Company**

In the Republic of Moldova, the reform of the public health system has been launched with the introduction, starting with January 1, 2004, of the compulsory health insurance system.

Compulsory health insurance is an autonomous system guaranteed by the state of financial protection of the population in the field of health care by establishing, on principles of solidarity, from the insurance premiums, funds intended to cover the costs of treating conditions conditioned by the occurrence of the insured events (illness or condition). The system of compulsory health insurance offers to the citizens of the Republic of Moldova equal and non-discriminatory possibilities in obtaining timely and qualitative medical assistance (see the Law on compulsory health insurance, no. 1585/1998).

The object of the compulsory health insurance is the insured risk, related to the expenses for granting the necessary volume of medical and pharmaceutical care, provided in the Single Program.

The volume of health care provided under the compulsory health insurance is provided in the Single Program of the compulsory health insurance - which includes the list of diseases and conditions requiring health care financed from the means of compulsory health insurance.

Subjects of the compulsory health insurance are:

- a) the insured;
- b) the insured person;
- c) the insurer;
- d) the provider of medical and pharmaceutical services.

The insured is the natural or legal person obliged by law to insure his own risk of falling ill and / or the risk of falling ill of other categories of persons whose insurance is within his competence.

Insured for employed persons (employees) is the employer.

The Government has the quality of insured for the categories of unemployed persons domiciled in the Republic of Moldova and registered with the competent institutions of the Republic of Moldova, except for the persons obliged by law to insure themselves individually.

The status of insured person in the compulsory health insurance system is obtained by placing the person in one of the categories of insured persons and confers the right to benefit from the full volume of health care provided in the Single Program for compulsory health insurance, provided by medical services providers in the Republic of Moldova.

Foreigners holding the right of permanent residence in the Republic of Moldova, as well as beneficiaries of international protection have the same rights and obligations in the field of compulsory health insurance as citizens of the Republic of Moldova, in accordance with applicable law, unless international treaties provide otherwise.

### **Ministry of Health, Labour and Social Protection**

In the Republic of Moldova, compulsory health insurance is the financial instrument to facilitate the achievement of universal coverage by increasing funding, improving access to health services, reducing informal payments and the efficient use of funds in health.

Persons included in the compulsory health care insurance system benefit from the full range of services offered at all levels of health care (pre-hospital, primary, outpatient, hospital, high-performance medical services, community and home care) provided in the Single Program to AOAM (Moldova Business People Association).

At the same time, in order to ensure universal access to medical services, pre-hospital and primary care are provided free of charge to both insured and uninsured persons.

In the same vein, the uninsured, in the case of socially conditioned diseases, such as tuberculosis, oncological diseases, psychiatric, HIV / AIDS, infectious diseases, benefit from free services, including specialized outpatient and hospital care.

At the same time, it is necessary to mention that, based on the Decision of the Parliament no.55 / 2020 regarding the declaration of the state of emergency and the Provision of the Commission for Exceptional Situations of the Republic of Moldova no.2 of 20.03.2020, by the joint Order of the Ministry of Health, Labour and Social Protection and the National Medical Insurance Company no.300 / 82- A of 23.03.2020, the list of social-conditioned diseases with major impact on public health have been completed with "infection with the new type of Coronavirus (COVID-19)".

Respectively, patients who meet the criteria of the case definition for COVID-19, regardless of their status in the system of compulsory health insurance (insured / uninsured) are provided with free medical services.

During March-October 2020, 30,324 confirmed treated cases of COVID-19 infection were discharged from medical institutions. For these cases, 245.7 million MDL were allocated from the FAOAM basic fund. At the same time, during the reference period, 17,044 treated suspected / probable cases were discharged, the cost of which is 82.2 million MDL.

***The art. 13, 1, b) and item 4 to indicate the specific measures in the context of the COVID 19 pandemic for vulnerable persons, without residence in the locality and without income, migrants and those without a residence permit.***

According to art. 30 of Law no. 270 of 18 December 2008 on asylum in the Republic of Moldova, access to healthcare is guaranteed as follows “(1) Asylum seekers shall be provided, in accordance with the legislation in force, with emergency medical care at the pre-hospital stage in case of life threatening acute conditions. (2) Asylum seekers shall be guaranteed the right to a free (including anonymous) medical examination for the purpose of early detection of HIV and AIDS. (3) Testing for HIV markers shall be performed in accordance with the legislation in force. ”

In accordance with Law no. 1286 of July 25, 2002, regarding the status of refugees, Article 15, par. (7), *Asylum seekers must undergo a general medical examination.* In the same context Article 17, para. (3), letter e) stipulates that *the asylum seeker is obliged to submit to medical investigations.*

According to Article 23. Para. (1), letter g) The refugee status confers to the beneficiary the rights provided by the legislation for foreign citizens and stateless persons, as well as special rights to enjoy, from the moment of granting the refugee status, in the compulsory health insurance system, the same rights as well as the citizens of the Republic of Moldova under the conditions established by the legislation in force.

Reproductive health services and family planning, access to SR and PF Centers services, as well as Youth Friendly Centers are provided.

In this context, migrants and their families, as well as asylum seekers, including all the mentioned categories (disabled people, pregnant women, the elderly, victims of human trafficking, victims of torture, people suffering from serious illnesses) benefit from the package of medical services uninsured persons until the moment of employment, when change his\her status to an insured person.

### **Welfare Assistance**

We mention that, para. (4) of article 13 is not ratified by the Republic of Moldova, according to the provisions of Law no. 484/2001 for the partial ratification of the revised European Social Charter.

At the same time, we submit the information on welfare assistance in the Republic of Moldova.

Welfare assistance, as part of the social protection system, is a set of non-contributory benefits in money (social benefits) or social services, applicable separately or jointly, to meet the needs of people at risk. It is the main mechanism by which society intervenes to prevent, limit or eliminate the negative effects of events that occur on vulnerable people or groups, who cannot meet the demands of the weather.

The Republic of Moldova implements the Social Assistance Program, which aims to ensure a guaranteed minimum monthly income for disadvantaged families by providing social assistance established in accordance with the assessment of the average monthly global income of each family and its need for social assistance.

Currently, this National Program has two basic components - social assistance and aid for the cold period of the year (APRA).

In the sense of Law no. 133/2008 on social assistance, the family represents two or more persons living in the same dwelling and living on a common budget. Any adult who is not part of a family also enjoys the rights of the family.

The social assistance / aid mechanism for the cold period of the year is built on several basic elements. To become a beneficiary of social assistance / aid for the cold period of the year, the family must:



a) achieve a monthly income lower than the minimum monthly income guaranteed by the state, calculated for this family in accordance with art. 7 of Law no. 133/2008 on social assistance;  
b) the occupational status of the adult family members to be in accordance with art. 5 of the Law on social assistance.

c) the score calculated for the indicators of family well-being and family characteristics (proxy test) to be less than or equal to 88.46 (91.28 starting with 01.01.2021). The list of characteristics and the afferent score for the evaluation of the family welfare is reflected in Annex no. 5 to the Regulation on the establishment and payment of social assistance, approved by Government Decision no. 1167/2008.

Only in case of cumulative fulfilment of these qualification conditions, the household will be granted the right to social assistance / aid benefits for the cold period of the year, based on the application submitted with the necessary set of documents.

The monthly amount of social assistance is established as the difference between the minimum guaranteed monthly income (VLMG) of the family and its overall income.

When establishing the global income of the family, the income obtained in the form of money from paid work, the income from all types of entrepreneurial activity, the income from the use of agricultural land and plots of land, as well as other types of income, including property are taken into account. In the case of insurance and social assistance benefits, the amounts established shall be taken into account.

The level of the minimum guaranteed monthly income, used to calculate the right to social assistance, after indexation, from April 1, 2020 is MDL 1107. *It is worth mentioning that, during the state of emergency (April - May 2020), the level of the minimum guaranteed monthly income was MDL 1300.*

The minimum guaranteed monthly income of the family represents the sum of the amounts of the minimum guaranteed monthly income established for each member of the family.

The amount of the minimum monthly income for each family member is set as follows:

- a) 100% of the minimum guaranteed monthly income for the applicant;
- b) 70% of the minimum guaranteed monthly income for each other adult member of the family;
- c) 75% of the minimum guaranteed monthly income for each child;
- d) plus 30% of the guaranteed minimum monthly income for each adult with a degree of disability;
- e) plus 50% of the guaranteed minimum monthly income for each child with disabilities;
- f) plus 10% of the minimum guaranteed monthly income if the person with a degree of disability is the only adult in the family.

It is necessary to take into account the fact that for the granting the right to aid for the cold period of the year when calculating the amount of the minimum guaranteed monthly income of the family it results from the minimum guaranteed monthly income increased by 2,2 (beginning with April 01, 2020) ( $1107 * 2,2 = \text{MDL } 2435.40$ ).

We note that the amount of social assistance depends on the composition of the family and its structure, as well as on the overall income of the family, calculated in accordance with the legislation in force, and differs from one family to another.

Unlike social assistance, the aid for the cold period of the year is a fixed monthly payment, in cash, granted to the disadvantaged family for the months of January-March and November-December. Currently, its amount is MDL 500 / month.

By the same request, the directorate / section of social assistance and family protection examines the possibility of granting the right to both benefits.

In addition, social services are an important component of the social assistance system, in which the state and civil society undertake to prevent, limit or eliminate the temporary or permanent effects of events considered as social risks, which may generate marginalization or social exclusion of people and families in difficulty.

Social services are a set of measures and activities carried out to meet the social needs of the person or family, in order to overcome difficult situations, as well as to prevent social marginalization and exclusion. They play an important role in promoting the social inclusion of people in difficulty, as well as developing certain skills for daily life.

According to the provisions of Law no. 123/2010 on social services, social services are organized at the level of local public administration, depending on the needs identified, the number of potential beneficiaries, the complexity of difficult situations and the degree of social risk.

The provision of social services is based on the following principles:

1. The principle of targeted social assistance, which provides for the priority targeting of social services to disadvantaged people / families, identified on the basis of individual needs assessment:

2. The principle of focus on the beneficiary, which provides for the adaptation of social services to the needs of the beneficiaries based on the systematic evaluation of the impact of the services on the situation of the beneficiary;

3. The principle of accessibility, which provides for the access of disadvantaged persons / families to all types of services (by informing the population about existing social services, development of new social services and their location in the vicinity of beneficiaries), as well as their adaptation to beneficiaries' needs.

4. The principle of equal opportunity, which provides for ensuring the right to social services to all disadvantaged persons / families in conditions of equal treatment and without discrimination;

5. The principle of speed, which provides for promptness in making decisions regarding the provision of social services.

The right to social services is established individually, based on the assessment of the needs of the person / family of these services. They are intended to mobilize the community in the formation of effective and sustainable mechanisms for reducing / resolving the difficult situations in which disadvantaged people / families find themselves and ensuring social integration, as well as preventing their institutionalization.

In this regard, according to the effective legislation, social services are classified into the following types:

- a) primary social services;
- b) specialized social services (residential and non-residential);
- c) social services with high specialization (residential).

### **I. Social assistance program**

In order to support disadvantaged families (Provision no. 16 of April 10, 2020 to the Commission for Exceptional Situations of the Republic of Moldova (points 23 - 26)) during the state of emergency, additional measures to support disadvantaged families through the Social Assistance Program were approved. Thus, starting with April 1, 2020, the minimum guaranteed monthly income (VLMG) was increased from MDL 1107 (the amount of VLMG after indexation from April 1, 2020) to MDL 1300 (+ MDL193), including the amount of the guaranteed minimum monthly income for each child was increased from 50% (MDL 553.5) to 75% (MDL 975).

Also, the right to social assistance for applications that expired during the state of emergency was extended until its lifting, including for the month in which the state of emergency was lifted;

At the same time, the provisions regarding the accomplishment of activities of community interest, the verification at the current residence of the applicant / beneficiary of the authenticity of the information presented in the application for social assistance, as well as the verification at the current residence of the beneficiary of the correct use of social assistance has not been implemented.

When establishing the right to social assistance, the applicant who could not present confirmatory documents regarding income, agricultural land and family structure, had the right to submit the declaration on his own responsibility regarding the veracity of the declared data.

After lifting the state of emergency, the social aid is granted under the conditions of Law no. 133/2008 on social assistance.

In addition, we inform, as a continuity of the measures undertaken during the state of emergency, by Law no. 60/2020 on the establishment of measures to support entrepreneurial activity and amendment of regulations (Art. XV), the action of the provisions on increasing the amount of VLMG for each child from 50% to 75%, in the context of granting the right to social assistance, was also adopted for the period after the lifting of the state of emergency.

Increasing VLMG amount calculated for each child, from - 50% to 75%, constituted:

- MDL 276.75 / per child - for evaluating and calculating the right to social assistance;
- MDL 608.85 / per child - increasing the threshold for assessing the right to aid for the cold period of the year.

The amendments carried out during the state of emergency have led to a significant increase of families receiving social assistance. In April and now, at least 75,700 families (+27753) benefited from at least one social assistance payment - the average size of the benefit was – MDL 1121 (+298.31), compared to March - 47947 families and MDL 822, 69.

Out of 75,700 families receiving social assistance, about 20,000 are families with children (about 42,100 children), compared to 15,700 families in March (34,900 children).

For the payment of social assistance in April this year were transferred - 77.6 million lei, for May - 76.3 million lei or 38.2 million lei and 36.9 million lei more than in March (39.4 thousand MDL).

## **II. Additional support measures for people in difficulty, as well as specialists in the field.**

In order to strengthen the capacities of social assistance specialists with the support of civil society and development partners, various online trainings were organized on:

1. personal protective equipment and use of protective equipment;
2. safety and health at work;
3. supporting the well-being of staff in the field of home care;
4. organizing and mobilizing volunteer actions in home care.

In addition, in order to facilitate the provision of social assistance measures at local level, various informative materials and recommendations have been developed regarding:

1. the activity of social services at community level (Community Social Assistance Service and Home Social Care Service);

2. capitalization of the financial means destined to finance the services of the social aid canteens;

3. the Social Assistance program, according to Provision no. 16 of April 10, 2020 of the Commission for Exceptional Situations of the Republic of Moldova;

4. prevention and control of COVID-19 infection in long-term care and residential care institutions, as well as dissemination of the World Organization Guide on the control and prophylaxis of COVID-19 in long-term care institutions;

5. prevention and response to cases of domestic violence. They are intended for specialists with skills in the field of preventing and combating domestic violence in order to ensure effective intervention.

The nominated recommendations include provisions on the best interests of the victim - the basic principle in ensuring the intervention of the competent bodies; recommendations regarding the activity of the Hotline, the police, the social workers, the medical staff; the role of multidisciplinary teams; accommodation in case of need in emergency apartments; ensuring access to the necessary information; providing online psycho-social and legal support, as well as the list of centers and services within the National Coalition, available during COVID-19 period.

Both during the state of emergency and during the state of emergency in public health, social service providers - territorial social assistance structures / public social assistance institutions and private social service providers continued to operate in compliance with public health measures.

At the level of local public administration authorities of the first level, community social workers and social workers, in addition to the services provided, have organized and organize on request, the delivery of basic necessities to socially disadvantaged people in compliance with individual protection measures.

The social workers jointly contact by telephone the current beneficiaries of primary and specialized social services, as well as the persons registered, based on existing registers, to check the situation, provide psycho-emotional support and identify current needs, provide information about COVID 19 infection, as well as measures for protection and prevention of infection, will provide contact details for support services in case of need during the state of emergency.

Carry out family visits and ensures the intervention at the beneficiary's home, involve NGOs and practitioners to coordinate the psycho-emotional support of children, adolescents and adults and the elderly;

We mention that the activity of the Home-Based Social Care Service for the elderly and people with disabilities, lacking support from family members, has not stopped.

Moreover, social workers provide care services to the elderly and people with disabilities without support from relatives, who are not beneficiaries of this Service.

At the same time, a multitude of volunteer actions are being developed by authorities and various non-governmental organizations, including development partners on information, social, psychological and product support for disadvantaged people.

### **III. Rehabilitation / recovery / balneo-sanatorium treatment of persons suffering from pulmonary fibrosis as a result of COVID- 19 infection.**

At the same time, in order to ensure the rehabilitation / recovery / balneo-sanatorium treatment of persons suffering from pulmonary fibrosis as a result of COVID - 19 infection, the Government approved Decision no. 672 of 10.09.2020 for the amendment of some normative acts.

Thus, insured persons, the elderly, adult persons with disabilities and war veterans, suffering from pulmonary fibrosis, in the first 9 months after COVID-19, in addition, regardless of whether they have previously benefited from the permit, will benefit from rehabilitation services / recovery / balneo-sanatorium treatment.

The amendments concern 3 normative acts, namely: Regulation on the manner of registration and distribution of rehabilitation / recovery permits granted to the elderly and those with disabilities, approved by Government Decision no. 372/2010, the Regulation on the benefits in the public social insurance system for the prevention of illnesses and the recovery of the working capacity of the insured through balneo-sanatorium treatment, approved by Government Decision no. 290/2010 and the Regulation on the conditions, method of insurance, records and distribution of sanatorium treatment permits granted to veterans, approved by Government Decision no. 190/2010.

## **Article 14- The right to benefit from social welfare services**

### **Ministry of Health, Labour and Social Protection**

We inform that the article also referred to, para. (1) and (2), have not been ratified by the Republic of Moldova.

Information on the right to social assistance services is set out in the material in Article 13, including the measures taken during the COVID-19 crisis.

In addition to the above, we communicate the following:

According to the legislation in force, welfare services are classified into the following types:

- a) primary welfare services;
- b) specialized welfare services;
- c) welfare services with high specialization.

**Primary welfare services** aim to prevent or limit situations of difficulty that may cause marginalization or social exclusion.

*The community welfare assistance* service represents the national network of professional social workers, the key link in the implementation of social policy in the Republic of Moldova, which operates at the community level. It consists of the head of the Community Social Assistance Service, supervising social workers and community social workers.

The purpose of the Service is to provide social assistance at community level to prevent and overcome difficult situations.

According to the legal framework, the community social worker is a person with special studies in the field, holder of a bachelor's or master's degree. The community social worker according to the functional attributions provides social services to the citizens of the community, with increased emphasis on the persons and families who are temporarily in difficulty and who, for economic, social, physical or psychological reasons, are not able to provide by own means and efforts a decent standard of living.

The diversity of functions and roles belonging to the social worker points out that he must possess the specific knowledge of forecasting, design, intervention in social assistance, the content of care techniques in different spheres of social life and working with different categories of beneficiaries.

The community social worker organizes the assessment of the potential beneficiaries, elaborates individualized assistance plans, provides primary social services, proposes and prepares the cases for referral to the specialized social services. At the same time, he\she provides information counselling, contributes to community mobilization, identifies families in difficulty, keeps track of community citizens facing certain social issues, carries out community needs assessment, including draws up recommendations for the development of new social services.

In 2019, 1114 community social worker units were employed and worked in the republic, out of which 1,072 units were occupied by women.

*The home-based social care service* operates in accordance with Government Decision no. 1034 of 31.12.2014 regarding the approval of the Framework Regulation of the Home-based Social Care Service and of the Minimum Quality Standards.

The purpose of the Service is the qualitative provision of social care services at home to the elderly and people with disabilities, according to the eligibility criteria and to contribute to the improvement of the quality of life of the beneficiaries.

The Service provides advice and support for the procurement, from the financial means of the beneficiary, of food, household goods and medicines; for food preparation, delivery of hot lunches (if applicable); for the payment, from the financial means of the beneficiaries, of some communal services; for the care of the house and the household; for handing over and picking up household items and clothes at / from the laundry, dry cleaning, repair; for achieving personal hygiene; for organizing the process of adapting the home to the person's needs; for involving the beneficiary in social and cultural activities; for correspondence with relatives and friends; for the

organization of the process of procurement and transportation, from the financial means of the beneficiary, of the fuel at home, as the case may be, the heating of the stoves.

According to the information presented by the territorial social assistance structures in 2019, about 1871,5 units of social workers worked, out of which 1773.5 units of female social workers.

At the same time, 17136 beneficiaries benefited from the services provided within the Home-based Social Care Service, out of which 17040 received free services and 96 paid services. Out of the total number of beneficiaries, 17040 benefited from free home social care services and 96 benefited from home social care services for a fee.

Food service in social assistance canteens. Social assistance canteens are legal entities that provide free services to socially vulnerable persons and carry out their activity under the conditions of Law no. 81-XV of 28.02.2003 regarding the social assistance canteens.

The local public administration authorities, and their organization set up the social assistance canteens and operation is carried out in accordance with the Standard Regulation on the functioning of the social assistance canteens, approved by Government Decision no. 1246 of October 16, 2003.

In localities where there are no social assistance canteens or where they do not cover the existing needs, the local public administration authorities, together with the territorial social assistance structures, may procure food services from the public food units, state enterprises, companies and public institutions that have their own canteens.

According to the legislation in force, the beneficiaries of social assistance canteen services are people who have reached retirement age (homeless, without legal supporters, without income or low income), people with disabilities and children up to the age of 18 (from large families , from single parents and other socially vulnerable families).

According to the data submitted by the territorial structures of social assistance, in 2019 in the republic activated 67 social assistance canteens, of which 19 are located in urban areas and 48 in rural areas. About 13258 people benefited from food services in the canteens, of which 2729 benefited from the services of social assistance canteens at home.

**Specialized welfare services** are services that involve the training of several specialists and aim to maintain, rehabilitate and develop the individual capacities of beneficiaries to overcome a difficult situation in which he or his family is.

We mention that the specialized welfare services provided within the day centers and foster homes for the elderly carry out their activity based on the Government Decision no. 569 of July 29, 2013 on the approval of the Framework Regulation on the organization and operation of the Day Center for the older people and the minimum quality standards and Government Decision no. 323 of 30 May, 2013 on the approval of the Framework Regulation on the organization and operation of the Foster home for older people and the Minimum Quality Standards.

- Day care centers - their purpose is to provide specialized services in order to ensure the activities of care, rehabilitation and social (re) integration of the beneficiaries, based on the needs assessment, in a day regime. Counselling and psychological support services, laundry services, personal hygiene services, food services, various occupational therapies, interest clubs, massage services, physical therapy, curative gymnastics and various social activities are provided in the day care centers.

Currently, there are 15 centers in the republic, the services of which benefit 2483 people per month, of which 1624 women.

- Temporary foster home - aim to ensure the social protection of beneficiaries to overcome the difficult situation and improve their quality of life and the reintegration of beneficiaries in the family and community. During 2019 in 5 temporary foster home, which were provided services for 168 beneficiaries per month, of which 94 women.

-Long-term foster home are institutions that provide social protection to people who cannot take care of themselves, do not have family support and need supervision and help from a third

party. In 2018, there were 35 institutions in the republic that provided services for 1,041 beneficiaries, of which 599 women.

-Multifunctional community centers - provide a wide range of combined social services for several groups of beneficiaries. Within the multifunctional community centers, foster care services, day services are provided: home care services, food services, etc. Thus, during 2019 at the level of the republic there were 35 multifunctional centers that provided services for 2254 beneficiaries per month, of which 1393 women.

-Night shelter service for homeless people. In order to ensure access to quality social services on February 13, 2018 by Government Decision no. 144, the Framework Regulation on the organization and operation of the Night Shelter Service and the Minimum Quality Standards was approved.

Pursuant to this decision, "homeless persons" are persons who have been marginalized for singular or cumulative reasons of social, medical, psychological, financial-economic, legal order, live on the streets, are unable to support a home with rent due to lack of occupation and sources of livelihoods;

The purpose of the Service is to provide support to homeless people to overcome the difficult situation, in terms of addressing individual needs and creating the necessary conditions for their integration into society.

Within the Service, homeless people benefit from hygienic-sanitary services; hairdressing services; psychological counselling; social counselling; food, accommodation per night in separate bedrooms for women / men; referral and support in employment; support in obtaining the identity documents of the beneficiary and support in establishing social rights.

There are 5 centers in the country, which provide services for 306 beneficiaries per month, of which 116 women.

Regional social centers for the assistance of people infected with HIV / AIDS and family members. In order to ensure access to social services for people infected with HIV / AIDS and their family members, the Government on 26.08.2016 by Decision no. 1010 approved the Framework Regulation on the organization and functioning of the Regional Social Center for the care of people infected with HIV / AIDS and their family members and the minimum quality standards.

The purpose of the Center is to provide specialized integrated services and social support to people living with HIV/AIDS and their family members in difficult situations in order to improve their quality of life, social rehabilitation and (re) integration into society, refer to other services as needed.

In order to provide welfare services to the category mentioned at national level, 4 regional social centers were created to assist people infected with HIV / AIDS and their family members (Chisinau municipality, Balti municipality, Comrat municipality and Tiraspol municipality).

The regional social centers are financed by special purpose transfers from the state budget to the second level local budgets, as well as from other sources, according to the legislation in force.

Integrated social service for consumers of psychoactive substances and substitution therapy patients

On April 18, 2017, the Government by Decision no. 232 approved the Framework Regulation on the organization and functioning of the Integrated social service for consumers of psychoactive substances and substitution therapy patients and Minimum Quality Standards.

The purpose of the Integrated social service is the rehabilitation, social inclusion and improvement of the quality of life of people consuming psychoactive substances and patients of substitution therapy by ensuring their psycho-social support in order to overcome the difficult situation.

This service operates on a platform composed of three types of services, with different forms of organization:

- Day service,

- Transitional housing,
- Rehabilitation service through the therapeutic community.

Day service provides information, counselling, consultations, mediation, referral, therapy (group, family, work (occupational therapy)), and leisure, focused on individualized and non-discriminatory approach.

The Transitional housing service provides space that offers accommodation for a period of 13 weeks, during which the service provider monitors the process of preparing the beneficiary for the transfer stage in the rehabilitation services in the therapeutic community.

Rehabilitation service through the therapeutic community offers relapse prevention measures, provided in temporary placement, for people who have completed the detoxification stage or who remain dependent, but do not show obvious withdrawal symptoms that require detoxification.

Social service monetary support for disadvantaged people / families. In order to provide support measures focused on the assessed needs of persons / families disfavoured by Government Decision no. 716/2018, the Regulation on the organization and functioning of the Social service monetary support addressed to disadvantaged families / persons was approved.

The purpose of this service is to support the family / disadvantaged person to prevent / reduce / overcome situations of difficulty, as well as to prevent their social exclusion and institutionalization, based on identified needs.

The monetary support is granted to the beneficiary for the repair of the house and / or the repair / construction of the stove, the adaptation of the house to the needs of the disadvantaged family / person, the purchase of fuel for food preparation and heating in the cold season, the purchase of furniture adapted to needs as well as other necessities established in the plan of individualized assistance.

This service consists in granting a non-refundable and non-taxable amount of money that will not exceed the amount of MDL 6,000, which is granted to the family / person in difficulty, through a single and / or monthly payment for a certain period, but no longer 6 months to facilitate the implementation of the actions set out in the individualized assistance plan, confirmed by the results of the needs assessment.

During 2019, about 3128 beneficiaries benefited from the given Service (details in the chapter Minimum package of social services).

### **Highly specialized welfare services**

Highly specialized welfare services are usually provided within specialized institutions with the provision of complex or combined services to improve the quality of life of beneficiaries with increased dependence and who require continuous supervision (24/24 hours).

Highly specialized welfare services continue to be in high demand, including costly.

#### Foster care services for the elderly and people with physical disabilities

Thus, the Foster home center for older people and people with disabilities, Chisinau Municipality and the Temporary foster home for persons with disabilities (adults), Cocieri commune, Dubasari district, are foster institutions, which offer services to the beneficiaries according to specific needs and individual peculiarities. The range of services offered within these entities is related to ensuring vital needs (food, clothing, footwear, medical assistance), as well as offering occupational therapy services, cultural activities, physical therapy, etc.

The capacity of these two institutions is of 460 seats.

During 2019, 175 people benefited from the services provided by the Foster home center for older people and people with disabilities, Chisinau municipality and 119 people from the Temporary foster home for persons with disabilities (adults) Cocieri commune, Dubasari district.

At the same time, by Order of the Minister of Health, Labor and Social Protection no. 151 of 23.03.2017 on the implementation of paid social placement services within the Foster home center for older people and people with disabilities in Chisinau, 16 Valea Radiului Street and within the Foster home center for the elderly and people with disabilities in the commune of Cocieri, Dubasari district, *the Paid placement service was developed for the elderly and people*



with physical disabilities, in order to meet the needs of placement services for the beneficiaries whose children are obliged, according to the legislation, to maintain them, but for justified reasons they cannot fulfil their obligations.

During 2019, 53 people benefited from paid services within these 2 institutions, of which 28 women.

Another developed service - *The emergency foster home service is established within the Foster home center for older people and people with disabilities in Chisinau, based on the Order of the Minister of Labour, Social Protection and Family no. 151 of September 14, 2015.*

Its purpose is to ensure emergency social protection of Moldovan citizens repatriated with immigrant status in difficulty and of persons identified on the territory of the Republic of Moldova, in difficulty (crisis) and to provide specialized assistance to overcome difficulties and social inclusion. The major objective of the Emergency service is to ensure the accessibility (24/24 hours) of the placement of beneficiaries as a matter of urgency, based on the referral mechanism.

The types of services provided within this Service are: placement, food, health services, hygienic-sanitary assistance, legal assistance, psychological counselling, assistance in documenting the beneficiary, leisure.

The identification of the beneficiaries is carried out by the territorial structures of social assistance, the embassies and consular offices of the Republic of Moldova, as well as the missions of the International Organization for Migration.

During 2019, 10 people benefited from the emergency services, of which 3 women.

#### Recovery / rehabilitation services

Rehabilitation / recovery of the elderly and those with disabilities is carried out in the "Victoria" Rehabilitation Center in Sergheevca city, Odessa region, Ukraine, and in the Republican Center for the Rehabilitation of the Disabled and Pensioners "Speranta" from Vadul lui Voda city.

Rehabilitation / recovery in the nominated centers is issued in accordance with Government Decision no. 372 of May 6, 2010, "For the approval of the Regulation on the manner of registration and distribution of rehabilitation / recovery permits for the elderly and persons with disabilities".

The center "Speranta" in Vadul lui Voda city is specialized in the prophylaxis, treatment and rehabilitation of patients with cardiovascular diseases, neuroses with functional disorders of the cardiovascular system, osteochondrosis of the spine, primary deforming osteoarthritis, neurological pathologies, cerebral palsy.

The center "Victoria" from Sergheevca city is specialized in the prophylaxis and treatment of the musculoskeletal system, metabolic disorders, genitals, cardiovascular system and specific diseases of the respiratory system.

The right to insurance with tickets is granted once every 3 years from the date of submission of the application with the ascertaining documents to the elderly and those with disabilities who have reached the age of 18, citizens of the Republic of Moldova or foreigners specified in art. 2 para. (1) of Law no. 274 of December 27, 2011 on the integration of foreigners in the Republic of Moldova, who are registered at the territorial structures of social assistance.

During 2019, 8329 people benefited from rehabilitation / recovery tickets, out of which at the "Victoria" Center - 4395 people and at the "Speranta" Center - 3718 people, as well as at the "Dnestr" Center - 216 people.

#### **The establishment and funding of the minimum package of welfare services**

In order to streamline social assistance measures, ensure the access of vulnerable groups to quality social services and support local public administration authorities in providing social assistance measures, through ART. XIII of Law no. 288/2017 regarding the amendment and completion of some legislative acts, amendments and completions were made to the Law of the Republican Fund and of the local funds for social support of the population no. 827/2000.

The means of the Population Support Fund, under the said law, are used to finance special purpose programs in the field of social assistance, financing social services included in the minimum package of social services under the conditions established by the Government, and financing social assistance canteens.

Thus, by Government Decision no. 800/2018 established the minimum package of social services, which includes the following services:

- Social monetary support service addressed to disadvantaged families / persons,
- Social support service for families with children,
- Social service Personal assistance.

In the context of the implementation by the territorial social assistance structures, the National Social Assistance Agency transfers monthly, until the 1st of the month immediately following the management month, to the local public administration authorities of the second level the amounts accumulated in the Population Support Fund. The financing of the minimum package of social services will be done in proportion to the financial means accumulated in the respective fund and to the amount provided for the minimum package of social services specified by the local public authority of the second level.

In order to comply with existing legislation aimed **at eliminating discrimination against women** in order to reduce structural disadvantages that prevent the effective achievement of fundamental gender equality we mention the establishment of the institutional mechanism in the field, with representation structures at national and local level. The framework laws stipulating this mechanism are: Law 5/2006 on ensuring equal opportunities between women and men and Law 121/2012 on ensuring equality.

During the reference period, the normative framework in the field of promoting gender equality, women's empowerment and non-discrimination was improved in the Republic of Moldova, such as:

\* *Strategy for ensuring equality between women and men in the Republic of Moldova for the years 2017-2021*, (Government Decision no. 259 of 28.04.2017). The document aims to ensure the implementation of measures that will allow the development and prosperity of all citizens on an equal footing, ensuring that human rights are addressed through areas of intervention, including protection against discrimination and the promotion of equality, prevention and combating domestic violence and gender equality. The purpose of the Strategy will be achieved by implementing 5 general objectives, followed by specific objectives, on 10 areas of intervention.

The general objectives of the Strategy are:

- 1) Ensuring a comprehensive approach to equality between women and men (areas of intervention: women's participation in decision-making process; labour market and gender pay disparities; social protection and family policies; health; education; climate change);
- 2) Strengthening the institutional mechanism for ensuring equality between women and men;
- 3) Combating stereotypes in society and promoting non-violent communication;
- 4) Promotion of gender equality in the security and defence sector;
- 5) Integration of gender-sensitive budgeting in the process of elaborating budget programs.

The Council of Europe Convention on **Preventing and Combating Violence against Women and Domestic Violence** (Istanbul Convention) was signed on 6 February 2017. This step involves harmonizing national legislation with the said Treaty by strengthening democracy and the rule of law while respecting human rights.

Emphasizing the importance of preventing and combating violence against women and domestic violence through the need to strengthen an effective response from state institutions and civil society in accordance with the Treaty proposed for accession, the need to develop a strategic document in this area was identified.

Thus, the Government approved the first policy document in the field of preventing and combating domestic violence, namely the National Strategy for preventing and combating violence against women and domestic violence for 2018-2023 and the action plan for 2018-2020 (Government Decision no. 281 of 03.04.2018). The strategy is based on the approach focused on the four pillars of the Istanbul Convention: Prevention, Protection, Punishment and Integrated Policies, contains 4 general objectives, corresponding to the four pillars, and each general objective consists of specific objectives, focusing on informing the general public about the seriousness of

this phenomenon, promoting zero tolerance for all forms of violence, combating gender stereotypes and prejudices, improving the legislative and normative framework in accordance with international standards, implementing good practices in the field, new tools and mechanisms in with a view to streamlining the activity of actors with intervention and case resolution skills, strengthening the institutional mechanism and multisector cooperation, including by strengthening the capacities of specialists in the field and developing the normative framework for new specialized services for domestic violence.

The profile of victims of domestic violence includes women and children, as well as the elderly, people with disabilities, men (low share compared to women), whose needs are addressed in specialized policies and services.

At the same time, the Report on the compatibility of the legislation of the Republic of Moldova with the provisions of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) has been elaborated, launched on the platform of the Inter-ministerial Coordinating Committee, on April 18, 2019;

- Based on the recommendations of the Report, the draft law for amending some legislative acts was elaborated, which included the proposals to modify the legal framework, accepted by the members of the working group created for the purpose of elaborating the project (Law for amending some normative acts no.113 / 2020).

- The Government of the Republic of Moldova approved Decision no. 716/2019 on the approval of the draft law for the ratification of the Council of Europe Convention on preventing and combating violence against women and domestic violence, adopted on 11 May 2011. The draft was subsequently forwarded to Parliament for consideration and adoption.

The COVID-19 pandemic caused a number of changes and effects on the population, which were internalized differently by women and men. As a result of the spread of the new type of virus and the introduction of restrictive measures by the authorities of the Republic of Moldova, it was observed that the effects of the situation affect men and women differently, both economically and socially. This is determined, among other things, by the differences in the roles that women and men play in society and in the family.

At the same time, although there are several categories of the population that have suffered as a result of the pandemic, during the reference period the situation of women affected by **domestic violence** worsened. It is for this category that self-isolation at home, together with the aggressive partner, resulted in the highest risks, the probability of escalating violence being imminent.

Following the establishment of the state of emergency in the Republic of Moldova, the Ministry of Health, Labour and Social Protection in partnership with civil society and development partners have developed Recommendations on responding to cases of domestic violence in the context of the pandemic, which are intended for specialists in the field preventing and combating domestic violence in order to ensure effective intervention.

The nominated recommendations include provisions on:

- The best interest of the victim - the basic principle in ensuring the intervention of the competent bodies;
- Recommendations regarding the activity of the *Hotline*, the police, the social workers, the medical staff;
- The role of multidisciplinary teams;
- Accommodation in case of need in emergency apartments;
- Ensuring access to the necessary information;
- Providing online psycho-social and legal support;
- List of centres and services within the National Coalition, available during COVID-19 period.

These recommendations are to be taken into account in the decision-making process as well as in the institutional planning process.

Also, in the part regarding the provision of specialized services to FV victims during the current pandemic, we note that the Centre for Assistance and Protection of Victims and Potential Victims of Trafficking in Human Beings (CAP) subordinated to ANAS (National Social Assistance Agency) has not stopped its activity, but provided the necessary special assistance. Thus, in order to prevent the spread of COVID-19 virus, the Center accepted the placement of victims, only after placing them for 14 days in emergency apartments (funded by partners), later being tested and in case of negative tests it was possible to transfer them within the CAP. At the same time, in the case of other specialized services, such as psychological, social and legal assistance, we specify that they were provided online.

Also, in order to analyse the impact of the pandemic on women, including those from the category of victims of domestic violence, two studies were developed with the support of Un Women Moldova:

1) *Analysis of the impact of COVID-19 on gender roles (conducted by the Center Partnership for Development).*

The registered study identifies the effects of the spread of the pandemic on women and men, highlighting their specific needs in the short and long term, but also how women and men have responded to new challenges and changes in the social and economic sphere. In particular, the analysis reveals the impact of the pandemic crisis on gender roles, but also on women's empowerment.

2) *Rapid assessment of the elimination of violence against girls and women (conducted by the International Centre "La Strada"),* which describes: the impact of the pandemic on victims of violence, the systemic response to domestic violence, the priority needs of victims, as well as recommendations submitted to actors but skills in the field, in order to optimize the coordinated response to cases of domestic and female violence.

## **Article 23 – The right of elderly persons to social protection**

### **Ministry of Health, Labour and Social Protection**

We inform you that the Republic of Moldova did not ratify the article in question.

Information on social assistance measures for the elderly is set out in the material in Articles 13 and 14, including measures taken during the COVID-19 crisis.

In addition, we communicate that, within the National Action Plan in the field of human rights for the years 2018-2022, it is planned to carry out the feasibility study regarding the implementation of art. 23 of the reviewed European Social Charter.

Thus, during 2019 in the context of conducting the Feasibility Study for the ratification of Article 23 of the Revised European Social Charter on the rights of older people to social protection, the Ministry of Health, Labour and Social Protection with the support of the Healthy Living Project, reducing the burden of non-communicable diseases, implemented by Swiss and Public Health Institution and funded by the Swiss Cooperation Office, the terms of reference for the selection of experts for the study were developed.

Thus, at the end of 2019, the experts were selected and contracted who, during 2020, will carry out the targeted study.

Currently, the Study is completed and is to be presented and validated.

We mention that the Social Insurance Public System is based on certain principles that make possible its efficient organization and functioning, namely - *the principle of equality*, which ensures all participants in the public system - taxpayers and beneficiaries - a non-discriminatory treatment in terms of rights and the obligations provided by law, as well as *the principle of contribution*, according to which; social insurance rights are due on the basis of social security contributions paid.

In the public social insurance system, the social insurance contribution is not only a mandatory payment, but also a priority condition for granting the right to benefits and determining its amount.

Respectively, the person, regardless of age, position, nature of work benefits from social insurance benefits, including pensions, if he has contributed to the public social insurance system. Or, in the public system, the benefits are monetary rights due to the insured, correlated to the obligations regarding the payment of the state social insurance contributions that are paid from the state social insurance budget.

We mention that the elderly people who continue to work are insured by all the benefits offered by the public social insurance system (temporary incapacity for work indemnity, work accidents, etc.). We mention that the persons receiving pensions can cumulate the salary incomes with the pensions without any deductions, reduction or additional taxation of them.

**- to enable the elderly to remain full members of society for as long as possible through:**

**a) sufficient resources to enable them to lead a decent life and to take an active part in public, social and cultural life**

We mention that in order to increase the amount of pensions, the following measures were taken: annual indexation of pensions (2020 April 1 - with the indexation coefficient of 4.83% and on October 1 - 1.07%), re-examination of pensions of people who continue to work after accomplishing the right to an old-age pension (on 1 July 2020 - for pensioners who have exercised their right to an old-age pension after 1 January 1999 and continue to work after the right has been confirmed by a 10-year traineeship), was regulated starting with January 1, 2020 the granting of the right to indemnity in case of death of one of the spouses to the surviving spouse if the deceased spouse received an old-age pension less than 5 years after the establishment of the right to pension.

**b) the dissemination of information on the services and facilities available to the elderly and their possibilities to use them;**

Ensuring access to official information and services provided in the field of social security is done through several means.

One way to inform the population, especially for the elderly in rural areas is to provide legal advice by specialists from the Territorial Social Insurance Houses (CTAS), which are responsible for the activities related to the direct service of the population in the field of state social insurance (pensions, allowances).

Also, in order to increase public access to normative acts, the Ministry of Justice created the *State Register of Legal Acts* ([www.legis.md](http://www.legis.md)), which is a systematized information solution of data on all categories of legal acts adopted by public authorities of the Republic of Moldova.

The State Register of Legal Acts of the Republic of Moldova ensures free and unrestricted access via the Internet to all legislative and normative acts, as well as to their updates as they are amended and supplemented.

At the same time, in order to protect the rights to social security benefits and support the elderly, people with disabilities were taken the following measures during the state of emergency (March 17 -May15) and the state of emergency in public health in the context of the Covid-19 pandemic:

**- In April, May and June S.E. "Posta Moldovei"** through the subdivisions ensured the home distribution of state pensions and social allowances for the elderly, in order to protect people from risk groups, in the current epidemiological situation (Provision No. 3 of March 23, 2020 of the Commission for exceptional situations). This measure was also taken in support of the health of pensioners, the category most vulnerable to illness with the new virus.

At the same time, the payment of the social payments to the beneficiaries through the post offices was ensured, regardless of the residence / domicile visa, ensuring a fluidized regime of access of the persons and respecting the social distance.

- **During the state of emergency, the time limits for granting all social benefits have been suspended throughout the state of emergency, and the time limits begin to run after this period** (item 13 of Provision No 6 of 26 March 2020 of the Commission for Exceptional Situations of Republic of Moldova). Respectively, it was provided that the social insurance benefits, including the pension, be granted from the date of obtaining the right, even if the application and the necessary documents were submitted after the emergency period.

- **The National Council for Determining Disability and Work Capacity has ex officio extended** the term for inclusion in the degree of disability until May 15 for persons whose degree of disability has expired or expires during the state of emergency. Respectively, for this period by CNAS has been accomplished the payment of pensions and social allowances for people with disabilities. (Provision no. 10 of March 31, 2020 of the Commission for Exceptional Situations of the Republic of Moldova).

### ***Providing information on available services and facilities***

The National Social Insurance House offers information on services provided for the elderly through the official website, the public services portal [www.servicii.gov.md](http://www.servicii.gov.md), social networks, information campaigns in media sources, information panels near the territorial structures. At the same time, in the context of informing the citizens, the National Social Insurance House actively collaborates on the given topic with the City Halls and the payment service providers, including offering consultations to the Call Center and the Hotline.

In cooperation with the National Council for Determining Disability and Working Capacity, the term of re-examination for determining disability was extended to persons who in March-June 2020 were to appear for re-expertise, thus, the National Social Insurance House ensured the payment of benefits due to persons with disabilities on time.

In order to ensure the continuity of activity and the provision of services to all categories of beneficiaries, within the National Social Insurance House was approved the Plan of prophylactic actions and ensuring continuity of activity in case of registration or suspicion of a possible outbreak of COVID - 19 with concrete prophylaxis measures and combating the spread of infection. At the same time, in order to reduce the risk of spreading COVID-19 infection among beneficiaries / applicants for social benefits and employees of the National Social Insurance House, depending on the decisions and requirements of the National Extraordinary Public Health Commission of the Republic of Moldova during the emergency period in public health, through internal provisions, is organized the service of citizens by CTAS, including the establishment of the special schedule of reception and service (by categories of benefits) of beneficiaries / applicants.

### **Article 23, letter b) specific health protection measures for the older people in the COVID 19 pandemic.**

In order to ensure the economic and social security of the elderly, a number of important documents and policies were approved, such as the Health System Development Strategy, the National Health Policy and the Program for integrating aging issues into state policies.

In recent years, the Government together with the interested authorities has carried out a series of activities aimed at:

- improving access to health services and increasing the quality of services for the elderly;
- development of an integrated system for the provision of social assistance, home care and palliative care services, which more effectively correlate medical and social services for the elderly;
- expanding and strengthening training programs for medical and social staff working with the elderly.

In the Republic of Moldova, the state guarantees the protection of the interests of all citizens, in the field of health care through the system of compulsory health insurance, primary health care, emergency medical care at the prehospital stage, hospital health care, within the

established limits and volume, respecting the needs of children, people with disabilities and the elderly, being one of the fundamental principles of the health care system stipulated by art. 2 of the Health Care Law no. 441/1995.

According to the provisions of Law no. 1585/1998 on the compulsory health insurance, the Government has the quality of insured for retired persons and persons with severe, accentuated or medium disabilities.

Within the compulsory medical insurance, the insured persons benefit from medical assistance in the volume established by the Single Program of the compulsory medical insurance, elaborated within the means of the funds of the compulsory medical insurance.

In compliance with the provisions of the Single Program of Compulsory Health Insurance, the insured persons benefit from the following types of medical assistance: urgent medical assistance at the pre-hospital stage; primary health care; hospital medical care; specialized outpatient medical care, including dentistry; hospital medical care; high performance medical services, home health care.

For the uninsured, pre-hospital emergency medical care and primary health care are provided in the volume established by the Single Program, including the prescription of reimbursed medicines in accordance with the normative acts in force, without conditioning the payment for the provision of these services.

Medical services for socially conditioned diseases and emergencies, with a major impact on public health such as: tuberculosis; psychosis and other mental and behavioural disorders; alcoholism and drug addiction; confirmed oncological and haematological malignancies; HIV / AIDS and syphilis; acute viral hepatitis A, botulism, viral, bacterial and parasitic meningitis and meningoencephalitis, pandemic influenza, chickenpox, measles, leptospirosis, malaria, typhoid and paratyphoid fever, exanthemas typhus, cholera, tetanus, anthrax, brucellosis, epidemic, rabies, trichinosis, plague, yersinosis, tularaemia, diphtheria, poliomyelitis, rubella, are granted free of charge to both insured and uninsured persons.

At the same time, the sources of the state budget and compulsory health insurance funds finance the implementation of National Programs in priority areas of public health: e.g.: control of non-communicable diseases - diabetes, cardiovascular, mental health, etc., and communicable diseases e.g.: immunizations, control and prevention of tuberculosis, HIV / AIDS, viral hepatitis B, C and D, etc., beneficiaries being both insured and uninsured.

Based on the Joint Order of the Ministry of Health, Labour and Social Protection and the National Medical Insurance Company no. 492 / 139A of April 22, 2013, the insured persons benefit from medicines from the list of those fully or partially compensated from the compulsory health insurance funds (AOAM) for reducing the financial burden and permanent supportive treatment for priority chronic diseases.

Thus, for cardiovascular, respiratory, osteoarticular diseases, endocrine diseases, asthma, diseases of the digestive tract, hepatitis, liver cirrhosis, for each DCI existing in the List of reimbursed drugs, (about 152 DCI), starting with February 1, 2019, there are at least an absolutely free medicine according to the trade name, for which the maximum amount compensated is established in accordance with the joint order of the Ministry of Health, Labour and Social Protection and the National Medical Insurance Company no. 96 / 20A of January 24, 2019.

During the declaration of the state of emergency related to the pandemic with the new type of virus COVID 19, given that the pandemic changed the approach to the provision of health care services worldwide, including in our country, primary health care services were adapted to the conditions of activity, in order to ensure the control and prevention of new Coronavirus infection (COVID-19).

During 2019, the PEN Protocols focused on the most priority diseases at population level were implemented, including cardiovascular diseases.

At the same time, the Qualitative Study was carried out within the Pilot project of Essential Interventions for the Prevention of Cardiovascular Diseases in PHC with the support of the Swiss Agency for Development and Cooperation, the project "A Healthy Life". The study was conducted

in 5 medical institutions Health Centre Telenesti, Health Centre Varnita, Health Centre Nisporeni, Health Centre Straseni, and Health Center Milestii Mici.

Thus, the main aspects that argue them have been identified. PEN protocol interventions were classified as patient-centred. The main users of services are the elderly with many comorbidities. Young, working-age men visit Health centers less often and for them health is not a priority. The target groups (adults over the age of 40, especially men) do not benefit from prophylaxis due to not accessing the local medical service.

In conclusion, the following conclusions have been highlighted:

- The vigilance of medical workers towards risk factors has increased and the number of risk groups, with which they work more intensively, has increased numerically. Infrastructure changes (separate offices), scales and station meters were purchased in the institutions involved.

- Patients are more thoroughly examined and given quality life-changing counselling. As a result, patient satisfaction has increased.

- Some barriers have been also highlighted. The intense degree of migration and the presence of comorbidities make it difficult for people to behave.

- For the elderly by primary medicine institutions and some non-governmental organizations HomeCare, CasMed, Angelus Moldova Foundation, etc. home care and palliative care services, including those with disabilities, are provided in multidisciplinary teams.

- *The services are offered based on the National Standard of home-based medical care*, approved by Order no. 851 of 29.07.2013 and of the Regulation on the organization of palliative care services at home approved by Order no. 1022 of December 30, 2015, which provide the components of a visit, including medical devices.

- In the Single Compulsory Health Insurance Program, the necessary services for certain socially disadvantaged groups are provided for contracting. During 2018, about 53 thousand home care visits and about 17 thousand palliative care visits were performed by the family doctor and his team, as well as by 9 NGOs that provide such services. During 2019, about 55,000 home care visits and about 18,000 palliative care visits were contracted by the NHIC.

- Additionally, in 2019, through the Center for Centralized Public Procurement in Health, 107700 units of stoma were purchased, for 2020, taking into account the growing needs, financial means were allocated for the purchase of about 140 thousand units of stoma.

- In order to ensure a healthy life and well-being for all at all ages, to ensure universal health coverage, to ensure the continuity of medical services provided integrated at community level in accordance with the needs of beneficiaries, the draft Regulation on how to organize and the functioning of integrated community health care / integrated community care has been drawn up. The regulation establishes the normative framework for community health care and aspects of functional integration with existing services at community level, determining the responsibility of central and local public administration authorities, other legal and natural persons empowered to provide and ensure health care, social services, and educational support.

- Integrated community health care is the complex set of activities, health services and public health actions, programs, provided at community level in order to increase the level of information and access of the population to health services, especially for vulnerable groups, from a health and social point of view.

### **Article 30 - The right to protection against poverty and social exclusion**

#### **Ministry of Health, Labour and Social Protection**

#### **At letter b) measures taken for low-income people, social exclusion in the COVID pandemic 19.**

According to the Law on Compulsory Health Insurance No. 1585-XII of February 27, 1998, the Government has a quality of insured for 16 categories of the population including: pensioners, the unemployed registered with the territorial employment agencies and persons from



disadvantaged families who benefits from social assistance according to Law no. 133-XVI of June 13, 2008 on social assistance.

The list of family doctors includes all insured and uninsured persons in the territory of the family doctor's practice. Persons lacking financial resources in the Republic of Moldova are guaranteed urgent pre-hospital medical care and primary health care, which is provided in the volume established by the Single Program, including the prescription of reimbursed drugs in accordance with regulations in force, without payment for providing these services.

Medical services for socially conditioned diseases and emergencies, with a major impact on public health such as: tuberculosis; psychosis and other mental and behavioural disorders; alcoholism and drug addiction; confirmed oncological and haematological malignancies; HIV / AIDS and syphilis; acute viral hepatitis A, botulism, viral, bacterial and parasitic meningitis and meningoencephalitis, pandemic influenza, chickenpox, measles, leptospirosis, malaria, typhoid and paratyphoid fever, exanthemas typhus, cholera, tetanus, anthrax, brucellosis, epidemic, rabies, trichinosis, plague, yersinosis, tularaemia, diphtheria, polio, rubella, are given to both insured and uninsured persons.

At the same time, from the sources of the state budget and FAOAM, the National Programs are implemented in the priority areas of public health: e.g.: control of non-communicable diseases - diabetes, cardiovascular, mental health, etc., and communicable diseases e.g.: immunizations, control and prevention of tuberculosis, HIV / AIDS, viral hepatitis B, C and D, etc., the beneficiaries being both insured and uninsured.

### **Ministry of Defence**

The Constitution of the Republic of Moldova enshrines this right in the provisions of art. 47:

*"(1) The state is obliged to take measures so that any person has a decent standard of living, which ensures the health and well-being of himself and his family, including food, clothing, housing, medical care and social services necessary.*

*(2) Citizens have the right to insurance in case of: unemployment, illness, disability, widowhood, old age or in other cases of loss of means of subsistence, as a result of circumstances independent of their will. "*

During the reference period, the Ministry of Defence focused on increasing the quality of life and improving working conditions, developing policies in the field of social protection of military and war veterans / military service veterans, as well as their family members.

In this context, at the initiative of the Ministry of Defence, the Regulation on granting service housing managed by the Ministry of Defence and the military units of the National Army was approved (GD no. 874/2015).

At the same time, in order to implement the provisions of art. 21 para. (5) of Law no. 162/2005 on the status of the military, with the amendments operated by Law no. 148/2017 on amending and supplementing some legislative acts, in order to partially solve the problem of providing housing for the military who could not be offered adequate housing, the Regulation on the establishment and payment of the monthly allowance was approved for renting the living space to the military by contract of the Armed Forces (GD no. 694/2018).

Following the amendments proposed by the Ministry of Defence to Law no. 270/2018 regarding the unitary salary system in the budgetary sector, changes were made in order to increase the amount of salaries of military and civilian personnel working in the National Army, being established increased reference values, thus ensuring salary increase of up to 10% the category of officers and up to 20% for the number of soldiers and sergeants.

Subsequently, in order to increase the degree of social protection of pensioners among the military, in order to ensure a decent living, amendments were made to Law no. 1544/1993 regarding the pension insurance of the military and of the persons in the command corps and in the troops of the internal affairs bodies and within the General Inspectorate of Carabineers, in order

to modify the indexation of the pensions established in the public system and in order to grant the right to payment of the pension when establishing the domicile abroad.

In the alternative, the Government Decision no. 78/1994 on the calculation of seniority in work, establishment and payment of pensions and allowances to military personnel, persons in the command corps and troops of internal affairs bodies, collaborators of the National Anticorruption Center and civil servants with special status within the penitentiary administration system, with regulations regarding the pension for military families in case of loss of the maintenance has been completed.

Contextually, in order to ensure an efficient communication with veterans and to identify jointly with them the solutions to identified problems, the National Council for War Veterans Problems was established (GD no. 20/2020), and in order to promote initiatives in the field of social protection of veterans and strengthening their movement, in addition to the President of the Republic of Moldova was established the Commission for Veterans of the Armed Forces, law enforcement agencies and participants in military conflicts.

Currently, pursuant to GD no. 182/2018 on the IDs of war veterans and GD no. 412/2019 on the cards of veterans of the military service, the Ministry of Defence ensures the control over the correctness of issuing, exchanging, recording and keeping the cards of veteran of the military service / war veteran, upon presentation of which veterans can benefit from rights and facilities granted pursuant to law in force.

Also, during the reference period, the action of Government Decision no. 836/2010 regarding the granting of unique allowances for the construction or purchase of housing, or the restoration of old houses to certain categories of citizens, as beneficiaries being also war veterans has been prolonged.

At the same time, there has been certified some progress in improving the regulatory framework, especially with regard to social benefits for some categories of people. Thus, by Law no. 188/2019, the monthly allowance for war veterans was increased.

In another train of thoughts, the exclusion of the contradictory norms from Law no. 121/2001 on the additional social protection of certain categories of population, in the part referring to the restriction of the right of veterans receiving pensions to benefit from the monthly state allowance simultaneously with the pension increase, was excluded. Currently, the monthly state allowance to the entitled persons is granted regardless of whether or not they are beneficiaries of pensions or state social allowances.

It is worth mentioning that by Government Decision no. 608/2019, amendments have been carried out to the Regulation on the manner of performing military service in the Armed Forces, approved by Government Decision no. 941/2006, which offered a wider range of possibilities for completing military structures with qualified military personnel, with extensive experience in the military field.

In conclusion, we underline that the Ministry of Defence has registered a positive dynamic in order to eradicate poverty among the military and veterans of the military service, as well as their family members by reviewing a series of normative acts in the field. The impact of these changes consists in ensuring the material conditions necessary for the efficient exercise by the military of service obligations, attracting and maintaining in the military service professional human resources, consolidating the potential and increasing the professionalism of the military by adequately rewarding of individual and collective professional performance in order to motivate the staff in relation to the volume of responsibilities assigned by law.

Thus, taking into account the complexity, duration and discrepancy between the necessary resources and those allocated to the process of consolidation, development and modernization of the entire national defence system, as well as external assistance available to the Republic of Moldova, the challenges in defence area are limited to the massive exodus of military personnel, this phenomenon being generated by the current salary system and insufficient social protection of the military. Respectively, the Ministry of Defence has made it a priority to increase the quality of life and improve the service conditions of the military.