



# Economic and Social Council

Distr.: General  
11 May 2011

Original: English

---

## Committee on Economic, Social and Cultural Rights

### Forty-sixth session

#### Summary record of the 7th meeting

Held at the Palais Wilson, Geneva, on Thursday, 5 May 2011, at 10 a.m.

*Chairperson:* Mr. Pillay

## Contents

### Consideration of reports

- (a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant (*continued*)

*Second periodic report of the Republic of Moldova (continued)*

---

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent *within one week of the date of this document* to the Editing Unit, room E.4108, Palais des Nations, Geneva.

Any corrections to the records of the public meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

*The meeting was called to order at 10.05 a.m.*

### **Consideration of reports**

#### **(a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant (continued)**

*Second periodic report of the Republic of Moldova (continued) (E/C.12/MDA/2; E/C.12/MDA/Q/2 and Add.1)*

1. *At the invitation of the Chairperson, the delegation of the Republic of Moldova took places at the Committee table.*

*Articles 1 to 5 of the Covenant (continued)*

2. **Mr. Saincuic** (Republic of Moldova) said that, in 2010, the Centre for Human Rights had published a report on the implementation of human rights on its website. It had included information on children's rights, developments in human rights, the Centre's activities, and international cooperation and partnerships in human rights issues. There were plans to amend the Constitution in 2011 to include provisions on the parliamentary ombudsmen who worked at the Centre. A study would be conducted into the appointment of parliamentary ombudsmen in order to ensure the transparency of that process, and the Centre's funding would be analysed in preparation for the establishment of a national mechanism for the prevention of torture and other cruel, inhuman or degrading treatment or punishment. Having been given B status by the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights, the Centre had undertaken to implement the necessary changes to reach A status. That would require amendments to domestic legislation and a significant level of support from other State bodies in order to increase cooperation on human rights issues.

3. The Centre for Prosecution of Economic Crimes and Corruption was now operational and a national strategy to combat corruption was being formulated. A national council had been set up to monitor the implementation of the anti-corruption strategy. All State officials and judges were obliged to submit annual statements detailing their income, and legislative changes had ensured that the information provided was reliable. The current reform of the justice system included changes to the status of judges, their appointment and remuneration.

4. Judges had been instructed to directly invoke the provisions of international instruments in their decisions, and anyone bringing a case before domestic courts had the right to cite those instruments. While no data were currently available on the number of cases in which reference had been made to international instruments in Moldovan courts, the Constitutional Court had recently invoked the Covenant and the European Social Charter in a case concerning the constitutionality of a domestic provision enabling civil servants to work for a further three years only once they had reached pensionable age.

5. Owing to a lack of resources, the Labour Inspectorate employed only 94 inspectors, who were unable to monitor all workplaces.

6. The Committee's concluding observations concerning his country's initial report (E/C.12/1/Add.91) had been sent to all relevant State bodies. While the second periodic report (E/C.12/MDA/2) contained much information germane to the Committee's 2003 recommendations, it was regrettable that it had not been structured in line with those recommendations, and made no reference to them.

*Articles 6 to 9 of the Covenant (continued)*

7. **Mr. Martynov** asked when the integrated plan for social welfare would be drawn up and the relevant legislation adopted.

8. **Ms. Dumbrăveanu** (Republic of Moldova) said that the Government had approved a national programme for an integrated social services system, which included a plan of action to be implemented up to 2012. The programme aimed to provide high-quality, efficient social assistance to vulnerable groups and ensure coordination between service providers. Under the programme, local authorities had a duty to assess the needs of vulnerable groups in their communities and make the best use of available resources to respond to those needs.

*Articles 10 to 12 of the Covenant*

9. **Mr. Riedel** emphasized the need to provide data on health on an annual basis and disaggregated according to the traditional grounds for discrimination. Without that information, the Committee was unable to evaluate the progress made and ascertain whether the State party had met its obligations under the Covenant. The statement in the second periodic report that the National Healthcare Policy and the Healthcare System Development Strategy were in continuous evolution (para. 785) did nothing to indicate what progress might have been made. It would be useful to know whether interim results of the Policy and Strategy were available.

10. In its previous concluding observations, the Committee had recommended that the State party should take effective measures to ensure the quality, affordability and accessibility of health services, and requested detailed disaggregated and comparative data on progress made (E/C.12/1/Add.91, para. 46). The statistics the State party had provided did not present information on its fulfilment of its obligation to guarantee the right to health. In particular, he would be grateful for details on efforts to combat the spread of tuberculosis, including by ensuring the availability of medicines and adequate sanitary conditions in prisons, as recommended in 2003 (*ibid.*, para. 47). He commended the State party for the progress it had made in the fields of HIV/AIDS and maternal mortality and welcomed the data it had provided on those issues.

11. However, there was scant information on drug abuse, especially among young people, and no disaggregated or comparative data on that problem had been supplied, despite the Committee's previous request (*ibid.*, para. 50).

12. The Committee had been informed that article 13 of the Family Code, which provided for mandatory HIV testing prior to marriage, increased corruption in the health-care system because people paid to avoid the required medical checks for fear of discrimination against those who were HIV-positive. He would welcome the delegation's comments on that assertion.

13. In the light of the incentives described in paragraph 285 of the State party's written replies (E/C.12/MDA/Q/2/Add.1), it would be interesting to learn how many additional family physicians and other medical staff had been attracted to rural areas and remote communities.

14. He commended the progress that had been made in increasing the ratio of the population that had access to good-quality water and sewage systems and requested the inclusion of more detailed data on that subject in the State party's third periodic report.

15. **Mr. Schrijver** requested additional information on the two-year National Plan for Preventing and Combating Trafficking in Human Beings, particularly its status, expectations about its implementation and the effectiveness of previous plans in that field. Statistics on human trafficking would be useful.

16. He asked how effective the Government's poverty reduction strategy had been and what specific measures it had taken to enhance employment opportunities for the unemployed, young people, women and the Roma.

17. **Mr. Tirado Mejía** requested information on the implementation of Law No. 241-XVI of 2005 on the prevention of and fight against human trafficking, including the provision for the rehabilitation of victims of trafficking.

18. The Committee had received reports indicating that persons who were HIV-positive faced significant discrimination in the State party; they could not obtain citizenship, HIV-positive adults could not adopt children and HIV-positive children could not be adopted. He would welcome an explanation of that policy.

19. It was difficult to understand why doctors were required to breach medical confidentiality in some circumstances, such as to inform the authorities of their patients' HIV status. Moreover, in at least one case, a woman who had been suffering from a haemorrhage after an abortion had gone to hospital, and the doctors who had treated her had later informed the authorities about her abortion. She had subsequently been sentenced to 20 years' imprisonment. In that regard, he requested clarification on whether abortion was legal in the State party and, if so, whether it was legal under all circumstances.

20. **Mr. Sadi** requested examples of decisions handed down by Moldovan courts in cases of human trafficking. The Committee would be interested to learn about the severity of the sentences, particularly as the escalation in trafficking suggested a lack of accountability and lax implementation of the relevant legislation. Given that the State party was a country of transit and destination, he wished to know whether the Government had entered into any regional agreements with neighbouring States to combat trafficking in persons. It would be useful to know to what extent combating that scourge was a priority for the Government.

21. It would appear that, owing in large part to the number of adults who were leaving the country to work abroad, there was a disintegration of the family structure in the State party. That might explain the high levels of domestic violence, which reportedly affected 40 per cent of women. In order to ascertain the degree to which judges regarded it as a serious offence, the Committee would appreciate information on prosecutions of perpetrators of domestic violence.

22. He failed to understand why women and girls were resorting to abortion as a method of contraception.

23. He asked whether the Government had a public housing policy; if so, why was there virtually no housing available to members of the Roma community? The lack of good-quality drinking water was also a major concern, and seemed to indicate a level of poverty that was at odds with the State party's aspirations. It would appear that there was a need for political will on many such issues in order for the State party to develop and to resolve those fundamental problems.

24. **Ms. Shin** requested the State party to include in its third periodic report data on the number of underage marriages. It would be useful to know how many fathers took advantage of the possibility to take partially paid parental leave. Given that so many grandparents were caregivers because of the number of adults who had emigrated to work abroad, she asked what steps the State party took to alleviate the financial burden on elderly people, who were often on low incomes themselves.

25. She asked whether the State party had specific annual targets for reducing the number of children, including those with disabilities, who lived in residential care homes. She asked why children with mild disabilities were placed in special schools, which later prevented them from applying to higher education establishments. Ideally, they should be

integrated into mainstream schools and given the opportunity to reach a higher academic standard.

26. The prevalence of abortion as a family planning method in the Republic of Moldova was an abuse of abortion that could be avoided, for example by providing education on sexual and reproductive health in schools and other contexts and making affordable contraception available and accessible. She asked what the current situation was in that regard and how improvements could be made.

27. Persons suffering from epilepsy should not be placed in psychiatric wards as was the current practice, but provided with alternative methods of treatment. Also, as Roma did not easily obtain medical assistance, particularly in rural areas, where deaths had occurred due to a lack of ambulances, she asked what steps were being taken to improve medical response and medical personnel training to assist ethnic minorities.

28. **Ms. Barahona Riera** enquired what measures were being taken to combat the major problem of poverty in the Republic of Moldova, especially for the most vulnerable groups such as children, the elderly and persons in rural areas, and what resources the State party had available to that end.

29. She also wished to know how the Government was addressing the lack of access to health care, problems of anaemia and malnutrition that the children of migrants faced. She asked what their legal status was and who their legal guardians were. It seemed that those children were abandoned by the State.

30. Although the country had programmes and welcome centres in place for victims of domestic violence, legal measures to criminalize domestic violence were needed.

31. She would welcome more information about the State party's health system, since it was not clear whether it was privately or publicly funded, and she expressed concern that a privately funded system had implications of marginalization of the poor who could not afford to pay for medical services. She also wished to know more about the contents of the free package of medical services mentioned in paragraph 776 of the second periodic report.

32. She further asked what types of programmes and budget allocations were in place to ensure that women, and adolescents in particular, enjoyed their right to information on sexual and reproductive health.

33. **Mr. Martynov** asked for information on the status of the draft national plan of action for the elimination of child labour in the Republic of Moldova, and when that draft text was expected to be adopted. He also wished to know whether there were plans to establish a quota for the employment of persons with disabilities, applying to companies with a given number of employees.

34. In the light of the significant increase in the cost of mandatory medical insurance in the country, including for the unemployed, he wished to know whether it was true that persons, including the unemployed, who did not pay their insurance for a certain time were subject to administrative arrest or fines.

35. **Mr. Dasgupta** asked how many human trafficking cases had been prosecuted, and successfully prosecuted, in recent years, as the data which the delegation had provided for 2009 did not shed light on the current situation.

36. He also noted that the travel and employment agencies involved in cases of human trafficking should have received much more severe penalties than the mere cancellation of their licences to conduct business.

37. The data provided on access to sewage systems and adequate drinking water demonstrated that the State party took those matters seriously, but the figures themselves

were rather disappointing. He wished to know what was being done to ensure that the relevant Millennium Development Goals were met by 2015; if they could not be met within that time frame, when they would be; and what remedial measures would be in place to ensure access to such services in the meantime.

38. **Mr. Kedzia** asked for an assessment of progress by the State party in implementing its plans to reform its residential care system in order to address cases of negligence, ill-treatment and lack of proper care of children in that context, and the effects of that implementation.

39. **Mr. Ribeiro Leão** said that policies for combating poverty needed to include all classes of persons regardless of age, gender, whether they lived in urban or rural areas and other considerations. In that respect, he wished to know whether the State party's own policy on poverty was cross-cutting.

40. He also enquired whether the agricultural reforms mentioned in the second periodic report (para. 569) included providing technical assistance and access to land.

41. **Mr. Abdel-Moneim** (Country Rapporteur) said he was pleased to learn from the background documents the delegation had provided that social expenditures had increased, although he would welcome clarification on "expenses of social character" as referred to in the second periodic report (para. 392), which reflected different figures than expenditures for social protection programmes. He also wished to know what the position of international financial institutions such as the International Monetary Fund (IMF) was in relation to the increased social expenditures in the Republic of Moldova. Also, on the statement in the report that implementation of a gradual redistribution of social insurance premiums from the employer to the employee was a major reason for the greater involvement in the system and improved financial stability, he wished to know whether it seemed fair to shift those premiums to employees.

42. **The Chairperson** said that the State party had not heeded the Committee's recommendations in its concluding observations from 2003 that resources should be allocated to provide social housing, especially for the disadvantaged and vulnerable groups, including the Roma, and that the State party should report back on the problem of homeless people (E/C.12/1/Add.91, para. 45). Those omissions should be rectified before the next periodic report was considered. He would also welcome more information on whether there was a law in the Republic of Moldova to address the problem of forced eviction in the country.

43. **Mr. Sainciuc** (Republic of Moldova), in response to the questions raised, said that there was a national strategy in place to foster economic growth and combat poverty, which had been effective since national income had grown in spite of the financial crisis. Moreover, even when the country's gross domestic product had dropped by more than 6 per cent in 2009, and some measures had needed to be postponed, all social benefits and allowances had been maintained and paid on time. Also, pension amounts had increased every year. Pensions were calculated on the basis of the growth in wages over the previous year and the consumer price index, and pensions were paid out of the social insurance budget and the State budget. Also, social spending had been growing in absolute terms. His Government attached great importance to allocations for social protection, especially for the most vulnerable, and would focus on ensuring that low-income families received more assistance.

44. On the question of international financial institutions, he noted that a significant share of the national budget went to social spending, but the figures reflected what had been agreed with those institutions. The Republic of Moldova had no problems in its relationship with institutions like IMF or the World Bank.

45. His Government had plans to move from a system of overall social protection to identifying categories of persons most in need of assistance in order to ensure that families with the lowest incomes would receive more State assistance. It was also making changes to its unemployment allowance system to ensure a guaranteed minimum income while preventing cases of abusive dependence on unemployment payments, which were sometimes higher than what could be earned in wages. Reform of the social welfare system would take effect in July 2011. He added that the State also had subsidies in place to help with heating in the winter.

46. On the issue of access to social housing, his Government had adopted programmes to supply housing to young professionals such as teachers and medical workers in rural areas and provided a one-off cash payment as well as subsidies for utilities, to encourage young professionals to work in such areas. The country's housing plan to help other categories of persons had completed its first stage of implementation and there were plans to implement at least one social housing project in each region. Young people around 18 years of age who had completed their education and had nowhere to live should be accorded priority access to that housing.

47. **Ms. Dumbrăveanu** (Republic of Moldova) said that in 2010, her Government had approved a model provision on organizing facilities which provided specialized services to persons with physical and mental disabilities. By the end of 2011, nine such facilities would be in place for persons with physical disabilities, and three facilities had already been set up for persons with mental disabilities.

48. **Mr. Sainciuc** (Republic of Moldova), replying to a question on child labour, said that his country had ratified inter alia International Labour Organization Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (No. 182) and was developing a national plan on the eradication of child labour which was expected to be approved in the coming months and would extend to 2015.

49. A legal norm on quotas for the employment of persons with disabilities did exist, but it was not enforced in practice. Incentives for employers to hire persons with disabilities were included in a new bill due to be adopted in 2011.

50. Social insurance was provided for unemployed persons receiving unemployment benefit. During the first three months of unemployment, medical costs were halved.

51. **Ms. Pascal** (Republic of Moldova) said her Government recognized that trafficking in persons needed to be urgently addressed. The Republic of Moldova was a source country for the phenomenon and, to a lesser extent, a transit country. Domestic trafficking also existed; most victims were from rural areas.

52. The Republic of Moldova had cooperated with the International Organization for Migration (IOM) to work with victims and potential victims of trafficking and was developing cooperation between NGOs, national bodies and international organizations. Government strategy with regard to trafficking in persons aimed at improving the assistance provided to victims; introducing norms in accordance with international standards; providing access for victims and potential victims to high-quality services; enhancing the vocational and professional qualifications of staff working with victims; and providing support during judicial procedures. Until 2006, assistance to victims of trafficking had been financed solely by NGOs and international organizations, but since 2008, the Government had assumed responsibility for that financing.

53. Laws to prevent and suppress human trafficking were implemented through plans of action. The fourth plan of action was currently in force. Each plan was assessed and analysed prior to drafting the next one. An additional plan had been adopted in 2010 as a

response to the Department of State of the United States of America Trafficking in Persons Report.

54. The monitoring reports on plans to combat trafficking in persons were published on the website of the Ministry of Labour, Social Protection and Family and round tables were organized during which the results were presented. The Group of Experts on Action against Trafficking in Human Beings was due to visit the Republic of Moldova in May 2011 to assess implementation of the Council of Europe Convention on Action against Trafficking in Human Beings.

55. Support to victims of trafficking was largely funded from the State budget. A centre for victims and potential victims, which provided emergency assistance for three months, had been created and was financed jointly by IOM and the State, with a gradual transition to being fully financed by the State.

56. The Government intended to sign repatriation agreements with countries that were destinations for Moldovan migrants and victims of trafficking. One such agreement had been signed with the Russian Federation and another was being drafted with Ukraine. An agreement already existed with Italy on the return of unaccompanied minors. Adults, children and unaccompanied minors were repatriated with IOM and NGO assistance.

57. Criminal proceedings had been opened for trafficking in persons in 251 cases in 2007; 215 in 2008; 185 in 2009; and 140 in 2010. Sixty-one cases had been brought to court in 2006; 47 in 2007; 31 in 2008; and 21 in both 2009 and 2010. The decrease in those figures pointed to a decline in the incidence of human trafficking.

58. The Ministry of Labour, Social Protection and Family was responsible for repatriations. In 2009, 42 children had been repatriated and, in 2010, 27 children. In 2010, 70 adults had been repatriated, including 15 victims of trafficking and 15 migrants in difficulty.

59. **Mr. Sainciuc** (Republic of Moldova) said that, in the first quarter of 2011, 35 cases concerning trafficking in persons involving 40 defendants had come before the courts. Of those defendants, 1 had been sentenced to imprisonment, 10 had been given suspended sentences and 22 had been fined; in addition, 1 legal entity had been dissolved.

60. Employment agencies were monitored very closely by the Government and those that were found to be involved in illegal activities lost their licences.

61. Official data showed very little change in labour migration levels over the previous three years. Two thirds of labour migrants came from rural areas and about half of Moldovan migrants went to work in Commonwealth of Independent States countries and half in the European Union. Intergovernmental agreements on social insurance for migrants had been signed with Bulgaria, Luxembourg, Portugal and Romania, and agreements would soon be signed with a further eight countries. The Government was intending to sign an agreement on labour migration with Italy, and work on a similar agreement with the Russian Federation was under way.

62. **Ms. Dumbrăveanu** (Republic of Moldova) said that a national plan of action to protect children who had been left alone when their parents migrated had already achieved tangible results: amendments and additions had been made to national legal texts with regard to the responsibilities of parents, including those who had migrated, and protection of the rights of children left behind.

63. IOM had assisted the Government in carrying out a study on the specific needs of children and older people left without assistance when family members migrated. Services were provided throughout the country by social workers to individuals in that situation and the Government aimed to increase the provision of assistance on a voluntary basis.



64. **Ms. Handrabura** (Republic of Moldova) said that teaching assistants were available in schools for children with learning difficulties. Child psychologists worked in secondary and boarding schools, as well as in police stations to safeguard the rights of children during judicial proceedings.

65. Under the Residential System Reform Strategy and its Action Plan, a master plan had been adopted on the institutional system for children. In 2010, regulations had been adopted on the functioning of residential institutions for children which specified that children should not spend more than 12 months in such an institution. A body had also been created to coordinate the reform of the residential institution system.

66. Work had been completed on an Education Code, which included provisions on inclusive education.

67. Thanks to the policy of deinstitutionalization and with the support of the United Nations Children's Fund, local authorities and NGOs, the number of institutionalized children had fallen, the number of residential institutions for children had decreased, and experts and leaders from across the country had received training as part of the reform of the residential system.

68. Sex education had been made compulsory in grades 5 to 12 as part of the healthy lifestyle module, which was allocated one hour a week in vocational schools.

69. **Mr. Sainciuc** (Republic of Moldova) said the Labour Code established that parental leave could be taken by fathers. In 2000, 2 per cent of parental leave had been taken by men, and by 2010 that figure had risen to 30 per cent. Specific information on the age of marriage would be provided in his country's next periodic report.

70. **Ms. Dumbrăveanu** (Republic of Moldova) said that social services for children had been increased; there was no significant shortage of social services.

71. The Law on the Legal Status of Adoption, which governed both national and international adoptions, had been approved in 2010. The mechanism used to apply the law had eliminated all discriminatory aspects relating to both children and parents involved in the adoption process.

72. **Mr. Sainciuc** (Republic of Moldova) addressed the issue of the strategy to combat poverty in all sectors of the population, including persons living in rural areas. Each year, Parliament adopted legislation on funding to subsidize agriculture and support enterprises in order to develop the agricultural sector.

73. Efforts were ongoing to create new jobs in the processing sector in rural areas and there was a programme in place to support farmers.

74. Social insurance contributions were being redistributed under a strategy adopted in 2009 and a personalized system for the calculation of such contributions had been introduced. Both workers and employers contributed directly to pension schemes.

75. As to housing, Roma received the same benefits as the rest of the population.

76. Eighty-one per cent of those receiving benefits were members of low-income families and, within one year, all needy families would have access to identical assistance.

77. With regard to drinking water and sanitation, new legislation on water had been developed. The Republic of Moldova had received assistance from donors to help it improve the water distribution network and the sewage system and would, moreover, meet the target set in that regard under the Millennium Development Goals.

78. As to eviction for non-payment of rent, low-income families were not evicted if they were in arrears with regard to rent or utility bills. The Government made provision for the

spreading of payments over the whole year and a special fund existed to pay directly the communal services bills of families in arrears.

79. **Ms. Dumbrăveanu** (Republic of Moldova) said that the Law on Preventing and Combating Domestic Violence had been adopted in 2007 and had entered into force on 18 September 2008. Under the new legislation, the definition of the term “family member” had been broadened and brought into line with that established by the European Court of Human Rights. Existing legislation on domestic violence had also been amended and, as a result, courts issued a protection order within 24 hours of the registration of a complaint of domestic violence if there was reason to believe that the victim was at risk. Around 50 such orders had been issued to date. Mechanisms designed to resolve domestic violence cases had been included in the Moldovan Criminal and Civil Procedure Codes. Amendments had also been made to the laws on social protection, the activities of the police authorities, local administration and unemployment. Victims of domestic violence received priority treatment with regard to training and employment. Legislation had also been introduced on the functioning of rehabilitation centres for victims of domestic violence, along with minimum quality standards for the services provided to such individuals. A national action plan to combat domestic violence had also been adopted for the 2010–2011 period, under which each Ministry had specific child protection responsibilities. The Law on Preventing and Combating Domestic Violence set out the responsibilities of State bodies at the national and local levels. A domestic violence telephone helpline had also been introduced. Furthermore, a guide had been produced on the application of protection orders. Work was under way to create a social database in order to improve reporting of domestic violence. In 2009, there had been 46 recorded instances of domestic violence and in 2010 there had been 60, 31 of which involved fatalities. The remaining 29 cases involved grievous bodily harm committed, in 21 instances, by family members and in the remaining 8 cases by other relatives.

80. **Ms. Handrabura** (Republic of Moldova) said that 60 day-care centres for children had been opened. Children had also been placed in units integrated into community centres in small villages and 36 such units had been created. There were plans at ministerial level to open another 100 such centres in villages which did not currently have such facilities.

81. **Ms. Pascal** (Republic of Moldova) said that her Government had implemented social security measures aimed at providing assistance to victims of domestic violence. In one region, an initiative had been launched by the local administration which involved the opening of the Republic of Moldova’s first rehabilitation centre for perpetrators of domestic violence by the end of 2011.

82. **Mr. Țurcanu** (Republic of Moldova) said that mandatory State health insurance had been introduced for the following categories of disadvantaged persons: children up to 18 years of age; school pupils in specialized and non-specialized institutions; students in higher education; secondary school students; PhD students; medical residents; old-age pensioners; persons with disabilities of all categories; pregnant women (regardless of their employment status); mothers caring for children with first-category disabilities; and all officially registered workers. The remaining members of the working population were covered by health insurance contributions paid equally by the employer and the worker.

83. The National Healthcare Policy and the Healthcare System Development Strategy had been prepared in cooperation with the World Health Organization (WHO) over a period of around two years. The Millennium Development Goals and the European Union/Moldova Action Plan had been taken into account during that process and the Republic of Moldova had received grants from the World Bank. With the introduction of mandatory health insurance, the way in which health care was financed had changed radically; hospitals, polyclinics and outpatient clinics were financed separately and concluded their own agreements with insurance companies. Previously, 80 to 90 per cent of

funding had been channelled towards hospitals rather than outpatient care. The health-care system had been decentralized in order to ensure that disadvantaged persons received outpatient care. Following the reforms, only 50 per cent of financial resources were allocated to hospitals while the rest was set aside for the provision of emergency and outpatient care, as well as more specialized care covered by insurance companies.

84. Infant mortality in Moldova was falling and the country was on track to achieve the target set under the Millennium Development Goals in that respect.

85. As to tuberculosis, the WHO directly observed treatment, short-course (DOTS) strategy had been fully introduced in 2007 and the Republic of Moldova was involved in the Green Light Committee Initiative of WHO, a programme which was fully supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Medication was available to all tuberculosis patients and a national plan to combat tuberculosis, which also covered prisons, had been established with the support of the Global Fund.

86. As to maternal mortality, the rate in the Republic of Moldova had dropped in recent years.

87. Family planning programmes did not address the issue of abortion. However, the practice was legal and the abortion rate was high. Programmes were in place to reduce infant mortality and to provide perinatal assistance. Such care had been completely re-organized and reproductive health centres had been established in every region of the Republic of Moldova.

88. Owing to the high number of women who had left the country, many children between the ages of 8 and 18 were left at home without parental supervision. Centres dispensing health care to young people would be established across the country and would provide information on drugs and prevention of early pregnancy. Those services would be outsourced to insurance companies, which would finance the centres. Indeed, 12 existing centres had already signed contracts in that regard.

89. As to the development of primary health care, internal funding for such care had been increased and an agreement had been reached with the World Bank regarding a loan of US\$ 10 million. In addition, the Netherlands Government had provided a grant which had been allocated in its entirety to primary health care.

90. Family health-care units had been moved out to rural areas and were well equipped. Ambulance services had been separated from outpatient and other services. Rural areas now had dedicated ambulance services. That package of services differed from the one that had been adopted as part of the mandatory health insurance system in that it covered around 85 per cent of basic health services.

91. The mandatory health insurance system did not cover major operations but other urgent health care was included. A national programme had been created which provided free medication for mental health conditions, as well as tuberculosis and diabetes. All medication was also free for outpatients and children under 5. A total of 234 basic medicines were currently available as part of the package, compared to 186 in 2010.

92. With regard to the elderly, there were a number of centres that provided palliative care and had signed contracts with insurance companies. Insurance companies were providing long-term financial support for such institutions.

93. As to the issue of the woman who had been sentenced to 20 years' imprisonment for killing her own child, there was a proposal to grant an amnesty in her case.

94. Regarding mental health issues and epilepsy, with the support of the European Union, psychiatric wards were being closed and six community centres, staffed by psychiatrists, social workers and psychologists, were being opened in Chişinău and

elsewhere. Epilepsy had been reclassified by the Ministry of Health as a neurological, rather than a psychiatric disorder, and epileptics would receive appropriate treatment.

*The meeting rose at 1 p.m.*