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European Social Charter

European Committee of Social Rights

Conclusions 2017

REPUBLIC OF MOLDOVA

This text may be subject to editorial revision.

The following chapter concerns the Republic of Moldova, which ratified the Charter on 8 November 2001. The deadline for submitting the 13th report was 31 October 2016 and the Republic of Moldova submitted it on 29 March 2017. On 1 August 2017, a request for additional information regarding Articles 11§1, 12§2, 12§3, 13§2 and 13§3 was sent to the Government which did not submit a reply.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerns the following provisions of the thematic group "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3),
- the right to protection of health (Article 11),
- the right to social security (Article 12),
- the right to social and medical assistance (Article 13),
- the right to benefit from social welfare services (Article 14),
- the right of elderly persons to social protection (Article 23),
- the right to protection against poverty and social exclusion (Article 30).

The Republic of Moldova has accepted all provisions from the above-mentioned group except Article 3§4, Article 13§4, Article 23 and Article 30.

The reference period was 1 January 2012 to 31 December 2015.

The conclusions relating to the Republic of Moldova concern 13 situations and are as follows:

– 10 conclusions of non-conformity: Articles 3§2, 3§3, 11§1, 11§2, 11§3, 12§1, 12§2, 12§3, 12§4 and 13§1.

In respect of the 3 other situations related to Articles 3§1, 13§2 and 13§3 the Committee needs further information in order to examine the situation. The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by the Republic of Moldova under the Charter. The Committee requests the authorities to remedy this situation by providing the information in the next report.

During the current examination, the Committee noted the following positive developments:

Article 12§4

During the reference period, the Republic of Moldova concluded social security agreements with Belgium, Poland, Hungary and Lithuania.

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In addition, the report contains also information requested by the Committee in Conclusions 2015 in respect of its conclusions of non-conformity due to a repeated lack of information:

- the right of children and young persons to protection – prohibition of employment of children subject to compulsory education (Article 7§3),
- the right of employed women to protection of maternity – maternity leave (Article 8§1),
- the right of the family to social, legal and economic protection (Article 16).

The Committee examined this information and adopted 1 conclusion of conformity relating to Article 8§1 and 2 conclusions of non-conformity relating to Articles 7§3 and 16.

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The next report will deal with the following provisions of the thematic group "Labour Rights":

- the right to just conditions of work (Article 2),
- the right to a fair remuneration (Article 4),

- the right to organise (Article 5),
- the right to bargain collectively (Article 6),
- the right to information and consultation (Article 21),
- the right to take part in the determination and improvement of the working conditions and working environment (Article 22),
- the right to dignity at work (Article 26).
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28)
- the right to information and consultation in collective redundancy procedures (Article 29).

The report should also contain information requested by the Committee in Conclusions 2016 in respect of its conclusions of non-conformity due to a repeated lack of information:

- the right to work – vocational guidance, training and rehabilitation (Article 1§4),
- the right to vocational guidance (Article 9),
- the right of persons with disabilities to independence, social integration and participation in the life of the community – employment of persons with disabilities (Article 15§2).

The deadline for submitting that report was 31 October 2017.

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Conclusions and reports are available at www.coe.int/socialcharter as well as in the HUDOC database.

**CONCLUSIONS RELATING TO ARTICLES
FROM THE THEMATIC GROUP**

‘Health, social security and social protection’

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Health and safety and the working environment

The Committee takes note of the information contained in the report submitted by Moldova.

General objective of the policy

The Committee previously noted (Conclusions 2013) that Act No. 186-XVI of 2008 and the implementing regulations established an occupational health and safety system designed to foster and preserve a culture of prevention in this area, but that the act had not reached the stage of implementation and had not been fully incorporated into the existing legislation and regulations. The same applied to the National Programme.

In its previous conclusion (Conclusions 2013), the Committee requested information on the authorities in charge of implementing Act No. 186-XVI and the National Programme; details of implementing and harmonising measures relating to Act No. 186-XVI; and examples of the implementation of Act No. 186-XVI and the National Programme in practice. It also asked whether Act No. 186-XVI and the National Programme fully covered the national territory. In addition, it asked whether the new occupational safety and health unit in the Ministry of Labour, Social Protection and the Family, which was responsible for developing, promoting and regularly examining national policy in this area, re-assessed existing policies in the light of changing risks. As the report does not include any information concerning the National Programme, the Committee concludes that the programme was not adopted during the reference period.

The report indicates that the government's occupational health and safety policy is drawn up and reviewed in consultation with employers and trade unions, taking account of the changes in relevant international regulations and of technical progress.

The Ministry of Labour, Social Protection and the Family co-ordinates occupational health and safety, drafts relevant legislation and, after consulting the social partners, submits it to the government for approval; monitors the implementation of occupational health and safety legislation; arranges drafting of framework occupational health and safety instructions for certain occupations and for certain complex activities; issues opinions on draft framework occupational health and safety instructions; publishes annual reports on the measures taken to implement the government's policy on occupational health and safety and on employment injuries and occupational diseases; liaises with the information network on occupational health and safety; and represents the government in international relations in this area.

According to the report, the National Labour Inspectorate is responsible for implementing Act No. 186-XVI of 10 July 2008 on occupational safety and health, in accordance with Act No. 140-XV of 10 May 2001 on the National Labour Inspectorate. Under Article 3 of Act No. 186-XVI, the provisions of the act apply in all areas of activity, both public and private. Nevertheless, the report indicates that the act is not applicable when certain characteristics inherent in certain activities specific to the armed forces, the police and the civil defence forces conflict with its provisions. In such cases, workers' health and safety are safeguarded while taking the maximum account possible of the provisions of the act. The Committee again requests details of implementing and harmonising measures relating to Act No. 186-XVI and examples of its implementation in practice.

The Committee points out that new technology, organisational constraints and psychological demands favour the development of psychosocial factors of risk, leading to work-related stress, aggression, violence and harassment. It would also point out that, with regard to Article 3§1 of the Charter, it takes account of stress, aggression, violence and harassment at work when examining whether policies are regularly evaluated or reviewed in the light of emerging risks. The States parties have a duty to carry out activities in terms of research, knowledge and communication relating to psychosocial risks (Statement of Interpretation on

Article 3§1 of the Charter, Conclusions 2013). The report does not provide any information on this point. The Committee accordingly reiterates its request.

Organisation of occupational risk prevention

In its previous conclusion (Conclusions 2013), the Committee noted the organisation of occupational risk prevention at public authority and undertaking levels and asked for examples of the practical application of risk-assessment measures, preventive measures geared to the nature of risks and training and information measures for agricultural sector workers. It asked for details on how many committees on occupational health and safety had been set up in practice, how often external protection and prevention services were used and the conditions in which employers themselves performed the tasks of the protection and prevention services. It also reiterated its request concerning the number of employers who drew up annual safety plans in practice.

The report lists public awareness-raising activities conducted during the reference period by the National Labour Inspectorate concerning occupational health and safety and the outcomes achieved. The Labour Inspectorate also informs the mass media about the provisions of the relevant legislation as well as compliance and the implementation arrangements.

Apart from the legislation and measures described in the previous conclusions (Conclusions 2013), the Committee notes from the report that, under Act No. 186-XVI, employers are responsible for ensuring workers' occupational health and safety and organising protection and prevention activities. According to the report, the number of protection and prevention modules or activities conducted by employers, designated persons, internal bodies and outside bodies increased during the reference period. In addition, 287 occupational health and safety committees were set up in 2012, 357 in 2013 and 280 in 2015. The number of units where occupational risks were assessed or annual protection and prevention plans were drawn up also increased significantly, from 556 in 2012 to 738 in 2013 and 1 285 in 2015.

The Committee considers that measures for occupational risk prevention, awareness-raising and assessment of work-related risks and information and training for workers are provided.

Improvement of occupational safety and health

In its previous conclusion (Conclusions 2013), the Committee found that the situation in the Republic of Moldova was not in conformity with Article 3§1 of the Charter on the ground that the public authorities' involvement in research relating to occupational health and safety as well as in the training of qualified professionals was inefficient. It asked for details about the involvement of the public authorities in the analysis of sector-specific risks; the development of recommendations; and the design of training modules and certification systems.

The report states that occupational health and safety training was provided for specialists and workplace managers (5 000 persons a year during the reference period).

Consultation with employers' and workers' organisations

In its previous conclusion (Conclusions 2013), the Committee noted that there was a system for consulting employers' and workers' organisations at the level of the public authorities, specifically with regard to defining, implementing and reviewing occupational health and safety policy. It asked for details of the arrangements for consultation when occupational health and safety committees did not exist. As the report does not provide the information requested, the Committee repeats its request.

The report states that, for the purpose of consulting employers' and workers' organisations, the National Labour Inspectorate provides information to the National Confederation of Employers and the National Confederation of Trade Unions concerning occupational health

and safety in units covered by inspection visits. In the context of the inspections conducted by the inspectorate, trade union representatives from the unit concerned and branch trade union representatives also take part in certain cases (enquiries concerning work accidents, consideration of petitions and referrals).

In the light of this information, the Committee notes the existence of effective social dialogue in the formulation, implementation and periodic review of policy.

Conclusion

Pending receipt of the requested information, the Committee defers its conclusion.

Article 3 - Right to safe and healthy working conditions

Paragraph 2 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

Content of the regulations on safety and health at work

In its previous conclusion (Conclusions 2013), the Committee noted that, during the reference period, Act No. 186-XVI had not been fully incorporated into national law and the Government's draft decisions aimed at specifically regulating exposure to certain occupational risks and incorporating relevant Community acquis were not in force. It also noted that only few relevant ILO conventions had been ratified. It asked for information on the adoption of the texts being drawn up and their implementation in practice.

In response, the report provides a list of relevant Government decisions adopted during the reference period: Government Decision No. 80 of 9 February 2012 establishing minimum occupational health and safety standards for temporary or mobile construction sites; Government Decision No. 244 of 8 April 2013 approving minimum standards for the protection of workers from the risks related to exposure to asbestos at work; Government Decision No. 324 of 30 May 2013 approving the health regulations on minimum health and safety standards for the protection of workers against risks related to the presence of chemical agents at work; Government Decision No. 918 of 18 November 2013 on minimum standards for health and safety signs at work; and Government Decision No. 362 of 27 May 2014 approving minimum standards for the protection of workers against health and safety risks caused or potentially caused by noise, in particular risks to their hearing.

The Committee points out that under the terms of Article 3§2 of the Charter, regulations concerning health and safety at work must cover work-related stress, aggression and violence specific to work, and especially for workers under atypical working relationships (Statement of Interpretation on Article 3§2 of the Charter, Conclusions 2013). The report does not provide any information on this point. The Committee accordingly reiterates its request. It considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Moldova is in conformity with Article 3§2 of the Charter.

Levels of prevention and protection

The Committee examines the levels of occupational prevention and protection provided for by the legislation and the regulations in relation to certain risks.

Establishment, alteration and upkeep of workplaces

In its previous conclusion (Conclusions 2013), the Committee noted that some workplaces and some situations were excluded from the scope of Government Decision No. 353 and requested that the next report specify these workplaces and situations and include details of the regulations on prevention and protection that applied to them. It also asked for information regarding the incorporation of recent Community acquis on transportable pressure equipment and machines, as well as employers' obligation to assess occupational risks in the workplace. In addition, in order to determine whether the level set by international reference standards had been reached, it asked for details about the implementation of the above Government decisions in practice.

Given that the report does not provide any information in this connection, the Committee is not in a position to examine whether the legislation and regulations in force meet the obligation under Article 3§2 of the Charter, which requires that levels of prevention and protection required by the legislation and regulations in relation to the establishment,

alteration and upkeep of workplaces be in line with the levels set by international reference standards.

Protection against hazardous substances and agents

The Committee wishes the next report to provide details on the specific provisions relating to protection against risks of exposure to benzene.

Protection of workers against asbestos

In its previous conclusion (Conclusions 2013), the Committee considered that the level of protection against asbestos was not in line with the benchmark international standards. It also noted that although there was no proper inventory of buildings and materials contaminated by asbestos, the study by the working group drawing up a programme of action to restrict or prohibit the use of building materials containing asbestos showed that the population and workers were exposed to asbestos in excessive proportions in practice. It asked whether measures were planned to incorporate the exposure limit value of 0.1 fibres/cm³ introduced by Directive 2009/148/EC.

In reply, the report indicates that Government Decision No. 244 approving minimum standards for the protection of workers from the risks related to exposure to asbestos at work was adopted on 8 April 2013. The Committee refers to its previous conclusion (Conclusions 2013) for a description of the draft decision (Conclusions 2013). The Committee notes from NATLEX that the minimum standards include an appendix with practical recommendations for medical supervision of workers exposed to dust from asbestos or from materials containing it. They also provide for the Ministry of Health to draw up by 31 December 2013 practical guidelines for defining occasional low-intensity exposure to asbestos.

The Committee concludes that the legislation and regulations in force offer a level of prevention and protection which is at least equivalent to that provided for by the international reference standards. It asks whether the authorities have considered drawing up an inventory of all contaminated buildings and materials. Bearing in mind the importance of this question in the light of the right to protection of health (Article 11), the Committee asks for the next report to provide specific information on steps taken to this effect.

Protection of workers against ionising radiation

In its previous conclusion (Conclusions 2013), the Committee considered that, during the reference period, the level of protection against ionising radiation was not in line with the benchmark international standards. It asked for information about the implementation of the texts adopted during the reference period.

The Committee refers to its previous conclusion (Conclusions 2013) concerning the basic radiation protection standards (NFRP-2000) adopted on 27 February 2012 by the Ministry of Health. These standards lay down exposure limit values, accident prevention measures and monitoring procedures. The Committee notes from NATLEX that the standards are applicable to all types of activities in the case of exposure to ionising radiation, in particular at work, and include provisions on exposure conditions (working conditions, alternative employment, young workers' working conditions, classification of work zones and individual protection measures).

The Committee asks whether workers are protected up to a level at least equivalent to that set in the Recommendations by the International Commission on Radiological Protection (ICRP Publication No. 103, 2007).

Personal scope of the regulations

The Committee examines the personal scope of legislation and regulations with regard to workers in atypical employment.

Temporary workers

In its previous conclusion (Conclusions 2013), the Committee noted that non-permanent and temporary workers were covered by the legislation governing occupational safety and health and asked whether this also applied to agency workers. It also asked how this obligation was implemented in the legislation and in any implementing regulations. In particular, it asked for details about access by non-permanent, temporary and agency workers, in accordance with their contractual status, to information and training regarding occupational safety and health, as well as to medical surveillance and representation at work.

In reply, the report states that under Section 3 of Act No. 186-XVI on occupational health and safety, the provisions of the act apply in all areas of activity, both public and private, to employers; workers; workers' representatives; jobseekers performing tasks for a company with the employer's authorisation pending verification of their professional skills; persons undertaking unpaid work for the community or voluntary work; persons without individual written employment contracts but for whom proof can be provided by other means that they have provided certain services and should have been covered by contractual clauses; unemployed persons during vocational training, etc. The Committee also notes that under Section 1 of the act, workers are any persons employed by employers in accordance with the law, including trainees and apprentices. The Committee therefore notes that agency workers are not explicitly excluded from the definition of workers and are accordingly protected by the legislative framework applicable to occupational health and safety.

Other types of workers

The Committee previously concluded that self-employed workers were not adequately protected under Article 3§2 of the Charter. In view of the lack of information in the report, it reiterates its conclusion of non-conformity on the grounds that self-employed workers are not adequately protected.

In its previous conclusions, the Committee asked for information about the level of protection applicable to domestic workers (Conclusions 2013 and 2009) and about the arrangements for protecting the safety and health of home workers (Conclusions 2013).

The Committee notes that domestic workers are not explicitly excluded from the definition of workers under Section 1 of Act No. 186-XVI and are therefore covered by the legislation on occupational health and safety. The Committee nevertheless requests that the next report confirm this.

Consultation with employers' and workers' organisations

In its previous conclusion (Conclusions 2013), the Committee noted that there was a system for consulting employers' and workers' organisations, specifically with regard to defining, implementing and reviewing occupational health and safety policy. It asked whether the social partners were also involved in drawing up the regulations on the scope of the risks covered and the levels of prevention and protection and whether they were involved in the draft Government decisions.

The report provides no information on this point. The Committee reiterates all its previous questions and requests that the next report give updated information on how employers' and workers' organisations are consulted in the preparation of regulations on health and safety at work.

The Committee points out that the regulations must be drawn up in consultation with employers' and workers' organisations. Consultation within the meaning of Article 3§2 of the Charter involves not only tripartite co-operation between the public authorities, employer's organisations and workers' organisations to seek ways of improving working conditions and the working environment but also the co-ordination of their activities and co-operation in drafting laws and regulations at all levels and in all economic sectors.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 3§2 of the Charter on the grounds that:

- it has not been established that levels of prevention and protection required by the legislation and regulations in relation to the establishment, alteration and upkeep of workplaces are in line with the level set by international reference standards;
- self-employed workers are not covered by occupational health and safety legislation.

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Enforcement of safety and health regulations

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

Accidents at work and occupational diseases

The Committee previously concluded (Conclusions 2013) that, because it entrusted employers with the investigation of most accidents at work, the accidents at work reporting system might favour concealment of such accidents in practice, and was not efficient with regard to Article 3§3 of the Charter.

The report indicates that there were 425 accidents at work in 2012, 599 in 2013, 525 in 2014 and 441 in 2015. The frequency of accidents at work increased at the start of the reference period (0.79 in 2012 and 1.03 in 2013), but fell at the end (0.91 in 2014 and 0.76 in 2015). The number of fatal accidents also increased (20 in 2012, 36 in 2013 and 33 in 2015). ILOSTAT data confirm the trend with regard to the number of fatal accidents and indicate the corresponding incidence rate (per 100 000 workers), which, however, shows a downward trend (6.2 in 2013, 5.9 in 2014 and 5.7 in 2015).

In its previous conclusion (Conclusions 2013), the Committee also noted that the Government had not taken sufficient measures to reduce the excessive rate of fatal accidents and asked for information on the measures taken to reduce the number of fatal accidents and to counter potential under-reporting of accidents at work in practice. According to the report, the sectors where the largest numbers of fatal accidents were reported were the processing industry, the building industry, transport and agriculture and forestry. The report also states that the accidents were mostly caused by the persons concerned (between 54% and 82% of cases). The Committee requests that the next report provide information on coercive measures taken to prevent accidents at work.

The report states that labour inspectors investigate some 150 accidents at work every year. The labour inspectors' investigation files concerning serious and fatal accidents are submitted to the police for examination from the criminal-law angle. The prosecuting authorities initiated criminal proceedings concerning 32 files submitted to the judicial authorities for examination; the proceedings were discontinued in seven cases.

The Committee notes that incidence rates of accidents at work and fatal accidents have continued to decrease in overall terms since 2013. It nevertheless requests that the next report indicate the measures taken to reduce the high number of accidents at work.

The report provides no figures on cases of occupational diseases. The Committee asks that the next report provide information on the legal definition of occupational diseases; the mechanism for recognising, reviewing and revising of occupational diseases (or the list of occupational diseases); the incidence rate and the number of recognised and reported occupational diseases during the reference period (broken down by sector of activity and year), including cases of fatal occupational diseases, and the measures taken and/or envisaged to counter insufficiency in the declaration and recognition of cases of occupational diseases; the most frequent occupational diseases during the reference period, as well as the preventive measures taken or envisaged. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in Moldova is in conformity with Article 3§3 of the Charter.

Activities of the Labour Inspectorate

In its previous conclusion (Conclusions 2013), the Committee concluded that due to the low level of material and human resources in the labour inspectorate, the fact that the law entrusted the investigation of most occupational accidents to employers and the low level of administrative fines, the labour inspection system was not efficient with regard to Article 3§3

of the Charter. It asked for information on the following: any change in the general framework for labour inspection activities during the reference period; the number (while distinguishing clearly between administrative staff and inspection staff) of inspectors assigned to supervising the application of the legislation and regulations on occupational health and safety; the number of general, thematic and unscheduled inspection visits assigned solely to the occupational health and safety legislation and regulations; the application of the legislation and the regulations on the labour inspectorate throughout the country in practice; details, by category, of administrative measures that labour inspectors are entitled to take and, for each category, the number of such measures actually taken; the outcome of cases referred to the prosecution authorities with a view to initiating criminal proceedings; figures for each year of the reference period. In its previous conclusion (Conclusions 2013), the Committee noted the continuing decrease in the number of inspection visits. It therefore asked for information on the measures taken to increase the number of inspection visits and on inspection visits outside construction sites.

The report indicates that labour inspectorate inspections were conducted in accordance with Act No. 131 of 8 June 2012 on state supervision of businesses. In cases of non-compliance by employers with the provisions of labour and occupational health and safety legislation, the labour inspectors file reports with the judicial authorities (2 614 in 2014).

The report also indicates that the legal standards on occupational health and safety in the building sector (NCM A.08.02:2014) and on the methodology for developing construction-installation work projects (CP A.08.05:2014) were based on the EU Directive on Safety and Health at Work (Directive 89/391/EEC).

According to the report, 109 inspectors work in the Labour Inspectorate. It is divided into a central office (22 posts, including seven engineers and six lawyers) and ten local offices (87 posts, including 33 engineers and 37 lawyers). The total number of inspections carried out by the labour inspectorate has increased: 6 510 (4 026 scheduled and 2 484 unscheduled inspections) in 2012, 6 209 (4 003 scheduled and 2 206 unscheduled inspections) in 2013 and 6 933 (4 883 scheduled and 2 050 unscheduled inspections) in 2015. The number of inspections relating to occupational health and safety was 3 419 in 2012, 3 087 in 2013, 2 971 in 2014 and 3 130 in 2015. Inspection visits, only half of which related to occupational health and safety, covered about 217 000 workers in 2012 and in 2013, 209 100 in 2014 and 234 700 in 2015.

In addition, the report states that the labour inspectorate filed 891 reports on offences with the courts in 2012, 514 in 2013, 434 in 2014 and 657 in 2015. The Committee notes a sharp reduction in the number of reports of offences filed with the courts in 2013 and 2014 and therefore invites the Government to comment on this point. It also asks for information on the outcomes of the reports filed with the courts (decisions, fines or other penalties imposed). In addition, the Committee takes note of the most frequent shortcomings and the cases of non-compliance with the legal provisions on occupational health and safety.

The report further states that the labour inspectorate co-operates with the National Confederation of Employers of the Republic of Moldova and the National Confederation of Trade Unions of the Republic of Moldova and other relevant institutions in order to ensure compliance with occupational health and safety standards. The Committee asks for information on the outcomes of this co-operation in respect of occupational health and safety.

The Committee notes that the number of inspections conducted by the labour inspectorate, including scheduled visits, and the number of workers covered by the inspections increased during the reference period. The Committee also notes an increase in the number of offences referred to the courts, following the decrease in 2013. Nevertheless, given that the law entrusts the investigation of most accidents at work to employers, the labour inspection system is not efficient with regard to Article 3§3 of the Charter.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 3§3 of the Charter on the ground that the labour inspection system is inefficient.

Article 7 - Right of children and young persons to protection

Paragraph 3 - Prohibition of employment of children subject to compulsory education

In application of the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, States were invited to report by 31 October 2016 on conclusions of non-conformity for repeated lack of information in Conclusions 2015.

The Committee takes note of the information submitted by the Republic of Moldova in response to the conclusion that it had not been established that children subject to compulsory education are guaranteed two consecutive weeks of rest during the summer holiday.

The Committee notes that the report submitted by Moldova contains no new information in response to this conclusion of non-conformity. In the absence of the requested information, the Committee reiterates its finding of non-conformity.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 7§3 of the Charter on the ground that it has not been established that children who are still subject to compulsory education are guaranteed at least two consecutive weeks of rest during summer holiday.

Article 8 - Right of employed women to protection of maternity

Paragraph 1 - Maternity leave

In application of the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, States were invited to report by 31 October 2016 on conclusions of non-conformity for repeated lack of information in Conclusions 2015.

The Committee takes note of the information submitted by the Republic of Moldova in response to the conclusion that it had not been established that interruptions in the employment record were included in the calculation of the qualifying period for maternity benefits.

In this regard, the report reiterates that under Law No. 289 of 22 July 2004 on temporary disability benefits and other benefits of social insurance, insured women, employees' dependent spouses and women claiming unemployment benefit affiliated to the health institutions are entitled to maternity leave (prenatal and postnatal) as well as maternity benefits equivalent to 100% of the calculation basis established in accordance with the law, i.e. the monthly average insured income during the 12 months preceding the occurrence of the insured risk. In response to the Committee's finding, the report states that, under the terms of Article 6, paragraph 6 of the above-mentioned Law, insured women (married or not) have a right to maternity benefit independently of the length of their contribution.

The Committee understands from this information that it is no longer necessary for claimants to prove that they have paid six months of contributions to the social security system in order to qualify for maternity benefits. It therefore considers that the situation is in conformity with the Charter on this point.

The Committee recalls that the situation concerning other aspects covered by Article 8§1 will be examined in the framework of the regular reporting cycle (Conclusions 2019) and asks that relevant and updated information be provided in that context.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is in conformity with Article 8§1 of the Charter.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

Measures to ensure the highest possible standard of health

The Committee notes from WHO data that life expectancy at birth in 2015 was 72.1 (compared with 69.44 years in 2009). The life-expectancy rate is still low, therefore, relative to other European countries (for example, the EU-28 average that same year was 80.6).

The death rate (deaths/1 000 population) was 11.51 in 2012 and 11.42 in 2015 (compared with 11.03 in 2011), this indicator having fluctuated only marginally during the reference period.

The Committee previously noted that coronary heart disease and cancer were the main causes of death and that of these deaths, many could be attributed to very heavy alcohol and tobacco consumption. Tuberculosis (TB), and in particular the increasing number of patients with multidrug-resistant TB, was also a very significant public health issue in the country (Conclusions 2013). The Committee asked on several occasions what measures had been taken to combat these causes of mortality (Conclusions 2009 and Conclusions 2013). The report provides information on the measures taken to combat smoking and alcohol abuse.

Infant mortality decreased slightly since the previous reference period. In 2015, the rate was 13.9 per 1 000 live births, down from 14.4 in 2012 (according to the World Bank). The Committee notes this decline, but considers that the rate is still high relative to other European countries (for example, the EU-28 rate in 2015 was 3.6 per 1 000).

As regards the maternal mortality rate, the Committee notes that, according to the World Bank, it stood at 26 deaths per 100 000 live births in 2012, 24 in 2013 and 2014 and 23 in 2015. This rate is also considerably above the average in other European countries.

In its previous conclusion the Committee found that the situation was not in conformity with Article 11§1 on the ground that insufficient efforts had been made to reduce the persistently high infant and maternal mortality rates (Conclusions 2013). The report provides no information on the measures taken to tackle the high infant and maternal mortality rates. The Committee asks that the next report provide information on such measures. In the meantime, given that the mortality rates are still high and life expectancy at birth remains low, the Committee finds that insufficient efforts have been made in this area and reiterates its previous finding of non-conformity on this ground.

Access to health care

The Committee refers to its previous conclusion for a description of the health system (Conclusions 2013).

The Committee previously took note of the Ministerial Orders designed to develop medical services and asked to be kept informed on their implementation and, more generally, on any health care reforms pursued (Conclusions 2013). The Committee also asked that the next report provide information on the measures being taken to increase the number of doctors, particularly in rural areas (Conclusions 2013). The report provides no information on these subjects. The Committee reiterates its questions. It points out that if this information is not provided, there will be nothing to establish that the situation is in conformity with the Charter in this respect.

The Committee points out that the right of access to care requires inter alia that the cost of health care should be borne, at least in part, by the community as a whole (Conclusions I (1969), Statement of Interpretation on Article 11) and the cost of health care must not

represent an excessively heavy burden for the individual. Out-of-pocket payments should not be the main source of funding of the health system (Conclusions 2013, Georgia). Steps must therefore be taken to reduce the financial burden on patients, in particular those from the most disadvantaged sections of the community (Conclusions XVII-2 (2005), Portugal). The Committee requests information on total expenditure on health care, as a proportion of GDP. It further requests that the next report provide information on the proportion of health expenditure payable by patients, including on payments for pharmaceuticals. The Committee also asks that the next report provide information on the proportion of direct expenditure attributable to informal payments, the frequency of informal payments and whether informal payments are a common practice in the Republic of Moldova.

The Committee notes that arrangements for access to care must not lead to unnecessary delays in its provision. It underlines that it will pay particular attention to whether access to treatment is based on transparent criteria, agreed at the national level, taking into account the risk of deterioration, in clinical terms as well as in terms of quality of life (Conclusions XV-2 (2001), United Kingdom). The Committee requests information about the rules that apply to the management of waiting lists and statistics on average waiting times for inpatient/outpatient care, primary care, specialised care and surgical operations.

The Committee has twice asked for information on the availability of rehabilitation facilities for drug addicts, and the range of facilities and treatments (Conclusions 2009 and Conclusions 2013). As the report fails to answer this question, the Committee reiterates its request.

The Committee requests that the next report contain information on the availability of mental health care and treatment services, including information on the prevention of mental disorders and recovery measures.

The Committee also requests information on dental care services and treatments (such as who is entitled to free dental treatment, the costs for the main treatments and the proportion of costs payable by the patient).

As regards the right to protection of health of transgender persons, the Committee previously received submissions from the International Lesbian and Gay Association (European Region) (ILGA) stating that "in Moldova there is an uncertain situation regarding whether or not medical treatment is required as a condition of legal gender recognition". In this respect, the Committee asked whether the legal recognition of gender required in law or in practice sterilisation or any other invasive medical treatment that could impair the health or physical integrity of transgender persons (Conclusions 2013, General Introduction). The report contains no information on this subject. The Committee reiterates its question.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 11§1 of the Charter on the ground that the measures taken to reduce infant and maternal mortality rates have been insufficient.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

Education and awareness raising

The Committee recalls that pursuant to this provision, States Parties are required to develop policies on health education aimed at the general population as well as for groups affected by specific problems, notably through awareness-raising campaigns. Health education should also be provided in school, must continue throughout school life and form part of school curricula.

In its previous conclusion, the Committee asked that the next report include updated information on the whole range of activities undertaken by public health services, or other bodies, to promote health and prevent diseases (Conclusions 2013). The report provides information about the health communication and promotion campaigns and activities conducted during the reference period.

As regards health education in school, the report states that promoting healthy lifestyles is a compulsory part of the “Class management” programme in grades I-XII, where pupils study the subject for one hour per week; healthy living is also promoted through compulsory physical education (30 hours per year) and in the context of “civic education” via a module entitled “Life and health – personal and social values” (between 4 and 6 hours for grades V-XII). The process of instilling healthy habits continues in general secondary education through the elective subject “Health education” in lower secondary school and “Education for family life” in upper secondary school. Pupils also attend information sessions and talks given by members of the school’s own medical staff and health professionals, in medical institutions and youth centres, etc. on various subjects such as preventing STDs and AIDS, sexuality and adolescence, health assessment, smoking, the risks of alcohol consumption, etc.

The Committee notes that States Parties must ensure that sexual and reproductive health education forms part of the ordinary school curriculum, that the education provided is adequate in quantitative terms, that the form and substance of the education, including curricula and teaching methods, are relevant, culturally appropriate and of sufficient quality, in particular that it is objective, based on contemporary scientific evidence and does not involve censoring, withholding or intentionally misrepresenting information, for example as regards contraception and different means of maintaining sexual and reproductive health – and that a procedure is in place for monitoring and evaluating the education with a view to effectively meeting the above requirements (International Centre for the Legal Protection of Human Rights (INTERIGHTS) v. Croatia – Complaint No. 45/2007, decision on the merits of 30 March 2009, paragraphs 46-47). The Committee asks that the next report indicate whether sexual and reproductive health education is available in schools in the Republic of Moldova and, if so, in what form.

Counselling and screening

The Committee notes that pursuant to this provision there should be screening, preferably systematic, for the diseases which constitute the principal causes of death. Preventive screening must play an effective role in improving the population’s state of health. Moreover, there must be free and regular consultation and screening for pregnant women and children throughout the country.

The Committee previously found that the situation was not in conformity with Article 11§2, on the ground that it had not been established that screening for diseases responsible for high levels of mortality was available or that free medical supervision was provided throughout

the period of schooling (Conclusions 2013). In its Conclusions 2015, the Committee took note of the information provided by the Republic of Moldova in response to its Conclusions 2013.

As regards screening, the Committee noted that the existing mandatory preventive medical examinations, including for cancer, could not be treated as screening programmes as they were not based on clear criteria for enrolment of target groups presenting no clinical signs (Conclusions 2015). The Committee maintained its non-compliance finding with regard to screening. It requested information on the implementation, progress and results achieved within the framework of the national prevention programmes (cardiovascular diseases and tuberculosis). The report does not contain any information on this subject. In view of the lack of information, the Committee reiterates its finding of non-conformity on this point.

With respect to free medical supervision during schooling, the Committee previously took note of the regulatory framework that existed for medical checks in schools. It noted from another source that most schools and kindergartens had medical offices, usually staffed by a nurse responsible for the provision of first aid, health promotion and disease prevention (including vaccinations) (Conclusions 2015). The Committee asked that the next report provide detailed information on medical checks during schooling (such as the frequency of medical checks, their objectives, the proportion of pupils concerned and the level of staffing), including on the activities of the School Health Service. In the meantime, it reserved its position on whether free medical supervision was provided throughout the period of schooling (Conclusions 2015). The report does not provide the information requested. Therefore, the Committee concludes that it has not been established that there is free medical supervision during schooling.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 11§2 of the Charter on the grounds that:

- it has not been established that screening for diseases responsible for high levels of mortality is available to the population as a whole.
- it has not been established that there is free medical supervision during schooling.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

Healthy environment

The Committee previously asked that the next report provide information on the adoption and implementation of the legislation on environmental protection. It also asked for information on the levels of air pollution, contamination of drinking water and food intoxication during the reference period, namely whether trends in such levels increased or decreased (Conclusions 2013).

As regards air quality, the report refers to several scientific surveys indicating a deterioration in air quality/increase in the concentration of pollutants in the atmosphere.

The report states that soil quality is monitored in contaminated areas or, at the very least, in high-risk areas. Scientific surveys indicate rising levels of pollution over the period 2010-2015.

According to the report, drinking water derived from groundwater or distribution systems is highly polluted. Poor hygiene and failure to comply with water source protection standards are the main causes of the decline in the quality of water derived from wells, which are used by 75% of the rural population. The report explains that a draft law on the quality of drinking water and a government decision approving the Regulation on air quality in indoor spaces are currently being prepared. The Committee asks to be informed about this draft legislation in the next report.

In view of the deterioration in the situation during the reference period, the Committee asks that the next report contain information on the measures taken in the above areas, together with information on the levels of air pollution, contamination of drinking water and food intoxication. In the meantime, it reserves its position on this issue.

As regards risks arising from asbestos, the Committee previously concluded that the situation in the Republic of Moldova was not in conformity with Article 11§3 of the Charter on the ground that it had not been established that there were adequate measures protecting the population from the risks of asbestos (Conclusions 2013). In its Conclusions 2015, the Committee noted that the government had adopted Decision No. 244/2013 on minimum requirements for the protection of workers against risks linked to exposure to asbestos at work. The Ministry of Health had issued Order No. 1334/2013 setting out an action plan with a view to implementing the Government Decision. The Committee asked that the next report contain more details on the standards contained in the aforementioned regulations and on measures taken to search for and remove asbestos in public buildings and residential property. In addition, it requested clarification as to whether the use of asbestos in construction materials was prohibited or regulated. Finally, it also wished to be informed of the results achieved in reducing the exposure of the population to asbestos. In the meantime, it reserved its position on this point (Conclusions 2015). The report once again mentions Government Decision No. 244/2013 on minimum requirements for the protection of workers against risks linked to exposure to asbestos at work (among the information relating to Article 3 of the Charter), without answering the Committee's questions.

The Committee notes that Article 11 entails a policy that bans the use, production and sale of asbestos and products containing it (Conclusions XVII-2 (2005), Portugal). There must also be legislation requiring the owners of residential property and public buildings to search for any asbestos and where appropriate remove it, and placing obligations on enterprises concerning waste disposal (Conclusions XVII-2 (2005), Latvia). The Committee concludes that the situation is not in conformity with Article 11 of the Charter on the ground that adequate measures protecting the population from the risks of asbestos are not in place.

Tobacco, alcohol and drugs

In its previous conclusion, the Committee noted that under the National Programme on Tobacco Control 2012-2016 adopted by Government Decision No. 100/12012 a national monitoring system on tobacco control was being set up and a National Council on Tobacco Control had been created. Among more specific measures undertaken were a prohibition of tobacco advertising, prohibition of the sale of tobacco in the vicinity of educational institutions and increased tax on tobacco products (Conclusions 2015). The Committee asked that the next report contain detailed information on the implementation of the above-mentioned national programme, including statistics on the impact on the prevalence of smoking (Conclusions 2015).

The report lists the measures taken during the reference period such as the setting-up of the National Co-ordinating Council on Tobacco Control, national anti-smoking campaigns, activities to raise awareness of and prevent smoking, national anti-smoking day (21 November). The report states that national campaigns to reduce smoking have been conducted, a free hotline introduced and measures taken to treat patients who are addicted to nicotine, using specific methods. The report adds that the Ministry of Health has begun developing a second National Programme on Tobacco Control for the period 2017-2020. The Committee asks to be informed about the implementation of this programme.

The Committee previously requested clarification as to whether smoking was prohibited in public places (Conclusions 2015). The report lists the environments where it is prohibited to smoke from 31 May 2016 (outside the reference period) as follows: (i) all enclosed and semi-enclosed public spaces, including common areas and workplaces, regardless of the type of ownership and means of access; (ii) parks and children's playgrounds; (iii) stadiums, arenas, markets and other open spaces for the duration of the public events/entertainment in question; (iv) under the roof of public transport stations; (v) in public transport and in private transport if persons under 18 years of age are present. The Committee requests clarification concerning the ban on smoking in public transport.

The Committee notes from the WHO Report on the Global Tobacco Epidemic (2017) that indoor offices and workplaces, restaurants, cafés, pubs and bars are not subject to the anti-smoking legislation.

With respect to smoking, the Committee notes that anti-smoking measures are particularly relevant for compliance with Article 11 since smoking is a major cause of avoidable death in developed countries. To be effective, any prevention policy must restrict the supply of tobacco through controls on production, distribution, advertising and pricing (Conclusions XVII-2 (2005), Malta). In particular, the sale of tobacco to young persons must be banned (Conclusions XV-2 (2001), Portugal) as must smoking in public places (Conclusions 2012, Andorra) including transport, and advertising on posters and in the press (Conclusions XV-2 (2001), Greece). The Committee assesses the effectiveness of such policies on the basis of statistics on tobacco consumption.

The Committee notes from the Tobacco Control Fact Sheet published by the WHO that smoking prevalence among adults was 25.3% in 2013 (men: 43.6%; women: 5.6%). It asks that the next report provide updated information on trends with regard to the use of tobacco products (among adults and young people). In the meantime, the Committee concludes that the situation is not in conformity with Article 11§3 of the Charter on the ground that insufficient measures have been taken to ensure smoke-free environments in public places.

As regards alcohol abuse, the report provides statistical data on patients suffering from chronic alcoholism. The report states that in the context of primary medicine, family doctors screen patients for alcohol abuse and, where appropriate, provide counselling. One in three people who consult their family doctor requires assistance of this kind and short courses of treatment. In this way, problems can be detected early and patients referred to an addiction specialist. The report adds that 34% of those registered as suffering from chronic alcoholism

are in stable remission having undergone treatment followed by participation in a psychosocial recovery programme. It also indicates that 9 809 people have received outpatient treatment from specialist addiction services.

The Committees asks that the next report provide information on trends in alcohol and illicit drug use.

Immunisation and epidemiological monitoring

In its previous conclusion (Conclusions 2015), the Committee noted that by Government Decision No. 1192/2010, a National Immunisation Programme for the period 2011-2015 had been adopted (PNI IV), under which the population was offered vaccinations free of charge against twelve different transmissible diseases. In addition, persons at risk could be offered a flu vaccine. Also, certain vaccinations were provided for a fee, such as vaccinations against Hepatitis A and Human Papillomavirus. The Committee previously asked that the next report contain updated information on coverage rates for the various immunisation programmes (Conclusions 2015). The Committee notes from the report that the vaccination rates during the reference period are more than 90% in the case of TB, hepatitis B, polio, diphtheria and tetanus, 88% in the case of measles and infection with *Haemophilus influenzae* type b, and 70% in the case of rotavirus infection (vaccination has been available since 2012) and pneumococcal infection (vaccination has been available since 2013).

The report states that in 2015, the 5th National Immunisation Programme covering the period 2016-2020 was developed and approved by Government Decision No. 1113 of 6 October 2016 (outside the reference period). The report explains the specific aims of the programme. The Committee asks to be informed about the implementation and results in the next report. The Committee also asks that the next report provide updated information on the coverage rates for the various immunisation programmes.

Accidents

In its previous conclusion, the Committee concluded that the situation in the Republic of Moldova was not in conformity with Article 11§3 of the Charter on the ground that it had not been established that there were adequate measures in force for the prevention of accidents (Conclusions 2015). The Committee asked that the next report contain detailed information on measures taken to prevent accidents backed up by statistics on the various types of accidents and their number, especially road accidents (fatality rates) and accidents in the home (Conclusions 2015).

The report provides statistical data on road accidents during the reference period. For example, in 2015, 141 accidents occurred because of drunk driving, resulting in 24 deaths and 187 injuries. The report states that, following approval of the National Programme on Alcohol Control for the period 2012-2020, the legal limit for alcohol in the blood whilst driving was reduced to 0.3 g/litre. Among the measures taken to prevent accidents, the report mentions awareness campaigns on the harmful effects of alcohol on health, and on preventing and reducing alcohol use.

The Committee takes note of the information provided by the representative of the Republic of Moldova to the Governmental Committee (Report concerning Conclusions 2013) to the effect that TV programmes have been broadcast to inform families about the risks of accidents in the home involving children and to provide useful advice on how to reduce these risks. The same report also mentions Phase II of the National Awareness Campaign "A safe home for your child!" (2011-2013) under the Moldovan-Swiss project "Regionalisation of the Paediatric Emergency and Intensive Care Medical Services System in the Republic of Moldova".

The Committee notes that states must take steps to prevent accidents. The main types of accidents covered are road accidents, domestic accidents, accidents at school and

accidents during leisure time (Conclusions 2005, Republic of Moldova). The Committee asks to be provided with information on the other types of accidents, including domestic accidents, accidents at school and accidents during leisure time.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 11§3 of the Charter on the grounds that:

- adequate measures protecting the population from the risks of asbestos are not in force;
- the measures taken to ensure smoke-free environments in public places are insufficient.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

With regard to **family benefits** and **maternity benefits**, the Committee refers to its conclusions concerning Articles 16 and 8§1 respectively (Conclusions 2015).

Risks covered, financing of benefits and personal coverage

The Committee refers to its previous conclusions for a description of the Moldovan social security system and notes that it continues to cover the traditional risks (medical care, sickness, unemployment, old age, employment injury/disease, family, maternity, invalidity and survivors). The system continues to rest on collective funding: it is funded by contributions (employers, employees) and by the state budget.

According to the official statistics (National Bureau of Statistics), the total population of Moldova in 2015 was 3 555 159, and the report puts the active population at 1 265 600.

The Committee previously noted that the **healthcare** system aimed to ensure universal access and that certain types of care (primary care, pre-hospital emergency care, TB, AIDS and cancer treatment) were provided free of charge regardless of whether the person concerned was insured or not. It noted that compulsory insurance covered salaried and self-employed workers, on the basis of their contributions, and certain other categories of persons, who were covered automatically (children, students, women during pregnancy and following childbirth and mothers of four or more children, persons with disabilities, retired persons, persons formally registered as unemployed, family carers and social assistance recipients). It also noted that uninsured persons could take out voluntary insurance. However, the report does not indicate the number of persons or the percentage of the total population covered by the health system.

The report states that 279 330 persons received **sickness** benefits and 679 877 received **old-age** pensions in 2015. However, the report does not provide any of the information previously requested concerning the personal coverage rate in relation to the active population (Conclusions 2006, 2009 and 2013) for these branches or the others.

The Committee points out that, to be in conformity with Article 12§1 of the Charter, the social security system must both cover a significant proportion of the population in respect of health insurance (health cover should extend beyond employment relationships) and of family benefits and also a significant proportion of the active population as regards sickness benefits, maternity and unemployment benefits, pensions and employment injury and occupational disease benefits. The Committee requests that relevant figures concerning the coverage rate (percentage of persons insured out of the total active population) of income-replacing benefits be given in all future reports. Given the repeated absence of this information, the Committee considers in the meantime that it has not been established that the existing social security schemes cover a significant percentage of the population.

Adequacy of the benefits

The Committee points out that, under Article 12§1, the level of income-replacement benefits should be fixed such as to stand in reasonable proportion to previous income and it should never fall below the poverty threshold defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value. In the absence of the Eurostat median equivalised income indicator, the Committee notes from official statistics that at the end of 2015 average disposable income was MDL 1 999 (€91.50 at the rate of 31 December 2015) and that the subsistence level was MDL 1 734 (€79). The Committee also notes that the average wage was MDL 4 538 (€208) in 2015. According to MISSCEO, the minimum wage was MDL 1 800 (€82), while according to another source

(www.minimum-wage.org), since 1 May 2015, it has been MDL 1 900 (€87) for private-sector workers and MDL 1 000 (€46) for public-sector workers. The Committee requests that information on the levels of the poverty threshold and the minimum wage during the reference period be included systematically in all reports concerning Article 12§1.

The Committee previously concluded that the minimum levels of unemployment benefits (Conclusions 2015) and of old-age benefits (Conclusions 2013) were manifestly inadequate.

The report does not provide any information on **unemployment** benefit. The Committee refers to its previous conclusions (Conclusions 2013 and 2015) concerning entitlement to the benefit (nine months' contributions during the 24 months preceding registration of unemployment), the circumstances in which the benefit may be cancelled (in particular, refusal of a reasonable job offer without legitimate grounds) and the length of payment (from six months to one year). It noted that the level of the benefit was based on the national average gross wage for the previous year and amounted to 30%, 40% or 50% respectively of the latter depending on the cause of unemployment (voluntary termination, expiry of contract or dismissal by employer). It also noted that the amount of benefit was reduced by 15% every three months and asked for confirmation that it could not fall below the minimum wage in any circumstances. In the absence of any new information, the Committee maintains its finding of non-conformity.

In the case of **old-age** pensions, the Committee notes from the report that the minimum was MDL 767 (€35) for farmers and MDL 862 (€39) for other beneficiaries. The report states that, under Law No. 147 of 17 July 2014, the state provides monthly flat-rate support to persons whose pensions do not exceed MDL 1 500. This amounts to MDL 180 for recipients of full old-age pensions and MDL 100 for those in receipt of partial old-age pensions. On the basis of this information, the Committee understands that the minimum level of old-age pensions, supplemented by this amount, is between MDL 867 (€40) and MDL 1 042 (€48) and remains below the subsistence level. It therefore holds that the minimum level of old-age benefit remains manifestly inadequate.

In the case of **sickness** benefits, the Committee previously noted (Conclusions 2013) that the level of sickness benefits depended on the insured person's contribution period. The report indicates that it is paid as a percentage of monthly average earnings for the 12 months immediately before incapacity. For persons with less than 5 years' contributions, it is paid at 60% of basic earnings, for those with 5 to 8 years' contributions at 70% of basic earnings and for those with more than 8 years' contributions at 90% of basic earnings. According to the report, the average monthly amount of the allowance for temporary incapacity for work was MDL 1 142 (€52) in 2015. The report does not, however, answer the Committee's question concerning the minimum level of sickness benefit. The Committee notes that if the minimum average wage is only MDL 1 900, the level of benefits paid to a person who has paid contributions for less than five years is below the subsistence level. The same applies if the average level indicated in the report is taken into account. The Committee therefore holds that the minimum sickness benefit is manifestly inadequate.

The report does not provide any information on benefits paid in the event of **employment injuries** or **diseases** or on **invalidity pensions**. The Committee requests that relevant information on these points be included in the next report and in the meantime reserves its position on the conformity of these benefits with Article 12§1 of the Charter.

The Committee points out that in order to assess the situation, it must be provided with comprehensive up-to-date information for the reference period concerning the national poverty threshold, the minimum wage and the minimum level of income-replacement benefits (sickness, employment injury and disease, unemployment, old-age pension and invalidity). It therefore requests that this information be included systematically in all reports concerning Article 12§1. It considers that if this information is not included in the next report, there will be nothing to show that the situation is in conformity with the Charter.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 12§1 of the Charter on the grounds that

- it has not been established that the existing social security schemes cover a significant percentage of the population;
- the minimum unemployment benefit is inadequate;
- the minimum old-age pension is inadequate;
- the minimum sickness benefit is inadequate.

Article 12 - Right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

The Committee recalls that Article 12§2 obliges states to establish and maintain a social security system which is at least equal to that required for ratification of the European Code of Social Security. The Code requires acceptance of a higher number of parts than ILO Convention No 102 relating to social security; six of the nine contingencies must be accepted although certain branches count for more than one part (medical care counts for two parts and old-age counts for three).

The Committee notes that the Republic of Moldova has signed the European Code of Social Security on 16 September 2003 but has not ratified it. Therefore, the Committee cannot take into consideration other sources such as the resolutions of the Committee of Ministers on the compliance of the states bound by the Code and has to make its own assessment.

Moreover, the Republic of Moldova has not ratified any of the following conventions of the International Labour Organisation: Conventions No. 102 (Social security, minimum standards, 1952), No. 121 (Employment Injury Benefits, 1964), No. 128 (Invalidity, Old-Age and Survivors' Benefits, 1967), No. 130 (Medical Care and Sickness Benefits, 1969) and No. 168 (Employment Promotion and Protection against Unemployment, 1988).

The Committee recalls that in order to assess whether the social security system is maintained at a level at least equal to that necessary for ratification of the Code, it has to assess the information regarding the branches covered, the personal scope and the level of benefits.

The Committee refers to its Conclusion under Article 12§1 that the social security system continues to cover the traditional risks (medical care, sickness, unemployment, old age, employment injury/disease, family, maternity, invalidity and survivors). The Committee refers to its request, under Article 12§1, that relevant figures concerning the coverage rate (percentage of persons insured out of the total active population) of income-substituting benefits be provided in future reports, and given the repeated absence of this information, it considers in the meantime that it has not been established that the existing social schemes cover a significant percentage of the population.

The Committee refers to its Conclusion under Article 12§1 that the minimum unemployment benefit, the minimum old-age pension and the minimum sickness benefit are manifestly inadequate. It also refers to its assessment (Conclusion 2015) under Article 8.1 that the situation is not in conformity.

Conclusion

The Committee concludes that the situation is not in conformity with Article 12§2 of the Charter on the ground that it has not been established that the Republic of Moldova maintains a social security system at a level at least equal to that necessary for the ratification of the European Code of Social Security.

Article 12 - Right to social security

Paragraph 3 - Development of the social security system

The report submitted by the Republic of Moldova does not contain information concerning Article 12§3.

The Committee previously found (Conclusions 2013) that the situation was not in conformity with Article 12§3 of the Charter on the ground that efforts made to progressively raise the system of social security to a higher level were inadequate.

The Committee recalls that Article 12§3 requires States Parties to improve their social security system. A situation of progress may consequently be in conformity with Article 12§3 even if the requirements of Articles 12§1 and 2 have not been met or if these provisions have not been accepted. The expansion of schemes, protection against new risks or increase in the level of benefits, are examples of improvement. A restrictive evolution in the social security system is not automatically in violation of Article 12§3. The assessment of the situation depends on the nature of the changes (field of application, conditions for granting allowances, amounts of allowance, etc.); the reasons given for the changes and the framework of social and economic policy in which they arise; the extent of the changes introduced (categories and numbers of people concerned, levels of allowances before and after alteration); the necessity of the reform; the existence of measures of social assistance for those who find themselves in a situation of need as a result of the changes made (this information can be submitted under Article 13); the results obtained by such changes. However, where the cumulative effect of the restrictions can bring about a significant degradation of the standard of living and the living conditions of some groups of population, the situation may amount to the violation of Article 12§3 of the Charter. Even if individual restrictive measures are in conformity with the Charter, their cumulative effect, with the procedures adopted to put them into place, could be in violation with the right to social protection. Measures taken in order to consolidate public finances may be considered as a necessary means to ensure the maintenance and sustainability of the social security system. However, any modifications should not undermine the effective social protection of all members of society against social and economic risks and should not transform the social security system into a basic social assistance system. Therefore any changes to a social security system must ensure the maintenance of a basic compulsory social security system which is sufficiently extensive.

In the light thereof, the Committee asks for information in the next report on any relevant changes made during the reference period to the social security system, specifying the effect of these changes on the personal scope of the system and the minimum level of income replacement benefits. Such information must be provided in each report concerning Article 12§3, in order to assess compliance of the situation with the Charter. As the current report does not contain elements to assess the situation, the Committee maintains its finding of non-conformity with Article 12§3 of the Charter.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 12§3 of the Charter on the ground that efforts made to progressively raise the system of social security to a higher level are inadequate.

Article 12 - Right to social security

Paragraph 4 - Social security of persons moving between States

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

Equality of treatment and retention of accrued benefits (Article 12§4)

Right to equal treatment

Equal treatment between nationals and nationals of other States Parties in respect of social security rights must be ensured through the conclusion of bilateral or multilateral agreements, or at the very least, through unilateral measures.

As regards bilateral agreements concluded with other States Parties, the report states that during the reference period, the Republic of Moldova concluded social security agreements based on the model standard agreement adopted on 29 October 2007 (Decision no. 1170) with Belgium, Poland, Hungary and Lithuania. All of these agreements have entered into force. The report adds that the Republic of Moldova is also conducting negotiations with Germany, Latvia and Turkey.

As regards the unilateral measures undertaken by the Republic of Moldova, the report states that in accordance with current domestic law, foreign nationals who have a right of residence, whether permanent or temporary, stateless persons, refugees and persons who are receiving humanitarian protection have the same rights and obligations in the field of compulsory medical insurance as Moldovan citizens.

The Committee asked in its previous conclusion (Conclusions 2013) whether and how equal treatment was guaranteed for nationals of States Parties not covered by bilateral agreements who were legally residing or working in the territory of the Republic of Moldova. The Committee understands that the principle is guaranteed by current domestic law and requests confirmation in the next report. In the meantime, it reserves its position on this point.

In respect of payment to family benefits, the Committee considered that the requirement for the child to reside in the territory of the paying State is in conformity with Article 12§4 (Statement of Interpretation on Article 12§4, Conclusions XVIII-1 (2006)). However, since not all countries apply such a system, States Parties applying the 'child residence requirement' are under the obligation, in order to secure equal treatment within the meaning of Article 12§4, to enter, within a reasonable period of time, into bilateral or multilateral agreements with those States which apply a different entitlement principle (Conclusions 2006, Cyprus).

The Committee notes from MISSCEO that the Republic of Moldova makes the payment of family benefits conditional upon the requirement that the child must reside in its territory.

In its previous conclusions (Conclusions 2009 and 2013), the Committee asked whether such agreements existed with Albania, Armenia, Georgia, Turkey, Serbia and the Russian Federation, or whether they were planned and if so, on what time-scale. The report states in this regard that the Republic of Moldova is conducting negotiations with Turkey and intends to initiate such negotiations with the Russian Federation. The report also states that, currently, the Republic of Moldova has no intention of concluding a social security agreement with Albania, Armenia or Georgia given the low level of immigration to these States. It points out that certain agreements do not include any provisions on family benefits due to the limited financial capacities of the Republic of Moldova. The Committee asks the next report to precise which agreements do not include any provisions on family benefits.

The Committee recalls that equal treatment can also be achieved through unilateral, legislative or administrative measures. Nevertheless, as there is no indication in the report

that such measures have been taken or are planned, the Committee considers that the situation is not in conformity with the Charter in this respect.

Right to retain accrued benefits

The Committee asked in its previous conclusion (Conclusions 2013) whether and how the right to retain entitlements accrued in the Republic of Moldova by nationals of State Parties not bound by a bilateral agreement with the Republic of Moldova was secured. It also asked what justified the fact that there were no agreements with certain States Parties, whether agreements were planned, and if so, when they might be signed. The report states that the principle of the retention of accrued benefits in the Republic of Moldova is secured only by means of bilateral agreements. The report states in this regard that the Republic of Moldova does not intend to amend its legislation or adopt any measures to maintain the accrued benefits of persons who settle abroad, given the country's difficult economic situation. It adds, however, that the Republic of Moldova is willing to amend its legislation when the situation has changed in a positive way.

The Committee notes that the Republic of Moldova has concluded social security agreements which secure the principle with Azerbaijan, Austria, Belgium, Bulgaria, the Czech Republic, Estonia, Hungary, Lithuania, Luxembourg, Poland, Portugal and Romania. It asks the next report to clarify whether the agreements concluded with the Russian Federation and Ukraine also secure this principle.

According to the report, the Republic of Moldova has attempted to initiate dialogue with Italy, Greece and France with a view to conclude a bilateral social security agreement, but those countries did not respond to its request. The Republic of Moldova intends to continue its efforts with all States with which it may have a mutual interest.

The Committee notes there are no agreements with Albania, Andorra, Armenia, Austria, Bosnia and Herzegovina, Croatia, Cyprus, Denmark, Finland, Georgia, Greece, Iceland, Ireland, Italy, Latvia, Malta, Montenegro, the Netherlands, Norway, Serbia, the Slovak Republic, Slovenia, "the former Yugoslav Republic of Macedonia" or the United Kingdom. It therefore considers that the situation in the Republic of Moldova is not in conformity with the Charter on this point.

Right to maintenance of accruing rights (Article 12§4b)

There should be no disadvantage for persons who change their country of employment where they have not completed the period of employment or insurance necessary under national legislation to confer entitlement and determine the amount of certain benefits. This requires, where necessary, the aggregation of employment or insurance periods completed in another territory and, in the case of long-term benefits, a pro-rata approach to the conferral of entitlement, the calculation and payment of benefit (Conclusions XIV-1 (1998), Portugal).

States Parties may choose between the following means in order to ensure maintenance of accruing rights: multilateral convention, bilateral agreement or, unilateral, legislative or administrative measures.

The report states that the aggregation of periods of insurance or employment is secured only through bilateral agreements or multilateral agreements. In this regard, the Committee notes from the report that the Republic of Moldova has concluded bilateral social security agreements which secure this principle with Austria, Belgium, Bulgaria, the Czech Republic, Estonia, Hungary, Lithuania, Luxembourg, Poland, Portugal and Romania, and intends to do so with Germany, Latvia and Turkey. It notes that there are no agreements with Albania, Andorra, Armenia, Austria, Bosnia and Herzegovina, Croatia, Cyprus, Denmark, Finland, Georgia, Greece, Iceland, Ireland, Italy, Latvia, Malta, Montenegro, the Netherlands, Norway, Serbia, the Slovak Republic, Slovenia, "the former Yugoslav Republic of

Macedonia” or the United Kingdom. It asks the next report to clarify whether the agreements concluded with the Russian Federation and Ukraine also secure this principle.

The Committee considers that the situation is not in conformity with the Charter on this point.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 12§4 of the Charter on the grounds that:

- equal treatment with regard to access to family allowances is not guaranteed to nationals of all other States Parties;
- the right to retain accrued benefits is not guaranteed to nationals of all other States Parties;
- the right to maintenance of accruing rights is not guaranteed to nationals of all other States Parties.

Article 13 - Right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

The Committee takes note of the information contained in the report submitted by Moldova.

Types of benefits and eligibility criteria

According to the report, social assistance is mostly granted to families with children and to families with disabled persons, with a view to improving their access to food, medical services and education. The Committee notes that according to the Report on Poverty prepared by the Ministry of Economy in 2013 social assistance benefits have had a significant impact on the reduction of poverty. According to the report, these benefits have reduced poverty by around 2.3%. In 2013 about 80% of beneficiaries of social assistance came from rural areas. According to the report, social assistance is the most efficient means for targeting the resources to the most vulnerable population groups. Approximately 82% of the allocated resources have reached the poorest families.

The Committee notes that in April 2015 the level of Monthly Minimum Income (RMMG) was raised to lei 765 (€ 35) and was further raised to lei 900 (€ 41) in November 2015. At the same time, the Government Decision No. 838 of 1 November 2015, raised the amount of aid for the cold period from lei 250 to lei 315 (€ 14,5).

The Committee further notes that by the Government Decision No.821 the monthly wage income which is exempted from the means test was raised from lei 120 to lei 200 in 2014. Moreover, certain household items were also excluded from the list of indicators used in the means-test, such as a colour TV, fridge, washing machine and a vacuum cleaner. As a result of these changes, there has been a significant increase in the number of disadvantaged families integrated into the social assistance system. More than 85,000 families received social assistance in 2015 and the average amount of the benefit was about lei 720 (€ 33). In the first five months of 2016 more than 66,000 families received assistance and the average amount of the benefit paid was lei 900 lei (€ 41).

The Committee notes from the report that out of the total number of families receiving social assistance over the period 2009 – 2015 more than 50% had at least one child. The report states that the amount of social assistance is closely related to the number of family members and the reported income of the family. At the same time, of the total number of applications in 2015 more than 55% of families had at least one elderly person and more than 26% of applicants were elderly persons. About 84% of beneficiaries were from rural areas and approximately 43% of families had at least one disabled member. The Committee notes from the report that lei 256 (€11,6) was granted on average to single person families.

As regards additional benefits, assistance for the cold period is granted in the fixed amount, to families who have an overall income below lei 1440 (€ 66). In 2015 more than 182 thousand families received this allowance.

Level of benefits

- Basic benefit: The Committee notes that the level of RMMG stood at lei 900 (€ 41) in 2015.
- Additional benefits: the winter-time monthly allowance amounted to lei 315 (€ 14,5).
- Medical assistance: in its previous conclusion (Conclusions 2015) the Committee reserved its position as regards medical assistance for persons in need. In particular, the Committee requested clarification as to the categories of persons not insured under health insurance scheme, their number and the actual content of 'pre-hospital care' and 'primary care' (the nature of medical assistance provided in the framework of these forms of care). The Committee notes that the report does not provide any information as regards this issue. The Committee

notes from WHO (Highlights on health and well-being) that of particular concern is the very high share (44.6%) of out-of-pocket expenditure on health by private households. This represents a challenge for equitable access to health care, especially for the poorest people in the community. In order to ensure universal health coverage, it may be necessary not only to continue to raise overall levels of investment but also to ensure that everyone, particularly vulnerable people, has prompt access to affordable, efficient, effective and high-quality health care. The Committee recalls in this connection that under Article 13§1 of the Charter everyone who lacks adequate resources must be able to obtain, free of charge, the care necessitated by his/her condition. This right to medical assistance should not be confined to emergency situations. The Committee considers that the right to medical assistance is not guaranteed to all persons without resources in the meaning of this provision.

- Poverty threshold: the Committee notes from the National Bureau of Statistics that in 2016, the size of the subsistence minimum constituted on average 1799,2 lei per month, increasing 3,8% compared to previous year. The Committee thus notes that the subsistence level amounted to 1 734 (€79) in 2015.

Given that the Republic of Moldova has not accepted Article 23 of the Charter (the right of elderly people to social protection), the Committee assesses the level of non-contributory pensions paid to a single elderly person without resources under this provision. In this respect, it refers to its conclusion under Article 12§1, where it considered that the minimum level of old age pension is not adequate as it falls below the poverty threshold.

In its previous conclusion (Conclusions 2015) the Committee found that the situation was not in conformity with the Charter on the ground that the level of social assistance and the level of social assistance for elderly persons without resources were manifestly inadequate. The Committee now notes that despite the fact that the level of social assistance has been raised on several occasions and the amendments to the means test have allowed more families to receive assistance, the level of the basic benefit remains low and the total assistance that may be obtained is not compatible with the poverty threshold. Therefore, the situation is not in conformity with the Charter.

Right of appeal and legal aid

The Committee asks the next report to provide updated information as regards the right of appeal and legal aid.

Personal scope

The Committee recalls that, under Article 13§1, States are under the obligation to provide adequate medical and social assistance to all persons in need, both their own nationals as well as nationals of States Parties lawfully resident within their territory, on an equal footing. In addition, with reference to its Statement of Interpretation of Articles 13§1 and 13§4 (Conclusions 2013) regarding the scope of Articles 13§1 and 13§4 in terms of persons covered, the Committee considers that persons in an irregular situation in the territory of the State concerned are also covered under Article 13§1, rather than under Article 13§4, which was previously its practice.

The Committee henceforth examines whether the States who have accepted Article 13§1 ensure the right to:

- adequate social and medical assistance for their own nationals and for nationals of other States Parties lawfully resident within their territory on an equal footing;
- emergency social and medical assistance to persons unlawfully present in their territory.

Nationals of States Parties lawfully resident in the territory

The Committee asks the next report to provide updated information regarding equal treatment of nationals of States Parties lawfully resident in Moldova as regards entitlement to social and medical assistance.

Foreign nationals unlawfully present in the territory

The Committee recalls that persons in an irregular situation must have a legally recognised right to the satisfaction of basic human material need (food, clothing, shelter) in situations of emergency to cope with an urgent and serious state of need (including medical condition). It likewise is for the States to ensure that this right is made effective also in practice (European Federation of National Organisations working with the Homeless (FEANTSA) v. the Netherlands, Complaint No. 86/2012, decision on the merits of 2 July 2014, §187). The Committee asks the next report to confirm that the legislation and practice comply with these requirements.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 13§1 of the Charter on the grounds that:

- the level of social assistance paid to a single person without resources, including elderly persons is not adequate.
- the right to medical assistance is not guaranteed to all persons without resources.

Article 13 - Right to social and medical assistance

Paragraph 2 - Non-discrimination in the exercise of social and political rights

The Committee takes note of the information contained in the report submitted by the Republic of Moldova. The Committee notes that the report contains no information on Article 13§2.

In its previous conclusion (Conclusions 2013) the Committee noted that under Article 54 of the Constitution no law that would remove or restrict fundamental human and citizens' rights or freedoms may be adopted and that the exercise of rights and freedoms may only be restricted within limits prescribed by the law, in accordance with generally accepted international legal standards and what is necessary to protect national security, territorial integrity, the country's economic welfare or public order. The Committee asked the next report to confirm that also in practice no restrictions apply to the social and political rights of beneficiaries of social assistance.

The Committee recalls that under Article 13§2 of the Charter any discrimination in terms of their enjoyment of social and political rights against persons receiving social and medical assistance that might result – directly or indirectly – from an express legal provision must be eradicated. The Committee asks whether the provisions enshrining the principle of equality and prohibiting discrimination in the exercise of political or social rights prohibit discrimination in relation to the enjoyment of those rights on the basis of receipt of social and medical assistance. It also asks whether the provisions enshrining the principle of equality and prohibiting discrimination in the exercise of political or social rights are interpreted in practice in such a way as to prevent discrimination on the basis of receipt of social or medical assistance. The Committee considers that if this information is not provided in the next report, there will be nothing to establish that the situation is in conformity with the Charter.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 13 - Right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

The Committee takes note of the information contained in the report submitted by the Republic of Moldova.

In its previous conclusion the Committee The Committee took note of the reorganisation of the social services network and asked the next report to provide further information on the actual functioning of the services aimed at people without resources in the meaning of Article 13§3 of the Charter.

The Committee takes note of the detailed information concerning social workers, primary social services, homecare services, social canteens. It also takes note of the activities of specialised services for families in difficulty, social centres for refugees and asylum seekers and of integrated services for elderly persons. It also takes note of the setting up of social assistance database. It notes that these services are not covered under Article 13§3 but rather fall under Article 14 which the Republic of Moldova has not accepted.

The Committee recalls that Article 13§3 concerns only social or medical assistance in the form of advice or personal help to persons without, or liable to be without, adequate resources. Accordingly, Article 13§3 is a special provision which is more specific than Article 14§1, which is concerned with the provision of social welfare services generally. The Committee considers it important to stress this distinction so that the national reports under Article 13§3 provide information concerning social and medical services related to advice or personal help for persons without, or liable to be without, adequate resources. These services must play a preventive, supportive and treatment role. Amongst other things, Article 13§3 requires states to provide advice and assistance so as to make those concerned aware of their entitlement to social and medical assistance and how they can exercise that entitlement.

In assessing national situations under this provision the Committee specifically examines whether there are mechanisms to ensure that those in need may receive help and personal advice services free of charge and whether such services and institutions are adequately distributed on a geographical basis.

The Committee asks the next report to provide more precise information in the light of these clarifications.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

**CONCLUSIONS RELATING TO CONCLUSIONS OF NON-
CONFORMITY DUE TO A REPEATED LACK OF INFORMATION IN
CONCLUSIONS 2015**

Article 16 - Right of the family to social, legal and economic protection

In application of the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2 and 3 April 2014, states were invited to report by 31 October 2016 on conclusions of non-conformity for repeated lack of information in Conclusions 2015.

The Committee takes note of the information submitted by the Moldovan authorities in response to the conclusion that it had not been established that there was, on the one hand, appropriate protection for women victims of domestic violence and, on the other hand, that foreign nationals enjoyed equal treatment regarding family allowances.

With regard to domestic violence against women, the Committee notes from the report that the Ministries of the Interior, Health and Employment, Social Protection and Family approved a series of orders, focusing mainly on the organisation and co-ordination of the authorities and institutions involved in preventing and combating violence in the family. The Committee also notes that a bill is currently being drafted, whose aims include the implementation of the recommendations made in 2013 by the Committee on the Elimination of Discrimination against Women (CEDAW) as well as the rights and principles laid down in the Council of Europe Convention on preventing and combating violence against women and domestic violence. The Committee takes note of the abovementioned information but considers nevertheless that the situation is still not in conformity with the Charter on the ground that it has not been established that there is an appropriate protection for women victims of domestic violence.

With regard to equal treatment of foreign nationals and stateless persons regarding family allowances, the Committee notes from the report that, in accordance with the domestic law in force, foreign nationals holding a residence permit, whether it be permanent or temporary, as well as stateless persons, refugees and persons enjoying humanitarian protection have the same rights and obligations in the field of compulsory insurance as citizens of the Republic of Moldova. However, the Committee notes that family allowances are only granted to nationals of States Parties bound to the Republic of Moldova by a bilateral agreement. In this regard, the Committee refers to its conclusion on Article 12§4 (Conclusion 2017, Article 12§4) in which it considers that the situation is not in conformity. This is because equal treatment with regard to access to family allowances is not guaranteed with respect to all nationals of the other States Parties to the Charter. Therefore, the Committee considers that the situation in this respect is not in conformity with the Charter.

Conclusion

The Committee concludes that the situation in the Republic of Moldova is not in conformity with Article 16 of the Charter on the grounds that:

- it has not been established that there is an appropriate protection for women victims of domestic violence;
- equal treatment with regard to access to family allowances is not guaranteed with respect to nationals of all the other States Parties.