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**Promotion and protection of all human rights, civil,**

**political, economic, social and cultural rights,**

**including the right to development**

Visit to the Republic of Moldova

Report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler[[1]](#footnote-2)\*, \*\*

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| *Summary* |
| In the present report, the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, provides information on her visit to the Republic of Moldova, which she conducted from 7 to 16 November 2023. |
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Annex

Report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, on her visit to the Republic of Moldova

I. Introduction

1. The Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, conducted an official country visit to the Republic of Moldova from 7 to 16 November 2023 at the invitation of the Government. The purpose of the visit was to identify good practices and gaps in the implementation of existing laws and policies relating to the promotion and protection of the human rights of older persons.

2. During her visit, the Independent Expert met with the Minister of Labour and Social Protection and his staff, representatives of the Ministry of Health, the Ministry of Finance, the Ministry of Economic Development and Digitalization, the Ministry of Justice, the Ministry of Education, Culture and Research and the Ministry of Infrastructure and Regional Development. She also held meetings with representatives of the Directorate for Human Rights and Cooperation with Civil Society of the State Chancellery and the National Administration of Penitentiaries, prison staff and representatives of the local authorities of Soroca, Orhei and Criuleni districts, the People’s Advocate Office, the Council for Torture Prevention and the Equality Council. She met with United Nations representatives, social workers and caregivers, representatives of non-governmental organizations, Roma community mediators, academics and older persons. In the Transnistrian region, the Independent Expert met with representatives of the de facto authorities and civil society, as well as human rights defenders.

3. The present report was shared with the Government of the Republic of Moldova before publication. The Independent Expert thanks the Government for extending the invitation to her and for its cooperation throughout the visit. She also thanks the Resident Coordinator and the United Nations country team in Chisinau, especially the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the United Nations Population Fund (UNFPA) in the Republic of Moldova, whose assistance in planning and carrying out the mission was indispensable. She further thanks OHCHR in Geneva, in particular the Special Procedures Branch, for its support in the preparation and conduct of the visit.

II. Context

4. The global demographic shift has had a profound impact on Moldovan society, raising increasing concerns about human rights issues linked to ageing. The country faces a rapidly ageing society, owing to significant migration outside the country, primarily by younger generations, and decreasing birth rates. In 2023, 23.8 per cent of population were aged 60 years or older; over 60 per cent of the ageing population are older women.[[2]](#footnote-3) One third of the population is projected to be aged over 60 by 2040.[[3]](#footnote-4) Rural areas, in particular in the north, are experiencing a pronounced ageing trend. In the Transnistrian region, older persons represented 27.7 per cent of the population in 2015.[[4]](#footnote-5)

5. Following the coronavirus disease (COVID-19) pandemic, which disrupted the steady economic growth seen during the two preceding decades, the Republic of Moldova faces compounded challenges. These include the consequences of the refugee crisis sparked by the full-scale armed attack by the Russian Federation on Ukraine, along with an unprecedented energy crisis and rising inflation rates. The Republic of Moldova has demonstrated its resilience and dedication to advancing its accession process to the European Union following its application in March 2022, while implementing measures to alleviate the repercussions of the multiple crises.

6. Despite a lower inflation rate in 2023 compared with 2022, the Republic of Moldova witnessed an increase in overall poverty levels during 2022. Older persons remain the most economically disadvantaged compared with the national average and with other European countries. These intricate demographic, social and economic dynamics highlight the multifaceted challenges faced by the Republic of Moldova and demonstrate the need for a comprehensive and targeted approach to address the diverse needs of its population.

III. Legal, policy and institutional frameworks

7. The Republic of Moldova has ratified relevant international human rights treaties, except the International Convention for the Protection of All Persons from Enforced Disappearance and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. It is also not a party to the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights. The Republic of Moldova has not ratified the International Labour Organization (ILO) Social Security (Minimum Standards) Convention, 1952 (No. 102), or the Invalidity, Old-Age and Survivors’ Benefits Convention, 1967 (No. 128).

8. At the regional level, the Republic of Moldova has ratified the Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights) and the revised European Social Charter but has not authorized the European Committee of Social Rights to decide collective complaints. The State did not accept key articles relevant to the protection of older persons’ rights, therefore declining legally binding responsibility to uphold articles 14, on the right to social welfare services, 23, on the right of older persons to social protection, and 30, on the right to protection from poverty and social exclusion.

9. The 1994 Constitution of the Republic of Moldova provides that all persons in the country are entitled to equal respect and protection (art. 16). It also provides that every human being has the right to obtain effective protection from competent legal institutions against any act that violates their rights (art. 20). Age is not explicitly listed as grounds for discrimination. The Constitution guarantees the right to security in old age (art. 47) and special legal protection for persons with disabilities, including older persons (art. 51).

10. The Republic of Moldova does not have dedicated legislation aimed at promoting and safeguarding the rights of older persons. Act No. 121/2012 on Ensuring Equality is the main legislation addressing various forms of discrimination and safeguards equality for all persons, including based on age. However, this legislation is broad and does not clarify the roles of specialized structures in its implementation, in particular regarding older persons. Other pieces of legislation, including the 2012 Law on Social Inclusion of Persons with Disabilities, Act No. 5-XVI/2006 on Ensuring Equal Opportunities for Women and Men and the Civil Code No. 1107-XV/2002 relating to guardianship and tutorship over adults, also apply to older persons.[[5]](#footnote-6) The latter law was reformed in 2016 to align it with the Convention on the Rights of Persons with Disabilities.

11. Adopted in July 2023, the Programme on Active and Healthy Ageing (2023–2027) stands as a laudable endeavour for enhancing older persons’ well-being. Developed by the Ministry of Labour and Social Protection in cooperation with UNFPA, it serves as the main national and multisectoral strategy. It outlines national objectives to facilitate active and healthy ageing, which include fostering an inclusive labour market for older workers, enhancing digital literacy in old age and promoting older persons’ active involvement in decision-making processes and community development plans.[[6]](#footnote-7) While the programme reflects the commitments of the Republic of Moldova toward the Madrid International Plan of Action on Ageing, 2002, it primarily addresses challenges related to ageing from social, economic and developmental perspectives. Indeed, the programme and the action plan do not recognize or address ageing as a human rights issue. Furthermore, there is apprehension that insufficient funding may hinder the effective implementation of activities.

12. Following the Independent Expert’s visit, the Government adopted the National Programme for Ensuring Human Rights for 2024–2027. The programme highlights the rights of older persons under several objectives, including fair trial, health, social security, housing, work and fair remuneration. The Independent Expert welcomes this focus on older persons’ rights, noting their previous neglect in the 2018–2022 Human Rights Action Plan, and expresses appreciation for the commitment to incorporating the revised European Social Charter into national law for the effective implementation of those rights.[[7]](#footnote-8)

13. Several other national policies are pertinent to improving the well-being of older persons. For instance, the National Development Strategy Moldova 2030, aligned with the Sustainable Development Goals, acknowledges older persons as a marginalized group. However, while the needs of older persons are recognized, only a limited number of specific recommendations address their needs and concerns. The National Strategic Programme on Demographic Security for 2011–2025 addresses various themes concerning ageing and older persons. While recognizing the inevitability of population ageing, it emphasizes the need for the Republic of Moldova to adjust to such a demographic shift. The programme also underscores the State’s commitments to the Madrid Plan of Action.[[8]](#footnote-9)

14. There is no institution specifically focused on the human rights of older persons; various stakeholders share the responsibility of safeguarding their human rights. The People’s Advocate Office, acting as the national human rights institution, is tasked with protecting all human rights, including those of older persons, nationally. It receives and investigates complaints of human rights violations, offering recommendations to prevent recurrence and improve legal frameworks. In 2022, the Office received about 400 complaints related to older persons’ rights.[[9]](#footnote-10) In addition, it hosts the Council for Torture Prevention, which monitors detention facilities, social care homes and psychiatric institutions, ensuring the rights of individuals, including older persons, deprived of liberty.

15. The Equality Council serves as a quasi-judicial body, playing a key role in addressing concerns related to age-based discrimination, focusing in particular on access to employment for older persons. Mandated to ensure fairness and equal opportunities, the Council’s primary function involves receiving and deciding on complaints, predominantly centred around instances of discrimination.

16. The Ministry of Labour and Social Protection is the main governmental body developing directives and policies related to older persons. Its departments oversee programmes to provide access to adequate social assistance, health services, employment and participation opportunities, including for older persons. The Ministry is responsible for most of the existing social care homes for older persons.

17. Under the authority of the Prime Minister, the National Human Rights Council was established in 2021 as the national mechanism for implementation, reporting and follow-up. It is responsible for overseeing the effective implementation and monitoring of the international human rights treaties ratified by the Republic of Moldova and supervising the development and evaluation of national human rights policy documents. The Independent Expert notes with appreciation that the Government has formed five specialized commissions at the national level dedicated to monitoring the implementation of international commitments and recommendations from human rights mechanisms. The commission operating under the Ministry of Labour and Social Protection is primarily responsible for addressing recommendations concerning older persons, including those with disabilities.

IV. Main findings

A. Age discrimination and ageism

18. The Programme on Active and Healthy Ageing acknowledges the importance of combating ageist stereotypes, prejudices and age discrimination.[[10]](#footnote-11) However, despite the existence of legal provisions and policies, age discrimination and ageism, in particular structural ageism, persist, hindering older persons’ full enjoyment of their human rights. While some older persons reported feeling respected by their peers and family members, a study by the Equality Council revealed that 41 per cent of participants identified older persons as the group experiencing the most discrimination. This underscores the urgent need for targeted measures to address these systemic challenges.[[11]](#footnote-12)

19. As seen previously in legal, policy and institutional frameworks, the predominant approach to addressing the challenges of older persons has been rooted in social welfare rather than a human rights-based approach. The Independent Expert notes with concern that State authorities and key stakeholders, including civil society and United Nations agencies, consider older persons as welfare beneficiaries instead of individual rights holders, although this perspective is slowly evolving towards more of a human rights-based approach. The national human rights challenges stemming from the increasingly ageing population and societal shrinkage are often viewed merely through a social and economic lens, fostering dependency rather than creating environments that enable and empower older persons. It further perpetuates ageist stereotypes and assumptions that older persons are dependent on others, thereby reinforcing structural ageism, including in legislation and policies.

20. The intersection of age with other aspects of identity leads to unique inequalities for older persons. The feminization of ageing is pronounced, with older women facing multidimensional discrimination in pensions, health care, economic security and property rights.[[12]](#footnote-13) Despite legal progress in rights for LGBTQ+ persons, intolerance and hate speech persist, exacerbating risks of social exclusion, discrimination and violence for older LGBTQ+ persons.[[13]](#footnote-14) Furthermore, persons with disabilities, including older persons, continue to face systemic discrimination and barriers to their meaningful social inclusion and participation.

21. Older persons from ethnic and linguistic minorities are at higher risk of social isolation and poverty. Caught in a cycle of stigma, Roma face discrimination in various aspects of life as they age. Over half of Roma households live below the poverty line,[[14]](#footnote-15) and more than 1,400 older Roma lack literacy skills.[[15]](#footnote-16) Despite systemic challenges, progress includes the nationwide network of Roma community mediators, which helps integrate Roma, including older members, into society by facilitating access to public services. The National Strategic Programme on Demographic Security for 2022–2025 reinforces the importance of this network in fostering well-being and social inclusion for Roma. However, several mediator positions remain unfilled, and funding shortages weaken the commendable inclusion system.

B. Violence, abuse and neglect

22. The Republic of Moldova does not have a specific law on abuse in old age. However, the Independent Expert commends the 2022 amendments to the Criminal and Misdemeanour Codes, which now encompass provisions related to discrimination, incitement to discrimination and hate-based violence. The amendments introduce stricter sentences for crimes motivated by stereotypes and prejudices, including based on age.[[16]](#footnote-17) It also has a strong legal framework in place against domestic violence and intrafamilial violence, in particular Act No. 45/01.03.2007, on the prevention and combating of domestic violence.

23. To tackle gender-based violence, the Government adopted the National Programme on Preventing and Combating Domestic Violence and Violence against Women (2023–2027). While older women are acknowledged as a group “with multiple vulnerabilities”, the programme lacks specific age-responsive measures and essential services tailored to their needs. The Independent Expert regrets that the Programme on Active and Healthy Ageing does not integrate actions to combat abuse of older persons. Recognizing abuse as a cross‑cutting issue would contribute to safeguarding the rights and well-being of older persons.

24. Violence against older persons remains largely taboo, owing to the stigma attached, but, on the basis of credible evidence, it is believed to be extensive. The latest available data on violence against older persons were from 2015, when a study revealed that about 28 per cent of the older persons interviewed had experienced forms of abuse and violence against them at least once, with the most vulnerable being older women from rural areas. About 24 per cent of cases involved a relative as the perpetrator. Psychological and emotional abuse was the main form of violence perpetrated and older persons living alone were at higher risk of experiencing violence from other relatives.[[17]](#footnote-18) Sexual abuse exists, yet it remains largely forgotten, in particular in prevention and response services. Cases of abuse and neglect of older persons in care institutions have been reported. Financial abuse is an issue and financial scams are increasing, with reports of sophisticated online operations targeting older persons.

25. Older women, in particular those from ethnic and linguistic minorities and those with disabilities, are disproportionally affected by violence. However, old age is rarely taken into consideration in data collection, policies and strategies on gender-based violence.[[18]](#footnote-19) Data and research on violence against older women are limited.[[19]](#footnote-20) In the Republic of Moldova, at least 63 per cent of women between the ages of 15 and 65 have experienced at least one form of violence.[[20]](#footnote-21) In 2013, 25 per cent of the calls made to a national helpline addressing gender‑based violence came from women aged 50 and above.[[21]](#footnote-22) The Independent Expert was pleased to learn that statistics disaggregated by age, including the categories 50–60 years and 60 years and above, were collected in the electronic judicial system.

26. Abuse against older persons often goes unreported, as many feel ashamed and reluctant to disclose it. Survivors often identify their family, social assistance and medical services as the primary sources of support in overcoming violence. Local public authorities and the police are perceived as the least effective in providing support and intervention.[[22]](#footnote-23) Despite the availability of services for survivors of gender-based violence, age-responsive services for older women are either underdeveloped or do not take into consideration their needs, excluding them from their reach. Older persons in rural areas and secluded communities, such as Roma, often lack awareness of the support and services accessible to survivors of domestic violence.[[23]](#footnote-24)

27. The 2021 ratification of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence was followed by the establishment of the National Agency for Preventing and Combating of Violence against Women and Domestic Violence in 2024. Specific programmes related to older women have not been announced in either the regulation of activity of the Agency or its plan of action for 2024. It is crucial that this new Agency integrate an age- and gender-responsive and diversity approach into its work, to ensure that the rights of older persons in their full diversity are promoted and protected.

28. Older persons experiencing abuse but unable to afford legal representation may access State-guaranteed legal assistance under Act No. 198/26.07.2007.[[24]](#footnote-25) However, obstacles to access to justice exist for older persons from ethnic and linguistic minorities as civil procedures are mainly in Romanian. This limits their effective access to the legal system. In 2020, the legal aid system was expanded to include new categories of beneficiaries, including older persons.

C. Economic security

29. Despite a decline in old-age poverty over the past two decades,[[25]](#footnote-26) older persons remain highly affected by poverty and have limited access to social services. Poverty disproportionately affects older persons working in agriculture, older Roma, older persons with disabilities and older women. The poverty rate among women aged 60 or over is 13 per cent.[[26]](#footnote-27) Rural areas bear the brunt of poverty, housing 84 per cent of the population living in poverty in the country.[[27]](#footnote-28) National poverty rates among older persons and the significant pressure on the pension system caused by the ageing and shrinking population are interlinked. High unemployment rates and informal work in old age further increase the burden on the pension system.[[28]](#footnote-29)

Social security and pensions

30. The legal framework in the Republic of Moldova ensures the right to social security.[[29]](#footnote-30) This includes provisions for old-age pensions within a robust social protection system that encompasses contributory insurance, non-contributory assistance and tailored services for marginalized groups.[[30]](#footnote-31) The Government’s social protection expenditure for older persons amounted to 25.88 billion lei in 2023, representing a significant portion of the budget.[[31]](#footnote-32) Several social benefits, including disability allowances, are available, but in-kind services such as rehabilitation centres and home care are notably underfunded and underdeveloped.

31. The majority of the older population depends heavily on social benefits as their main income source. However, the coverage of social insurance contributions over time has declined owing to decreasing employment rates, and it has become inadequate. The rising dependency ratio within the pension system presents a significant risk of heightened poverty among older persons in the future, as the current pension system becomes progressively unsustainable.[[32]](#footnote-33)

32. In 2021, the Government increased the minimum old-age pension by 120 per cent, to reach 2,000 lei (approximately $112) per month. Furthermore, since 1 January 2022, persons covered by social insurance are entitled to an early assessment of their pension entitlement on the basis of their contribution period if they meet the statutory requirements: a minimum of five years for men and three years for women (excluding periods of non-contribution).[[33]](#footnote-34) The Independent Expert salutes these recent efforts to enhance the social protection system for older persons.

33. Despite such advances, some older persons and civil society representatives informed the Independent Expert that individual pensions remained insufficient to cover all basic needs to live a dignified and decent life. The Government also recognizes these shortcomings. The Independent Expert was dismayed to learn that many older Roma do not receive the minimal old-age pension, mainly as a result of inequalities accumulated over their life course in accessing employment and making the contributions required to receive a full pension. Concerns were also raised regarding the situation of older persons returning to the Republic of Moldova after working abroad. They are frequently unable to access pensions, thus facing heightened economic vulnerability. Those excluded from the pension system may benefit from non-contributory social assistance schemes, which currently cover only 1 per cent of retired older persons.[[34]](#footnote-35)

34. The significant gender pension gap, which surged to 20.3 per cent in 2020[[35]](#footnote-36) and is as high as 30 per cent in Chisinau,[[36]](#footnote-37) is compounded by disparities in family and caregiving responsibilities, lower educational attainment leading to reduced employment rates, and the higher likelihood of widowhood owing to women’s longer life expectancy.[[37]](#footnote-38) As a result, retirement for older women in the Republic of Moldova often translates into financial hardship and poverty as a result of smaller pensions, in particular for older women in rural areas. The Independent Expert is encouraged by the recent initiative to gradually harmonize the retirement ages for women and men by 2028, marking a promising and commendable initial step toward bridging this gap.

35. In the Transnistrian region, pensioners represented 21.9 per cent of the population in 2019. The de facto authorities administer the social pension system on the basis of the principle of solidarity. The minimum old-age pensions in the Transnistrian region reportedly do not cover essential needs for older persons such as food, medicine and utility bills.[[38]](#footnote-39) Most older persons in the region are believed to live in poverty. Older persons with disabilities may receive a disability allowance in addition to their pension.

Access to employment

36. Many older persons decide to continue working beyond the retirement age, driven by the inadequacy of pensions to cover the rising cost of living, especially for those who have not made the full contribution towards their pension plans. Low employment rates and high levels of inactivity are seen among older persons.[[39]](#footnote-40)

37. Discrimination, in particular on the basis of age, gender and ethnicity, is prevalent on the labour market. Older women’s formal employment rates are notably lower than those of older men. Older women encounter challenges resulting from gender inequalities in accessing economic opportunities and balancing paid and unpaid work.[[40]](#footnote-41) In 2020, one out of four older women provided unpaid care work to their grandchildren and over 17 per cent of them provided care and support to other older persons, including persons with disabilities.[[41]](#footnote-42) Once older women reach retirement age, they face limitations in pursuing higher positions within the public sector if they wish to continue working.[[42]](#footnote-43) Older persons with disabilities and older Roma face particularly high levels of employment discrimination.

38. Adding to the plight of older workers is the existence of article 86 (1) (y-1) of the Labour Code and its arbitrary implementation by employers. This provision permits employers to terminate employees upon reaching retirement age and when invoking their pension rights. This practice not only contradicts existing national policy frameworks to promote active ageing but also contravenes international human rights standards. Older workers face the dilemma of either postponing retirement or risking termination solely on the basis of their age. The Ministry of Labour and Social Protection recognized the detrimental impact of such discriminatory provisions but has yet to put forth a clear plan of action to amend the legislation.

39. The prevalence of older persons in the informal sector is considerable. In 2020, almost 22.3 per cent of Moldovan workers, predominantly men, were engaged in informal employment.[[43]](#footnote-44) More than a quarter of active older persons are employed in agriculture and forestry, where informality is particularly pronounced.[[44]](#footnote-45) Many older persons returning to the Republic of Moldova after working abroad engage in informal work owing to their lack of access to the pension system.

40. The Government has implemented some measures to create economic opportunities and support entrepreneurship for older persons, including the allocation of small grants and the provision of assistance for business registration. However, older persons often lack training in entrepreneurial initiatives and there is a lack of information on how to start businesses.[[45]](#footnote-46)

D. Care and support

41. Demographic shifts have led to an increase of older persons living alone without familial care and support, in particular in rural areas, where the absence of public infrastructure exacerbates their isolation. Evidence suggests that older persons living alone often experience stronger feelings of isolation, abandonment and insecurity. Older women are more likely to live alone.[[46]](#footnote-47)

42. To combat loneliness and social isolation, many older residents decide to reside in care institutions. Under Moldovan law, older persons are accepted into residential care only in exceptional cases; family care is considered more efficient.[[47]](#footnote-48) In 2018, 32 social care centres were operational, hosting more than 900 older persons and persons with disabilities.[[48]](#footnote-49) The Independent Expert visited several social care centres, the majority being State-run. These centres accommodate a diverse range of individuals, including older persons seeking companionship, those in need of long-term care and support and those with psychosocial, sensory or physical disabilities. Since February 2022 and the beginning of the refugee crisis from Ukraine, some of the centres also host older refugees in need of temporary accommodation.

43. The Independent Expert expresses concern about the undignified living conditions she witnessed in at least one centre, which accommodated over 350 individuals with psychosocial disabilities, including older persons. Issues include lack of privacy, overcrowded dormitories and staff shortages at night. Moreover, the authorization of chemical restraints by psychiatrists in certain cases is alarming.

44. Living standards varied across different facilities, despite most of the ones visited by the Independent Expert falling under the jurisdiction of the Ministry of Labour and Social Protection. Notably, there appeared to be a lack of agreed-upon guidelines, protocols or standard operating procedures for the institutions. The Independent Expert was concerned to learn that the forced placement of a person into an institution could be authorized solely on the basis of a reasoned court decision. There are no safeguards in place to prevent inhuman treatment and forced placement and treatment in psychiatric institutions.[[49]](#footnote-50)

45. The Independent Expert welcomes the Government’s ongoing efforts towards deinstitutionalization. The national programme (2018–2026) was revised in 2023 and extended until 2027 and includes the guidelines on deinstitutionalization, including in emergencies.[[50]](#footnote-51) One target under the programme is to transfer half of the persons with intellectual or psychosocial disabilities, including older persons, living in residential institutions from such institutions to community-based living arrangements.[[51]](#footnote-52) To date, the adoption of the revision remains pending. Despite the Government’s commitment, limited financial resources and unclear roles and responsibilities between central and local governments pose significant challenges to the development and delivery of social services and community-based care and support services, and therefore to the implementation of the national programme.[[52]](#footnote-53)

46. The Independent Expert emphasizes the importance of enabling older persons to remain in their homes for as long as they desire, with access to necessary social services. Among the available social services are day-care centres for older persons, which, in particular in rural areas, are established mainly by civil society, with spaces for social interaction, daily meals and assistance as needed. The establishment of social canteens by the Government and civil society is a promising practice to ensure that older persons struggling financially receive at least one hot meal per day. The State must ensure that older persons can maintain their social networks, including through the retention of community, recreation and day-care centres and other crucial structures that facilitate social and civic engagement.

47. Community-based care and support services for older persons, including those with disabilities, are underdeveloped across all districts in the Republic of Moldova. About 60 per cent of recipients are older persons in need of long-term care.[[53]](#footnote-54) Personal assistants, typically relatives, are provided for older persons with severe disabilities, and they receive allowances, health insurance, a pension and other benefits. However, limited financial resources and a shortage of personal assistants result in long waiting lists, leaving thousands of older persons without adequate care and support. Home care services exist but are limited owing to a shortage of trained personnel, with social workers visiting older persons only once per month on average. Mobile teams of psychologists, social workers and nurses reach those in rural areas. However, low wages and service discrepancies between urban and rural areas exacerbate the challenges within the system. Acknowledging these shortcomings, the Ministry of Labour and Social Protection has recognized the need for further improvements in social assistance services to uphold the rights of older persons and their caregivers.

48. The Independent Expert noted with appreciation the ongoing reform of the social assistance system entitled “Restart”, which is aimed at enhancing protection and support for vulnerable individuals, improving access to social services, including personal assistance and enhancing cost-efficiency while upholding human rights principles.[[54]](#footnote-55) The Respiro programme, offering specialized assistance for up to a day to individuals with severe disabilities, including older persons, for a maximum of 30 days per year, is particularly commendable.[[55]](#footnote-56) This programme allows caregivers to rest while their loved ones continue to be provided with care and support.

49. In the Transnistrian region, residential care is also available, with particular attention paid to war veterans. Older persons in residential care usually contribute 75 per cent of their pensions to cover the costs. If their pension is insufficient, they may be compelled to sell their family property to cover the expenses. In the institutions visited, rehabilitation services were not available, although most of the older residents had mobility issues. Rehabilitation services contribute to realizing the right to live independently for older persons with disabilities, as well as to ensuring their right to autonomy and to remaining active in everyday tasks. The Independent Expert is concerned about the absence of community-based social services for older persons in the region. Concerningly, two day-care centres for older persons closed in late 2023 owing to a lack of funding, highlighting gaps in support.

E. Health

50. Guaranteeing the right to an adequate standard of health is fundamental to ensuring healthy longevity. However, the current life expectancy at birth in the Republic of Moldova is almost 10 years lower than the European average,[[56]](#footnote-57) mainly as a result of insufficient advancements in health care over recent decades.

51. In general, older persons struggle to access the medical care they require, owing to various barriers to their right to health. Primary health care, provided by family doctors, is not uniformly available across all regions, limiting older persons’ access to essential health services within their communities. Furthermore, pervasive ageist and ableist stereotypes among medical staff contribute to hindering older persons’ health conditions, as they may feel deterred from seeking medical advice or treatment.[[57]](#footnote-58) Although primary health care plays a crucial role in prevention, medical staff often overlook the importance of dedicating adequate time to older persons to promote behavioural changes, such as adopting healthy diets and engaging in regular exercise, which can help mitigate the risks of chronic illnesses. Approximately 90 per cent of persons aged 65 and older suffer from non-communicable diseases.[[58]](#footnote-59) Consequently, the current health-care system lacks a focus on delivering older person-centred and integrated care tailored to the specific needs of the ageing population.

52. The mandatory health insurance, introduced in 2004, provides health coverage to all retired older persons, including those from the Transnistrian region.[[59]](#footnote-60) As of 2021, about 80 per cent of the population was covered by the mandatory health insurance.[[60]](#footnote-61) Older persons benefit from various free health services, from preventive care to complex treatments, within the limits of those guaranteed by the mandatory health insurance system. The scope of health services covered by the health insurance is defined within the Unique Programme, which is updated annually by the Government.[[61]](#footnote-62)

53. Although integrated within the Unique programme, geriatric services remain underdeveloped, despite the growing demand for such care in recent years.[[62]](#footnote-63) Currently, geriatric care is only accessible in a few central-level, State-run hospitals. However, the Ministry of Health has indicated plans to expand geriatric facilities and specialized doctors in district hospitals, with assistance from UNFPA. The Independent Expert is concerned that geriatric health services are only provided to older persons who have been hospitalized; there is no provision for outpatient geriatric health care.

54. While covered partially by compulsory health insurance, the availability of palliative care is restricted, leaving many, including older persons, without sufficient support. Access to palliative care is a fundamental right that States are obliged to protect.[[63]](#footnote-64) Inadequate access may lead to inhumane treatment.[[64]](#footnote-65) The Government has recognized the urgent need to improve access to such health services at home, as set out in the Programme on Active and Healthy Ageing. Encouragingly, the Ministry of Health is collaborating with the World Health Organization (WHO) and the United Nations country team to develop new standards for palliative care that are aligned with international and regional norms.

55. Psychological services at the community level are insufficient, often costly and suffer from a shortage of trained practitioners specializing in issues related to old age.[[65]](#footnote-66) This, combined with older persons’ reluctance to seek such support, further limits their access to essential mental health services. The prevalence of dementia in old age has been steadily rising, but there is a lack of adequate services to address it. Diagnostic tools for dementia‑related illnesses, such as Alzheimer’s disease, are scarce, leaving thousands of older individuals without proper diagnosis and treatment. Data regarding the mental health status of older persons, despite being essential for programmatic purposes, are lacking.

56. Despite the health insurance package being comprehensive and broad in scope, certain health services, such as assisted devices, aids and medications, are insufficient and inadequate to meet the health needs of older persons. Consequently, older persons are forced to pay out of pocket for health services, spending nearly twice the average amount on health and medical services monthly compared with the average expenditure in the country.[[66]](#footnote-67)

57. Older persons with multiple and intersecting identities encounter additional barriers to accessing adequate health care. Older persons in rural areas often face poorer health outcomes, mainly as a result of the lack of medical services, specialists and pharmacies. Older women living in poverty in rural areas are disproportionally affected. Older Roma residing on both sides of the Nistru/Dniester River or those who are refugees from Ukraine are particularly vulnerable to discriminatory treatment and social stigma, which significantly limit their ability to access essential health services. LGBTQ+ older persons face heightened discrimination and prejudices when seeking medical attention. They may resort to paying bribes to access specific health services and often decide not to disclose their sexual orientation to avoid bullying and stigma from medical personnel. The Independent Expert was pleased to learn that, to counter such discriminatory attitudes, a network of LGBTQ+‑friendly family doctors had been created by civil society.

58. The Republic of Moldova has launched several reforms to improve the health system over the past two decades.[[67]](#footnote-68) In 2023, the Government adopted the National Health Strategy 2030, which is aligned with the 2030 Agenda for Sustainable Development and integrates European standards, in view of the country’s candidacy for European Union membership.[[68]](#footnote-69) This strategy also upholds the principles of healthy ageing and independent living for older persons.[[69]](#footnote-70) However, despite being a commendable policy framework, insufficient financial resources have been allocated for its implementation.

59. In the Transnistrian region, the health of older persons on the left side of the Nistru/Dniester River is reportedly worse than the health of those on the right bank. Many older persons face malnutrition as a result of financial constraints. They are unable to afford nutritious food or grow their own produce. While free medical care is provided by law, there is no mandatory health insurance for the population, including older persons. Underfunding has led to a rise in paid health-care services, both private and public, disproportionately affecting older persons, who often struggle financially. Limited access to doctors in rural areas where many older persons reside further deters them from seeking medical attention. The health-care system further lacks adequate and new medical equipment and trained personnel, resulting in poor-quality medical services. Low-quality medications and scarce pharmacies, mostly private, contribute to high mortality rates.[[70]](#footnote-71) Older persons who can afford to travel to Chisinau or to the outpatient health institution nearest to their place of residence on the other side of the Nistru/Dniester River for health services may face delays in accessing services and heightened stigma as a result of their origin.

F. Adequate standard of living and autonomy

60. In the Republic of Moldova, older persons predominantly live in rural areas, reflecting a demographic trend that underscores the rural-urban divide in ageing populations. Older persons in urban areas tend to live in better conditions than those in rural areas, including regarding access to electricity, water and sanitation services. Social isolation is also less prevalent among older persons in urban areas.[[71]](#footnote-72)

61. Access to water, sanitation and electricity in rural areas is costly, despite being recognized as essential components of the right to adequate housing. Many older persons facing financial hardships decide to forgo these services. Approximately 20 per cent of older rural residents lack access to a water supply,[[72]](#footnote-73) relying instead on often-contaminated well water, which severely hinders their right to safe drinking water. Reports indicate that less than 40 per cent of older persons have indoor sanitary units, and only about 52 per cent have a functioning sewage system, while just 2.9 per cent of the rural population is connected to the public sewage system.[[73]](#footnote-74) Furthermore, the high cost of electricity leads many older persons to forego their connection, increasing their vulnerability to crime, as electricity is essential for safety.

62. Amid the ongoing energy crisis, the high prices of heating materials, natural gas and electricity have made these essential services inaccessible for older persons living in vulnerable situations, in particular those from ethnic and linguistic minorities and those experiencing poverty. The Independent Expert commends the Government’s decision to extend, for the second year, the energy vulnerability reduction fund. This initiative is aimed at assisting households, including older persons, during the winter season by providing compensation to alleviate the burden of high energy costs.[[74]](#footnote-75)

63. Access to public transportation and public spaces remains challenging for older persons, in particular those with disabilities. Although the number of accessible public transport vehicles has increased since 2020, they are mainly available in Chisinau and Balti.[[75]](#footnote-76) The Independent Expert notes with appreciation that older persons with disabilities on both sides of the Nistru/Dniester River may receive compensation when taking public transportation. In the Transnistrian region, the introduction of free minibus services for older persons in some localities is a promising initiative.

64. The physical inaccessibility of certain buildings and streets and the lack of lighting in some public spaces pose significant challenges for older persons, in particularly those with mobility issues, and hinder their ability to participate in social activities and access essential services. Older persons in rural areas face even greater obstacles owing to geographical barriers and insufficient resources to fulfil their right to an adequate standard of living. However, the Independent Expert is pleased to note that five towns in the Republic of Moldova are part of the WHO Global Network for Age-friendly Cities and Communities, which support older persons to remain independent and autonomous, including by making outdoor spaces and buildings, transportation and housing more accessible.[[76]](#footnote-77)

G. Education, training and lifelong learning

65. In 2020, only 2 per cent of persons aged between 55 to 74 years engaged in lifelong learning activities.[[77]](#footnote-78) Low levels of education are interlinked with poverty in old age. Lifelong learning and training in old age not only contribute to keeping older persons in the workforce, but also facilitate the social integration and active participation of older persons. Such initiatives also provide older persons with the skills necessary to navigate digitalization and new technologies.

66. The Programme on Active and Healthy Ageing makes older adult education a policy priority to ensure an enabling environment for active and healthy ageing. The Programme aligns with the goals outlined in the Education Development Strategy for 2021–2030, known as “Education-2030”, and its implementation programme. It is aimed at enhancing non‑formal and informal education as integral components of lifelong learning.[[78]](#footnote-79)

67. The Independent Expert welcomes the establishment of the first University of the Third Age in the Republic of Moldova, launched in September 2023. This pilot project is implemented by the Ministry of Labour and Social Protection in partnership with UNFPA and with technical support from the Ministry of Education, Culture and Research, the Ministry of Economic Development and Digitalization, Moldova State University and the Moldcell Foundation. Its primary objective is to champion the concept of lifelong learning and foster active and healthy ageing among older persons. Among the 57 participants aged 60 and above are 33 citizens of the Republic of Moldova and 7 refugees from Ukraine. All courses are free, conducted in Romanian and Russian and focused on sharing and developing digital skills and fostering well-being and intergenerational dialogue.[[79]](#footnote-80)

68. The Government has implemented its 2023–2030 Digital Transformation Strategy, aiming for a 100 per cent digital State and society by 2030, in line with its European integration agenda.[[80]](#footnote-81) Recognizing the importance of promoting an active and healthy lifestyle for older persons, efforts are focused on enhancing their digital skills. Since 2020, initiatives led by UNFPA, in partnership with local organizations such as the Moldcell Foundation and HelpAge Moldova, have benefited about 1,000 older persons across 26 communities. These initiatives include the provision of complimentary mobile phones, SIM cards and training sessions conducted by younger volunteers to promote intergenerational relationships.[[81]](#footnote-82) Voluntary services in some public libraries are offered to assist older persons in adapting to new digital tools and technologies. The Independent Expert expresses appreciation for such efforts.

69. The Independent Expert was pleased to learn that some civil society organizations in the Transnistrian region had put in place programmes for older persons, in particular older women, to acquire digital skills.

H. Older refugees

70. The armed conflict in Ukraine has resulted in the arrival of thousands of Ukrainian refugees in the Republic of Moldova. The Republic of Moldova hosts 60 per cent more older Ukrainian refugees than other European country.[[82]](#footnote-83) As of December 2023, older persons made up 18 per cent of the Ukrainian refugees in the Republic of Moldova.[[83]](#footnote-84) In a recent study, OHCHR found that older refugee women were more likely to have a disability than older refugee men and that 73 per cent of the refugees aged 80 and older had functional disabilities.[[84]](#footnote-85) The Independent Expert acknowledges the ongoing and considerable efforts by the Republic of Moldova to respond to the refugee crisis. All the older Ukrainian refugees with whom the Independent Expert spoke expressed profound gratitude towards the people and Government of the Republic of Moldova for their warm reception and support.

71. Since February 2022, older Ukrainian refugees have put their lives on hold, hoping to return home. Most reside in the host community without any income, relying primarily on savings and humanitarian aid.[[85]](#footnote-86) While some have found employment, the majority (84 per cent) remain unemployed.[[86]](#footnote-87) Many older refugees serve as caregivers for children, including children with disabilities, or other older relatives.

72. To respond to the refugee crisis, the Republic of Moldova granted temporary protection to all refugees from Ukraine, ensuring their rights and access to social services. Access to health care is a major concern for older refugees. While they receive emergency primary care under temporary protection, other health services, including those for chronic diseases to which older refugees are more likely to be subject, must be paid out of pocket. In a recent study, 90 per cent of the older persons interviewed lived with serious medical conditions and many of them suffered from anxiety and depression.[[87]](#footnote-88) The Independent Expert was deeply troubled to hear that some decide to go back to Ukraine, risking their life and safety, to receive specialized medical treatment.

73. Most of the refugee response in the Republic of Moldova is interlinked with the cooperation of international, regional and local humanitarian actors. The Independent Expert welcomes the establishment in March 2022 of the Disability and Age Taskforce and its work since then. The Taskforce is co-chaired by OHCHR and Keystone Moldova, a non‑governmental organization, and comprises representatives from United Nations agencies and civil society organizations from both sides of the Nistru/Dniester River. It has successfully generated disaggregated data on age and disability, filling gaps in standard data‑collection practices concerning refugees. These efforts allowed humanitarian actors, including UNFPA, the World Food Programme, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the Office of the United Nations High Commissioner for Refugees, to deliver tailored services to older refugees and persons with disabilities. Such services encompass cash assistance, distribution of care packages, provision of assistive devices and access to refugee accommodation centres offering hot meals adapted to the nutritional needs of older refugees.

74. There are growing concerns about the diminishing funds allocated to operate vital services. With a decline in funding, the responsibility will increasingly shift onto the Government and an already strained national social protection system.[[88]](#footnote-89) The Republic of Moldova faces the challenge of integrating those responsibilities amid an ongoing budget crisis.

I. Criminal detention

75. Persons aged 50 and above in criminal detention in the Republic of Moldova represent about 10 per cent of the prison population, with most of them being older men.[[89]](#footnote-90) Only 108 of them (about 16 per cent) receive pensions.[[90]](#footnote-91) The law provides that the State is responsible for the physical and mental integrity of persons taken into custody.[[91]](#footnote-92) Under the Criminal Code, older detainees may be granted early release under specific conditions, including severe medical conditions and a low risk of recidivism.

76. While acknowledging recent efforts to improve prison conditions, the Independent Expert highlights persistent challenges faced by older detainees, in particular with regard to inadequate health-care services. In the detention centre visited by the Independent Expert, age-appropriate medical care was lacking and there was a lack of medical personnel, which often resulted in staff performing tasks beyond their professional expertise. The accessibility of dental care remains a prevalent issue. Older women often lack access to gynaecological care. Psychological health support is lacking. More positively, all detainees are enrolled in HIV and tuberculosis programmes. Care and support options are limited, often resulting in these responsibilities being provided by other inmates, who lack proper training. Occupational activities, while available, are often not age-appropriate or diversified. The Independent Expert expresses particular concern about the lack of protection against abuse from fellow inmates and from prison staff. The only protection measure in place involves segregating older inmates from younger ones.[[92]](#footnote-93)

77. In the Transnistrian region, the Independent Expert raised concerns over reports received of older persons being arrested and detained for expressing their political views. There were additional concerns regarding their detention conditions, including inadequate access to medical care. The Independent Expert welcomes the release of an older person with health conditions in May 2024, who had reportedly been imprisoned for expressing political views.[[93]](#footnote-94) She is encouraged by this decision and hopes that it will lead to increased attention to the situation of older persons in detention in the Transnistrian region.

V. Conclusions and recommendations

A. Conclusions

78. **Despite the multifaceted crisis currently faced by the Republic of Moldova, the Independent Expert congratulates the country for its recent efforts to improve the situation of older persons, including through its solid national legal and policy frameworks. The recent adoption of the Programme on Active and Healthy Ageing, along with the legal framework to ensure social protection in old age, is testament to the Government’s commitment.**

79. **The demographic shift emphasizes the urgency of advocating for the rights and well‑being of older persons. The Republic of Moldova is at a critical juncture and must respond effectively to this shift. Ensuring an improved standard of living for its ageing population is paramount. All human rights, including economic, social, cultural, civil, and political rights, should be considered in this process, which would also support the country’s accession to the European Union.**

80. **The Republic of Moldova must change its perspective on ageing, embracing a human rights-based approach in the development and implementation of domestic laws, policies, programmes and practices affecting older persons. This approach is essential for ensuring the fulfilment of all human rights by older persons. Regrettably, the lack of a human rights perspective on ageing is already visible within the country’s existing legal, policy and institutional frameworks.**

81. **The Independent Expert salutes the leadership of the Republic of Moldova at the United Nations level in support of the enjoyment of all human rights of older persons. She is particularly pleased to note that the Government supports the idea of a global legally binding instrument to protect the rights of older persons.**

B. Recommendations

82. **On the basis of the above conclusions and the observations made in the present report, the Independent Expert makes the recommendations set out below to the Government of the Republic of Moldova.**

Data

83. **The Independent Expert strongly encourages the collection of data disaggregated by age, sex and relevant socioeconomic characteristics, which are essential for effective and inclusive public policymaking about older persons. Capturing multidimensional and intersecting variables is crucial for proper planning, implementation, monitoring and reporting. The heterogeneity of older persons must be considered.**

Legal, policy and institutional frameworks

84. **The Independent Expert recommends that the Republic of Moldova ratify all the human rights treaties that it has not yet adopted, such as the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights and relevant ILO conventions. The State should expedite the ratification of articles 14, 23 and 30 of the revised European Social Charter and authorize the European Committee of Social Rights to decide collective complaints. The Republic of Moldova should promptly incorporate these international and regional standards into national legislation to ensure effective implementation.**

85. **While commending the adoption of the Programme on Active and Healthy Ageing, it is imperative to recognize older persons as rights holders, not just beneficiaries. Adequate human and financial resources must be allocated for the full implementation of this programme, ensuring high-quality activities and a dignified quality of life in old age. The meaningful participation of older persons and their representatives should be maintained throughout its implementation.**

86. **Welcoming the National Programme for Ensuring Human Rights, the Independent Expert stresses the need to prioritize older persons’ rights in the implementation process, considering their multiple and intersecting identities. The Programme should be comprehensively monitored, and adequate resources should be allocated, while ensuring the meaningful participation of older persons and their representatives throughout its implementation. Recommendations related to older persons should be implemented by a specific commission and the National Human Rights Council.**

87. **The adoption of a dedicated and comprehensive law safeguarding the human rights of older persons, rooted in human rights principles, would strengthen the existing legal framework. Such a law should address the diverse social identities of older persons.**

88. **The Independent Expert recommends establishing an independent national entity dedicated to the human rights of older persons, potentially within the People’s Advocate Office. Such an entity would monitor and ensure the enjoyment of all human rights by older persons, in line with the National Programme for Ensuring Human Rights and the Programme on Active and Healthy Ageing. A comprehensive law on older persons should enact its mandate, with adequate resources allocated to sustain its functions.**

Age discrimination and ageism

89. **To effectively combat structural ageism, the Independent Expert recommends that the Government enhance efforts through rigorous human rights monitoring and analysis to identify and address its root causes. This entails instigating a cultural shift in societal perceptions of ageing. Strengthening educational interventions, such as awareness campaigns and training, including within governmental institutions, is vital for this societal transformation.**

90. **The unique challenges faced by older persons from marginalized groups, such as older women, older persons with disabilities, older persons from ethnic and linguistic minorities and older LGBTQ+ persons, should be recognized in particular and addressed through policies and programmes. This includes ensuring adequate funding for programmes supporting these groups’ inclusion, filling vacant positions for Roma community mediators and promoting access to social services and health care for older persons with multiple and intersecting identities.**

Violence, abuse and neglect

91. **A comprehensive law should be enacted to address violence against older persons, including criminal sanctions for perpetrators and protective measures for survivors. In addition, older persons’ needs should be integrated into the implementation of the current legal framework on domestic violence.**

92. **The Republic of Moldova should increase its efforts to collect disaggregated data on the prevalence of violence against older persons. As recommended in her report on violence against and abuse and neglect of older persons,[[94]](#footnote-95) the Independent Expert suggests that data‑collection methodologies and protocols should integrate the diversity of older persons in promoting the generation and disaggregation of available data by five-year age groups. Such data would provide a comprehensive understanding of the extent of violence in old age to inform policy and programmatic efforts.**

93. **Old-age must be integrated into data collection, policies, plans and strategies addressing gender-based violence. Efforts to enhance data collection and develop targeted interventions are crucial to combat violence against older women effectively. Existing prevention and response services, including shelters, for gender-based violence, should be adapted to meet the needs of older persons.**

94. **The Independent Expert recommends that gender-based violence in old age be integrated and mainstreamed into the mandate of the national agency implementing the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence.**

95. **It is essential to ensure that older survivors have access to inclusive, affordable and barrier-free legal services and justice. Age-sensitive and inclusive training programmes for justice and law enforcement actors should be developed. Awareness campaigns should inform older persons about the services available for domestic violence survivors and to address ageism to transform societal perceptions of ageing.**

Economic security

96. **Acknowledging the recent efforts by the Republic of Moldova to enhance the social protection system and recognizing ongoing structural challenges, the Independent Expert recommends improving access to old-age pensions and raising the minimum pensions to meet the established subsistence minimum through new legislation.**

97. **All older persons, without discrimination, should have access to income support to mitigate the risk of poverty. Non-contributory social pensions are particularly important for those not covered by the contributory system. Strengthening these pensions is essential to enhance income security, in particular for older marginalized groups.**

98. **More efforts must be put in place to ensure that social protection measures are gender‑responsive and inclusive, addressing the reduction of the gender pension gap and considering the specific needs of women, as well as promoting the autonomy, independence and social participation of persons with disabilities.**

99. **The discriminatory provision in article 86 (1) (y-1) of the Labour Code should be promptly repealed to align with the Programme on Active and Healthy Ageing and human rights principles.**

100. **Older workers are vital in the ageing economy of the Republic of Moldova. The Government must actively promote their continued participation in the labour market. This includes fostering self-employment, entrepreneurship, career development and vocational programmes and providing access to relevant information.**

Care and support

101. **The Independent Expert emphasizes the need to standardize and improve the quality of care in institutions, including the establishment of official regulatory requirements, standard operating procedures and safeguards against abuses to protect residents’ rights. Regular monitoring in line with human rights-oriented guidelines is essential to ensure the enjoyment of human rights by older persons.**

102. **The revised National Programme on Deinstitutionalization should be promptly adopted. Dedicated budgets should be allocated for community-based care and support services, in particular in rural areas. Clarifying roles and responsibilities between central and local governments is essential to ensure efficient development and delivery of these services for older persons, especially in the context of the reform of the Restart programme.**

103. **While recognizing the positive aspects of the reform of the Restart programme, the Independent Expert recommends strengthening social assistance to better reach older persons in vulnerable situations. This includes ensuring a minimum standard of living and revisiting the delivery process for personal assistance. Priority should be placed on recruiting personal assistants for older persons, and a review of the Respiro service is recommended. Social services such as day-care centres and social canteens should be further developed.**

Health

104. **The health system must adapt to the ageing population through investments in prevention programmes, geriatric care and long-term care, aligned with human rights principles. The meaningful participation of older persons and their representative organizations in relevant health-related decision-making processes is essential.**

105. **To tackle ageist and other discriminatory attitudes in health care towards older persons in their full diversity, including older women, Roma and LGBTQ+ persons, comprehensive educational activities and training should be implemented for health-care professionals.**

106. **The compulsory health-care package for pensioners needs to be re-evaluated and updated to better address their specific needs. This includes expanding the list of reimbursed medicines and essential services for chronic diseases, as well as providing coverage for assistive devices. Out-of-pocket expenditure on health services should be reduced.**

107. **Palliative care services, along with disease prevention and early diagnosis initiatives, as well as geriatric care, should be expanded and made accessible to the older population across all regions. The Independent Expert recommends expanding geriatric health services to include outpatient care.**

108. **Older refugees should be provided with adequate support, in particular in terms of their access to health services. Access to health care for chronic diseases should be integrated under the temporary protection status, or at least provided at a low cost. Efforts should be made to ensure that assistive devices are properly fitted.**

109. **Older detainees should have access to comprehensive and age-appropriate health services, including dental care and tailored services for older women, LGBTQ+ persons and persons with disabilities.**

Adequate standard of living

110. **Aligned with the goals outlined in the Programme on Active and Healthy Ageing and the WHO recommendations for age-friendly cities and communities, it is essential to foster the development of a more inclusive and accessible society for older persons. Adequate funding should be allocated in future budgets, legislation and initiatives to ensure the effective implementation of this priority, promoting quality and efficiency.**

111. **The Independent Expert encourages the further development of older persons’ access to safe drinking water, heating and electricity (including from renewable energy sources), age-appropriate sanitation facilities and suitable housing in the development of programmes to assist older persons in fully enjoying their right to an adequate standard of living, in particular in rural areas.**

Education, lifelong learning and training

112. **Efforts to enhance education, lifelong learning and training, including digital literacy programmes, should be pursued, benefiting older persons by enabling them to remain active in society and enhancing their attractiveness in the labour market. This is particularly crucial in the current Moldovan economy.**

113. **The Independent Expert makes the recommendations set out below to the de facto authorities of the Transnistrian region.**

114. **The minimum old-age pension should be increased to align with the established subsistence minimum. Access to essential social services for older persons throughout the region should be guaranteed.**

115. **A human rights-based approach to ageing should be taken, which necessitates adequate financing and policy realignment, including the reallocation of budgets to ensure the provision of sufficient social protection for older persons.**

116. **The provision of rehabilitation services in institutional care should be prioritized to address mobility issues and promote independent living for older persons. The absence of community-based care and support services for older persons should be urgently addressed. Efforts should be made to reopen closed day-care centres and secure sustainable funding for such social spaces for older persons.**

117. **Efforts are needed to enhance the health-care system to address the needs of the ageing population in the region. Priority should be given to training health-care professionals to improve the quality and effectiveness of health services. The health system must adapt to the ageing population through investments in prevention programmes, geriatric care and long‑term care, aligned with human rights principles. Introducing a comprehensive health insurance programme that includes, at a minimum, primary care coverage would benefit everyone, in particular older persons.**

118. **The Independent Expert makes the recommendations set out below to the international community and other relevant stakeholders.**

119. **A comprehensive assessment of the situation of older persons should be conducted in collaboration with the Government, United Nations agencies, civil society and older persons from varying backgrounds. Such an assessment, adopting a human rights-based approach, must recognize the needs of older persons on both sides of the Nistru/Dniester River. By identifying existing gaps comprehensively, it will ensure proper ageing mainstreaming and inform the allocation of sustained and adequate financing to fulfil the rights of older persons, including from development donors.**

120. **To support the European Union integration process of the Republic of Moldova, it is imperative for the international community to contribute by providing substantial financial assistance to social affairs and to sustain its humanitarian assistance to Ukrainian refugees. This support will bolster the efforts of the State, aiding in the successful realization of its integration goals.**

1. \* The summary of the report is being circulated in all official languages. The report itself, which is annexed to the summary, is being circulated in the language of submission and Russian only.

   \*\* The present report was submitted to the conference services for processing after the deadline so as to include the most recent information. [↑](#footnote-ref-2)
2. See <https://statistica.gov.md/en/elderly-population-in-the-republic-of-moldova-in-2022-9578_60729.html>. [↑](#footnote-ref-3)
3. See <https://unece.org/sites/default/files/2022-06/Second%20ministerial%20roundtable_Republic%20of%20Moldova.pdf>. [↑](#footnote-ref-4)
4. Andrei Crivenco and Sabine von Löwis, “Shrinking Transnistria. Trends and effects of demographic decline in a de facto State”, *Comparative Southeast European Studies*, vol. 70, No. 1 (April 2022). [↑](#footnote-ref-5)
5. HelpAge International, *Protection of Older People’s Rights in Moldova: Practical Guide* (2010), p. 24. [↑](#footnote-ref-6)
6. See <https://social.gov.md/en/communication/press-news/world-population-day-4-national-goals-for-moldovas-population-to-age-actively-and-healthily/>; and Republic of Moldova and UNFPA, “Program on active and healthy ageing for 2023–2027”, available at https://moldova.unfpa.org/sites/default/files/pub-pdf/program\_on\_active\_and\_healthy\_ageing\_english\_2.pdf. [↑](#footnote-ref-7)
7. See <https://cancelaria.gov.md/sites/default/files/document/attachments/nu-36-cs-2024_0.pdf> (in Romanian). [↑](#footnote-ref-8)
8. Economic Commission for Europe, *Road Map for Mainstreaming Ageing: Republic of Moldova* (2012), p. 11. [↑](#footnote-ref-9)
9. Data from the People’s Advocate Office. [↑](#footnote-ref-10)
10. Republic of Moldova and UNFPA, “Program on active and healthy ageing for 2023–2027”, p. 4. [↑](#footnote-ref-11)
11. See <https://egalitate.md/wp-content/uploads/2016/04/Raport_Evaluarea-atitudinilor-popula--iei-generale-fa-----de-persoanele---n-etate-1.pdf> (in Romanian). [↑](#footnote-ref-12)
12. HelpAge International and Gender-Centre of Moldova, “Discrimination against older women in Moldova”, submission to the Committee on the Elimination of Discrimination against Women, June 2013, available at https://www.ecoi.net/en/file/local/1113230/1930\_1388225147\_int-cedaw-ngo-mda-14778-e.pdf. [↑](#footnote-ref-13)
13. Mircea Ticudean, “While problems remain, Moldova makes big gains on LGBT rights”, Radio Free Europe/Radio Liberty, 14 May 2023. [↑](#footnote-ref-14)
14. National Development Strategy Moldova 2030, 25 June 2018, p. 30, available at https://www.imf.md/press/SND\_MD2030\_25\_Jun\_eng.pdf. [↑](#footnote-ref-15)
15. Agency for Technical Cooperation and Development, “Republic of Moldova: Roma community needs assessment”, 12 April 2023, available at https://reliefweb.int/report/moldova/republic-moldova-roma-community-needs-assessment-12-april-2023. [↑](#footnote-ref-16)
16. European Commission, “Republic of Moldova 2023 report”, document SWD(2023) 698 final, p. 39. [↑](#footnote-ref-17)
17. HelpAge International and National Centre for Demographic Research, “Breaking the silence: elder abuse in the Republic of Moldova” (2015), pp. 5 and 6. [↑](#footnote-ref-18)
18. Information from the People’s Advocate Office. [↑](#footnote-ref-19)
19. HelpAge International and Gender-Centre of Moldova, “Discrimination against older women”, p. 7. [↑](#footnote-ref-20)
20. See <https://cdf.md/en/noutati/the-government-of-the-republic-of-moldova-has-approved-the-national-programme-on-preventing-and-combating-violence-against-women-and-domestic-violence-for-2023-2027/>. [↑](#footnote-ref-21)
21. HelpAge International and Gender-Centre of Moldova, “Discrimination against older women in Moldova”, p. 5. [↑](#footnote-ref-22)
22. See <https://moldova.unwomen.org/en/stories/comunicat-de-presa/2023/03/femeile-cu-dizabilitati-raman-in-continuare-vulnerabile-la-discriminare-si-saracie-constata-un-sondaj-un-women-si-pnud>. [↑](#footnote-ref-23)
23. Organization for Security and Cooperation in Europe (OSCE), *OSCE-led Survey on Violence against Women: Well-being and Safety of Women – Moldova Results Report* (2019), p. 69. [↑](#footnote-ref-24)
24. HelpAge International, *Protection of Older People’s Rights in Moldova*, p. 41. [↑](#footnote-ref-25)
25. María Eugenia Dávalos and others, [*A Human-Rights Based Approach to the Economic Security of Older People in Moldova*](https://openknowledge.worldbank.org/entities/publication/d996e172-d877-5218-8aca-ab61e882fe86) (World Bank, 2017), p. 25. [↑](#footnote-ref-26)
26. Ala Negruta, “Profile of elderly women” (Chisinau, United Nations Development Programme and United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), 2016), pp. 25 and 26. [↑](#footnote-ref-27)
27. World Bank Group, *Moldova Poverty Assessment 2016: Poverty Reduction and Shared Prosperity in Moldova: Progress and Prospects* (2016), p. 21. [↑](#footnote-ref-28)
28. See <https://unece.org/population/press/ageing-moldova-road-ahead-unece-advises-republic-moldova-policy-development>. [↑](#footnote-ref-29)
29. Act No. 156-XIV/1998, on the public pension system; Act No. 499-XIV/1999, on State social allowances for certain categories of citizens; Act No. 547-XV/2003, on social assistance; and Act No. 133-XVI/2008, on social assistance. [↑](#footnote-ref-30)
30. Dávalos and others, [*A Human-Rights Based Approach to the Economic Security of Older People in Moldova*](https://openknowledge.worldbank.org/entities/publication/d996e172-d877-5218-8aca-ab61e882fe86), p. 83. [↑](#footnote-ref-31)
31. See <https://gov.md/sites/default/files/document/attachments/nu-422-cnas-2024.pdf> (in Romanian). [↑](#footnote-ref-32)
32. Dávalos and others, [*A Human-Rights Based Approach to the Economic Security of Older People in Moldova*](https://openknowledge.worldbank.org/entities/publication/d996e172-d877-5218-8aca-ab61e882fe86), p. 7. [↑](#footnote-ref-33)
33. “Ad hoc report on the on the cost-of-living crisis submitted by the Government of the Republic of Moldova”, 8 January 2024, available at https://rm.coe.int/mda-ad-hoc-cost-of-living-2023/1680ae693b. [↑](#footnote-ref-34)
34. Dávalos and others, [*A Human-Rights Based Approach to the Economic Security of Older People in Moldova*](https://openknowledge.worldbank.org/entities/publication/d996e172-d877-5218-8aca-ab61e882fe86), p. 104. [↑](#footnote-ref-35)
35. See UNFPA and UN-Women, *Moldova Comprehensive Gender Assessment* (2021). [↑](#footnote-ref-36)
36. Information from the Ministry of Labour and Social Protection. [↑](#footnote-ref-37)
37. In 2022, life expectancy was 67.1 years for men and 75.7 years for women. See <https://statistica.gov.md/en/average-duration-of-life-in-the-republic-of-moldova-in-2022-9578_60474.html>. [↑](#footnote-ref-38)
38. Crivenco and von Löwis, “Shrinking Transnistria”. [↑](#footnote-ref-39)
39. ILO, “Decent work country programme 2021–2024: Republic of Moldova” (2021), p. 2. [↑](#footnote-ref-40)
40. Republic of Moldova and UNFPA, “Program on active and healthy ageing for 2023–2027”, pp. 16 and 17. [↑](#footnote-ref-41)
41. Mariana Buciuceanu-Vrabie, “The Active Ageing Index in the Republic of Moldova 2020” (Chisinau, UNFPA and Ministry of Labour and Social Protection, 2021), p. 12. [↑](#footnote-ref-42)
42. Information from the Equality Council. [↑](#footnote-ref-43)
43. ILO, “Decent work country programme 2021–2024”, p. 6. [↑](#footnote-ref-44)
44. Republic of Moldova and UNFPA, “Program on active and healthy ageing for 2023–2027”, pp. 14 and 17. [↑](#footnote-ref-45)
45. Dávalos and others, [*A Human-Rights Based Approach to the Economic Security of Older People in Moldova*](https://openknowledge.worldbank.org/entities/publication/d996e172-d877-5218-8aca-ab61e882fe86), p. 81. [↑](#footnote-ref-46)
46. Ibid., pp. 32 and 52. [↑](#footnote-ref-47)
47. HelpAge International, *Protection of Older People’s Rights in Moldova*, p. 12. [↑](#footnote-ref-48)
48. See <https://www.ipn.md/en/in-moldova-there-are-32-placement-centers-with-over-900-beneficiaries-7967_1041021.html>. [↑](#footnote-ref-49)
49. See <https://www.ohchr.org/sites/default/files/documents/hrbodies/spt-opcat/npm/2022-Torture-Prevention-Republic-Moldova.pdf>. [↑](#footnote-ref-50)
50. See <https://social.gov.md/comunicare/comunicate/proiectul-programului-national-de-dezinstitutionalizare-a-persoanelor-cu-dizabilitati-pentru-anii-2023-2027-consultat-cu-societatea-civila-si-cu-institutiile-de-profil/> (in Romanian). [↑](#footnote-ref-51)
51. See https://easpd.eu/fileadmin/user\_upload/Publications/KM\_Position\_Paper\_\_\_  
    EU\_Support\_and\_Care\_Reform\_\_\_November\_2023\_Final.pdf. [↑](#footnote-ref-52)
52. See <https://www.inclusion-europe.eu/wp-content/uploads/2020/11/Position-Paper-Deinstitutionalization-of-Persons-with-Disabilities-in-the-Republic-of-Moldova-EN.pdf>. [↑](#footnote-ref-53)
53. See <https://www.ipn.md/en/who-can-benefit-from-social-assistance-provided-in-chisinau-municipality-7978_1092940.html>. [↑](#footnote-ref-54)
54. See <https://sdgs.un.org/partnerships/reform-social-assistance-restart>. [↑](#footnote-ref-55)
55. See <https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/SocialProtection/NHRI/NHRIRep.ofMoldovaENG.doc>. [↑](#footnote-ref-56)
56. In 2021, the [life expectancy](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Life_expectancy) at birth in the [European U](https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:European_Union_(EU))nion was 80.1 years. In 2022, the average life expectancy in the Republic of Moldova was 71.4 years (see <https://statistica.gov.md/en/average-duration-of-life-in-the-republic-of-moldova-in-2022-9578_60474.html> and <https://ec.europa.eu/eurostat/web/products-eurostat-news/w/DDN-20230316-1>). [↑](#footnote-ref-57)
57. Information from the Equality Council. [↑](#footnote-ref-58)
58. Information from HelpAge Moldova. [↑](#footnote-ref-59)
59. For people living in the Transnistrian region with Moldovan nationality. [↑](#footnote-ref-60)
60. Mariana Buciuceanu-Vrabie, “The well-being of the older people in the Republic of Moldova: determinants and challenges”, *Economy and Sociology*, No. 2 (December 2020), pp. 125 and 126. [↑](#footnote-ref-61)
61. HelpAge International, *Protection of Older People’s Rights in Moldova*, pp. 16 and 17. [↑](#footnote-ref-62)
62. Information from the national health insurance company. [↑](#footnote-ref-63)
63. Committee on Economic, Social and Cultural Rights, general comment No. 14 (2000), para. 34. [↑](#footnote-ref-64)
64. Information from the People’s Advocate Office. [↑](#footnote-ref-65)
65. Republic of Moldova and UNFPA, “Program on active and healthy ageing for 2023–2027”, p. 11. [↑](#footnote-ref-66)
66. Buciuceanu-Vrabie, “The well-being of the older people in the Republic of Moldova”, pp. 125 and 126. [↑](#footnote-ref-67)
67. See <https://borgenproject.org/health-care-in-republic-of-moldova./> [↑](#footnote-ref-68)
68. See <https://apps.who.int/gb/statements/EB154/PDF/Republic-of-Moldova-6.pdf>. [↑](#footnote-ref-69)
69. See <https://unece.org/sites/default/files/2021-10/mipaa20-report-republic-of-moldova.pdf>. [↑](#footnote-ref-70)
70. Crivenco and von Löwis, “Shrinking Transnistria”. [↑](#footnote-ref-71)
71. See <https://statistica.gov.md/ro/varstnicii-in-republica-moldova-in-anul-2022-9578_60729.html> (in Romanian). [↑](#footnote-ref-72)
72. Ibid. [↑](#footnote-ref-73)
73. Information from Keystone Moldova. [↑](#footnote-ref-74)
74. See <https://www.undp.org/moldova/press-releases/consumers-can-register-receive-energy-compensation-starting-today>. [↑](#footnote-ref-75)
75. Information from Keystone Moldova. [↑](#footnote-ref-76)
76. See <https://extranet.who.int/agefriendlyworld/search-network/?_sft_countries=republic-of-moldova>. [↑](#footnote-ref-77)
77. Republic of Moldova and UNFPA, “Program on active and healthy ageing for 2023–2027”, p. 12. [↑](#footnote-ref-78)
78. Ibid., p. 3. [↑](#footnote-ref-79)
79. See [https://moldova.unfpa.org/en/news/seniors-go-university-„university-third-age”-has-been-launched-first-time-moldova](https://moldova.unfpa.org/en/news/seniors-go-university-). [↑](#footnote-ref-80)
80. See <https://www.undp.org/moldova/press-releases/100-digital-state-strategy-digital-transformation-republic-moldova-2023-2030-approved-executive>. [↑](#footnote-ref-81)
81. Information from UNFPA Republic of Moldova. [↑](#footnote-ref-82)
82. See <https://civil-protection-humanitarian-aid.ec.europa.eu/where/europe/moldova_en>. [↑](#footnote-ref-83)
83. See <https://data.unhcr.org/en/documents/details/106427>. [↑](#footnote-ref-84)
84. See <https://data.unhcr.org/en/documents/details/107030>. [↑](#footnote-ref-85)
85. See <https://civil-protection-humanitarian-aid.ec.europa.eu/where/europe/moldova_en>. [↑](#footnote-ref-86)
86. See <https://data.unhcr.org/en/documents/details/107030>. [↑](#footnote-ref-87)
87. Ibid. [↑](#footnote-ref-88)
88. European Commission, “Republic of Moldova 2023 report” (document SWD(2023) 698 final), p. 53. [↑](#footnote-ref-89)
89. Out of 6,084 detainees in 2023, 450 persons were aged between 50 and 60 years and 208 were aged 60 years and above (information from the People’s Advocate Office); see also <https://www.ohchr.org/sites/default/files/documents/hrbodies/spt-opcat/npm/2022-Torture-Prevention-Republic-Moldova.pdf>. [↑](#footnote-ref-90)
90. Information from the People’s Advocate Office. [↑](#footnote-ref-91)
91. See <https://www.ohchr.org/sites/default/files/documents/hrbodies/spt-opcat/npm/2022-Torture-Prevention-Republic-Moldova.pdf>. [↑](#footnote-ref-92)
92. Information from the People’s Advocate Office. [↑](#footnote-ref-93)
93. See <https://newsmaker.md/rus/novosti/iz-tyurmy-v-tiraspole-osvobodili-viktora-pleshkanova-osuzhdennogo-v-2022-godu-za-podderzhku-ukrainy/> (in Russian). [↑](#footnote-ref-94)
94. [A/HRC/54/26](http://undocs.org/en/A/HRC/54/26). [↑](#footnote-ref-95)