

Submission to the Committee on Economic, Social and Cultural Rights

78th Session – (8 – 26 September 2025)

Country review of Republic of Moldova (adoption of List of Issues)

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Submitting organisations:



Harm Reduction International (HRI) that envisions a world in which drug policies uphold dignity, health and rights. We use data and advocacy to promote harm reduction and drug policy reforms. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense. HRI is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

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The Public Association “Union for Equity and Health” (UES) is an organization that actively promotes human rights in the context of health and public security, develops and implements sustainable and qualitative innovative interventions that respond to society's challenges in the Republic of Moldova.



AFI builds bridges to ensure access to healthcare services for vulnerable persons affected by TB or HIV/SIDA and other diseases that have a major social impact. It seeks to do it through innovative services, advocacy and community mobilization. We promote investment in harm reduction inside and outside prisons—because public health and justice systems are stronger when they are grounded in compassion, science, and human rights. Through research, monitoring, and direct engagement with affected communities, we highlight how humane, rights-based responses in closed settings improve health outcomes and social reintegration.

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Introduction

[Harm Reduction International \(HRI\)](#), [Union for Equity and Health \(UES\)](#) and [AFI](#) welcome the opportunity to report to the Committee on Economic, Social and Cultural Rights (CESCR) ahead of the adoption of the List of Issues for the review of the Republic of Moldova at the 78th session. This submission will provide information on the performance of Moldova regarding its obligations under the UN International Covenant on Economic, Social and Cultural Rights (ICESCR), with reference to the report sent by the Republic of Moldova on 15 March 2024. It will particularly focus on:

- The negative impacts of drug policy against vulnerable groups, with an emphasis on women, LGBTQI+ and people in prison.
- The provision of harm reduction services in the community and in prison
- Other barriers regarding access to economic social and cultural rights for LGBTQ+ population

The information provided in this document comes from recent national strategies, independent assessments, and civil society reports and experience.

Punitive approach to drugs

Drug policy in the Republic of Moldova is repressive and discriminatory, with punitive responses prevailing over human rights and health approaches to drug use and possession.

Drug use and possession are punishable as a criminal or administrative offence under the Criminal Code and the Contravention Code, respectively. The severity of sanctions depends on the type and quantity of the substance involved, as well as the context of the offence. According to Moldova's legislation, drug use without a medical prescription or illegal purchase or storage of drugs in "small quantities", without the intention of selling them, is punishable by a fine of 30 to 60 conventional units (c.u)¹ or unpaid community service for up to 72 hours. The amount of the fine ranges from 1,500 lei (EUR 77) to 3,000 lei (EUR 154). This fine represents between 70% and 140% of the monthly average minimum subsistence and between 42% and 85% of the average minimum wage. Thus, the fines imposed are significantly high and can reach the amount of the minimum subsistence level per person per month. Since most people who use drugs are either unemployed or lack of stable job, they often cannot afford to pay the fine, which may result in incarceration.

Currently, all forms of possession of illegal substances, including for personal use are criminalised regardless of the quantity. The possession of large quantities of drugs, without the intention of selling them, can result in a fine ranging from 20,000 lei (980 EUR) to 35,000

¹ In Moldova, 1 conventional unit (u.c) equals to 50 lei (2,5 Euros)

lei (1,715 EUR), unpaid community service of up to 150 hours, or deprivation of liberty for a period of up to one year. The threshold of what is considered “large quantity” is very low compared to other cases in the region,² leading to most of the cases being considered as a criminal offence. For example, civil society has witnessed that the amount of substance left in the syringe or on other objects used for consumption is sufficient to be perceived as a large quantity and therefore, be prosecuted for a criminal offence.

An Association Agreement between the Republic of Moldova and the European Union was signed on 27 June 2014.³ In accordance with Article 17 of this Agreement, anti-drug policies and actions must be directed towards addressing the health and social consequences of drug use. Regrettably, the comprehensive Anti-Drug Strategy 2020-2027 was repealed in 2022 by the Ministry of Interior's sectoral plan, which emphasises criminalisation and sanctioning, with a loss of focus on harm reduction, rehabilitation, treatment and social inclusion.

Stigma and discrimination against people who use drugs and other key populations, and impact on ESC rights

Moldova's legal framework disproportionately affects vulnerable groups while fuelling stigma, police harassment, and creating barriers to health services. Stigma and discrimination against people who use drugs, along with other key populations, are entrenched at both societal and institutional levels, impeding access to health, legal, and social services. For example, drug use is associated in the public and political discourse with participation in illegal drug trafficking, which fuels stigma and discrimination against people who are trying to access health and social services, while contributing to cycles of incarceration and social exclusion. This stigma is reflected in public attitudes: an assessment from 2024 on HIV inequality found that social tolerance remains low: 88% of the population would not accept living in the same community with people who use drugs, sex workers, or LGBTQI+ individuals, and 66% would not accept people living with HIV. These findings point to a discriminatory and homophobic society, which negatively influences access to services.⁴

The intersection of drug use, gender, and sexual orientation exacerbates vulnerability. LGBTQI+ people face a wide range of barriers to access to justice, both as victims of crime and as offenders, including for drug offences. The National Plan on Human Rights (NPHR) 2024-2027⁵ states that Moldovan legislation is largely in line with the EU requirements in the field of non-discrimination and equality and there is a state response to hate crimes (in the Criminal Code and the Contravention Code). However, persons belonging to minorities, persons with disabilities, LGBTQI+ persons and Roma, continue to face discrimination, and

² For more details see ‘Drug Laws and Policies in the Republic of Moldova and their impact on the enjoyment of human rights’ 40th session [January-February 2022] of the Working Group of the United Nations Human Rights Council. 3rd Cycle of Universal Periodic Review, p 3

https://uprinfo.org/sites/default/files/documents/202112/drug_laws.pdf

³ For more information see [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:22014A0830\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:22014A0830(01))

⁴ http://www.ccm.md/sites/default/files/2024-03/MDA_inequalities%20tool_Final_1_0.pdf

⁵ https://cancelaria.gov.md/sites/default/files/document/attachments/nu-36-cs-2024_0.pdf

concrete actions to ensure the protection of their rights have not been included in the NPHR (nor in the 2018-2022 NPHR).⁶

Women and LGBTQI+ persons who use drugs are at heightened risk of violence, discrimination, and denial of services, both in the community and in detention. The Program for promoting and ensuring equality between women and men in the Republic of Moldova for the years 2023-2027 has no provisions regarding the LGBTQIA+ community and sex workers. This indirectly points to the need for training for decision-makers on issues relating to gender identity and the rights of people from the LGBTQIA+ community.⁷

Women who use drugs, especially those who are also sex workers, from Roma or LGBTQI+ backgrounds, face compounded vulnerabilities. They are often excluded from state services, experience high rates of violence, and have limited access to justice and health care. Sex workers and women who use drugs are a marginalised and invisible community in the Republic of Moldova, being extremely vulnerable to HIV/AIDS, human trafficking, harassment and violence due to multiple factors, including discrimination, stigmatization and social exclusion, and criminalization. Despite their particular vulnerability, their specific needs are continuously ignored by the state and this group of women systematically face barriers in realising their fundamental rights, including the right to the highest attainable standard of health, including reproductive and sexual rights; the right to be treated with dignity, equality and non-discrimination, the right of a life free from violence, the right to access to justice, among others.⁸

Lack of harm reduction and other health services for people who use drugs and other key populations

There are an estimated 27,500 people who inject drugs in Moldova, with an HIV prevalence of 11% and an HCV prevalence of 42.7%.⁹ According to [HRI's Global State of Harm Reduction 2024](#) (GSHR 2024), the country has supportive reference to harm reduction in its national policy documents.¹⁰ Needle and Syringe Programs (NSPs), Opioid Agonist Therapy (OAT), and take home naloxone programs are operational in Moldova, both in the community and in prisons.¹¹ The comprehensive package of needle and syringe exchange and OAT programmes has been shown to have contributed to a significant reduction in the number of cases of HIV,

⁶ https://cancelaria.gov.md/sites/default/files/raport_de_evaluare_pnado_2018-2022.pdf

⁷ Ministry of Labour and Social Protection. (2023) <https://social.gov.md/en/communication/press-news/the-programme-for-promoting-and-ensuring-equality-between-women-and-men-in-the-republic-of-moldova-for-the-years-2023-2027-approved-by-the-government/>

⁸ Government Decision no.164/2024. National Program on ensuring respect for human rights for the years 2024-2027. https://www.legis.md/UserFiles/Image/RO/2024/mo144-147md/program%20national_164md.docx

⁹ UNAIDS. (2023). Moldova expands harm reduction services to all prisons. https://www.unaids.org/en/resources/presscentre/featurestories/2023/may/20230505_moldova-expands-harm-reduction-services-prisons

¹⁰ Harm Reduction International. The Global State of Harm Reduction. 2024. p 3. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>

¹¹ Idem

TB, viral hepatitis and sexually transmitted infections among people who use drugs.¹² The country also provides take-home naloxone and at least one safer smoking kit distribution program. There is no drug consumption room (DCR) operating at the time of this submission.¹³

While some harm reduction services are available, they are not always accessible. Stigma, discrimination and marginalisation of people living with HIV, criminalization of HIV transmission, of drug use and sex work remain some of the main legal barriers for accessing harm reduction, HIV prevention, treatment and care services. This is reflected in a 2023 UES Report assessing the impact of drug policy on public health and the HIV epidemic, which highlights persistent gaps in access to harm reduction, opioid agonist therapy (OAT), and integrated medical and psychosocial services, especially for women, youth, and people in rural areas.¹⁴

Coverage and quality of services also negatively impact health outcomes of people who use drugs. For example, data indicate that as of 2023, OAT is not evenly distributed across the country, with no services provided in district located on the left bank of the Dniester River. Lack of substance use specialists at the local level, as well as lack of budget to provide psychosocial support to OAT clients and lack of comprehensive packages of services, are also identified as factors that impact the quality and coverage of OAT services.¹⁵

The narcological system in Moldova still bears the vestiges of the Soviet drug control system, when the main method of influencing people who use drugs was represented by punitive measures or measures used for de facto punishment, such as medical observation of people who use drugs. This violates the right to confidentiality and anonymity in receiving health care.

Criminal prosecution affects the economic and material well-being of families by making it more difficult to obtain housing, use banking services and find a job. Additionally, official registration of drug dependence (medical supervision) represents a significant barrier to the expansion of OAT programs. Patients are accepted into the program on the condition that they are registered as ‘drug users’, which leads to several restrictions and the possibility of this information leaking to other state agencies, including the police. Consequently, less than 5,5% of the estimated number of people who inject drugs who use opiates currently benefit from

¹² Eurasian Harm Reduction Association (EHRA) (2024). Republic of Moldova: Reassessment of the Implementation of the State Commitments to Ensure Sustainability of the HIV Response among Key Populations in the Context of Transition from Donor Support to Domestic Funding

<https://harmreductioneurasia.org/sustainability/transition-material/tmt-moldova-2024>

¹³ Harm Reduction International. The Global State of Harm Reduction. 2024.p 3. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>

¹⁴ Unite for Fairness and Health. (2023) Assessing the impact of drug policy on public health and the HIV epidemic in the Republic of Moldova. <https://uniunea.md/wp-content/uploads/2023/06/Raport-Evaluarea-impactului-politicii-in-domeniul-drogurilor-asupra-sanatatii-publice-si-a-epidemiei-HIV-in-Republica-Moldova.pdf>; Roadmap for drug policy change in the Republic of Moldova, (nd) https://uniunea.md/wp-content/uploads/2023/06/Foai-de-parcurs-Politici-Antidrog_Raport-2023-CRG.pdf

¹⁵ Eurasian Harm Reduction Association (EHRA), Alliance for Public Health, SOS Project 2.0, and 100% Life. (2023).“Republic of Moldova. Reassessment of the sustainability of the opioid agonist therapy programme within the context of transition from donor support to domestic funding.” p. 16. <https://eecaplatform.org/wp-content/uploads/2023/05/oat-sustainability-reassessment-moldova-eng-2023.pdf>

OAT in the Republic of Moldova, which has a limited impact on the incidence of the disease.¹⁶ Notably, concerns about drug registries and their compatibility with the right to health have been expressed in the past by this Committee, as well as the Special Rapporteur on the right to health and the Special Rapporteur on Torture.¹⁷

Young people in Moldova face significant challenges in obtaining essential health services, largely due to strict consent laws that require parental or guardian approval for anyone under 18. As a result, access to prevention, treatment, and harm reduction programs, including OAT, is restricted to adults. Children and youth who use opioids are instead directed to general mental health support for children and adolescents, rather than benefiting from specialised harm reduction interventions. This legal and service framework leaves young people without tailored options for addressing opioid use¹⁸

Criminalization of sex work creates barriers to access to HIV prevention and treatment services. Sex workers are also vulnerable to violence, which also increases their risk of contracting HIV. The majority of sex workers face threats and violence from clients, managers and intimate partners that prevent them from using condoms and accessing other reproductive health care. Research carried out in the Republic of Moldova among sex workers found that 60% of the respondents were positive about the legalisation of sex work due to the presence of violence, stigma and the sense of the need for protection.¹⁹ Sex workers involved in the study reported that they face violence practically constantly. They have mostly been subjected to physical and sexual violence since childhood, as young as of the age of 15, but also violence from the partner and clients in the last 12 months.²⁰

Access to services and enjoyment of rights in prisons

As of January 2023, there were 6,084 people in prison in Moldova,²¹ of which 404 were incarcerated for drug offences,²² with penalties of up to 3 years imprisonment (range 2 to 7

¹⁶ Idem. p. 16

¹⁷ Committee on Economic, Social and Cultural Rights, Concluding Observations: Kazakhstan, UN Doc. E/C.12/KAZ/CO/2, paras. 46–47; Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Anand Grover, UN Doc. A/65/255 (2010), para. 20; Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Juan Méndez, UN Doc. A/HRC/22/53 (2013), para. 73.

¹⁸ Ministry of Health of the Republic of Moldova. (2022). National clinical protocol: pharmacologic treatment of opioid dependence (PCN-225). Ed. III, p. 8. from <https://ms.gov.md/wp-content/uploads/2022/07/PCN-225-Tratamentul-farmacologic-al-dependen%C5%A3ei-de-opiace-2022.pdf>

¹⁹ AFI. (2022) “Assessment of the level of training of sex workers in Chisinau (capital of the Republic of Moldova) in Community Mobilization, including involvement in HIV control measures.” p.16.

<https://afi.md/eng/news/assessment-of-the-level-of-training-of-sex-workers-in-chisinau-capital-of-the-repu-141>

²⁰ Country Coordination Mechanism of the Republic of Moldova. (2024). Summary Report including ‘Concept Note Template: Inequalities Tool Assessment. p. http://ccm.md/sites/default/files/2024-03/MDA_inequalities%20tool_Final_1_0.pdf

²¹ Institute for Crime & Justice Policy Research. (2025) World Prison Brief data. Moldova. London; Birkbeck, University of London. <https://www.prisonstudies.org/country/moldova-republic>

²² Aebi, M. F., Cocco, E., Molnar, L., and Tiago, M. M. (2022). SPACE I - 2021 – Council of Europe Annual Penal Statistics: Prison populations. Strasbourg; Council of Europe. http://www.antonioacasella.eu/nume/Space_I_6apr22.pdf

years). Data indicates that drug use in prison is particularly high compared with drug use in the community, with drug injection being widely spread among incarcerated people.²³ HIV prevalence among people in prison is estimated to be 3.8% (five times higher than in the general adult population²⁴ and tuberculosis is ten times higher in prison than in the general population.²⁵ The share of infectious diseases is increasing from 4.8% (2015) to 6.9% (2020), including tuberculosis and HIV infection.²⁶

According to Eurasian Harm Reduction Association (EHRA) and HRI's Global State of Harm Reduction (GSHR) 2024, 13 out of 17 prisons in Moldova provide OAT, with 509 people in prison having received OAT in 2020. ART is provided in all 17 prisons, with 140 people receiving treatment. NSP is available in 15 out of 17 prisons and 1,944 people were receiving NSP in 2022.²⁷

Although some harm reduction services are available in prison barriers to access services persist. The GSHR 2024 has reported breaches to medical confidentiality and anonymity, which are identified as a main barrier to the access of harm reduction services. Despite NSPs being available in most prisons, a survey in 2020 found that 22% of people who inject drugs in prison shared injecting equipment, suggesting the lack of anonymity in accessing the service due to the conduct of peers and medical staff may be a deterrent. Stigmatisation and prison subculture that informally regulates access also hinder access to harm reduction. For example, those who accept methadone treatment are frequently subject to bullying and isolation, directed by leaders among the prison population.²⁸

Incarcerated women often have complex circumstances. Many have histories of trauma, and they have higher levels of mental health issues and needs, including drug dependence, than men. All these issues are exacerbated in prison, yet harm reduction is particularly limited for women in prison, with most of the services being in male facilities and not tailored to their specific needs. For example, the only therapeutic community in Moldovan prisons are in a male facility.²⁹

²³ O'Hara, George L. et al. (2022). Multi-level implementation factors that influence scale-up of methadone maintenance treatment in Moldovan prisons: A qualitative study. *Journal of Substance Abuse Treatment*, Volume 136, 108660. [https://www.jsatjournal.com/article/S0740-5472\(21\)00386-X/fulltext](https://www.jsatjournal.com/article/S0740-5472(21)00386-X/fulltext); Hoover Jefd and Jürgens Ralf. (2009) Harm Reduction in Prison: The Moldova Model. Open Society Foundation.

<https://www.opensocietyfoundations.org/publications/harm-reduction-prison-moldova-model>

²⁴ O'Hara, George L. et al. (2022). Multi-level implementation factors that influence scale-up of methadone maintenance treatment in Moldovan prisons: A qualitative study. *Journal of Substance Abuse Treatment*, Volume 136, 108660. [https://www.jsatjournal.com/article/S0740-5472\(21\)00386-X/fulltext](https://www.jsatjournal.com/article/S0740-5472(21)00386-X/fulltext); Joint United Nations Programme on HIV/AIDS (UNAIDS) (2022). UNAIDS data 2022. Geneva; UNAIDS. P 350

https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf

²⁵ Doltu, Svetlana (2021) Working paper 1. Review of Policy and Regulatory Framework – Harm Reduction in Prisons in Moldova. Harm Reduction International. p 6. <https://hri.global/publications/report-moldovan-prisons/>

²⁶ Idem. p 6

²⁷ Eurasian Harm Reduction Association (EHRA) 2025. Moldova. Criminalization Costs. Community-based assessment in CEECA region. <https://harmreductioneurasia.org/drug-policy/criminalization-costs/moldova>

²⁸ Harm Reduction International. The Global State of Harm Reduction. 2024. p 81. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>

²⁹ Idem, p 82

Trans and non-binary people in detention face great risks to their well-being, health and safety. These include risks of physical, sexual and psychological violence from both staff and co-detainees. The harassment and discrimination that trans people face while in detention reflects and amplifies stigma and discrimination in society and is often compounded by other intersectional vulnerabilities, including ethnicity and poverty. The overwhelming majority of people in the community prefer not to report incidents of violence so that they do not have to contact the police, or be identified with the LGBTQI+ community, which also limits their access to harm reduction and other key health services.

The National Administration of Penitentiary (NAP) includes a health care unit that organizes and coordinates medical care for prisoners within prison system. The medical staff from the penitentiary institutions are currently subordinated to the Director of the penitentiary, often being subject of the conflict between professional duties to a patient and obligations to the employer in making medical decisions. Thus, in making medical decisions security reasons may prevail over the health of the patient.³⁰ As a positive development, Moldova recently announced a plan for the prison administration, which includes the transfer of responsibilities for healthcare in prison from the Ministry of Justice to the Ministry of Health. However, it is yet to be seen how this is being implemented and how the voices of people deprived of liberty have been considered in the development of this new policy.³¹

Another positive development is the scaling up of services and sustainability of funding for harm reduction in prison. Some prisons in Moldova started offering harm reduction services in 2000 through international funding and technical assistance. Over the years, the country developed a supportive regulatory environment and started funding services from the state budget and has also expanded services.

Transferring the responsibility for health care in prisons from the Ministry of Justice to the Ministry of Health is set as a priority for the national authorities for 2024 - 2027, also planned under the National Human Rights Programme for 2024-2027 (actions 2.1.16, 2.1.17), in view of ensuring the access of persons detained in penitentiaries to adequate medical care. These decisions were taken following longstanding and recently reinforced recommendations by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and the Committee of Ministers following the decisions of the European Court of Human Rights in the case *Cosovan v. the Republic of Moldova* in regard of a full or substantial transfer of responsibility for prison healthcare to the Ministry of Health.

³⁰ Doltu, Svetlana (2021) Working paper 1. Review of Policy and Regulatory Framework – Harm Reduction in Prisons in Moldova. p 5. <https://hri.global/publications/report-moldovan-prisons/>

³¹ <https://www.prisonlitigation.org/legal-resources/domestic-prison-legal-news-january-march-2025/> and <https://www.anp.gov.md/sites/default/files/DPAM/Plan%20ANP/PLANUL%20DE%20ACTIVITATE%20AL%20ANP%202025.pdf>

Other challenges faced by LGBTQ+ people to accessing economic, social and cultural rights.

While Moldovan legislation formally recognises the rights of LGBTQ+ people and prohibits discrimination in all areas, including housing, education, health and employment, in reality, the LGBTQI+ community continues to face significant obstacles. There is no legal framework for gender recognition in the Republic of Moldova, and in the absence of clear procedures for the recognition of gender identity, transgender people are subject to discrimination and stigmatisation. In 2023, the Office of the People's Advocate presented its vision to the Council of Europe Commission against Racism and Intolerance (ECRI) (field of equality and non-discrimination).³² The Ombudsman specified inter alia that the Republic of Moldova has improved its legislative framework since its last report advancing in the protection of human rights of LGBTQI+ persons. However, despite the legislative developments, the problem of violence and harassment against LGBTQI+ persons reportedly persists.

Access to shelters for people from the LGBTQI+ community who become victims of violence is extremely problematic or even non-existent in situations where the person's physical appearance and identity documents are inconsistent.³³ In the context of the war in Ukraine this problem became even more acute when placement services for LGBTQ+ people from Ukraine were provided exclusively through CSOs.³⁴

The lack of education on human rights, gender diversity and sexual orientation contributes to the perpetuation of prejudices. There is limited knowledge about sexual orientation and gender identity among public authorities at all levels in the Republic of Moldova. Despite the existence of several international human rights reports and recommendations, including from the LGBTQI+ community, the public policy response to advance respect for human rights remains modest and needs amplification. Decisions to harmonize the regulatory framework are frequently based solely on the opinion of the decision-maker who has only a vague understanding of the LGBTQI+ community. In a country with a high level of stigma towards people from the LGBTQI+ community, these gaps knowledge on sexual orientation and gender identity perpetuate the non-implementation of international recommendations over time. The most recent example relates to the approval of the PNADO 2024-2027³⁵, in which no concrete actions were included to ensure LGBTQI+ rights were respected despite proposals put forward by CSOs. Professional training for the legislature and the executive in the field of sexual orientation, gender identity, and LGBTQI+ rights need to be institutionalized and clearly linked to the functional attributions and international commitments of the Republic of Moldova. Lack

³² People's Advocate Ombudsman. (2023). Annual report on respect for human rights and freedoms in the Republic of Moldova in 2023. <https://ombudsman.md/rapoarte/drepturile-omului/anuale/>

³³ UORN and Promolex (2020). Joint submission on the situation of women who use drugs, women sex workers and women placed in penitentiary institutions in the Republic of Moldova. p 13. https://promolex.md/wp-content/uploads/2020/01/INT_CEDAW_CSS_MDA_41065_E.pdf

³⁴ Ceslav PANICO and Avocatul Poporului (Ombudsmanul). (2023). 'Report on the Assessment of the Accessibility of Essential Health Services for Refugees within the Territory of the Republic of Moldova', p.16 <https://ombudsman.md/wp-content/uploads/2023/10/raportul-avocatului-poporului-privind-evaluarea-accesibilitatii-serviciilor-esentiale-de-sanata.pdf>

³⁵ https://cancelaria.gov.md/sites/default/files/document/attachments/nu-36-cs-2024_0.pdf

of training of teachers and educational staff to address the needs and rights of LGBTQI+ people.

Insufficient education in schools and in the community leaves room for ignoring and marginalizing LGBTQI+ people. The lack of educational content on sexual and gender diversity in schools reinforces discriminatory attitudes. Both students and teachers are limited in access to accurate and sensitive information on these topics. Education influences people's beliefs, motivates actions and guides decisions on how to act. The level of education also influences a range of aspects of human life, such as employment, income, health, civic participation, etc.

Recommendations for List of Issues

A. Evidence and rights-based approach to drug policy and public health

- a) Provide information on Moldova's plans to further align drug policies with human rights law and standards, including through the decriminalisation of drug use and possession for personal use, and the shift from punitive to health-oriented responses to drugs.
- b) Provide updated information regarding the harm reduction situation in the country, both in the community and in detention, and on plans to increase availability, accessibility, acceptability and quality of such services in both community and closed settings, with special attention to women, youth, rural and key populations.
- c) Provide information about budget allocated to harm reduction services and plans to increase financial support, including mechanisms, such as social contracting, used to achieve that.
- d) Provide information about how the transfer of health care in prisons from the Ministry of Justice to the Ministry of Health is being implemented, and how the participation of people deprived of liberty is being considered in the development and implementation of this new policy.

B. Address Discrimination and Structural Inequality:

- a) Provide information on measures implemented or plans being developed by the government to guarantee comprehensive anti-discrimination measures targeting stigma against people who use drugs, sex workers, LGBTQI+ persons, and other marginalised groups; including but not limited to initiative aiming at training law enforcement, judiciary, and health professionals on human rights, gender, and diversity, and ensure accountability for rights violations.
- b) Specifically, provide information about measures taken to address social stigma and discrimination against people who use drugs and key populations who are trying to access harm reduction services.
- c) To push the transfer of the responsibility for health care in prisons from the MoJ to the MoH as is planned

C. Strengthen Legal Protections and Access to Justice

- a) Provide information on what safeguard are in place to guarantee access to legal aid and ensure the availability and accessibility of complaint mechanisms for people who use drugs, particularly people from vulnerable and marginalised groups such as people deprived of liberty, women, and LGBTQ+ and survivors of violence.