List of abbreviations

ARVI – Acute Respiratory Viral Infection
ATP – Autonomous Trade Preferences
CEDAW – Convention on the Elimination of all Forms of Discrimination against Women
CEFTA – Central European Free Trade Agreement
CIS – Commonwealth of Independent States
ECHR – European Court of Human Rights
ETSEP – environmental tobacco smoke exposure during pregnancy
GDI – Gender-related Development Index
GFATM – Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI – Human Development Index
IADG – Internationally Agreed Development Goal
ILO – International Labour Organization
IMCI – Integrated Management of Childhood Illness
IMF – International Monetary Fund
IUD – intrauterine devices
KNCV – Dutch Tuberculosis Foundation
MDG – Millennium Development Goals
MoH – Ministry of Health
NBS – National Bureau of Statistics
NCPCPM – National Scientific-Practical Centre of Preventive Medicine
NHRAP – National Human Rights Action Plan
OSCE – Organization for Security and Cooperation in Europe
PPP – purchasing power parity
PRGF – IMF Poverty Reduction and Growth Facility
SDC – Swiss Agency for Development and Cooperation
SIDA – Swedish International Development Cooperation Agency
SND – National Development Strategy
SNEG – National Gender Equality Strategy
TBC – tuberculosis
TIC – Informational technologies and communications
UN – United Nations
UNICEF – United Nations Children’s Fund
UNIFEM – United Nations Development Fund for Women
USAID – United States Agency for International Development
WHO – World Health Organization
WTO – World Trade Organization
EXECUTIVE SUMMARY

The progress towards the Millennium Development Goals since the declaration of the millennium challenges, especially in 2007 and 2008, cannot be assessed as uniform. The economic difficulties faced in these two years as well as the economic and political distress in 2009 will compromise the achievement of several MDG targets set forth for 2010 and 2015. Thus, of the 28 targets established at the national level, six (pertaining to education, combating HIV/AIDS and the access of population to improved water sources and sewerage) cannot be achieved by 2015. The success in meeting other MDG targets, on the other hand, depends on the consistent efforts of the Government, supported by the country's development partners, including with regards to the implementation of the policies recommended in the present report.

MDG 1. Reduce extreme poverty and hunger

The relevance of the goal of eradicating poverty is unquestionable for a low-income country like Moldova. Starting from 1998, poverty in Moldova underwent rapid growth, only starting to decline in 2000. In 2006, a new methodology was adopted for estimating poverty rates, a fact that led to changes in targets relating to poverty and hunger reduction. Starting in 2008, poverty increased for the first time in the last three years, mainly due to its extension to rural zones. Another reason for the growth of absolute poverty is the decline in remittances, which are an important source for overcoming poverty for the country’s population – an indication of this is the fact that the highest rate of absolute poverty was registered in the 4th quarter of the year, when remittances went down. From the gender perspective, there are no major discrepancies in poverty rates in Moldova.

The degree to which the three MDG targets have been met is not uniform. In 2007, the proportion of people whose consumption was less than 4.3 dollars per day (in PPP terms) and the absolute poverty rate has decreased to a point close to the level established for 2010, making it seem very probable that the objective proposed for the medium-term would be successfully achieved. However, the dynamics of poverty in 2008 has reduced the probability of achieving the intermediate target by 2010. In regards to extreme poverty, in 2007 and 2008 Moldova has already succeeded in achieving the level of extreme poverty required by both the intermediary target for 2010 and the final one for 2015.

The economic crisis in Moldova, which grew in its proportions in 2009, could affect the population’s standard of living more seriously and lead to greater levels of poverty. The deepening of Moldova’s economic crisis during 2009 could further limit Moldova’s chances of meeting the intermediate target for 2010. However, if the world financial and economic crisis is overcome by the authorities’ efforts, the final target for 2015 could be successfully achieved. Nevertheless, the fight against the crisis should be accompanied by efficient distribution of social aid, creation of new jobs and better business opportunities for the population, especially for youth and women.

MDG 2. Achieve universal access to general compulsory education

A range of difficulties has been encountered in achieving the Millennium Development Goals in the context of education. One of the main obstacles is the inefficient financing of general compulsory and pre-school education. Despite the authorities’ efforts to bring children into the educational system, general compulsory education coverage is constantly decreasing. The causes of the fall in the enrolment ratios as well as the rise in the number of school dropouts are related to the persistence of a high poverty rate, especially in families with many children, labour migration of parents and the growth in the number of children left without permanent parental care. On the other
hand, school infrastructure, teaching staff and school programs are not sufficiently adjusted to the growing requirements of children. In urban areas, the rate of enrolment to both general compulsory and pre-school education is higher than in rural communities. There are no gender discrepancies, however, in the schooling rates.

Despite all these constraints, which are common across the whole of society, the literacy of 15-24 year olds is maintained at a high level, which ensures the Millennium Development Goal will be met in this area. This will probably be the only target specified in this goal to be achieved in the short and medium terms. Nevertheless, a problem which is justifiably a focus of the Government’s attention is that of people with disabilities. Even though this category of persons has the right to education within the general education system, at this moment they enjoy this right sporadically because of the poor adaptation and low accessibility of institutions and a lack of special furniture, equipment and school programmes etc. A lack of tolerance on the part of the population towards this category of persons is another factor which restricts their access to education.

Unlike the coverage of general mandatory education, the share of children with pre-school education is continuously increasing. Thus, the gross pre-school enrolment ratio of children aged from 3 to 6, has been rising continuously since 2000. At the same time, it is hard to assess the kindergarten enrolment ratio of 6 and 7 year olds, because, at this age, a large proportion of children are already enrolled in primary education. The flaws in the record system in the case of these children and the lack of continuity in the provision of data by the Ministry of Education has made it necessary to rely on the continuously updated data provided by the NBS in the present report. Otherwise, the changing of the source of information would eventually make it necessary to consider repeatedly revising the MDG targets established in the domain of education. Thus, in addition to addressing specific educational problems, such as that of attracting children to education, it is crucially important to make efforts towards improving educational statistics and ensuring the permanent monitoring of the MDG’s education-focused indicators, including indicators that are disaggregated by gender and age groups.

MDG 3. Promote gender equality and empower women

For the first time, the intention of tackling gender problems was incorporated into the Millennium Development goals. However, the problems in the domain of ensuring full gender parity between men and women persist. The greatest disparities relate to horizontal and vertical gender segregation: women are mostly employed in low-paid sectors and occupy lower positions in any of the domains under consideration.

The representation of women in decision-making is very irregular in Moldova. In 2008, women’s representation in the leadership bodies at the level of local public authorities did not grow. At the same time, the number of women elected as local and rayon councillors rose. At the local level, the only position where women outnumber men is the lowest ranking in the hierarchy – i.e. the consultant/specialist level. At the level of Parliament, following the 2009 parliamentary elections, trends seem more favourable for women. Thus, the number of women MPs rose. In the central executive, the following trend can be observed in Moldova: even though there is gender parity in the distribution of salaries and even of high-ranked positions, the higher up in the hierarchical structure of decision makers one looks, the fewer women one finds compared to men.

Even though the representation of women in rayon and local councils, as well as in Parliament, is increasing, their place in the decision-making structures cannot be forecast, since future developments depend largely on the way each political party perceives gender-parity-related issues. However, given the increasing number of women involved in decision-making, if this growth pace is
maintained, it is possible that the MDG targets for 2015 will be achieved. It is also important to point out that, besides the figures illustrating women’s participation in the decision-making process, it is fairly difficult to assess their real involvement in \textit{de facto} decision-making. Discrepancies between the salaries of women and men have decreased in recent years, with the average female salary standing at 73.3 per cent of the average male salary in 2008. These differences are caused by the fact that women, in most cases, either work in less-well-paid domains (traditionally considered feminine occupations) – education, healthcare or services, or occupy low-paid positions (i.e. subordinate jobs with no managerial tasks/prerogatives). Although the Government of Moldova has made efforts to improve the country’s performance in the domain of gender equality and the empowerment of women, it is still hard to identify tangible progress. Thus, even though all women benefit from the same employment rights as men, they can still be considered a relatively vulnerable group on the labour market.

**MDG 4. Reduce child mortality**

In comparison to other Millennium Development Goals, due to the Government’s constant efforts, important achievements have been obtained in the domain of child mortality rate reduction. Starting in 2008, a new methodology of defining life birth has been applied. As expected, this methodology led to growth in the infant mortality indicators for that year. However, in 2008, the situation was significantly better than in 2000. The same goes for the under-five mortality rate. Therefore, the targets for 2010 and 2015 for both indicators have been greatly exceeded.

The factors that continue to drive the infant mortality rate are diverse. Perinatal diseases, congenital malformations and respiratory diseases are still prevalent. The under-five mortality rate is also caused by traumas and poisonings. The infant mortality rate and the under-five mortality rate are higher among boys.

Although training of specialists and the provision of modern equipment to maternity wards contributed directly to the achievement of a fall in infant mortality, the lack of skilled personnel is still a problem for the healthcare system. Thus, even though the salaries of employees in the healthcare system are rising continuously, the level of remuneration is insufficient for attracting and retaining skilled medical staff in the healthcare system, especially in rural areas. Therefore, even though infant mortality has been falling over recent years, measures must still be taken to ensure the positive trends continue.

The proportion of children immunized against measles in the Republic of Moldova is very high. However, for different reasons – including parents’ erroneous perceptions and the advice of doctors - the proportion of children under the age of two who were vaccinated against measles declined in 2008. This, however, does not affect Moldova’s position in the world ranking in the domain of immunization against measles. Thus, according to the World Health Organization, the proportion of children immunized against measles in Moldova is among the highest in the world. At the same time, given that the rate of vaccinated children is decreasing, it is possible that the intermediary target for 2010 will not be met. The accomplishment of the final target for 2015 greatly depends on the implementation of National Immunization Programs and actions for increasing awareness of the positive effects of child vaccination against measles.

**MDG 5. Improve maternal health**

In 2008, for the first time in the five years, maternal mortality increased. Even though this
development raises concerns, in absolute terms this indicator is not very high. Fifteen women died in 2008, of whom 11 were from rural areas and four from urban communities. Deaths are predominantly caused by bleeding, followed by late gestoses, septic states, thromboembolism, hepatic cirrhoses and, rarely, cases of anaesthesia-related complications. Of the total number of maternal death cases, in about half major social problems can be identified, such as a migratory lifestyle, the woman working abroad, or disregard for medical care.

One of the causes of a high mortality rate besides the migration of women and the lack of modern medical procedures in some rayon maternity wards is also the frequency of complications following abortion. The fact that the abortion rate remains high indicates that high-quality contraception is still not sufficiently available for all social categories. Efficient family planning reduces the number of unwanted pregnancies and unsafe abortions, and thus reduces the level of pregnancy-induced mortality and morbidity. It also reduces the incidence of sexually transmitted diseases, including HIV/AIDS and protects teenagers’ health. It represents one of the most viable and cost-efficient opportunities for improving the health and welfare of women, men, youth and the community in general. The purpose of family planning is to provide couples with the possibility of deciding in a free and responsible manner on the timing and number of childbirths, while offering them the entire spectrum of uninvasive and effective contraception methods.

Although the absolute number of maternal deaths compared to other states, even developed ones, is small in Moldova, it does raise concerns. Given the level achieved by Moldova by 2008, the targets for 2015 and especially for 2010 do not seem to be achievable. The situation could even worsen in coming years because of pandemics, more and more of whose victims are pregnant women. If this situation continues in coming years, the intermediate target for 2010 will definitely not be achieved. At the same time, accomplishing the 2015 target largely depends on ensuring continuous financing for this domain of healthcare, in order to strengthen the measures for early identification of at-risk cases.

Similarly to 2007, in 2008 the proportion of births attended by skilled health personnel was 99.5%. The fact that this percentage has been maintained at such a high level shows that the targets for 2010 and 2015 will be successfully met if the necessary financial resources are regularly allocated for the healthcare of mothers and children.

**MDG 6. Combat HIV/AIDS, tuberculosis and other diseases**

The incidence of HIV/AIDS incidence has been rising from 2003 onwards, and, following the introduction of revised targets, 2007 and 2008 were not an exception. A particularly alarming situation in this context is the one in the Transnistria region of the Republic of Moldova. Analysis of HIV cases identified in recent years shows that the proportion of people infected through heterosexual contact has risen as the proportion of people infected through intravenous drug use has fallen. HIV is having the most dramatic effect on the young and fertile population. Over the past year a trend towards the ‘feminization’ of the infection has been noticed: if, at the beginning of the epidemic, the majority of HIV positive persons were men – 84.0 per cent - in recent years women have been making up a growing share of the number of people with the infection. In the context of intense migration, this phenomenon may influence further development of the HIV epidemic in Moldova. Given the epidemiological situation and existing trends in the development of HIV/AIDS in Moldova, it is very improbable that the MDG targets for 2010 and 2015 will be achieved.

HIV/AIDS greatly affects people of reproductive age, including those aged between 15 and 24. However, compared to the aggregate incidence of HIV/AIDS, the incidence of this disease among 15-24 year-olds fell in 2008. In a way similar to the aggregate incidence of HIV/AIDS as a whole, the incidence for this age category was higher in the territory on the left bank of the Nistru River.
Even though the incidence of HIV/AIDS among the population aged between 18 and 24 fell in 2008, this development does not make it possible to conclude that the intermediate target for 2010 is achievable. This is because this indicator moves in so uneven a fashion that it is possible that, despite authorities’ efforts to prevent the disease, the incidence of HIV/AIDS among the population aged between 15 and 24 could increase again. It is even harder to forecast the feasibility of achieving the final target for 2015. In order to optimize the system of measures directed towards preventing the progress of the HIV/AIDS epidemic in Moldova, it is necessary to strengthen the healthcare assistance structures to ensure access to diagnostics and treatment as well as improve the education and awareness of the population with the aim of increasing their knowledge about and changing their attitude towards the problem of HIV/AIDS.

Compared to the incidence of HIV/AIDS, the death rates associated with tuberculosis fell in 2008 for the first time in the three years. This progress is mainly the result of the authorities’ efforts, including in optimizing cooperation between the phthisio-pneumology service and the primary medical assistance units involved in prophylaxis, early discovery, proper treatment and rehabilitation. The tuberculosis-related death rates, though, still pose a threat to the population of Moldova, especially in the context of the economic crisis, with tuberculosis affecting mainly socially vulnerable categories. Another concern is the increase in the number of cases of multi-drug-resistant tuberculosis, which make up about 42.97 per cent of the total number of cases. At the same time, in recent years, more new cases have been diagnosed in migrants, most of whom change their place of work frequently, making it difficult to provide them with proper treatment. An alarming level of TB has been registered in prisons. In 2008, TB incidence in penitentiary institutions was 11 times higher than in the general population. From a gender point of view, there is a great discrepancy between the number of men and women suffering from TB. Thus, in 2008, more than two thirds of the new cases of TB were registered with men. The number of TB infected persons in rural areas outnumbers the figures in urban communities.

Given the progress achieved in 2009 in lowering the TB-related death rate, it is possible that the intermediary target for 2010 could be accomplished. However, given the rather uneven development of this indicator over the years, it could also be forecast that there is a very serious risk of the death rate rising again, so that it will also affect the accomplishment of the final target for 2015.

**MDG 7. Ensure environmental sustainability**

Addressing the environmental problems in the context of the progress towards the Millennium Development Goals is imperative, given that Moldova faces rather serious environmental degradation, as a result of the ruthless exploitation of all natural ecosystems. In terms of expansion of land covered by forest, slow progress has been achieved in recent years. In general, over the period between 2000 and 2008, the proportion of land covered by forests increased by only one percentage point. Given the slow expansion of forest coverage, we can predict that the intermediary target for 2010 probably will not be accomplished. Also, although there are good chances of achieving the final target for 2015 because the financing of forest planting is to be resumed in 2012, increasing the afforestation rate by two percentage points in only three years does not seem to be a feasible target.

The trend relating to the proportion of state-protected land areas that maintain biological diversity has been relatively steady since 2000. Progress was achieved in 2006 when the proportion of such areas went up twofold, followed by another expansion in 2007. Consequently, already in 2007, the revised target (4.45 per cent) for both 2010 and 2015 has been achieved. At the same time, it is important to point out that besides quantitative growth, it is also important to improve the quality of these areas, because declaring a territory a protected area implies the implementation of a range of
actions: ensuring the allocation of funds and human resources, ensuring maintenance and putting a protection regime.

A persistent problem in Moldova relates to the access of the population to quality sanitary infrastructure. In 2008, the proportion of the population with sustainable access to improved water sources stood at 53 per cent, including 92.2 per cent of the urban population and 26.7 per cent of the rural population. If this pace in the increase of population access to safe water sources is maintained in coming years, the intermediary target for 2010 could be achieved. The support provided by the country’s development partners could contribute to improved access for the population to safe water sources, though it could still prove difficult to meet intermediary target for 2010. Achieving the final goal, on the other hand, depends on how the economy of Moldova recovers as well as on the growth in state revenues, which, if sufficient, would allow the allocation of a adequate funds for creating and restoring the infrastructure, including for the construction of water pipes.

Another important problem for the population of Moldova is the construction, development and renovation of centralized wastewater collection systems and wastewater treatment stations. Unfortunately, due to a shortage of funds, the problem of access to sewage systems does not attract as much finance as the water supply does, meaning that progress in this regard is very slow. As a result of the actions carried out over this period, the proportion of the population with sustainable access to sewerage was 45.7 per cent. The progress recorded in recent years towards the achievement of the MDG targets regarding sewerage shows that the levels for 2010 and 2015 will probably not be achieved. At the same time, the European Commission’s project concerning water supply and sewerage will contribute to maintaining the growth pace of this indicator.

The access of population to sanitation services is being extended even more slowly. The proportion of the population that had access to improved sanitation in 2008 has not changed significantly (45.9 per cent). The slow dynamics of this indicator suggests that the intermediate and final targets could be left unaccomplished.

**MDG 8. Develop a global partnership for development**

For a transition country like Moldova, the creation of development partnerships is crucial for attaining higher living standards for the population as well as for the country’s integration into European and international structures. This fact implies, on the one hand, constant cooperation on the part of all countries aiming at meeting the first 7 MDGs and, on the other hand, achieving progress in other important domains which have not been covered by the goals, such as: foreign trade, the financial system, transport and communications infrastructure, the settlement of external debts, etc.

The development of these diverse domains is not homogenous in Moldova. Despite the widespread perception of Moldova as an agricultural state, the communications sector is expanding rapidly, followed by the financial sector, thus laying the foundations for a sustainable tertiary sector. In the context of the expansion of information technologies and communications, a considerable increase had been registered by 2008 in the number of internet and mobile phone users, etc. There was a remarkable increase in the number of computers, including in those connected to internet, in the educational institutions as well as central and local public administration authorities. With foreign assistance, the process of opening public internet access points in schools, libraries and mayoralties continues in most communities. The ITC market remains one of the most powerful, maintaining its high pace of development, while attracting more investors. However, there still are local administrations that do not have a local network, a .md domain internet address or an electronic database of legal acts. In this context it is important to pay more attention and provide more support
to local public authorities of the second level.

Transportation infrastructure is still underdeveloped, mainly because of the poor condition of the roads. The problems caused by the land-locked condition of the country have been partially solved by the construction and opening of the Giurgiulesti Port in 2009. However, in terms of achieving essential growth in foreign trade, the port’s capacities could be insufficient. Even though Moldova has obtained access to a very narrow portion of the Danube shore, the country can be considered a land-locked country with relatively few opportunities for international trade expansion. Foreign trade is still poorly diversified in terms of export destinations and the range of exported goods. Although Moldova has liberalized its trade system, the advantages of this change are not being fully realised. Exports are growing, but they have a lower rate of growth than imports, which leads to a growing trade deficit.

Taking into account the fact that Moldova, being a transition country, needs additional assistance from creditors and donors in order to implement certain imperative reforms, public policy in the field of state debt has been oriented towards attracting external loans the most favourable conditions possible, for purposes of investment and budget support. The authorities permanently monitor the problem of external debt. An analysis of debt sustainability made at the beginning of 2008 concluded that Moldova’s external debt outlook is favourable, with a low risk of debt distress. On the other hand the share of the foreign debt in relation to GDP is decreasing. By analyzing the main indicators relating to the sustainability of foreign debt, we can conclude that indices in 2008 did not exceed the threshold of the “critical level” and stayed within the limits of the “lowly indebted” level for low-income countries.

For purposes of implementing state policy regarding medication and achieving the MDG in the context of the population’s access to essential medication, with the support of the World Health Organization, the Republic of Moldova launched a process of systematic analysis of the pharmaceutical market, looking into aspects of the variety and pricing of medication, but also into the population’s physical and economic access to them. It was concluded that in 2008 the prices for pharmaceutical products in the country underwent a monthly decrease of approximately 0.2 per cent compared to the prices of 2007, and a fall of 1.57 per cent compared to the prices in 2006. The functioning of the pharmaceutical products market in the Republic of Moldova also indicates a positive dynamic in the context of physical access to medication. Thus, in 2008, medication was physically accessible to 76.2 per cent of the population, which is 0.8 percentage points more than in 2007. In rural areas, the accessibility of medication rose from 68.2 per cent to 69.8 per cent over 2008.

The difficulties of the transition period have increasingly had a negative impact on the younger generations, which throughout the past decade has had to confront multiple problems, such as unemployment, illegal migration, human trafficking, juvenile delinquency, and the marginalisation of certain groups of young people. Economic opportunities are not equally accessible for young people from different parts of the country. Young people from rural areas and from small towns are affected to a greater extent by the socio-economic hardships that Moldova has gone through, yet it is young people with disabilities who are affected to the greatest extent. The lack of professional and economic opportunities forces young people to leave the country. As a consequence, human trafficking has reached worrying dimensions, trafficked victims being in most cases young women and girls. A serious concern arises from the number of young persons involved in criminal activities. Although unemployment among youth is falling, placing young people on the labour market remains a significant problem. Gender-wise, in 2000 there were more male young people who were unemployed than women. This situation has reversed itself during subsequent years. The constant reduction in the rate of youth unemployment made it possible to achieve the intermediary target for 2010 of 15 per cent two years early, in 2008. At the same time, as a result of the economic crisis
which hit the country at the end of 2008, it might happen that the number of unemployed persons will rise, partly because opportunities for employment have become more scarce not only inside the country, but also beyond its borders.

**Gender equality in Moldova**

The problem of gender equality has been one of the preoccupations of the Government of the Republic of Moldova throughout the past two decades. The Government has tried to employ various measures aimed at ensuring equality of opportunities between women and men. With the signing of a number of international documents, the ratification of some treaties and the formal commitment to achieving the Millennium Development Goals, the Republic of Moldova has reiterated at the national and international levels, alongside other major preoccupations, its willingness to consolidate gender equality. During recent years, significant progress has been made both in terms of adapting the legal and institutional framework to the context of gender policy and in terms of incorporating the issue into national plans and programmes.

The most consistent commitment was undertaken by the current government of the Republic of Moldova, which included in its governing program a separate chapter dealing with policies aimed at ensuring gender equality. At the same time, by a decision of the Government, recently a new National Program for Ensuring Gender Equality for the years 2010-2015 and a Plan of Action of its implementation was adopted.

The analysis of the situation in the Republic of Moldova in regards to the issue of gender equality points out the fact that the most problematic areas are: the empowerment of women in the political, economic and social spheres and violence towards women. Although the Government, civil society and international organizations have launched and maintained multiple initiatives and projects aimed at improving the situation in these areas, there is still an alarming state of affairs in this context. Thus, women continue to be under-represented at high levels in political forums, in leadership roles in central and local public administration, despite possessing a higher level of education and high professional qualifications. As far as the situation on the labour market is concerned, women are often discriminated against and their remuneration stands at only slightly more than 72 per cent of men’s remuneration for their labour. Even though this situation is largely caused by the fact that women are traditionally involved in “feminized” economic activities, which are remunerated at a lower rate, this problem causes increasing inequalities on the labour market, while also makes women financially dependent on men. The insufficient level of childcare service provision at the pre-school stage, as well as the reduced involvement of men in the raising and the education of children, places great obstacles in the path of women seeking ample professional fulfilment and makes more difficult their involvement in public and political activities. Starting with a lack of measures that would stimulate and encourage female entrepreneurship and further continuing with the migration dimension, violence in the family and human trafficking, the attribute of the problems which women in the Republic of Moldova have to face is diverse and constitutes an important impediment to ensuring welfare and optimal living conditions.

Participation of women in political structures and in processes which involve decision-making on the use of general resources both by men but also (especially) by women remain insignificant. The increase in the political participation of women in governing structures is considered one of the main methods of re-establishing equilibrium in society.

The situation of women on the labour market, in spite of the high level of education among women, is characterized firstly by concentration of women in the public sector jobs which are poorly remunerated, such as healthcare, social assistance and education, and secondly by the existence of a
disparity in remuneration between women and men in both the private and the public sectors. Labour legislation in the Republic of Moldova, which is very protective, especially as far as pregnant women are concerned, in fact limits the participation of women in certain spheres and often places obstacles in the way of women participating in the labour market, especially in the private sector, by perpetuating stereotypes regarding gender roles. Important sectors that are traditionally viewed as masculine, such as the army and the police, continue to be inaccessible for women.

As far as childcare is concerned, in 97 per cent of cases, women are the ones participating in this process. In 2008, the number of men on childcare leave rose by an insignificant amount to 3 per cent of the total (compared to 2 per cent in 2007). The challenge of involving men in the process of raising and educating children remains a crucial one in the context of the political and economic opportunities available to women. The percentage of men who take childcare leave remains low because of a number of economic factors and persistent gender stereotypes regarding the traditional gender roles.

The problems relating to the gender dimension in the social sphere result from the double task of women and the fact that they provide a large number of unremunerated services. Although the formula for calculating pensions does not contain elements which would favour either women or men, women participate on the labour market for a shorter period than men, meaning the duration of their contribution to the labour market is also shorter. Women’s contribution to the labour market has stood at 85.2 per cent of that of men (thereby rising slightly over the past seven years).

Violence in the family and trafficking in human beings represent the gravest forms of gender-based violence in the Republic of Moldova. Both phenomena are inter-related and connected to the subordinated position of woman in society in general.
INTRODUCTION

Along with 191 countries around the world, the Republic of Moldova committed itself to achieving the Millennium Development Goals (MDG) by 2015. But, while sharing the same goals, the path chosen by each country to accomplishing them as well as the progress achieved is different. Moldova first established its national targets for achieving the MDG in 2004. Later, in 2007, after a progress analysis and a series of consultations with civil society and the country’s development partners, most of the targets were revised. Today, the Millennium Development Goals are included in the Government’s medium-term agenda, set out in the National Development Strategy (NDS) for 2008-2010. Thus, the Millennium Development Goals adopted by the Republic of Moldova are:

- Goal 1. Reduce extreme poverty and hunger
- Goal 2. Achieve universal access to general compulsory education
- Goal 3. Promote gender equality and empower women
- Goal 4. Reduce child mortality
- Goal 5. Improve maternal health
- Goal 6. Combat HIV/AIDS, tuberculosis and other diseases
- Goal 7. Ensure environmental sustainability
- Goal 8. Develop a global partnership for development

At the moment, Moldova is halfway between the year it declared its offensive against the millennium problems, and the year when this challenge should bring the expected results. The present report assesses the progress achieved by Moldova towards the Millennium Development Goals in the last two years, putting a special emphasis on the gender perspective, with regard to both the MDG and other priorities established by the Government.

The Millennium Development Goals transpose the most vital and imperative problems in the development of a country into concrete, tangible targets. The gender problems are transversal and implicit for the achievement of all these goals. Evidently, the meeting of the MDG by Moldova and, particularly, the achievement of the goal of promoting gender equality and empowering women requires significant efforts; substantial progress can only be achieved if the Government is fully engaged and there is sufficient political will to change the status-quo in the domain of gender equality.

As in other countries of the world, the preliminary results of Moldova’s progress towards the MDG are of a mixed character. The main achievements of the Government start with its willingness to commit to making progress towards the 8 MDGs, and progress is visible in the fields of poverty reduction, reducing child and maternal mortality, extension of state-protected areas and the rapid growth of the penetration of information technologies in the context of the creation of development partnerships. The development of indicators in the domains of education, HIV/AIDS and TB combat and access to proper sanitary infrastructure was less successful. Important changes took place in the trends of the MDG indicators in 2008. Poverty as well as mother and child mortality increased, while the situation regarding infrastructure and education did not improve. The progress achieved by Moldova in promoting gender equality was uneven and sometimes accidental. This is most probably the result of this being the “natural course of things” in a post-soviet society, rather than of the legislative amendments or specific regulations in the sphere of economy or politics.

The effects of the world economic crisis, felt by Moldova at the end of 2008, will definitely throw up certain obstacles to the achievement of the Millennium Development Goals. The deepening of the crisis in 2009 will produce changes on the labour market and in the social sphere and could create gender disparities. This will be due to the fact that the fall in budget income on the back of a
contraction in aggregate demand will deprive the government of the means to make public investments and support vulnerable groups. Also, the ongoing political crisis could undermine the Government’s efforts at achieving economic stabilization and recovery.

Despite this, certain progress has been made in meeting the MDGs in several domains. But negative changes in some indicators in 2008 and the deepening of the economic crisis highlight the difficulties the country will have to face in coming years. In order to put the MDG indicator trends back on the desired track, Government, civil society and development partners will have to make sustained efforts at securing full participation in the achievement of the established goals, as well as increase public awareness of the importance of these engagements.
For almost two decades, Moldova has been in a process of transition to a market economy. The beginning of the transition period was accompanied by Transnistria’s self-proclamation as an independent state. This event affected Moldova from both political and economical points of view, because Transnistria used to account for one third of the total industrial production of the country and almost the entire energy production. Due to the lack of proper economic and social reforms, accompanied by political instability in the first ten years of the transition period, Moldova was subjected to deep economic recessions, which led, among other things, to growth in poverty. The population’s lack of income and the state’s increasingly limited ability to provide quality healthcare and education led to a decline in Moldova’s human development level.

Only after 2000 was the economy of Moldova able to grow, especially due to remittances, which represented about one third of GDP in 2008. In the period between 2000 and 2008 the economy of Moldova registered cumulative growth of 67.2 per cent, although this only represented 56.9 per cent of total production in 1990. Economic growth in the second decade of the transition has been accompanied by a decline in the parallel economy, which represented 20.8 per cent of GDP in 2008, compared to 34.6 per cent in 2000. However, the repeated external shocks (droughts, floods, export restrictions) that affected Moldova over the period from 2006 to 2008, followed in 2009 by the deepest crisis since the beginning of the transition, have undermined the authorities’ efforts to change the pattern of economic growth.

Moreover, even though the proportion of external debt in the structure of GDP fell continuously over this period, its absolute value is still high, both in Moldova and Transnistria. Thus, by the end of 2008, Moldova’s gross external debt was US$4124.8 million. In the first half of 2008 the net external debt of Transnistria increased by US$400 million, amounting to US$2043.3 million, mostly due to the rise in the level of debt owed to Gazprom (US$1.8 million). The inflation rate in Moldova in 2008 was 7.3%, and in Transnistria it was -24%.

The transition to a market economy created significant discrepancies between the capital city and the rest of the country, between urban and rural areas and, more recently, between the six development regions. The greatest socio-economic difference is between the Chisinau Municipality and the other territorial administrative units. The capital city is not only the centre of consumption and income, but also of public expenses and welfare. Economic growth has been rather unequal, not only geographically, but also from the gender perspective. Per capita GDP for men is now about 60 per cent higher than per capita GDP for women.

Economic growth, driven by migration and remittances, contributed to a reduction in poverty and an increase in the population’s income, and thus helped establish improved access to healthcare and education. Salaries and pensions had an impact on the living standards of the population both in Moldova and Transnistria. However, this impact was rather marginal. The average monthly salary in Moldova in 2008 was US$243. Practically the same amount was recorded in Transnistria - US$236. The average pension in Moldova in 2008 amounted to US$62.2. In Transnistria, the average pension, including indexation and increases stood at US$53.3 per month in 2008, slightly more than the minimum consumption basket of a pensioner.

National accounts statistics are compiled by the National Bureau of Statistics (NBS) in compliance with the methodology introduced in 1993. The estimations of the NBS do not include the Transnistria region after 1991. Therefore, the information contained in the report does not include Transnistria. If there is data on the situation on the left bank of the Nistru River, this will be explicitly stated in the report.
In spite of these facts, massive migration has created problems on the local labour market. During the transition period, the population of Moldova decreased by more than one fifth, and the emigration of almost a quarter of the economically active population has affected the labour market, causing a fall of almost a fifth in the size of the active population and the employed population. At the same time, the economically inactive population increased dramatically in size. Even though the unemployment rate is falling gradually, this is mainly due to the emigration of the labour force. The Transnistrian labour market underwent a steady fall in the size of the employed population (from 180,000 to 160,000 between 2003 and 2006), as a result of migration, primarily by losing skilled personnel and informal employment.

The difficulties created by the transition in some sectors of Moldova’s economy had led to a redistribution of the labour force among sectors. The number of employees in the agricultural sector has fallen substantially – from 50.6 per cent of the total number of employed persons in 2000 down to 29.8 per cent in 2008. Structural adjustments, migration and the relocation of employees from one sector to another has contributed in the last three years to a doubling in non-agricultural incomes and a fall of almost a fifth in incomes derived from agriculture. Although some found employment in other sectors of the economy, especially in construction, most migrated.

During the transition, Moldova has been affected by population ageing, caused mainly by a fall in birth rates, which resulted in an absolute and relative fall in the size of the young population and an increase in the size of the old population. Both the birth rate and the death rate are rising, while life expectancy is growing. Demographic forecasts are not optimistic. According to UN forecasts, the population of Moldova could decline by 20 per cent by 2050. At the same time, other sources (Green Paper of the Population, 2009) say that this decline could be even larger in a pessimistic scenario. The population of the country could decline by about one million people or around a third by 2050. The demographic crisis will have a negative long-term impact on the labour market especially, as well as on the pension and education systems, etc., and could in the medium term endanger the attainment of the Millennium Development Goals, especially with regards to poverty, education and healthcare.

From the human development and gender development perspectives, as reflected by the Human Development Index (HDI) and the Gender Development Index (GDI), Moldova is one of the least advanced countries in Europe and among transition states. However, there are important internal differences: women live longer than men and show higher enrolment ratios, while men own significantly larger economic resources. Gender equality is essential to human development, and when human development ignores the gender aspect it is endangered. The human development framework is based on the conviction that no development strategy or effort that ignores half of humankind can be feasible.

Taking into account the fact that the level of implementation of the MDG is directly connected to the level of human rights, we can identify the following problems the authorities of Moldova are facing in this domain: poor detention conditions in most of the penitentiaries and pre-trial detention facilities; trafficking in human beings; an overextended pre-trial detention period; a low level of judicial independence, restricted exercise of the right to freedom of religion; insignificant participation of women in the main decision-making roles in the public and private sectors; resorting to abortion as a means of contraception and discrimination faced by some minorities, e.g. Roma. The year 2009 has been marred by the events of 7 April, with severe violations of human rights taking place against protesters participating in rallies that followed the parliamentary election. In this regard, shocking cases were recorded, including arbitrary arrests, torture, ill-treatment and even deaths of detained persons. These events have still to be investigated.
Although the Republic of Moldova has moved on an upward trend in the second stage of its transition, the world financial and economic crisis has affected the development of its economy and the population’s living standards. At the end of 2008, economic development slowed, heralding the beginning of a period of profound economic crisis. In 2009, exports, imports, industrial production and the transportation sector contracted, while the number of the unemployed and salary debts increased dramatically. Remittances and budget incomes registered a continuous decrease, while budget expenses went up. The authorities’ response to the economic crisis has been delayed, especially by the political crisis and a state of expectation that reigned before the parliamentary elections. The political crisis, which started after the parliament had been elected in April 2009, is still continuing, and the budget expenses involved represent a threat for the economy, which is undergoing a strong decline, preventing adequate implementation of anti-crisis policies meant to support the private sector and vulnerable groups. In the context of the crisis, the achievement of certain MDG intermediary targets for 2010 could be compromised by major difficulties, while the achievement of the MDG final targets for 2015 depends on the country’s ability to recover from the crisis and the question of whether post-crisis priorities will take into account the commitments assumed in the context of the MDG.

Table 1. Development of economic and demographic indicators in Moldova and Transnistria 2001-2008

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, thousands (end of year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moldova</td>
<td>3627.8</td>
<td>3618.3</td>
<td>3607.4</td>
<td>3600.4</td>
<td>3589.9</td>
<td>3581.1</td>
<td>3572.7</td>
<td>3567.5</td>
</tr>
<tr>
<td>Transnistria (estimates)</td>
<td>633.6</td>
<td>630.1</td>
<td>621.8</td>
<td>616.5</td>
<td>600</td>
<td>585</td>
<td>570</td>
<td>550</td>
</tr>
<tr>
<td>Nominal Gross Domestic Product (GDP), US$ million</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moldova</td>
<td>1481</td>
<td>1662</td>
<td>1981</td>
<td>2598</td>
<td>2598</td>
<td>3408</td>
<td>4402</td>
<td>6056</td>
</tr>
<tr>
<td>Transnistria</td>
<td>199</td>
<td>250</td>
<td>309</td>
<td>405</td>
<td>486</td>
<td>586</td>
<td>650</td>
<td>770</td>
</tr>
<tr>
<td>GDP in real terms compared to the previous year, %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Moldova</td>
<td>106.1</td>
<td>107.8</td>
<td>106.6</td>
<td>107.4</td>
<td>107.5</td>
<td>104.8</td>
<td>103</td>
<td>107.8</td>
</tr>
<tr>
<td>Transnistria</td>
<td>10.0</td>
<td>-2.7</td>
<td>18.1</td>
<td>16.2</td>
<td>11.8</td>
<td>7.7</td>
<td>10.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Investments in fixed capital, compared to the previous year (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moldova</td>
<td>110.5</td>
<td>111.4</td>
<td>107.1</td>
<td>107.6</td>
<td>121.4</td>
<td>124</td>
<td>121.9</td>
<td>101.7</td>
</tr>
<tr>
<td>Transnistria</td>
<td>15.6</td>
<td>-9.2</td>
<td>-14.7</td>
<td>22.2</td>
<td>-2.5</td>
<td>4.3</td>
<td>-6.4</td>
<td>-2.0</td>
</tr>
</tbody>
</table>

Source: National Bureau of Statistics, Idis Viitorul
Chapter I.
Analysis of progress towards Millennium Development Goals
Goal 1: Reduce extreme poverty and hunger

1. Introduction

In the context of the achievement of the internationally agreed development goals (IADG), Moldova took upon itself the commitment to reduce extreme poverty and hunger by 2015. The relevance of this goal is unquestionable for a low-income country like Moldova. Although poverty levels had been falling since 2000, Moldova was still classified as a state with very low incomes. Yet, starting in 2008, poverty increased for the first time in the last three years, and the economic crisis in Moldova, which deepened in 2009, is expected to affect the level of life even more and increase poverty. In this situation, authorities, civil society and the country’s development partners will have to consolidate their efforts in order to support vulnerable people and prevent social exclusion.

2. General tendencies

The development of poverty in the Republic of Moldova is uneven. From 1998, poverty in Moldova experienced a rapid increase, reaching one of the highest levels (over 70 per cent) seen in the Commonwealth of Independent States. In 2000, the poverty rate fell, starting to decrease rapidly. In 2005, despite economic growth, the level of poverty increased moderately, in particular because of rising poverty in rural areas.

In 2006 (the year when a new methodology began to be applied for estimating poverty rates), about 1 million people in Moldova (30.2 per cent) were living in absolute poverty and about 150,000 (4.5 per cent) lived in extreme poverty. In 2007 the poor population declined by about 16,000. However the 2005 scenario repeated itself in 2008 – poverty rates increased as a result of its spreading in rural areas as a result of poor agricultural returns in 2007 (results in agriculture have a delayed impact on poverty rates).

Box 1. Revision of MDG targets on poverty

The first MDG targets on poverty reduction were established in 2004 and required that the proportion of population with incomes of US$2.15 per day and the proportion suffering from hunger be halved. The quantitative targets for the achievement of this goal were revised in 2007, following the first intermediary results reached in 2006. In the context of the millennium development goal on reduction of poverty, the main reason for the revision of targets was the modification in 2006 of the methodology for calculating poverty indicators, which has contributed to a fundamental improvement in the quality of data, but made it impossible to compare the data with that of previous years.

Also in 2006, the intermediary target established for one indicator - the proportion of people whose income is less than 2.15 dollars a day - was exceeded more than twofold (13 per cent compared to 28 per cent). In this context, a higher poverty measurement standard was agreed upon – the international poverty threshold of US$4.3 a day per person (in PPP terms). At the same time it was decided that consumption should be used in place of income as a measurement of population welfare, because consumption expenses are a more precise and more relevant indicator for Moldova. At the same time, the goal was complemented by several additional targets, i.e. reducing the proportion of population below the absolute and extreme poverty threshold.

With a per capita GDP of US$2500, Moldova has the lowest income level in Europe, ranking 171 in the world, and is outperformed by many of the CIS countries, including Turkmenistan, Uzbekistan, Armenia, Azerbaijan, Kazakhstan and others. Albania, which had the lowest incomes in Europe in 2000, had reached a per capita GDP of US$6000 by 2008. Source: The World Factbook, Central Intelligence Agency, 2009.
3. Assessment of target progress

**Target 1.** Reduce the proportion of people whose consumption is under US$4.3 a day per person (in PPP terms) from 34.5 per cent in 2006 down to 29 per cent in 2010 and 23 per cent in 2015.

In 2007 Moldova established MDG targets for reducing the proportion of people whose consumption is under $4.3 a day/person (in PPP terms) for the first time, taking 2006, when this indicator was 34.5 per cent, as the reference year. A year later, in 2007, the poverty rate according to this international threshold was 29.8 per cent, marking a fall of 4.7 percentage points compared to 2006 (see Chart 1). By following the development of this indicator in 2007 and comparing the poverty level in that year with the intermediate target of 29 per cent, established for 2010, it appeared very probable that the medium-term goal could be successfully achieved. However, the development of poverty in 2008 reduced the probability of achieving the intermediate target by 2010. Thus, in 2008 the poverty rate calculated in compliance with the international threshold was at 30.4 per cent, 0.6 per cent more than in the previous year.

The poverty growth is caused by its expansion in rural areas. The heavy dependence of the population’s incomes on the climate (which made the drought of 2007 and the floods in 2008 more serious), caused by the high proportion of agriculture activities in villages and the fall in incomes derived from selling agricultural products, as the result of the decrease in the prices of fruits and vegetables in 2008, were the main causes of the growth of poverty in rural areas, which cover about one third of the employed population.

The deepening of the economic crisis in Moldova during 2009 could limit even further Moldova’s chances of achieving the intermediate target for 2010. However, if the world financial crisis and the economic crisis in Moldova are overcome by the authorities’ efforts, the final target for 2015 could still be successfully achieved.

**Target 2.** Reduce the proportion of people under the absolute poverty line from 30.2 per cent in 2006 down to 25 per cent in 2010 and 20 per cent in 2015

When establishing the target for reducing the proportion of people under the absolute poverty line, 2006 was taken as a reference year, the proportion that year standing at 30.2 per cent (see Chart 2). As with the development of the poverty rate according to the international threshold, in 2007 the level of absolute poverty fell to 25.8 per cent, approaching the value set for the intermediate target for 2010.
However, from 2008, the poverty level began to increase, reaching 26.4 per cent. Thus, in 2008, about 875,000 people had a monthly consumption below the absolute poverty line\(^2\) - 945.9 lei (91 US$). The reasons for the increase in the absolute poverty rates are the same as in the case of the international poverty line – the poor performance of agriculture in rural areas. This is also proven by the fact that there is a fundamental discrepancy between poverty rates in rural and urban areas of Moldova, the poverty in rural zones being two times higher than in the urban ones.

Another reason for the growth in absolute poverty is the decrease in the volume of remittances, which make an important contribution to overcoming poverty among the population of the country\(^3\). A lower rate of money transfers from abroad had a particular impact on the growth in absolute poverty, with the highest rate of absolute poverty being recorded in the fourth quarter, when remittances declined in volume. The impact of the fall in the income of workers abroad had a more significant impact on rural areas. However, taking into consideration the fact that the effects of the global economic crisis continued to grow in severity during 2009, there are reasons to assume that, during 2009, poverty continued to expand not only in rural areas but also in the cities, which are also heavily dependent on the remittances.

By 2008, if economic stability had been ensured, there would have been good a chance of achieving the preliminary target for 2010. However, the rise in poverty rates in 2008, as well as the intensification of the economic crisis during 2009, undermines chances of achieving this intermediate target. But it is likely that this goal will be achieved by 2015, if proper measures are taken to protect vulnerable categories of the population.

The data analysis has shown that the most vulnerable social groups that are affected by absolute poverty, are the aged, those whose sole source of income is self-employment in agriculture, large families and families with many children, and persons unemployed for long periods. From the gender perspective, there is no clear difference between the poverty levels of men and women. Households managed by both men and women are equally exposed to poverty. Thus, analysis of data by gender shows that men and women are situated on almost the same level of poverty – at around 26 per cent (see Chart 3).

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\(^2\) The absolute poverty line represents the sum of all consumption expenses for food, non-food goods and services.

\(^3\) Over recent years, the money transferred from abroad by individuals, has been one of the main sources of funding for houses purchases, and of financing for education and consumption. 2008 was marked by a boom in money transfers from individuals through the banking system. The increase in the volume of transfers, compared to similar periods of the previous year was: in the 1st quarter – 53.1 per cent, 2nd quarter – 64.0 per cent, 3rd quarter – 37.7 per cent, 4th quarter – 5.9 per cent.
Another trend in recent years is rising poverty in households led by men. The situation is different depending on the place of residence. People from villages, women and men equally, are exposed to a 20 per cent higher risk of poverty than residents of cities.

Even though there is no serious disparity between the poverty rates of women and men, an analysis of the different ways poverty affects the most vulnerable population categories based on the Research on Household Budgets survey, brings up a different perspective. Thus, the greatest gender disparities are seen in households that live on unemployment benefits, those headed by men being much poorer than those in which women are in charge (see table 2.). Another discrepancy, although less significant, is the one between households managed by illiterate men or men lacking primary education and those headed by illiterate women and women without primary education, the former being much poorer. With regards to children and the elderly, there are no significant disparities from the gender perspective. Nevertheless, in the case of children under five, the rate of extreme poverty among girls is much higher than among boys, in a way similar to the case of teenagers aged from 15 to 18.

Table 2. Gender disaggregated poverty rates among the most vulnerable categories, 2008

<table>
<thead>
<tr>
<th></th>
<th>Absolute Poverty Rate</th>
<th>Extreme Poverty Rate</th>
<th>Absolute Poverty Rate (total)</th>
<th>Extreme Poverty Rate (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty rate (total), %</td>
<td>27.1/25.8</td>
<td>3.4/3.0</td>
<td>26.4/3.2</td>
<td></td>
</tr>
<tr>
<td>Poverty rate among the elderly, total, %</td>
<td>353/36.7</td>
<td>3.2/3.3</td>
<td>36.1/3.3</td>
<td></td>
</tr>
<tr>
<td>Including by age group:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 – 69</td>
<td>28.1/28.0</td>
<td>2.6/2.8</td>
<td>28.0/2.7</td>
<td></td>
</tr>
<tr>
<td>70 – 75</td>
<td>42.4/41.1</td>
<td>2.7/3.1</td>
<td>41.6/2.9</td>
<td></td>
</tr>
<tr>
<td>more than 75</td>
<td>43.0/49.8</td>
<td>5.1/4.8</td>
<td>47.3/4.9</td>
<td></td>
</tr>
<tr>
<td>Poverty rate among children, total, %</td>
<td>27.3/26.7</td>
<td>3.2/4.0</td>
<td>27.0/3.6</td>
<td></td>
</tr>
<tr>
<td>Including by age group:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 5</td>
<td>29.7/27.8</td>
<td>2.3/6.0</td>
<td>28.8/4.1</td>
<td></td>
</tr>
<tr>
<td>5 – 9</td>
<td>27.6/24.7</td>
<td>2.8/3.8</td>
<td>26.2/3.3</td>
<td></td>
</tr>
<tr>
<td>10 – 14</td>
<td>25.5/24.3</td>
<td>3.5/2.3</td>
<td>25.0/2.9</td>
<td></td>
</tr>
<tr>
<td>15 – 18</td>
<td>27.2/30.0</td>
<td>3.9/4.5</td>
<td>28.5/4.2</td>
<td></td>
</tr>
<tr>
<td>Farmers</td>
<td>37.6/36.2</td>
<td>6.8/6.3</td>
<td>36.9/6.5</td>
<td></td>
</tr>
<tr>
<td>Employed in agriculture</td>
<td>44.6/41.1</td>
<td>8.0/8.5</td>
<td>42.8/8.3</td>
<td></td>
</tr>
<tr>
<td>Pensioners</td>
<td>37.6/37.0</td>
<td>3.7/3.3</td>
<td>37.3/3.5</td>
<td></td>
</tr>
<tr>
<td>Households with 3 and more children under 18</td>
<td>41.9/42.8</td>
<td>7.3/8.3</td>
<td>42.3/7.8</td>
<td></td>
</tr>
<tr>
<td>Households with 3 and more children under 16</td>
<td>42.1/41.9</td>
<td>6.4/7.9</td>
<td>42.0/7.2</td>
<td></td>
</tr>
<tr>
<td>Households headed by persons with basic/primary education</td>
<td>43.5/42.0</td>
<td>6.2/5.2</td>
<td>42.6/5.6</td>
<td></td>
</tr>
</tbody>
</table>
Along with poverty rates, the poverty gap also deepened in 2008 (the poverty gap is an indicator showing how poor people living under the poverty line are). While this indicator fell by 2 percentage points down to 5.9 per cent in 2007, in 2008 the poverty gap reached 6.4 per cent. This means that in 2008, each absolutely poor person was on average 60 lei short of rising above the poverty line. This sum extended to the entire impoverished population shows that the monetary transfer required in order for the poor to escape poverty is about 52 million lei. For comparison, in 2007 the average shortfall was 50 lei, and the implied sum for the entire country was 46 million lei.

Another important indicator for assessing the welfare of the population and inequalities in the country in particular is the the poorest quintile’s share of total consumption expenditure. In the period between 2006 and 2008, this indicator improved, showing that the level of inequality in the country had fallen. Thus, in 2008 the share of the poorest quintile in total consumption expenditure was 8.9 per cent, compared to 8.8 per cent in 2007 and 8.2 per cent in 2006. It is important to mention here that one of the causes of the increase in poverty in 2008 was the fall in the consumption of people who were above the poverty line in the previous year, as a consequence of the heavy concentration of the population around this threshold. Therefore, it was the fall in the consumption of those who were not poor that reduced the discrepancy between the rich and the poor.

**Target 3. Reduce the proportion of people under the extreme poverty line from 4.5 per cent in 2006 down to 4 per cent in 2010 and 3.5 per cent in 2015.**

As with the poverty rate trends described above, the extreme poverty rate fell markedly in 2007, but rose again in 2008. Thus, in 2007, this indicator stood at 2.8 per cent, down by 1.7 percentage points compared to 2006 (see Chart 4). In 2008, about 106,000 persons were under the extreme poverty line, which stood at 511.5 lei (US$49). In 2007 and 2008, Moldova had already succeeded in lowering its extreme poverty level to that required by the intermediate target for 2010 (3.5 per cent). However, taking into account the fact that the extreme poverty rate increased in 2008 and that the economic crisis will probably raise the level of extreme poverty in the country, it may be difficult to achieve the intermediate target for 2010. Therefore, the Government has to make serious efforts in order at least to maintain extreme poverty at its current level, and not allow it to rise further.

Children show higher levels of poverty than other categories of the population. Children represent
25 per cent of the poor and 27.8 per cent of the extremely poor population of the country. Over the past three years, the absolute poverty rate among children fell by 5.6 percentage points and the extreme poverty rate rose by 0.5 percentage points, a fact indicating an increase in the number of children who are not even provided with minimum feeding standards. Ensuring proper and healthy food for children is therefore not only a condition for reducing child mortality and morbidity but also for preventing extreme poverty. A relevant indicator, in this context is the incidence of malnutrition in children aged 0-5 years. According to the Ministry of Health, the Republic of Moldova has accomplished positive progress in this domain, the share of underweight children aged 0-5 years falling from 14.3 per cent in 2006 down to 12.8 per cent in 2007 and 11 per cent in 2008.

4. Impact of policies on poverty

The public policies implemented by the Government during past years have had an overt social orientation, with more than 60 per cent of public expenditure being directed towards implementing social measures. The National Development Strategy, the main strategic planning document of Moldova, included the development of human resources and the promotion of social inclusion among its five priorities.

In order to support the vulnerable, including those under the poverty line, the Government, with the support of the country’s development partners, has carried out a set of actions within the scope of the NDS and other policy papers, which have had an uneven effect. On the one hand, actions like introducing pension indexation and increasing salaries and allowances contributed to the growth of the population’s incomes and helped avoid extreme poverty (see Box 2). On the other hand, actions focused on increasing the effectiveness of social assistance and plans to target social benefits, exclusively towards vulnerable groups have not been fully implemented, since the foundation of this reform was only laid in the middle of 2008, when the Law no. 133-XVI of 13 June 2008 on Social Aid was at last adopted. Indeed, at the end of 2009, two separate systems of social assistance were functioning in parallel – the system of individual allowances provided to 11 categories of people, many of whom are not poor, and social aid which is granted based on an assessment household incomes. This system only covered 45,000 people at the end of 2009 (in contrast to the individual allowances, which were provided to 250,000 people).

At the same time, from the point of view of the efficiency of social benefits distribution, it should be pointed out that only 26 per cent of the poorest households benefited from individual allowances, and these allowances amounted to 26.2 per cent of the total sum paid out in 2008, while more prosperous households were granted 14.3 per cent of the total amount for this type of benefits.

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4 The main donors assisting the Republic of Moldova in its fight against poverty are the IMF through its credits within the Poverty Reduction and Growth Facility (PRGF) Programme and the World Bank, through its Poverty Reduction Support Credit (PRSC) programme. Other donors – the European Commission, the UNDP, DFID, SIDA, etc., provide assistance to the Republic of Moldova through technical assistance projects focused on the reduction of poverty and the promotion of social inclusion.


6 In compliance with the objectives of the Program of Economic Stabilization and Recovery of the Republic of Moldova for 2009-2011, individual compensations provided in the Law on the Social Protection of Certain Categories of Population no. 0933-XIV from 14 April 2000 will no longer be fixed after 1 January 2010. However, if a person was granted the right to individual compensations before 31 December 2009, they will continue to benefit from them until the expiry of this right in compliance with the legislation and the procedure provided by the Government.
Meanwhile, the authorities have planned but not yet implemented the reform of the system of agricultural subsidies with the purpose of maximising the effectiveness of the subsidies paid. Provision of subsidies in an efficient and effective manner is crucial for a society in which about one half of the employed population is working in agriculture and a large proportion of these people are poor. About 21 per cent of Moldovan households are employed in farming; 40 per cent of those households are impoverished.

The economic crisis, which gathered pace in 2009, constitutes a challenge but also an opportunity for Moldova’s new Government to solve the existing problems, which have grown dramatically in a short period. Consequently, through its Program of Economic Stabilization and Recovery for 2009-2011 the Government will implement the much-needed reforms for making social assistance and

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**Box 2. Impact of social benefits on poverty**

Social benefits have an important role in supporting the vulnerable. Analysis of official data shows that pension increases reduced poverty in Moldova by 12 percentage points. Still, these increases are insufficient for a large part of the population, including pensioners. The income of about four in 10 pensioners is not sufficient for escaping poverty. Another at-risk category is households with children. Social benefits represent one of the income sources of these families. On average, they contribute 7.2 per cent to the incomes of the households with children, the most important social benefits being the social insurance payments, especially pensions (5.0 per cent). Based on the welfare of families with children, it has been assessed that social benefits, including pensions, contribute a greater share of the income of the least prosperous households. This fact shows that poor households are more dependent on social insurance payments.

Studies show that social assistance has an insignificant effect on poverty. Poverty rates in the case of households receiving social assistance payments (child care benefits and individual allowances), differ by less than one percentage point before and after the payment. From the perspective of the efficiency of social benefits distribution, it should be pointed out that only 26 per cent of the poorest households benefited from individual allowances in the amount of 26.2 per cent of the total sum in 2008, while more prosperous households were granted 14.3 per cent of the total amount for this type of benefits. It is forecast that the introduction of social aid will improve the distribution of social benefits and will contribute even more to the reduction of poverty.

Besides the provision of different social services, the current system for social protection of children offers two types of social benefits for children, based on the principles of social insurance and social assistance: i) child care benefits for children under 1.5/3, independent of income; ii) child care benefits for children aged between 1.5/3 and 16, depending on the income of the parents. These two types of benefits are granted according to categories, so that the proportion of households with children benefiting from these social payments practically does not differ depending on the welfare of the household. An analysis of the way child care benefits for children under 1.5/3 cover households, shows that that there are certain flaws, like the inclusion in the system of prosperous households, the main reason being the gaps in the criteria applied when assessing the real level of the household’s welfare. In 2008, some 35 per cent of the poorest families received child care benefits amounting to 38 per cent of their income, while 6.6 per cent of prosperous families received child care benefits, with the sums covering 5.3 per cent of their total income. At the same time, once social aid based on an assessment of households’ incomes was introduced, the Government took the decision to annul child care benefits for children aged between 1.5/3 and 16.

Targeting child care benefits towards the most vulnerable categories is an effective way of using the resources allocated to children. At the same time, the creation of an equitable child support system can contribute to the reduction of child poverty only if the payments are substantial. Over recent years, child care benefits have increased; their size, however, is still insignificant. In this way, the child care benefits for children aged under 1.5/3 contributed to the reduction of poverty rate in 2008 by 0.5 percentage points, while child care benefits for children aged between 1.5/3 and 16 contributed a 0.2 percentage point reduction. Benefits paid by category have a greater impact on child poverty in urban areas, since salaries are higher in cities and therefore the child care benefits for children aged under 1.5/3 are more significant.

*Source: Ministry of Economy, Report on poverty and impact of policies, 2009*
agricultural subsidies more efficient and will take measures appropriate for optimizing all public expenditures.

Employment policies are also of particular importance. Coherent economic, social and employment policies as well as enhanced institutional capacities are essential if the unemployment rate is to be lowered and inactivity to be avoided. It would also help in ensuring labour was profit-generating and in achieving a better correlation between supply and demand on the labour market. In most cases active labour market policies do not provide a comprehensive package of training and employment measures. Rather, they focus mainly on the better-off unemployed, who in any case have more opportunities, while those with a lower chance of finding employment are left behind. This is especially the case for young people who are exposed to the greatest risks: poverty and social exclusion. The lack of monitoring in this domain may create distortions, and does not allow for a proper assessment of the efficiency of employment programs. The capacities of the institutions responsible for the labour market to develop, monitor and assess employment policies are still inadequate and should be improved.

Although the actions proposed in the Programme will benefit the population of the country in general and vulnerable people in particular in the medium and long terms, in the short term certain measures could slow down the growth of the income of certain categories of persons. One of these measures is the postponement of salary increases for certain public sector employees. Nevertheless, these kinds of actions, necessary today, when the budget deficit for 2009 could exceed 15 per cent of GDP, are provisional and will cease once the economy is picking up again. The economy will recover starting in 2010, so long as essential actions set out in the Programme (including the Memorandum of Economic and Financial Policy between the IMF, the Government of Moldova and the National Bank) are carried out. However, the risk of these measures increasing poverty is rather small, since the Government intends to promote social protection measures, through better distribution of financial resources as well as by increasing certain social benefits, indemnities and allowances.

5. Conclusions and recommendations

First, poverty is strongly related to economic growth. Balanced economic growth allows a fair distribution of benefits among the population. In 2008, Moldova registered economic growth of 7.2 per cent. This growth led to a fall in poverty rates in cities and towns, but not in rural areas. At the same time, the economic growth of recent years is largely based on remittances, which flow into the country’s economy and contribute to state revenues growth. Families benefitting from remittances are least exposed to the risks of poverty. A recent World Bank report (The Consequences of Several Shocks for Consumption and Poverty, 2009) points out that relatively well-off groups, rather than the poor, benefit most from remittances. At the same time the economic crisis has most severely affected households in the lowest quintile of the distribution of consumption expenditure. Thus, households in the top three quintiles are mostly affected by the fall in incomes deriving from employment in general and self-employment in agriculture. Falls in remittances starting from the first quarter of 2009 will probably lead to increases in poverty rates not only in rural areas but also in the cities, which are greatly dependent on remittances.

Meanwhile, the world financial crisis, accompanied by the collapse of businesses, massive job cuts and dramatic growth in the population’s vulnerability, has led to migrants returning from abroad and a fall in the volume of remittances. The opportunities available inside the country, which were limited even before, have become even more limited following the aggravating impact of the global crisis on Moldova. In the current situation, the population’s income has fallen significantly, and the
substantial fall in state revenues means it is not possible to provide adequate support to vulnerable persons. Therefore, if no measures are taken to cover the budget deficit and attract resources for financing social policies, the level of poverty in Moldova will grow and the MDG targets on poverty reduction will not be achieved. The recovery of the labour market after the crisis (which is still in progress) will take longer than the resumption of economic growth. Therefore, if the Government forecasts positive progress in the economy starting from 2010, the labour market may not show signs of recovery until 2011.\(^7\)

Economic growth and poverty reduction based on remittances were accompanied by massive population migration (at least one fourth of the economically active population has left for abroad). Migration, although it brings benefits in the short term by increasing households incomes and supplying the economy with funds for development, will in the long term have a disastrous impact on the country’s economy and demography by creating and exacerbating social problems including poverty. Yet, so long as other countries of the world remain more attractive then Moldova in terms of job opportunities and salaries, the country’s population will be motivated to migrate in order to survive.

Moldova’s labour market rigidity is the result, first of all, of the fact that the country’s economic growth over past years has not resulted in new jobs. Employment is one of the domains most affected by the transition to a market economy and many economically active people are exposed to the risk of being excluded from the labour market. Underemployment, long-term unemployment and the resulting despair in combination with reduced opportunities for good jobs and the large number of workers employed in the informal sector, continues to contribute to the spread of poverty and the intensification of migration, while affecting young people most of all. The apparently low unemployment rate, especially during the crisis, does not exclude the possibility of distortions on the labour market.

Second, in certain situations, economic growth is not sufficient for preventing and reducing poverty. For instance, the increase in poverty rates between 2005 and 2008, in the context of economic growth, was due to poor results of the agricultural sector (as a consequence of unfavourable climate conditions) which employs a major part of the population, including a large number of poorer people. With regards to this fact, it is necessary to make efforts to support the agricultural sector, including against climate-induced risks, as well as diversify rural activities. Therefore, in order to prevent and reduce poverty and hunger, the following recommendations have been developed:

- Efficiently channel social assistance towards vulnerable people, including by restricting the entry of new beneficiaries into the individual allowances system and by guaranteeing a minimum monthly income to vulnerable families by providing social aid established in compliance with the assessment of the total monthly income of each family;
- Gradually increase the volume of social benefits/payments provided to vulnerable categories;
- Stimulate the creation of micro, small and medium-sized businesses in rural zones, especially by encouraging investment in business;
- Optimize the targeting of agricultural subsidies to encourage the development of added value production of animal and vegetal produce, including with a pronounced focus on the processing industry;
- Stimulate job creation, including by reducing the tax and administrative burden for initiating

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\(^7\) Impact of the Economic Crisis on Poverty and Social Exclusion in the Republic of Moldova, UNDP/UNICEF/IOM/World Bank, 2009

\(^8\) According to the NBS, in 2009 the unemployment rate was of 5.7%
and managing business as well as by improving enterprises’ access to credits provided on preferential terms;

- Reduce the number of distortions to the labour market by strengthening public-private social dialogue;
- Encourage participation of the unemployed in temporary public works (repairs to facilities/equipment damaged in accidents, fires, natural disasters etc.).
Goal 2. Ensure access to general compulsory education

1. Introduction

Being fully aware of the importance of education for the development of human capital ready to confront the challenges of the new millennium, the Government, committed itself, along with other states of the world, to increasing the quality of education and to expand children’s access to preschool and secondary education, which is crucial to the formation of the personality. The level of education is directly proportional to the welfare of a population – early dropouts increase the risk of poverty. Despite repeated revision of MDG targets in the domain of education in 2007 and the efforts made by authorities with the support of the country’s development partners in order to achieve the proposed objectives, the evolution of education indicators in the past few years provides no reason for optimism with regards to the achievement of the commitments that were taken on. Moreover, the lack of continuity in the provision of data by the Ministry of Education makes it necessary to consider an alternative source of information, provided in the case of the present Report by the permanently updated records of the National Bureau of Statistics. Otherwise, when changing the source of the data it would also be necessary to revise the MDG education targets.

2. General tendencies

Before the Republic of Moldova’s independence, the country’s educational system was designed in a manner that would allow the entire population access to its services. Starting with the first years of transition to market economy, socio-economic difficulties related to this process led to the restriction of the access of children from vulnerable families to education and this affected the quality of teaching, which was no longer fit for the new requirements. Even though the reform, which started in 1995 and is still ongoing, was developed to minimize the impact of transition on the education system, there are still a range of unsolved problems. For example, although expenditure on education rises constantly, reaching 8.7 per cent of GDP in 2008, compared to 5.7 per cent in 2000 and 5.6 per cent in 1990, this fact was not reflected in the quality of education, while the intrasectorial expenditures are still inefficient. On the other hand, there is a major discrepancy between the financing of different education cycles. About one half of the expenses for education are allotted for general compulsory education and these sources are not used efficiently.

These problems, aggravated by population migration, falling birth rates and the population’s low income, contributed to falling enrolment in general compulsory education. Enrolment in the various education cycles has not been uniform for at least the last seven years in the Republic of Moldova. First of all this concerns general compulsory education and its components: primary education and secondary school. After an increase in primary education enrolment ratios between 2000 and 2002, starting with 2003 the coverage of primary education started to shrink. The coverage of gymnasium education also fallen. At the same time, even though the pre-school enrolment ratio has continuously risen, there are huge discrepancies between urban and rural areas in this regard. However, on the background of the uneven education coverage, the literacy rate is very high in Moldova, the country being ranked 17th by this criterion on the list of 177 countries of the world.10

9 Only 39% of the education expenses are used for the implementation of the reform, the rest being allocated for payment of salaries.

10 Human Development Report, UNDP, 2009
Box 3. Revision of MDG targets on education

During the initial process of adjusting the MDG in the national context (2004), the enrolment trends in all stages of education were analyzed, with particular attention being paid to primary education, which is a Millennium Development Goal, determined internationally. At the same time, given that in the period between 2000 and 2002 the coverage of primary education had continued to increase, reaching 99.5 per cent in 2002 (gross rate), it was decided to extend the education targets to reflect the enrolment in secondary education, which registered lower rates at that moment. Therefore, it was agreed to approach general compulsory education, comprising primary and gymnasium education, in the context of the revised MDG education targets. It was also decided to use the gross enrolment ratio for assessing access to general compulsory education, rather than the net rate, because the former shows the level of children’s enrolment to education, regardless of their age, thus taking into account the recent tendency of enrolment of children under 7.

Also in 2007 it was decided to introduce another MDG target which would reflect the literacy rate among the population aged between 15 and 24. Thus in the medium and long terms, the Government intends to maintain the literacy rate for the 15-24 year-old population at a level of 99.5%.

The third MDG target on education reflects enrolment in pre-school education. Although the gross coverage rate of pre-school education increased from 44.1 per cent in 2000 to 70.1 per cent in 2006, the low level of investment in this education stage, as well as the low incomes of the population, did not allow the achievement of the intermediate target for 2006 and offered little prospect of the other targets being achieved. This fact influenced the government’s decision to revise the values of the targets for 2010 and 2015 as well as to separate this indicator into two age categories: 3-6 and 6-7, the latter being the age of school preparation.

3. Assessment of target progress

**Target 1. Ensure opportunities for all children to attend general compulsory education. Increase the gross enrolment rate for general compulsory education from 94.1 per cent in 2002 up to 95 per cent in 2010 and 98 per cent in 2015.**

Despite the authorities’ efforts to attract children into the educational system, the coverage of the general compulsory education is constantly decreasing. In 2008, the enrolment ratio for general compulsory education was 90.9 per cent, compared to 91.6 per cent in 2007 and 95.1 per cent in 2002 (see Chart 5). This decrease was due to the fall in enrolment ratios for both primary and secondary education. In 2008, the gross enrolment ratio into primary education was 93.6 per cent, compared to 94 per cent in 2007 and 99.4 per cent in 2000. The gymnasium enrolment ratio, after growing from 90.2 per cent in 2000 to 93 per cent in 2005, started falling in 2006, dropping to 89.3 per cent in 2008.

It is important to point out the large proportion of children who are enrolled in primary school at an early age. In recent years the proportion of children who are admitted in the first grade at the age of 6 or even 5 is around 20 per cent of the total number of admitted pupils. Another tendency, common to both cycles, primary

![Chart 5. Gross enrolment rate in general compulsory education, %](image-url)
and secondary, is the practice of combining two study years into one, a practice that decreases the value of the indicator.

Other factors which have a negative influence on enrolment ratio trends in general education are the persistence of high poverty rates, especially in families with many children, labour migration of parents and the growth in the number of children left without permanent parental care. The decrease is also due to the disparities in the financing of education at different levels, and in different areas (urban and rural) as well as the lack of a record system keeping track of school-age children. Also, there is no mechanism that would establish the responsibilities of all social actors – parents, teachers, school managers and local public administration – with regards to the schooling of children.

Regarding the distribution of children in the general compulsory education system according to the area of origin, there are significant disparities between rural and urban areas. This fact is especially visible in the case of primary education. Thus, the enrolment ratio in primary education in urban areas is 101.6 per cent and has been maintained at this high level for several years. In rural areas, however, this rate is 89.4 per cent and has been decreasing since 2000, when this indicator was 98.3 per cent. In secondary education, the situation is similar. Thus, in 2008 the enrolment ratio in the urban zones was 95.1 per cent, with no significant changes being recorded during the previous years. On the other hand, secondary education coverage in the rural areas has not changed significantly over the years, and the enrolment level is much lower than in cities - 86.3 per cent in 2008.

From a gender perspective, enrolment to the general mandatory education system does not show any significant disparities: the enrolment ratio among girls is only a little higher than among boys. Thus, in primary education, where gender differences are slightly more prominent than in secondary education, the enrolment ratios of girls and boys were 92.7 per cent and 94.4 per cent respectively in 2008. But in secondary education, the disparities are insignificant, the rate of enrolment in 2008 being 88.8 per cent for girls and 89.8 per cent for boys.

Developments in the general mandatory education enrolment ratio show the Government’s limited scope for achieving the targets for 2010 and 2015, set at 95 per cent and 98 per cent respectively, because the economic crisis that led to the decrease in the income of the population and the fall in public revenues will even further undermine the achievement of the MDG targets in the domain of education. Children from poor families will still be the most affected. The preparation of children for schooling is still a serious burden for family budgets. On average, a poor family spends half as much on the primary school attendance of their children than the more well off families as well a third as much on their children’s secondary school attendance. The differences also depend on the area the family is living in, as poor families from urban areas spend more money than those from villages.

Economic hardship makes it difficult for children from poor families to benefit from educational services to the same extent as children from better-off families. According to a study carried out by the Institute for Educational Sciences, with the participation of teachers, professors, and school directors form 128 communities of Moldova, in recent years there has been a shift in the frequency of different causes of non-attendance: besides the clear lack of material means, other causes emerge, which are related to the attitude of parents and the community. According to teaching and administration staff, the main causes of non-attendance are the lack of supervision and care as result of parents’ migration abroad (35.1 per cent), the careless attitude of parents towards the education of their children (28.1 per cent), a lack of textbooks and other school equipment (25.4 per cent), children working together with parents (11.4 per cent)\footnote{Baseline Study on Basic Education in the Republic of Moldova from the perspective of Child-Friendly Schools. Developed by the Institute for Public Policy with the financial support and assistance of UNICEF Moldova,}
At the same time, the number of children who are not enrolled in the general compulsory education system is decreasing. According to data provided by the Ministry of Education, the number of unschooled children has gone down from 3980 in academic year 2000/2001 to 28 in 2007/2008. The number of dropouts also fell – from 438 in 2006/2007 to 28 in 2007/2008. But even though the number of children who do not attend school is low, the number of those who attend it rarely is much greater.

**Target 2. Maintain the literacy rate for the 15-24 year-old population at the level of 99.5 per cent.**

The development of the literacy rate for 15 – 24 year olds has been maintained at a high level despite the hardships the educational system is confronted by. The general literacy level as well as literacy among people aged from 15 to 24 is rather high, covering in 2008 98.9 per cent and 99.6 per cent respectively (see Chart 6).

This indicator has been maintained during the last year, being higher than in 2005, when the literacy rate of 15-24 year-old population was 99.5 per cent. This means that almost the entire population of the country has completed at least primary education. The constant positive movement in this indicator shows that there are solid reasons for the successful achievement of the intermediate and final MDG targets related to the literacy of 15-24 year-olds.

**Target 3. Increase the enrolment rate for pre-school programs for 3-6 year-old children from 41.3 per cent in 2002 up to 75 per cent in 2010 and 78 per cent in 2015, and for 6-7 year-old children from 66.5 per cent in 2002 up to 95 per cent in 2010 and 98 per cent in 2015, as well as reduce by less than 5 per cent the discrepancies between rural and urban areas, between disadvantaged and middle-income groups.**

Pre-school education coverage is increasing constantly. The gross enrolment ratio in pre-school education of 3-6 year-old children was 42.1 per cent in 2002 and 95 per cent in 2010.
has risen from 2000 onwards. In 2008, the enrolment ratio of this age group in pre-school education was 74.4 per cent, compared to 44.1 per cent in 2000 (see Chart 7). Enrolment ratios in cities are higher than in rural areas - 90.8 per cent compared to 65.2 per cent. This difference however has been decreasing over the last years. Thus, in 2000 and 2002 the difference in the pre-school coverage of children aged from 3 to 6 was 29.6 percentage points, while in 2000 this difference fell to 25.6 percentage points. From a gender perspective, there are no serious disparities between the sexes in pre-school enrolment for this age category; the enrolment ratio for girls aged between 3 and 6 is 73.8 per cent while for boys it is 74.9 per cent.

In general, the gross enrolment ratio in pre-school education rises along with households incomes, from 70.9 per cent in the case of the poorest households (first quintile) up to 85.3 per cent for the most prosperous ones (5th quintile).

At the same time, it is hard to assess the pre-school education enrolment ratio of 6 and 7 year olds, because, at this age, a large proportion of the children are already enrolled in primary education. The coverage of 6-7 year-old children by education, regardless of the cycle of education, is 91.1 per cent and is no different from the level registered in 2000. The enrolment ratio of 6 and 7 year olds in pre-school education has not increased over recent years. It was 41.8 per cent in 2008 compared to 36.8 per cent in 2000. Data analysis shows that more children of that age are already enrolled in primary education, although the enrolment ratio in primary education is falling, while the enrolment of 6 and 7 year-olds in pre-school education is going up. Thus the enrolment ratio in pre-school education of 6 and 7 year-old children was 49.3 per cent in 2008 compared to 54.4 per cent in 2000.

It also has to be pointed out that the values of indicators, which in 2007 had been taken as a reference for establishing targets for 2010 and 2015, do not coincide with the data provided by the National Bureau of Statistics. This is mainly the case for the pre-school enrolment ratio for 6-7 year old children, which according to the MDG Report, prepared by the Government in 2007, was 66.5 per cent in the reference year of 2002, while according to the National Bureau of Statistics the value of this indicator was only 37.1 per cent in the same year. Given that the figures presented in the 2007 MDG Report were based on the administrative data provided by the Ministry of Education which, for unknown reasons, could not be updated in following years, when analyzing this indicator the data provided by the NBS will be used. Another reason for using this source is the constantly and consistently updated data.

The main problem however is in the monitoring of progress towards the target for this indicator (95 per cent in 2010 and 98 per cent in 2015). If the data provided by the NBS is used in the future, it may be necessary to modify the targets for this goal. It is also important to reflect upon the relevance of this target. Another option would be to revise the MDG indicator on pre-school education. According to the Law on Education, art. 17, p. 5, pre-school education includes children aged between 3 and 6 (7), and p. 6 stipulates that the preparation of children for school is mandatory starting from the age of 5. Therefore, in the future MDG could take into account the 5 to 7 age group rather than 5 to 6 cohort, because the Government’s interest is that 5-7 year-old children be enrolled in education, regardless of education cycle.

### 4. Impact of policies on education

Over recent years, the Government’s efforts and the assistance provided by the country’s development partners in the domain of education were important, both in terms of the interventions and the financial resources allotted. In this context, the implementation of public policies in the domain of education contributed to quality improvements and to better access to education. The main public policy documents in the domain of education are: Moldovan Educational System...
achievements were made possible with the support of technical and assistance projects and consultancy offered by the country’s development partners.

In the domain of pre-school education, with technical assistance from UNICEF, the World Bank and other partners, the Government has developed new policies on early education (a new curriculum focused on children’s individual needs, standards for early development of children under 7 years old, professional standards for educators) as well as teaching and methodological materials, which would include vulnerable groups. According to the data provided by the Ministry of Education, 89.7 per cent of pre-school institutions are applying the new early education policies and use the teaching materials that have been distributed to all pre-school education institutions in Moldova. About 60 per cent of pre-school institutions have developed professional development plans in compliance with the new professional standards for educators. Around 4,500 managers of pre-school education institutions, teaching staff and representatives of local public authorities have been trained to apply different approaches focused on the needs of children as well as promote the principles of early education on the local level. As a result of the EFA/FTI grant, 569 pre-school institutions (from a total of 1,349), including two rehabilitation centres for children with disabilities, were provided with technical equipment, teaching materials, toys, playgrounds etc., which significantly improved the study rooms and the study environment in general, making them more accessible and inclusive. Also, in order to improve access to pre-school education, 300 kindergartens were provided with teaching materials, furniture, games, toys and playgrounds within the Education for All – Fast Track Initiative.13

At the same time, in order to extend access to quality pre-school education in cities and especially in rural areas, the supporting efforts of the Government are required. Although in the period 2000-2008 the number of pre-school educational institutions rose by 214, the pre-school system cannot meet increasing demand (the number of children increasing by 18.5 per cent in that period). Kindergartens in villages are the most affected, since many of them lack the resources to meet the system’s requirements.

Another major challenge for the Government is the extension of alternative services for including those 25 per cent of young children who have no access to early education. As a result of the implementation of a pilot project by UNICEF and UNESCO, the Ministry of Education institutionalized and started to replicate alternative arrangements for early education services (community centres) in communities lacking kindergartens. The draft of the new Education Code developed in 2009 contained provisions on community centres, which were to provide official early education services in parallel with kindergartens and crèches, especially in those 230 communities without pre-school education institutions. Yet, the draft law has not been approved, while the current Government is developing another normative act to regulate the education sector.

In contrast with the situation in pre-school education, the number of schools has fallen over the period 2000-2008. Forty seven schools were closed, the rest being used at an average capacity of 67 per cent. A considerable proportion of the schools is in an inadequate physical condition, lacking central heating and a proper sanitary infrastructure. Around 41 per cent of the school buildings require capital renovation and only in 11.2 per cent of them can wheelchair ramps be built in for children with walking difficulties. Unquestionably, given these conditions, it is very difficult to organize the study process at the level of the requirements for child-friendly schools.

Between 2000 and 2008 the number of children in primary schools fell by about 60 per cent. The

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13 8.8 million dollar grant offered by the Fast Track Initiative Catalytic Fund through the World Bank.

birth rate, which has fallen and looks to remain at its current low level, will also affect the development of the school-age population (Green Paper of the Population, 2009). If in 2008 the population of the school age (3-23) was of 1,113,900, than by 2015 (according to the first, pessimistic, scenario) it will fall to 891,300 and to 803,200 in 2020. In 2030, in this scenario, the school age population will be 707,800 in 2030 and 468,200 in 2050. A halving in size of the school age population will affect the entire education system, bringing with it serious repercussions for economic and social life.

The present formula for financing education offers limited flexibility to local public administration and school management for administering funds in a more efficient way. The problems of financing and the underutilization of schools’ capacities is to be solved in medium term through the implementation of the Economy Stabilization and Recovery Program which proposes the reorganization of about 130 general education institutions by changing their current status and setting up around 50 district schools and linking some 60 schools to these centres, while offering the schools a greater autonomy in utilizing funds. At the same time, in order to widen students’ access to educational institutions, the Government is relying on its development partners with regards to building infrastructure that would ease access to district institutions (building or repairing roads, ensuring their functionality in bad weather) and purchasing around 80 transportation units for transporting pupils to schools. The optimization of the school network is also relevant in the context of the continuous fall in the number of school students. The number of school students will fall in the academic year 2014/2015 by more than 24 per cent compared to 2006/2007.

In spite of the benefits offered by the Government to young teachers for their activity in rural areas, the low remuneration of their work does not make the educational system attractive for young professionals.\textsuperscript{14} The average salary in the education system represents only 66 per cent of the general average salary in the national economy. This explains the lack of staff, especially in rural areas, who lack adequate infrastructure for life and work. Moreover, the postponement of the increase of salaries in education and the implementation of this increase gradually in the period 2009-2011, as proposed in the Economy Stabilization and Recovery Programme will probably reduce even more, in the short term, the attractiveness of the education system for potential teaching staff. This fact could yet be compensated for by optimizing the school network, which is also planned by the Government through this Programme.

In order to reduce the differences in rural and urban enrolment ratios in general compulsory education, the World Bank has implemented the Quality Education in the Rural Areas of Moldova Project, within which standards of continuous training for the teaching staff in general secondary education and methodological guidelines for teaching staff in pre-university education have been approved. Training programmes were also held with teachers from 10 rayons. The project also provided lab equipment and teaching materials to 1190 educational institutions in rural areas: including to lyceums, high schools, and gymnasiums. At the same time, in the academic year 2008-2009, all students in primary and secondary education have been provided with textbooks and breakfast free of charge. However, the state-approved standard sum established for covering the cost of a meal was not enough to ensure a nutritious meal.

It is important to mention that educational institutions in the Transnistria region, which are subordinated to the Ministry of Education, are also facing some problems, including an inability to claim back buildings that have been taken away from them; inadequate school transportation capacity; obstacles in the process of transportation of teaching materials, schoolbooks, teaching staff salaries and food for students through the customs points of the self-proclaimed authorities. The

\textsuperscript{14} Regulations of the Fund for Supporting Young Teaching Staff in Rural Areas, approved by Government Decision no.1171 of 08.11.2005.
Ministry of Education allocates around 30 million lei yearly to the functioning of these education institutions. In the reporting period, with the support of the Fund of Social Investments, all education institutions were subjected to capital repairs and were provided with school transportation. All students from the first to the 12th grade are provided with meals free of charge. The institutions are eligible within the Quality Education in the Rural Areas of Moldova Project and the SALT Educational Program.

One problem, which is justifiably a focus of Government attention, is that of people with disabilities. There are more than 170,000 people with disabilities in Moldova, almost one tenth of whom are children under 16. Only 10-12 per cent of children with disabilities are covered by services, including non-residential services. Even though this category of people has the right to education within the general education system, at this moment they enjoy this right sporadically, because of the poor physical facilities available at these institutions for the disabled, a lack of special furniture, equipment and school programs etc. In the opinion of the managers of nongovernmental organizations active in the field of disabled rights, there is not even one general (unspecialized) school in Moldova with an infrastructure that would allow access to at least people with locomotive disabilities. At the same time, a disabled person’s chances of benefiting from school and professional education is very subjective, depending greatly on the person’s efforts but also on the social, moral and economic possibilities of his or her family (see box 4).

The representatives of human rights NGOs say that the legislation in force does not prohibit but also does not encourage the inclusion of children with special needs in general schools. The Law on social protection of the disabled, for instance, provides that “Disabled persons [be] enrolled in general, vocational and higher education in general education institutions and, if necessary, in special education institutions”. On the other hand, the Law on Education and the Law on the Rights of the Child mention the education of disabled children only in the context of special education. These provisions of the national legislation contradict the requirements of the UN Convention on the Rights of the Child. Due to this extremely permissive legislation, some school directors refuse to enrol disabled children.
Box 4. Access to education for children with disabilities

Once diagnosed as having “special needs”, a Moldovan child has little chance of integrating into society. The education system provides a single option for this category of children — special schools, institutions that keep them away from their families but also the rest of the world. Parents who choose to enroll their children in schools in their communities have to confront many obstacles: the access to the institution, the directors’ refusal to enroll them, a lack of special education programs and many more. According to the NGOs active in the domain of children’s rights, about 90 per cent of disabled children are deprived of the right to attend school.

A study conducted by the Motivation Association in three rayons of Moldova reveal that more than half the respondents did not or do not have access to education, whether general or special. Yet this happens in a country where primary and secondary education is compulsory. Also, only 2 per cent of disabled children say they have friends they communicate with. The others refer only to family members and relatives.

The number of children with disabilities who attend community schools numbers several hundred in the entire country. Home education, proposed by authorities for children with such problems, is a partial solution, specialists say. Staying home, these children are deprived of communication, which is even more important than education. “The school is not only about gaining academic knowledge, it teaches us to live together, to cooperate, to find our way in life. School is a minimized model of society, in which the child learns to interact,” says Viorica Cojocaru, director of the “Speranta” (Hope) Day Center.

One of the reasons why disabled children do not attend schools is the resistance of the school directors. In spite of the fact that the UN Convention on the Rights of the Children provides for special assistance and education for children with special needs, this international document is not an argument convincing enough for some school managers, who find a whole raft of reasons to avoid enrolling a disabled child in a community school. The directors either advise parents to enroll their children in a boarding school, or suggest they resort to home education.

All over the world, children with special needs study together with the other children in so-called inclusive classes. According to a UNESCO definition, inclusive education is a type of education adjusted and individualized to fit the needs of all children within classes, bringing together children with different needs, capacities and competence levels. In Moldova inclusive classes are very rare. The few existing classes were opened with the insistence and efforts of parents, who wanted to offer their children a chance to integrate into society. The Ministry of Education admits that the process of organizing inclusive education is at its initial phases. Agnesa Eftodi, head of the Pre-School Education and General Education Division of the Ministry of Education, believes that the educational system of our country is not yet prepared, in terms of infrastructure and attitudes, for the proper implementation of inclusive education. “Although 70 per cent of the teaching staff point out that there are children with disabilities in their schools, only half the teachers think that these children should study in community schools. At the same time, one in three students of the upper grades does not agree with the statement that children with disabilities should be able to attend their school “, the Sociological Study “Basic Education in Moldova”, conducted in 2008, shows.


With regards to Roma, according to data provided in a study conducted in 2007\textsuperscript{15}, there is a significant difference between the levels of education and literacy of the Roma and non-Roma population. Thus, one in five Roma cannot read or write and the proportion of Roma who have graduated from colleges or universities is only 4 per cent compared to 38 per cent in the non-Roma population. Although the Government has taken steps to address the problem of low enrolment rates and school dropouts, the situation regarding Roma access to education is still difficult.

In order to solve the problems Roma children face, the Ministry of Education carried out a series of activities in cooperation with nongovernmental organizations, including identification cases of non-attendance at school, providing direct support for children facing difficulties in attending school, mobilizing public opinion and raising awareness of the problems these children face, developing a legal and regulatory framework for the organization of the activity of Sunday schools, introducing a

\textsuperscript{15} p.59, Roma in the Republic of Moldova, UNDP, 2007
course on the “History and Culture of Roma” in schools of communities with concentrated Roma populations. These activities, though, did not produce the expected results, proving that the situation requires new approaches, based on both wider involvement of Roma and non-Roma families and communities as well as raising the awareness of teaching staff.

Migration is another problem affecting the education system. Analysis of data provided by the Mapping System of General Education Institutions shows that both parents of 4 per cent of children attending have gone abroad to work and 12 per cent have one parent who has left. While the proportion of these children is lower in urban communities, in the rural area it reaches the level of 17 per cent. Given the lack of specialized services and teaching staff specially trained to deal with these situations, the problems of children left behind remain beyond the reach of the educational system.

An analysis of the impact of the economic crisis on the progress towards the Millennium Development Goals in the domain of education shows that the effects are uneven. On the one hand, the return of migrants and, consequently, the reintegration of families could contribute to an increase in enrolment rates, especially in general compulsory education. On the other hand, the fall in the population’s income as a result of the crisis could limit vulnerable people’s access to education, especially in the light of the gradual increase in the official and unofficial cost of studies. What is certain, though, is that the economic crisis has a ‘human’ component and could degenerate into a social crisis in the absence of the appropriate measures for protecting vulnerable categories of people.

5. Conclusions and recommendations

Despite the fact that public allocations almost tripled in the period 2000-2008, the quality of the education system and the accessibility of education are still low. Moreover, there are serious discrepancies between coverage in urban and rural areas with pre-school and general compulsory education, villages registering the lowest enrolment rates.

Each child’s guaranteed access to education is restricted in practice because of a lack of educational institutions, the poor condition of school buildings and equipment, inadequate teaching methods, the inadequacy of integrated services for vulnerable children, child poverty resulting in malnutrition, a lack of clothing and school supplies, a lack of properly trained teaching, administrative and technical staff, especially in the rural education institutions, and the costs parents have to bear for sending their children to school.

Analysis of the progress towards the MDG shows that the quality of education in Moldova limits enrolment to educational institutions. The poor condition of the pre-school institutions and schools, the lack of teaching staff, the quality of teaching which is insufficiently adjusted to modern requirements are just a few of the barriers challenging the access to education in general and general compulsory education in particular. At the same time, besides the public policies implemented by the Government with the support of its development partners in the domain of education, enrolment and attendance is also dependent on the socio-economic situation in the country. The migration of parents and poor supervision of the children left behind as well as the low incomes of the population all contribute to low attendance and even dropout.

Another important aspect that directly influences enrolment and attendance rates in the educational institutions at all levels, starting with early education, is their strong connection to the parent’s knowledge, attitudes and habits regarding the supervision, education and healthcare of their own
children. Thus, according to a study conducted in 2009 with the support of UNICEF on the knowledge, attitudes and practices of parents, a considerable numbers of Moldovan parents have poor knowledge related to the health and education of their children. Parents and caregivers who have a high level of education and welfare employ better care-giving practices than poorer families, which proves it is necessary to focus on vulnerable families, including Roma. Parenting skills should be improved especially among young parents, those from rural areas or from vulnerable families, keeping in mind that parents who lack knowledge and the skills for taking care of their children are incapable of offering them the necessary conditions for adequate development. As a result of parents’ lack of knowledge and skills, their children are weakly prepared for attending schools, which affects their performance and attendance in the future.

However, promotion of relevant and efficient educational policies, which would take into account the interests of the vulnerable children, is hard to accomplish without complete and reliable statistical data. The differences between the statistical data obtained from different sources, the lack of detailed indicators reflecting the performance of each student, each teacher and each institution, the insufficient disaggregation of the currently used indicators, all create serious obstacles in the implementation of results-based management of education.

The current record system of preschool and school-age children managed by the Ministry of Education is imperfect, the data on the pre-school and primary education enrolment being estimated and provided upon request only by NBS. This defect could be determined by a range of factors: i) the high percentage of children enrolled in primary schools at an early age (6 or even 5), which reduces the pre-school enrolment rates of 6 and 7 year-olds; ii) the number of 7 year-olds who, according to the legislation, should have been enrolled in the first form but who continue their education in the pre-school institutions, which decreases the primary education enrolment rates; iii) the pupil’s mobility at the boundary between the primary and gymnasium education, which distorts the enrolment rates in both cycles; and iv) the possibility of faulty population records in mayoralties. Yet, without data on certain indicators, it is impossible to follow the progress towards the achievement MDG and to make conclusions on the access and enrolment of children in education.

Therefore, in order to advance in the process of achieving the MDGs in the field of education, measures should be taken not only to improve the quality of education, but also to redress the social economic situation in the country. Broadly speaking, the following actions in the domain of education should be considered:

- Optimize school networks and introduce an adequate financing structure by consolidating the legal framework, in order to resolve the disparities in access to quality educational services and increase the level of responsibility of all authorities in the domain of child education in order to prevent and counter non-attendance and dropouts;
- Develop/revise the main education development policies in compliance with advanced European practices directed towards guaranteeing access to pre-school and elementary education for all children, especially for the vulnerable categories;
- Continue to promote measures directed at increasing participation in education, including by providing free-of-charge schoolbooks and meals and creating Community Centres in order to cover those 25 per cent of children from all over the country who do not have access to early education institutions;
- Invest in comprehensive community programmes to promote early education accessible to all children and families, starting with education before conception and prenatal education and care-giving, continuing with programmes to educate parents that are integrated in pre-school institutions and the child protection system;
- Solve the problem of children left behind by migrant parents, by ensuring enrolment, attendance and academic performance, as well as the necessary psycho-social assistance;
• Provide reintegration assistance to migrant children returning to Moldova;
• Improve the legal framework for raising the responsibility of all stakeholders involved in the domain of child education in order to prevent and counter non-attendance and dropouts;
• Improve the training of teaching staff and improve the school curriculum;
• Improve education statistics and ensure permanent monitoring of the MDG indicators in the domain of education, including collecting data disaggregated by gender and age-group;
• Adjust the education system at all levels to the new conditions, bearing in mind the demographic tendencies.
Goal 3. Promote gender equality and empower women

1. Introduction

Over recent years, Gender equality has become a major concern of the Government of Moldova. The Government has therefore has tried to promote equality of opportunities between women and men through different actions. By signing and fully committing itself to achieving the MDG, Moldova reiterated on both national and international levels its interest in achieving gender equality, besides other major goals. Moldova’s adoption of the MDG brought an incommensurable contribution to the invigoration of the activities for promoting gender equality, both in the governmental and the non-governmental spheres. This led to approaching more sectors and domains of activity form the gender perspective and the extension of women’s presence in different activities, to which their access was previously restricted. At the same time, the problems pertaining to the achievement of full gender equality persist. The greatest disparities are related to horizontal and vertical gender segregation: women are mostly employed in low-paid sectors and occupy lower positions in any of the considered domains. In a way, the achievement of this goal will facilitate the accomplishment of all the other MDGs, since all the goals are related, in one way or another, to the roles of women and men in society and in the family.

2. General tendencies

The Constitution of the Republic of Moldova stipulates that women and men are equal before the law and public authorities\(^{16}\). In reality, though, the legislation in the domain of gender equality is only declarative, partly because of the way traditions and customary perceptions see the role of women in the society. In 2005, women held only 20.7 per cent of seats in Parliament. Although this figure is higher than in 1998 and 2001 (8.7 per cent and 15.8 per cent respectively), this level of representation of women is not sufficient for ensuring the equality of seats between the two sexes.

At the moment\(^ {17}\), out of a total of 70 people who compose the Cabinet of Ministers and hold managerial positions in institutions representing governmental authorities, only 11 are women (representing a proportion of 16 per cent versus 84 per cent men). Of these, only one minister is a woman and the other six are vice-ministers. Only 18 women hold the office of directors of an institutions subordinated to a ministries, while men hold 104 such positions (representing a ratio of about 15:85).

In 2003, women chaired only 10 per cent of the rayon councils and were mayors in only 15 per cent of the mayoralties, while in 2007 the respective figures increased to 13.2 per cent and 18 per cent.

\(^{16}\) Article 16 (2), Constitution of the Republic of Moldova.

\(^{17}\) The data reflects the situation in February 2010.
3. Assessment of target progress

**Target 1. Increase women’s representation in decision-making positions.** Increase the representation of women at decision making levels (from 26.5 per cent in local councils in 2007 to 40 per cent in 2015, from 13.2 per cent in rayon councils in 2007 to 25 per cent in 2015, from 18 per cent women mayors in 2007 to 25 per cent in 2015 and from 22 per cent women MPs in 2005 to 30 per cent in 2015)

Increasing the political participation of women in governmental structures is considered to be one of the basic methods for improving the gender balance in society. In reality, the representation of women in the decision-making process is very uneven and depends on the administrative level and the political events taking place each year.

At the level of local public authorities, women did not expand their representation in leadership structures. Thus, in 2008, the proportion of women in mayor positions was 17.4 per cent, lower than in 2008 when this proportion was 18 per cent (before the local elections in June 2007). At the same time, in comparison to 2004, the number of women who held this office increased by 24; in 2004 the proportion of women mayors was 14.8 per cent. Regarding women holding the position of rayon president, their number did not change compared to 2004, meaning that only one woman (3.1 per cent of the total) is rayon president. At the rayon level, the only position where women outnumber men is the one at the bottom of the hierarchy – consultant/ specialist (68.4 per cent women). Of the total number of heads of departments/divisions, 47.3 per cent are women, which makes the gender distribution more balanced on this level.

At the level of councillors, the number of women went up. The proportion of women in the position of rayon councillor rose in 2008 to 16.9 per cent of the seats, compared to 13.2 per cent in 2007. The situation also improved in the local councils, where the share of seats occupied by women was 28.7 per cent in 2008, in contrast to 26.5 per cent in 2007.

At the level of the legislative power, the current conjuncture is rather favourable for women. Thus, the number of women MPs rose from 22 per cent in 2005 up to 23.7 per cent in 2009; 26 women entered the 18th legislature of the Parliament of the Republic of Moldova, elected on 29 July 2009, and 24 seats are held by women at this moment. The Parliament’s leadership is formed exclusively of men (4 persons), while only one woman sits in the Parliament’s 12-strong Permanent Bureau. Of the five parliamentary factions, only one is headed by a woman president, while one other party has a woman as vice-president. Of the five independent MPs, two are women. The current Parliament has nine permanent commissions, two of them headed by women, and there are four women vice-presidents. It is important to mention, though, that there have been government reshuffles and new appointments made recently, as the six-month grace period during which MPs can combine their

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**Box 5. Revision of MDG targets on gender equality and empowerment of women**

Even though the MDG target proposed on an international level relates to the elimination of gender disparity in education, a large number of states for which this problem is not relevant have established specific targets in the context of national development. It is also the case of Moldova where this problem is not that serious. The problem however lies in the fact that while many women graduate from the education system, the jobs and, consequently, the salaries they benefit from later are inferior to those of men. At the same time, the first MDG target established in 2004 aimed to expand women’s participation in social life. This target was very general and did not highlight dimensions which require a special approach from the gender perspective. Therefore in 2007, through the MDG, the Government decided to highlight the importance of economic and political opportunities for women, the expansion of their presence in decision-making structures, including at the level of local public authorities, as well reduce the disparity in the salaries earned by women and men.
new office with a seat in Parliament has just expired. Therefore, these numbers could change.

In Transnistria, out of 42 MPs, four are women, who are also involved in the activity of five parliamentary committees (out of a total of nine). The governing bodies of Transnistria’s Supreme Committee are formed exclusively of men, while the Apparatus of the Supreme Committee is staffed by women only. Of the 12 ministers, three are women. There are three women among the 12 presidents of local administrations. The leadership of the Supreme Court of Justice is formed of four people: two women and two men, while the Council of the Supreme Court of Justice is formed of five members, including two women.

In the central executive of Moldova, the following trend can be noticed: even though at the level of the Ministries and other central authorities there is gender parity in the distribution of salaries and even of high-ranked positions, the higher one advances in the hierarchical structure of decision makers the fewer women one finds compared to men. Fewer than 20 per cent of the vice-minister/vice-director positions and 26.7 per cent of minister/director positions are held by women.

Even though the representation of women in rayon and local councils, as well as in Parliament is increasing, their place in the decision-making structures cannot be forecast, depending largely on the way each political party perceives gender parity related issues. However, given the increasing number of women involved in decision-making, if this growth tendency is maintained or improved, it is possible that the MDG targets for 2015 could be achieved. At the same time it should be mentioned that the lack of provisional regulations – affirmative actions – on the political participation of women and their representation in the decision-making process determines a certain risk for the achievement of MDG targets by 2015.

It is also important to point out that, besides the figures illustrating women’s participation in the decision-making process, it is fairly difficult to assess their real involvement in the *de facto* decision-making. This supposition is even more relevant with regards to the women participating in politics, often promoted based on the membership and loyalty towards the party. The same is the situation of women MPs: due to the lack of researches that would analyze the performance of women and men MPs, there is no way we can assess to which extent are the voices of women heard and taken into consideration.

According to the Recommendations of the Committee on the Elimination of Discrimination against Women, the state of Moldova should implement measures in order to increase the number of women who represent the Government of Moldova at the international level (diplomatic missions or international organizations). In January 2009, in those 33 diplomatic missions of Moldova, women occupied only seven positions of chief of mission. According to the official data, the number of women occupying administrative and technical positions in embassies is twice the number of men. In 2000 there were 46 women and 23 men occupying administrative positions; in 2001 there were 49 women and 24 men and in 2002 there were 51 women and 26 men.

**Goal 2. Reduce gender inequality in employment.** Reduce gender equality on the labour market through reducing the disparity between women’s and men’s salaries by at least 10 per cent by 2015 (given that the average monthly salary of women represented 68.1 per cent of the average salary of men in 2006).

The principle of equal pay for equal work has become largely accepted and is reflected in several ILO conventions. However, the difference in the income of men and women is still one of the most persistent forms of gender disparity on the labour market in several regions of the world, and Moldova is no exception.
The discrepancies between the salaries of men and women have decreased over recent years (see Chart 8). Thus, in 2008 the average monthly salary of women was 73.3 per cent of the average salary of men, increasing by 0.7 percentage points compared to 2007 (in 2002 this proportion was 75.7 per cent). These differences are conditioned by the fact that women, in most cases, either work in less-well-paid domains (traditionally considered feminine occupations) like education, healthcare or services, or occupy low-paid positions (i.e. subordinate jobs with no managerial tasks/prerogatives).

The greatest proportion is registered with women working in the domain of fishing and pisciculture (123.3 per cent), transportation and communications (91 per cent) and the real estate market (90.2 per cent), the smallest being in industry (69.5 per cent), financial activities (70 per cent), trade (79.7 per cent) and hotel and restaurant business (79.8 per cent). At the same time, in the period 2002-2008 in several domains the average salary of women as a percentage of the average salary of men had significantly changed. In industry, this percentage fell from 85 per cent in 2002 down to 69.5 per cent in 2008, and on the real estate market from 105.6 per cent to 90.2 per cent. At the same time, the average salary of women employed in public administration as a percentage of that of men rose from 78.9 per cent to 85.4 per cent, and in construction from 73.8 per cent up to 82.1 per cent.

As mentioned above, the salary differences are due to the fact that in Moldova there are fewer women in high management positions. For instance, in the domain of education, where women outnumber men (74.3 per cent of the personnel in 2007), the average monthly salary of women represents only 82.0 per cent of the average salary received by men. It can therefore be inferred that here also the best-paid jobs, meaning the management positions, are held by men. In public health and social assistance, where women represent 79.1 per cent of the employees, they receive an average of 73.4 per cent of the average salary of men employed in the same domain.

Turning to the employment of women in general, the situation in Moldova is complex. No important gender disparities were registered among the economically active population in 2009: the number of men employed being almost equal to the number of women (50.6 per cent and 49.4 per cent). The same is true of the gender distribution of the employed population. However, the employment rate among the population for 15 years and more is higher than among men (45.2 per cent compared to 40.1 per cent respectively).

According to data provided by the National Bureau of Statistics of the Republic of Moldova, women represent 38 per cent of the total number of managers and high officials in public administration, economic and social units, while 63.4 per cent of women are involved in intellectual and scientific occupations. Per capita Gross Domestic Product (in PPP terms) is US$2118 for women and US$3357 for men. The majority of employed women are wage earners (71 per cent, compared to 0.6
per cent who manage their own business and 24.9 per cent who are self-employed).

With regards to the percentage of men and women by economic activities, the greatest differences are registered in the domain of construction, which employs 88.5 per cent men and only 11.5 per cent women (see Chart 9). Another significant difference between the proportion of men and women is in the domain of transportation and communications, where 75 per cent of employees are men and 25 per cent women. The situation is the other way around in public administration, education, healthcare and social assistance where men (30.3 per cent) are greatly outnumbered by women (69.7 per cent). Women in Moldova are mainly unskilled agricultural workers (14.7 per cent), workers in the sphere of services and trade (19.4 per cent) and highly qualified specialists (17.3 per cent).

According to the national legislation, women are prevented from practicing certain categories of works in noxious conditions in compliance with a Government decision of 1993. This decision prevents women from practicing founding, welding, thermal pressing and smithing, locksmithery etc. and lifting weights over 10 kg. The Labour Code also prevents pregnant women and women on maternity leave, and those who have children under three from going on business trips. Yet these provisions are discriminatory and are to be annulled. During 2009, an expert group developed a set of improvements to the Labour Code from the gender perspective, which has been discussed with the ILO international experts and presented to all social actors. At the moment, the draft law on amendments to the Labour Code is being consulted and approved with the ministers and social partners.

Taking into consideration the high professional education of women, this paradoxical double causation a priori excludes any direct and explicit gender-based discrimination. On the other hand, the same paradox becomes, in turn, a barrier to the involvement of men in important but low-paid social activities (e.g. education), because even though a young man might like a profession and have a vocation for it, it is unlikely that he will practice it, because this domain is paid worse and according to other gender stereotypes he, who should ensure the financial welfare of the family, cannot consider the possibility of earning less than his life partner. The same thing happens to women, but the other way around: even if they are trained in domains considered the prerogative of men (in this respective faculty there are more women graduates than men), women are less common in the better paid domains, including because of their lifestyle which consists of both professional and family ambitions.

18 Government Decision no. 264 of 06.10.1993 on works prohibited for women.
At the same time, despite the smaller remuneration of women’s work, their income is of more importance for the support of their families, with or without children, because women are more likely than men to use their money for purchasing food, education and healthcare services, which are crucial for the welfare of children.

4. Impact of public policies on the equality of opportunities

The recognition of the importance of equality of opportunities and the empowerment of women is explicitly expressed in the international commitments assumed by Moldova (e.g. signing CEDAW, Beijing Platform, certain ILO conventions), as well as in the direct actions taken over by the Government in order to achieve gender equality (e.g. adoption of the Law on the Equality of Opportunities between Women and Men, the Law on the prevention and countering of family violence, etc.).

At the hiring stage there is no discrimination between men and women at the level of legislation. The Law no.102-XV of 13 March 2003 on the Employment and Social Protection of Persons looking for Employment stipulates that services relating employment, protection of dismissal and professional reintegration, professional orientation and training be provided without gender-based discrimination. Thus, the law provides expressly that “when applying the provisions of the present law any discrimination on the criteria of race, nationality, ethnicity, language, religion, sex, opinion, political views, property or social origin is excluded”. Moreover, people who resort to employment agencies are benefitting from employment assistance, professional training and orientation regardless of their sex. However, representation of women in the decision-making process is not regular. This is also due to the low representation of women on the electoral lists (see Box 6).

The gender problem is also present in certain national documents and development plans (e.g. the National Development Strategy, the National Human Rights Action Plan, etc.). Moreover and most important, the Governing Plan incorporates the commitment of the current Government in the domain of gender equality, detailed in objectives and relevant activities.

Of particular importance is the support and assistance provided by certain international organizations in promoting gender equality in Moldova (UNIFEM and other UN agencies, SIDA, etc.). The role of the country’s development partners is crucial to achieving progress in this domain from both points of view – that of financial support and that of informational assistance and experience. The achievements of civil society in this domain are also very valuable, with many specialized NGOs implementing projects and initiatives that have substantial impact on the private sphere (family, relationships within the couple etc.), as well as in the public sphere (political, economic and social domains). The interventions promoted by civil society will have even more visible and far-reaching results if the Government’s commitments in the fields of cooperation and consultation with civil society on public policy projects are respected.

21 Article 8, Law no.102-XV of 13 March 2003 on the Employment and Social Protection of Persons looking for Employment
Box 6. Representation of women on electoral lists

Analysis of the 2009 Parliamentary Elections based on the data provided by the Central Electoral Commission shows that, in general, the elections were held within a framework of respect for democratic values and the entire activity of the Central Electoral Committee was conducted on the basis of respect for the legal framework, including those aspects of it that related to gender equality. An analysis of the lists of candidates for the positions of members of the Parliament of the Republic of Moldova in the elections held on 5 April 2009 reveals that out of a total of 1,386 persons in the lists, 409 were women. Also, among those six registered independent candidates there were 2 women. Almost the same proportion is maintained on the lists for the early Parliamentary Elections held on 29 July 2009. Thus, of the 996 registered candidates, women 303 or 31.3 per cent. During the parliamentary elections on 5 April and 29 July 2009, the proportion of women in the electoral bodies at the level of district electoral councils was 42.3 per cent. Forty six women or 43.8 per cent were elected as presidents, vice-presidents or secretaries of district electoral commissions on the second level.

An examination of the last four parliamentary elections held in Moldova shows that each time women were under-represented, their percentage varying from 15.7 per cent (1998) to 29.0 per cent (2005). In addition, the following aspects have to be pointed out: i) the percentage of women on the lists registered a continuous increase, marking significant progress since the elections in 1998 to those in 2005, when this figure almost doubled (from 15.7 per cent to 29 per cent in 2005); ii) in the 5 April 2009 elections the share covered by women on the lists of candidates (12 parties and 5 independent candidates) was of 27.7 per cent, slightly lower than the level registered in 2005 (29 per cent); iii) in the early elections of 29 July 2009, the proportion of women in the lists increased compared to April, reaching 28.5 per cent. It was, however, lower than the maximum level registered in 2005. Apparently, the elections held in 2009 did not follow the gathering trend of the previous years and there was even a fall in the number of women on the candidate lists, suggesting that the enthusiasm for and commitment to egalitarian principles have weakened. It should also be pointed out that the position of women in the lists is unfavorable, and as is the case with the proportion of women in the lists, this indicator followed a positive trend in the first three elections, while in 2009 it started to decrease.

In this context, the average position occupied by a man in the list is five to 10 positions nearer the top. This difference had significant evolution. In the 1998 elections the difference was 10 positions (the average position for male candidate was in 46th position and 56th for women). In the 2001 election, the difference fell to 8 positions, to five in 2005, six in April 2009 and 8 in July. Women are almost absent from the top of the lists (first position). In 1998, top positions were occupied by women on the lists of two out of 15 parties, while in 2001 no women headed the lists. In 2005 there was one female list leader, compared to two in April 2009 and none in July. The percentage of women in the first five positions rose significantly from 5.3 per cent in 1998 to 21.7 per cent in April 2009, while in July a decrease was registered again when only 10 per cent of the top 5 positions were occupied by women.

Source: Partnership for Development Center. Gender Equality in the 2009 Parliamentary Elections, Chisinau, 2010. (the monitoring was conducted within the "Progen – Elections 2009" Alliance by a group of specialized NGOs)

At the same time, a series of public policies implemented by the Government, although necessary in the context of budget austerity during an economic crisis had and probably will have an impact on the remuneration of employees and possibly even more in the case of women. Thus, following the implementation of the new remuneration system and the increase in the level of the minimum wage, on 31 December 2008 an increase in average monthly salary for economy up to 2529.7 lei was achieved, 9 per cent more in real terms than in 2007.

In the budgetary sphere, the average salary was 2627 lei, representing 99.4 per cent of the level of the previous year. The decrease in the average monthly salary in the budgetary sector in June 2009 compared to June 2008 is explained by the fact that in this year a new methodology for reporting vacation allowances was established: the sums calculated for annual leaves are established separately for each month of leave, compared to 2008 when these payments were transferred in whole for the month when they were calculated. And, given that the majority of employees in the education field are women, we can infer that their salaries fell as result of this amendment.

At the same time, the postponement of the increases to teacher’s salaries offered in the Programme of Economic Stabilization and Recovery for 2009-2011, though fully justified by the shortage of money in the state budget as a result of the worsening of the economic crisis in Moldova, could contribute even more to the growing discrepancy between the salaries of women and men, due to the higher concentration of women in the education sector. Another factor that contributes to this difference may be the implementation of the Law on the Public Office and the status of the Public Servant, which stipulates that people fulfilling administrative functions are not public servants. The
remuneration of this category of persons, who according to statistics are mostly women, will therefore be substantially reduced.

5. Conclusions and recommendations

Significant gender disparities in terms of opportunities and retribution are a problem confronted by most of the countries of the Commonwealth of Independent States, as well as the countries of Central and Eastern Europe. This problem is also common to Moldova.

The problem of gender equality on the labour market in Moldova is a focus of Government attention together with other concerns related to the labour market and labour remuneration. Despite the rather high presence of women on the labour market of Moldova, as a rule they are employed in so-called ‘feminine’ jobs, meaning those domains which represent, in a way, a continuation of their home activities: education, healthcare, services etc.

Although the Government of the Republic of Moldova has made efforts to improve the situation in the country in the domain of gender equality and the empowerment of women, it is still hard to discern tangible progress. In this way, even though women enjoy the same rights in the domain of employment, they can be considered a relatively vulnerable group on the labour market. Also, despite certain progress in the representation of women in decision making in general, the situation is still critical: women are a vulnerable group, strongly affected by poverty. They are more frequently victims of violence, trafficking in human beings, illegal migration, sexual harassment at the work place and discrimination. For this reason it is necessary that some of the policies in the domains of social protection and gender equality on the labour market be revised.

In spite of the fact that over recent years women are better represented at the level of high political forums, when someone insists on increased participation of women in decision making, it is normally assumed that their opinions will have the same weight. This assumption, however, is far from the reality, and is sabotaged by gender traditions, the attitudes of colleagues and the population, with regards to women in general and to women in politics, in particular.

Therefore, without a coherent transversal approach, gender equality will be too hard a target to achieve. This is why it is necessary that the Government as well as society as a whole should initiate a process of rethinking and reconsidering the concepts of good governance and development from the gender equality point of view. This process should be focused on the gender problem, at all stages and in all domains, concerning both participation and benefits. Only through resorting to this approach, can ideas of good governance and development be properly understood and successfully implemented in Moldova.

Given that gender equality and the promotion of women are not included in all the phases of the national-level processes, today we need a more intense, more coherent and firmer approach from all stakeholders involved in the decision-making process. In this context, the following actions are recommended:

- Implement the commitments assumed in the context of international agreements on gender issues, including the conclusions of the CEDAW Committee on the integration of gender equality, as a central indispensible aspect, in the planning, implementation, monitoring and evaluation of public policies and on offering special support to women;
- Implement the National Programme for Ensuring Gender Equality and the Action Plan for 2010 -2013;
- Strengthen institutional mechanisms in the domain of gender equality (i.e. the Department of
Policies for Ensuring Gender Equality and Prevention of Violence within the Ministry of Labour, Social Protection and Family, including by creating gender units at the local level):

- Amend labour legislation in order to guarantee equal rights for women, including in the domain of protection of labour;
- Promote cooperation between the Government and the civil society, including representatives of organizations specialized in the promotion of equality of chances, in the process of development of public policies, as well as in implementing activities in the domain;
- Increase the awareness of the population of Moldova relating to the commitments assumed by the Government in the context of MDG, particularly related to gender;
- Apply affirmative measures in order to increase representation of women in decision-making bodies, at local and central levels;
- Develop social policies focused on reconciling family life with professional ambitions and specifically on increasing the number of men taking childcare leaves;
- Provide temporary assistance measures, which would help women and men in certain aspects of the employment process and their subsequent work.
1. Introduction

The difficulties of transition and the multiple crises that the Republic of Moldova has gone through in recent years have had an effect on vulnerable population categories, with children being among those that are most affected. The issue of child health is a primary preoccupation of the Government and has been incorporated into the Millennium Development Goals that were signed up to on the national level. The child mortality rate, which the Government has committed itself to reducing considerably by 2015, serves as an important indicator with which to assess the quality and the accessibility of healthcare services for the population, and of the level of general knowledge of parents in regards to childcare. It is thus directly related to poverty. Although sustained efforts on the part of the Government have contributed to a continuous decline in the infant mortality rate over the past few years, continuous measures are necessary if the existing positive trends are to be maintained.

General tendencies

The dynamics of perinatal deaths, including early neonatal deaths, has undergone significant changes over the past 18 years. In the period 1990-2008, infant mortality has dropped from 19 for each 1,000 born alive to 13.1 for each 1,000 born alive in the 1,000 gram or above birth weight category and from 21.7 for each 1,000 born alive to 21.1 for each 1,000 born alive in the 500 gram or above birth weight category, which represents approximately 40 per cent. The pace of the fall in infant mortality has varied between time periods. There were two periods during which there were significant falls: between 1975 and 1999, when infant mortality fell by 56.1 per cent, and between 2000 and 2008, when it fell by 34.9 per cent.

Box 7. Revision of MDG Child mortality targets

In 2007 the MDG targets on infant mortality were. Trends regarding infant mortality and the mortality of children aged below five have been positive, meaning the preliminary goal for 2006 has been successfully achieved. At the same time, starting in 2008, the Government has started applying the methodology of defining live births recommended by WHO which defines as live birth that birth which occurs after 22 completed weeks of gestation and with the weight of the child being 500 grams or more. Previously, the respective indicator was estimated based on the definition of a live birth being that which occurred after 28 completed weeks of gestation and with the weight of the child being 1,000 grams or more. Switching to the new methodology represents a challenge for the Republic of Moldova because caring for the survival of babies with such low weights requires additional investments and the kinds of modern technologies which are not yet sufficiently widespread in the country. The positive evolution of these indicators, but especially the change in the methodology, has led the Government to revisit the targets for these indicators.

At the same time, the third goal in the context of the present objective which deals with the vaccination of children under the age of two years against measles and which aimed at achieving the universal vaccination of children (100 per cent) has been modified, with the target being reduced to 96 per cent. The revising down of this goal is explained by the fact that it is impossible to attain universal immunization, even in the most positive of circumstances, because, first of all, there are children who cannot be vaccinated for medical reasons, and secondly because of the difficulty of convincing parents to vaccinate their children.
The analysis of the structure of infant mortality over the period 2000-2008 shows a high level of early neonatal mortality, it which stood at 46.4 per cent in 2000 and rose to 51 per cent in 2008, the increase being driven by the switch to registering children born after 22 completed weeks of gestation and with a birth weight of 500 grams or more. The mortality rate for children below the age of five years underwent a continuous decline between 2000 and 2004, and was generally higher in rural areas than in urban ones. Following a subsequent reduction of that rate in 2006, in 2007 the mortality rate for children under the age of five years has risen.

Vaccination against measles has not been carried out continuously in the Republic of Moldova. In the pre-vaccination period, 23,000 cases of measles (representing a rate of 845 cases for a population of 100,000) were registered in the Republic of Moldova. The vaccination of children in 1961-1962 reduced the relevant mortality indicator by 95 per cent. The last measles epidemic in the country occurred in 2002 and it was stopped at that time by conducting a nation-wide massive vaccination campaign. In the years 2006-2008, on average, 12 cases of measles were recorded each year. In 2008, the number of registered cases of measles fell to zero. This achievement is due to the implementation of the Vaccination Program which, at the national level, since 2006 has ensured that over 95 per cent of children up to the age of two receive the initial anti-measles vaccination (a combined vaccine against measles, mumps and rubella) and a re-vaccination at the age of seven.

2. Assessment of target progress

Target 1. Reduce infant mortality from 18.5 (per 1,000 live births) in 2006 to 16.3 in 2010 and 13.2 in 2015.

The implementation, starting in 2008, of the new methodology of defining alive births has, as expected, increased the rate of infant mortality for that year, which reached 12.2 cases for each 1,000 born alive, compared with 11.3 cases in 2007. At the same time, compared with 2000, when infant mortality constituted 21.7 for each 1,000 born alive, the situation in 2008 has improved considerably (see Chart 10). These results place the Republic of Moldova at top of the ranking for reducing the neonatal mortality rate.22 In spite of the fact that the Republic of Moldova switched to the WHO definition of the live birth only in 2008, the monitoring of perinatal mortality for children weighing up to 500 grams was first implemented in 2000. At the same time, it is necessary to mention the fact that the value of this indicator in the year which served as the base for

22 The results of the Study have been published in the series of materials “Neonatal Survival” in the Lancet journal (March, 2005). The situation in the Republic of Moldova has been examined as part of a study analyzing neonatal mortality conducted by the Working Group Belagio concerning the situation in 74 countries as part of the group of countries with low or medium income. The obtained results of the Study suggest that only six of the countries included in the study have managed to reduce neonatal mortality in the past few years, the Republic of Moldova being one of them.
establishing the targets (2006) was 18.5 cases for each 1,000 born alive. This number is superior in net terms to the one obtained as a consequence of the monitoring conducted by the Ministry of Health for the respective year – 13.9 cases for each 1,000 born alive.

This particular discrepancy can be explained by the fact that in 2007, while the targets for infant mortality rate were under revision, the assumption was made that the data obtained as a result of the monitoring conducted by the Ministry of Health was undervalued, since medical institutions across the country were offering only partial data regarding the numbers of deaths among children. This assumption led the Ministry of Health to adjust the respective indicator, by increasing it to a value that seemed more realistic at the time. Later on, however, with the introduction of a new methodology for estimating that indicator and after obtaining in the end the new real numbers regarding the evolution of the mortality rate for children, it was concluded that the assumption regarding the underestimation of the data was faulty and that the data offered by the medical institutions was correct.

In this context, since the value of the infant mortality rate for the base year (2006) was overestimated, the targets for the years 2010 and 2015 were therefore underestimated. To explain, since the corrected infant mortality rate for 2006 was 13.9 cases and not 18.5 cases for each 1,000 live birth, as believed previously, and in 2008 it actually constituted 12.2 cases for each 1,000 live birth, the targeted rates for the years 2010 and 2015 of 16.3 and respectively 13.2 cases for each 1,000 born alive were not good targets since they had already been achieved. In the new context, the Ministry of Health should commit to maintaining the infant death rate at those low levels already achieved, preventing them from going up again in the medium or the long term.

Initially, the mortality rate in the case of male infants was higher than in the case of female infants, a finding that can be explained by the fact that fewer girls were born each year than boys – in 2006 for example of the total number of live births, 48.3 per cent were girls. The mortality rates for the two genders equalled out in 2007, both reaching the value of 11.3. Further on, in 2008 the mortality rate for female infants in the urban environment increased compared to the same indicator for 2007, constituting 10 cases for each 1,000 live birth (compared with 9.4 cases in 2007 and 11.7 cases in 2006). The mortality rate for male infants in the urban environment remains higher, with 12.3 cases for each 1,000 live birth. In the case of the rural environment, the mortality rates for both female and male infants are higher than the respective indicators for the urban environment. Just as in the case of the urban environment, in rural areas the mortality rate for male infants is higher than the one for female infants, reaching the level of 13.1 cases for 1,000 born alive in 2008, as opposed to 12.4 cases for each 1,000 born alive for female infants.

There are various factors that shift or influence the infant mortality rate. Among those that continuing to be important are: the factors connected to some diseases of perinatal origin (37.6 per cent), congenital malformations (32.1 per cent), and diseases of the respiratory tract (14.4 per cent). The rate of infectious diseases has a falling tendency, currently at 2.3 per cent, while the rate of traumatic injuries and poisonings appears to have stabilized, representing 7.4 per cent (all data is for 2008). Thus, the biggest problems are linked to the health of the mother and the infant during the pregnancy period. It can be concluded that insufficient monitoring of pregnant women, partly as a result of these women’s migratory life-styles, represents one of the principal causes of mortality among children up to one year old.

**Target 2. Reduce the under-5 mortality rate from 20.7 (per 1,000 live births) in 2006 to 18.6 in 2010 and 15.3 in 2015.**

As with the previous indicator, using the new methodology for defining newborns has resulted in an insignificant increase in the 2008 mortality rate of children aged up to 5 years old which constituted
14.4 cases for each 1,000 born alive, compared to 14.04 such cases in 2007 and 14.0 cases in 2006. At the same time, compared to 2000 (23.2 cases), the mortality rate of children aged up to 5 years old has decreased considerably (see Graph 11).

On the other hand, just as has happened in the case of infant mortality, the data available for 2006 regarding the mortality rate of children aged up to 5 years old, which were used as a basis for establishing future targets, were overestimated, which led to the setting of targets with very high values. In reality, the mortality rate of children aged up to 5 years old was at the level of 14 cases for each 1,000 live birth in 2006 and not 20.7 cases for each 1,000 life birth, as initially believed. Thus, taking the adjusted data into consideration, the initial targets for the years 2010 and 2015 have already been achieved. Therefore, just as was the case with the previous goal, the current state strongly suggests it would be worth considering the option of maintaining the indicator at its existing level and coming up with a mechanism for preventing its increase and even aiming at its further gradual reduction.

The factors that shift and influence the mortality rate for children aged up to five years old are similar to those that largely influence the infant mortality rate. Thus, in this case, perinatal period disorders (31.7 per cent) continue to prevail, as do congenital malformations (30.3% per cent, diseases of the respiratory tract (13.7 per cent) and traumatic injuries and poisonings (11.7 per cent). The proportion of deaths in children aged up to 5 years old has a decreasing tendency and stands 3.4 per cent. Gender-wise, the analysis suggests similar conclusions to the analysis in the case of infant mortality: the mortality rate of male children aged up to five years old is higher than the same indicator for female children, both in rural and urban environments.

**Target 3.** Maintain the proportion of children under two vaccinated against measles at at least at 96 per cent by 2010 and 2015.

Even though public authorities, with the support of the country’s development partners, can control the process of vaccinating the population, the actual decision regarding vaccination is in practice at the discretion of parents. For these reasons, the share of children aged up to two years old vaccinated against measles is decreasing. In such a way, in 2008, the vaccination coverage against measles had reached the level of 94.4 per cent, registering a decrease of 0.3 percentage points compared to the indicator obtained in 2007 (94.7 per cent). Nevertheless, regardless of the fact that the share of children aged up to two years old who have been vaccinated against measles is falling, the World Health Organization places the Republic of Moldova at the top in the ranking of countries according to their degree of vaccination against measles. At the same time, as far as the level of coverage of

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23 Law no. 10-XVI from February 3, 2009 regarding the state overseeing of public health.
vaccination against measles is concerned, based on other sources, Moldova continues to hold the top position, alongside other countries like Monaco, Hungary, Slovakia, Ukraine and others.\textsuperscript{24}

Given the fact that the share of children vaccinated against measles is falling, it might happen that the target set for 2010 will not be met. Reaching the final target set for 2015 depends largely on the degree of implementation of the National Vaccination Programs and the increase in the degree of awareness of the beneficial effects of vaccinating children against measles.

3. The impact of policies on child mortality rates

Based on the International Pact on Civic and Political Rights\textsuperscript{25} and the Convention on Children Rights\textsuperscript{26}, the countries of the world are responsible for taking all the possible measures for reducing child mortality rates and increasing life expectancy, especially by adopting measures that eliminate malnutrition and epidemics. These measures are part of respecting the above-mentioned standards regarding the right to life and the right to health.

The Republic of Moldova respects these commitments and implements efforts for successfully achieving the Millennium Development Goals in the context of reducing child mortality rates. The positive results reflected in the dynamics of child health indications (with the exception of 2008, when the rates increased) are owed to the implementation of the National Perinatalogy Program (1998-2008) which was set up on the basis of the World Health Organization’s “Maternity without Risk” Programme, the National Healthcare Policy, the National Vaccination Programmes, the Branch Program on “Integrated Behaviour of Children Illnesses”, the Healthcare System Development Strategy for the period 2008-2017 and the National Development Strategy 2008-2011.

By means of these public policy documents, a number of measures have been implemented which have allowed to the indicators to reach the levels targeted in the Millennium Development Goals. These include the regionalization of perinatal medical assistance, a measure which permitted an adequate sorting of pregnant women and newborns, as well as implementing \textit{in vitro transportation}. In the last few years the optimization of the functioning of the regionalized system was ensured due to its strengthening with an ambulance especially equipped for transporting newborns. At the same time, national policies in the field of perinatal medical assistance have been developed and subsequently updated and a national system of monitoring and observation of perinatal medical assistance has been established. Supplementary to all of these, obstetrician-gynecologists, midwives, medical assistants and family doctors have been properly trained on both the theoretical and practical aspects of providing qualified perinatal medical assistance, a measure that has contributed to improved care during the pregnancy period, and better assistance to newborns, all based on modern technologies and the measures proposed by the World Health Organization. Efforts have also been undertaken to integrate perinatal medical assistance into the family and the community.

At the same time, the Republic of Moldova is the only country in the CIS and in the region which began implementing confidential auditing of the perinatal foetuses/newborns weighing 2,500 grams or more in 2006. The decision to implement this measure was triggered by the high incidence of perinatal deceases among such children. During three years implementing this audit, the percentage of children with normal weight at birth among from the number of deceased has fallen from 52 per

\textsuperscript{24} Source: NationMaster – world-wide database with data gathered from sources like the UN, OCDE, the Central Intelligence Agency.
\textsuperscript{26} Convention regarding the Rights of the Child, ratified by the Republic of Moldova through the Decision of the Parliament no.408-XII from 12.12.1990 which came into force on 25.02.1993.
cent (2005) to 46 per cent (2008).

The support of the country’s development partners in this regard is considerable. Over the last three years modern technologies of care and treatment have been introduced in the field of obstetric and neonatal assistance, all of this being possible thanks to the aid in the form of equipment obtained from the Government of Japan, Switzerland, the European Bank for Reconstruction and Development, and UNICEF. Perinatal centres at various levels throughout the country have been endowed with medical equipment of the necessary quality level. With the support of UNICEF and the Swiss Agency for Development and Cooperation (SDC), the Integrated Conduct of Child Diseases (ICCD) Program has been successfully implemented, a measure which would lead to medical staff in the primary care field achieving higher levels of knowledge and practical skills in regards to the behaviour of children ill with acute viral respiratory infections (AVRI), pneumonia and diarrheic diseases. Concerning the measles vaccination, UNICEF, with financial support from the World Bank, has offered on repeated occasions the necessary vaccines for preventing measles, mumps, and rubella.

Concurrently, through its Vaccination Program, the Republic of Moldova aims to support the achievement of the objectives for reducing infant mortality by implementing the Hib vaccine from 2009 onward. This vaccine is meant to prevent meningitis and severe pneumonias. It is also planned that, starting with 2012, the vaccine against pneumococcal infections will be introduced, contributing to a reduction in the morbidity and mortality caused by pneumonias and bacterial meningitis. In this context, the support of the country’s development partners is crucial, especially against the background of the economic crisis in the Republic of Moldova, which has led to a dramatic fall in budget revenues and, as a consequence, to a fall in public spending, including in the sphere of healthcare.
Box 8. The importance of vaccination and the consequences of non-vaccination

There are medical historians who claim that the decline of diseases is due not to vaccines but rather to improved living conditions. Water consumed is cleaner and sewage systems are more advanced. The nutrition of the population is of a higher quality and poverty is declining. According to them, the vaccines contain various viruses which were used to produce the vaccine and there is never a guarantee that a vaccine does not contain other elements on top of those mentioned in the prospectus. This alternative opinion regarding vaccination leads more and more parents to refuse vaccination for their children. Nevertheless, the Ministry of Health’s position is that these opinions do not serve as justifying grounds for refusing vaccination and refusal should be a choice only in the cases when the vaccines are advised against by doctors.

In spite of the Ministry of Health’s efforts with the help of the country’s development partners, the abuse of excluding children from vaccination without a good reason continues, as a result of which some children do not get vaccinated when they are at an age where the risk of catching the illnesses in question is at its highest. For years in row the Transnistria region has had the lowest level of vaccination coverage, even below the risk level. A comparative analysis of the number of postvaccine adverse reactions (PAR) shows that 64 cases were registered in 2008 (in 2007 there were 54 such cases).

Vaccinations and prophylactic and anti-epidemic measures that have been carried out have made it possible to maintain a favorable epidemic situation in 2008. No cases of poliomyelitis induced by the wild virus or vaccine-associated viruses, tetanus and neonatal tetanus, congenital rubella, diphtheria, measles, co-super infection with viral hepatitis D which would infect children were registered. The number of cases of children infected by viral hepatitis B fell to three cases (in 2007 there were 19 such cases), by rubella to 1 case (three in 2007). The morbidity caused by pertussis was also kept at a low level.

Throughout 2008, the country has confronted an intensive mumps epidemic which started in October 2007. Throughout 2008 the total number of registered cases of mumps was 29,783 (including for the period January-July, when there were 29,430 cases), and the incidence reached the level of 709 cases for each 100,000 citizens, thus reaching a record level for the entire period of observation, including the pre-vaccination period. Conducting a massive vaccination campaign during March-May 2008 during which 322,025 (73 per cent) of people from the risk group were vaccinated has made it possible to take control over mumps, with morbidity returning to the level of August 2007.

Should vaccination end, the epidemic situation in the country will gradually return to its state during the pre-vaccination period. Over the first five years, the incidence of pertussis will rise to 15-20 cases for each 100,000 citizens, and measles and mumps to 150 - 200/100, diphtheria - diphtheria - 2-3/1000, viral hepatitis B to 0.3-0.5 cases for every 1,000 children aged up to three years old. On top of that, cases of polio induced by wild polio viruses and generalized forms of tuberculosis will appear. Within 10-20 years, some of the infectious diseases will gain an epidemic spread similar to those of the 1950s. On average, 235 cases of people sick with polo will be recorded each year, of whom 12 will die while 120 will be disabled for life; 850 sick people with diphtheria, of which 40 will die; 230 sick people with tetanus, of which 110-120 will die; 13,160 sick people with pertussis; 37,600 people sick with measles. The general incidence of hepatitis B will reach again the levels of 60-70 cases for each 100,000 citizens.

A situation which occurred in the country during the years 1992-1995 can serve as a real-life example of what happened when a lack of financial resources for procuring the vaccines and the syringes combined with political and the economic crises to lower level of vaccination coverage, leading to an epidemic spread of contagious diseases. During the years 1994-1996, the diphtheria epidemic was spreading. The number of people registered sick with it was 888, of which 46 (5.2 per cent) died. The epidemic was contained only thanks to international humanitarian assistance. The World Health Organization, UNICEF, the European Commission, the Governments of USA and Japan have allocated vaccines, syringes, antibiotics, anti-diphtheric serum and other resources, with a total estimated value of US$3.5 million.

Source: National Scientific-Practical Center for Preventive Medicine, 2009

4. Conclusions and recommendations

Generally speaking, the fall in the rate of infant mortality and the mortality of children aged up to five years old during the period 2000-2007 is largely due to increased access and the improved
quality of the medical services offered to mothers and children. As a result of the introduction of a minimum package of health insurance in 2003 and of mandatory health insurance in 2004, free-of-charge access to medical assistance and to compensated medications for pregnant women and for children was facilitated. At the same time, an increase in some of the indicators was noted in 2008 due to the introduction of a new methodology for defining live birth, a methodology recommended by the World Health Organization.

Although the education/training of specialists and their endowment with the modern medical equipment of maternity hospitals has directly contributed to the obtaining of such results as reducing the infant mortality rate, a lack of qualified staff continues to represent a significant problem for the healthcare system. Thus, even though the employee salary level in the healthcare system is continuously rising, the remuneration level is not sufficient to attract and retain qualified medical staff for the healthcare system27.

Although at the national level the infant mortality level was reduced, the situation is different at the level of different localities. Thus, for example, in 2008, the lowest levels of infant mortality were registered in the rayons of Ocnița (3.9‰), Donduseni (5.1‰), Cahul and Criuleni (each 8.1‰), while the highest levels were in the rayons Rezina (30.1‰), Stefan Voda (19.0‰), Falesti, Edinet and Cantemir (approximately 16% each)28. The rayon-based discrepancies are explained by the differences in the quality of the delivered medical services in the rural and urban environments, including among different localities in the rural areas, the uneven distribution of financial resources, qualified specialists and endowment with medical equipment. The indicator of family doctors for rural environments is ten times smaller than the respective indicator for urban areas, while 15 per cent of localities do not even have a family doctor29.

Based on the previously presented data, the major causes of mortality among children aged up to 5 years old are disorders of perinatal origin, congenital malformations, diseases of the respiratory tract and traumatic injuries and poisonings. Even though some progress has been registered, especially in the area of reducing the number of deaths caused by infectious diseases, there still are many disorders which could have been prevented and treated. The high rate of children mortality at home (20 per cent) is due to some causes which could have been avoided and is explained by the low level of knowledge of parents regarding childrearing and childcare, as well as their inability to recognize danger signals which require urgent medical assistance.

Methods for preventing infant mortality and strengthening child health are not limited to the assistance offered by the healthcare system. A culture of childrearing and respect for high hygienic standards are both play a very important role in preventing the various illnesses that affect children. Breastfeeding has a very important role in this context30. Although the number of breastfed children has grown, from 86.2 per cent in 2000 to 93.0 per cent in 2006, only in 45.5 per cent of cases was the child fed only maternal milk and the duration of the natural feeding remained short. An interview-based study approximately 4,000 mothers as part of an evaluation study of the National Perinatal Program at the end of the period (2008) regarding their experiences of breastfeeding their children showed the following frequency during the first year of age: up to the third month 88.4 per cent of children were breastfed, up to the sixth month – 72.3 per cent, up to the ninth month – 62 per cent, throughout the first year – 40.4 per cent. Further on, already in the period of 12-15 months of

27 „Women and men in the Republic of Moldova“, NSB, Chișinău 2008. The average salary for a medical assistant is 1,250 lei and for a doctor 2,083 lei.
28 Demographic situation in the Republic of Moldova in the 2008, NSB, 03.06.2009.
30 Based on the estimates of the World Health Organization, if 90 per cent of all mothers worldwide would breastfeed their babies during the first six months after birth then 13 per cent of the 10 million children aged up to five years old who die yearly prematurely could be saved.
age the majority of the children (59 per cent) are no longer breastfed, and at the age of 20-23 months almost all children are weaned. Although the average is high, more than 47.8 per cent of mothers do not practice natural feeding exclusively and introduce complementary feeding already at the age of 2-3 months, thus depriving the child of important advantages for her/his health.\footnote{Demographic and Health Study in the Republic of Moldova, 2006.}

In the context of reducing child mortality, certain measures are necessary which can be implemented by the Government with the support of the country’s development partners. In this regard, the most important recommendations are the following:

- Continuously strengthen perinatal and pediatric services by applying modern care and treatment methods derived from evidence-based medicine;
- Continuously strengthen the technical-material basis of medical institutions, including by endowing them with medical equipment;
- Prevent and diagnose congenital malformations early;
- Continuously improve the system of definitions and indicators for perinatal medical assistance, as well as the system of instruments for evaluating perinatal services, continuously train the specialists and staff involved and improve data collection and processing;
- Continuously train service providers in the priority areas, such as evidence-based medicine, basic care in obstetrics, paediatrics and neonatology, prevention of the transmittal of the HIV virus from the mother to the foetus, quality management systems;
- Develop integrated services for children from socially-vulnerable families;
- Increase access to primary medical assistance, especially in rural areas;
- Guarantee the inclusion of young and vulnerable families in the system of social assistance;
- Raise awareness of families and communities regarding danger signs and the health of the child, childcare and childrearing;
- Regionalize the pediatric medical assistance service.
1. Introduction

Taking into account the direct and close correlation between the general health of the population, and child health in particular, and the reproductive function of women, increased attention paid to the health of the woman, of the mother, is fully justified. Only a healthy child can give birth to a healthy child and, implicitly, only a healthy child can later become a healthy mother. Maternal mortality is one of the most sensitive and crucial indicators of reproductive health and the Government pays it great attention makes serious efforts to diminish maternal mortality by means of the Millennium Development Goals. Although the number of maternal deaths in the Republic of Moldova is small both in absolute terms and compared to other countries, even more developed ones, the recent rising trend for this indicator arouses concerns. The economic crisis, coupled with the pandemics which have recently gained momentum both worldwide and in the Republic of Moldova as well, endanger not just the achieving of the Millennium Development Goals targets in the context of maternal mortality, but also makes possible scenarios that would imply an alarming level for maternal mortality.

2. General Tendencies

Maternal mortality did not undergo a linear evolution over recent years, although it has fallen significantly compared to the situation in the last decade of the twentieth century. Thus, maternal mortality has fallen from 55.2 cases for each 100,000 babies born alive in 1990 to 27.1 cases for each 100,000 babies born alive in 2000. After a considerable increase in maternal mortality in 2001 (43.9 cases for each 100,000 babies born alive), this indicator has declined, reaching the level of 32.

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Box 9. Modifying the targets regarding the improvement of maternal health in the context of MDG

Although the evolution of maternal mortality over recent years has been homogenous, the intermediate target set for 2006 has been successfully achieved. This has led the Government to reconsider in 2007 the MDG intermediary target for 2010, thus lowering it from 21 cases for each 100,000 babies born alive to 15.5 cases for each 100,000 babies born alive. At the same time, the final target for the year 2015 in the context of maternal mortality has remained unchanged at the level of 13.3 cases for each 100,000 babies born alive, this due to the fact that achieving more ambitious targets requires the investment of enormous resources in medical institutions (endowing them with equipment, modern medical technologies, etc.) which the Government cannot afford to commit.

As far as the second target which refers to assisting births by qualified medical staff, it was considered practically impossible to ensure that 100 per cent of births be assisted by qualified medical staff because there will always be exogenous factors which do not depend on policies and actions undertaken by the Government or the medical institutions, and which will impede achieving this target. In this context, it was decided that the targets for the years 2010 and 2015 should be maintained at the level of 99 per cent, the focus being placed on rural areas where this indicator is lower than in urban areas.

In the Republic of Moldova, the maternal mortality indicator is very well established and is in line with the definition and the methodology proposed by the World Health Organization. Based on the definition, a maternal death is defined as the death of a woman during pregnancy or in the period of up to 42 days following the completion of the pregnancy, for any reason associated with, or aggravated by the pregnancy or its handling, but not caused by traumas or poisonings.
15.8 cases for each 100,000 babies born alive in 2007. However, in 2008 a significant increase in maternal mortality was registered, going up to the level of 38.4 cases for each 100,000 babies born alive and thus exceeding by significant margin the values registered in previous years.

As far as births which are assisted by qualified medical staff are concerned, their number remains quite high. In 2000 the percentage of women assisted at childbirth by qualified medical staff was 98.3 per cent, which represents a significant achievement for a country in the process of transition like the Republic of Moldova. Subsequently this indicator, though its evolution has not been entirely linear, has never dropped below 99 per cent.

3. Assessment of target progress

**Target 1.** Reduce the maternal mortality rate from 28 (per 100,000 live births) in 2002 to 15.5 in 2010 and 13.3 in 2015.

For the first time in the last five years, the maternal mortality rate rose in 2008. Thus, in 2008 the maternal mortality rate rose to 38.4 cases for each 100,000 babies born alive, compared to 15.8 cases for each 100,000 babies born alive in 2007 (see Graph 12). Although this level of the maternal mortality rate arouses concerns, in absolute terms this indicator is not very high. Thus, in absolute terms, seven cases of maternal mortality were recorded in 2005 as opposed to six such cases in both 2006 and 2007. In 2008, 15 cases of maternal mortality were recorded, of which 11 were among inhabitants of rural areas and four from the urban areas. Of these 15, eight women were under primary medical surveillance during their pregnancy, while seven were not, due to their migrating life-style.

In the structure of maternal mortality for the year 2008, haemorrhages were the leading cause, accounting for 33 per cent of the cases. These were followed by late gestosis, septic states, tromboembolic cases, hepatic cirrhosis, each in 13 per cent of cases and one case of anaesthetic complication (7 per cent). Of the total number of cases of maternal mortality, in approximately 47 per cent of the deaths social origins were identified as a major problem, including such factors as a: migratory life-style in approximately 13 per cent of cases, women working abroad in 27 per cent, and patients not seeking medical help in 7 per cent.

At the same time, the rate of maternal mortality in the Republic of Moldova is influenced by a number of socio-medical problems, such as unemployment, women’s morbidity, abortions, etc. Labour environment conditions for pregnant women employed in the individual sector are not monitored at a satisfactory level. Often, women, especially teenaged women, are exploited for

Data of the Ministry of Health.
labour purposes in the most important period of their lives for developing and maturing the reproductive function, carrying out work that which endangers health, including lifting weights, low temperatures and high air humidity, with vibration and high dust concentrations, usage of herbicides and other toxic substances among the aggravating factors.

One of the causes of high maternal mortality could be not just women’s migration and the lack of modern medical practices in the rayon maternity centres, but also complications resulting from abortions. Although the number of abortions has fallen significantly – from 37,000 in 1997 to 14,000 in 2008, largely because of the implementation of certain measures in the areas of family planning, the complications resulting from abortions continue to represent one of the causes of the material deaths\textsuperscript{34}. The low quality of abortion services continues to persist, as well as a high rate of complications resulting from abortions and a high rate of maternal mortality resulting from the cease of pregnancy. In the period 1996-2005 the quota of abortion complications among the causes of maternal mortality represented 30.3 per cent. Although the quota of abortion complications among the causes of maternal mortality has decreased from 8.23 in 2001 to 2.6 for each 100,000 babies born alive in 2008, the problem did not completely disappear. It is worth mentioning that the number of abortions presented in the official statistics does not reflect the real number of ceased pregnancies, this because a large part of abortions are not being registered and many women of reproductive age are working abroad and become pregnant there, consequently either ceasing the pregnancy or giving birth\textsuperscript{35}.

This relatively high number of abortions serves as yet another proof that there is an unsatisfied need for high quality contraception accessible for all groups of population. This highlights once again the need to implement modern methods of family planning and to improve health education in high-school. Both the lack of access to information on family planning and the inability to use contraceptives lead to the increase in the number of unwanted pregnancies. It is very important that both women and men possess the knowledge relating to traditional and modern contraceptive methods because abortion is used as a method of controlling fertility due to the insufficient level of information and inadequate access to contraceptive means. Regretfully, the studies conducted in the country do not offer data on the level of knowledge among men. At the same time, it is necessary to mention that in the Republic of Moldova, 15 per cent of men consider that only the woman is responsible for dealing with the problem of contraception\textsuperscript{36}.

\textsuperscript{34} In 1997 for every 100 newborns 75.2 abortions were registered. By 2008 this indicator had fallen to the level of 36.2. The share of interrupted pregnancies in the age group 15-19 years is more or less constant over the past 10 years, representing 10 per cent of the total number of abortions.

\textsuperscript{35} The green book of the population, 2009.

\textsuperscript{36} Ibidem.
As far as the current use of contraception methods among women aged 15-49 years is concerned, the distribution is as follows: intra-uterine devices (IUD) – 17.7 per cent (among married women from the same age group – 25 per cent); condom – 7 per cent (in the group of sexually active unmarried women – 28.5 per cent and in the group of sexually active teenagers – 48.2 per cent); female sterilization – 3.4 per cent (4.7% among married women); the pill – 2.8 per cent (6.1% among sexually active unmarried women); interrupted coitus – 13.9 per cent; periodic abstinence – 2.5 per cent; other methods – 4 per cent; do not use contraception methods – 50.2 per cent of the total number of women aged 15-49 years. There are no significant differences regarding the usage of contraceptives by married women from urban and rural areas (67-68 per cent), women in the urban areas use modern methods more frequently (48 per cent and 41 per cent respectively) and vice-versa, women in the rural areas use more frequently traditional methods of contraception (27 per cent versus 19 per cent in urban areas). The usage of contraception increases with higher levels of education of women (72 per cent among women with higher education degrees and 65 per cent among women with secondary level education degrees). It can also be observed that contraception use increases as the number of children in the family increases (36 per cent among married women without children and 74 per cent among married women who have 3-4 children).

Box 10. Situation regarding abortions in the Republic of Moldova

Abortion in the Republic of Moldova was legalized in 1955. From the sixties to the nineties abortion had the status of an essential method of birth control. The share of interrupted pregnancies among women aged 15-19 years (based on the official statistics) has been more or less constant over the last 10 years, representing 10 per cent of the total number of abortions among women of reproductive age (data from the Ministry of Health, the National Health Management Center). This phenomenon was tolerated because of a lack of access to modern methods of contraception and a low level of knowledge of the population regarding family planning.

Official statistics do not offer any data regarding the number of cases of complications resulting from unsafe abortions and the number of hospitalizations caused by unsafe abortions (for each 1,000 women) and, in fact, until the present moment, notions of safe and unsafe abortions are not in use. Even the existing legislative and normative acts do not include the notions of safe abortion and unsafe abortion (with the exception of the National Strategy for Reproductive Health).

The phenomenon of unregistered abortions persists in the country. It is considered that the reason for not registering abortions is that these represent a source of income for the providers of pregnancy interruption services (Strategic Evaluation of Aspects of Policy, Quality and Access to Contraception and Abortion Services in the Republic of Moldova, Chisinau, 2006). Even though the legislation on abortions in the Republic of Moldova is one of the most liberal in the world, for reason of social, economic and educational nature the phenomenon of illegal abortions persists. The number of illegal abortions from the total number of abortions represents 0.1 per cent (data from the Ministry of Health, the National Health Management Center). It is also worth mentioning that no studies have been conducted regarding the reproduction health service providers’ degree of knowledge and correct understanding of the legal status of abortion.

Teenage women who are younger than 18 years cannot benefit confidentially from abortion services. Currently, the consent of parents or of a close relative is still a mandatory part of the process. This situation sometimes forces them to make unofficial payments, at times quite substantial ones. On other occasions these women seek illegal abortions. Pregnancy in the case of teenage women represents a serious public health problem and it often occurs because of teenagers’ lack of information about the methods of contraception and the availability of contraception free of charge or for a reduced price. Pregnancy in the case of teenage women in most cases is ended by abortion which is often not carried out in safe conditions, thus putting at risk their health and sometimes even their lives. As far as the age at which teenage woman may decide independently on terminating the pregnancy (without parental consent), there are no unanimous opinions. The current legislation establishes this age at 18 years.

Source: Strategic evaluation of aspects referring to policies, quality and access to contraception and abortion services in the Republic of Moldova, Chisinau, 2006, data from the Ministry of Health, National Center for Health Management
Anaemia is also one of the causes of complications during pregnancy and childbirth. Although the incidence of anaemia among pregnant women fell from 48.1 per cent in 2000 to 40.9 per cent in 2008, the level remains high and arouses concerns, because the probability of spontaneous abortion among anaemic pregnant women is very high. At the same time, it is worth mentioning that practically all women who are taken under evidence are tested for anaemia (100 per cent). The mandatory health insurance assistance procedures provide that pregnant women be provided as outpatients with medications containing iron and folic acid which are fully subsidised. In spite of this, the level of anaemia incidences has not dropped significantly, which means that other actions aimed at reducing the incidence of anaemia should be taken into consideration, such as enriching flour with iron and folic acid.

The uneven evolution of the maternal mortality rate does not allow us to predict the tendencies and the dynamics of this indicator in the future. The level which was attained in the Republic of Moldova in 2008, the targets set for 2015, and especially for 2010, do not seem to be reachable. The situation may get worse in coming years due to the pandemics which are making victims of pregnant women increasingly frequently. If this situation persists in coming years, the intermediary target set for 2010 will not be achieved. Achieving the target set for 2015 depends to a great extent on the continuous financing of this area of health protection so as to strengthen the measures of taking under evidence and of early detection of pregnant women susceptible to the risk of mortality.

At the same time, in 2007, upon the revision on the international level of the Millennium Development Goals, the following indicators have been included in the monitoring system: (1) rate of prevalence of contraceptives; (2) teenage birth rate; (3) coverage with pre-natal assistance; (4) unmet demand for family planning. Taking into account the importance of maternity mortality prevention measures, the analysis of these indicators falls successfully into the targets which the Republic of Moldova has established in the context of this goal. Therefore, including these indicators in the system of monitoring maternal mortality could contribute to the formulation of more coherent and better directed policies for preventing maternal mortality. This adjustment is in line with the recommendations of the UN Committee on Women’s Rights which refer to the concentration of increased efforts on the issue of improving reproductive health among women. In particular, the Committee has requested that the Government increase the levels of availability, acceptance and use of modern contraception methods, so as to eliminate the use of abortion as a method of family planning.

**Target 2. Maintain the number of births assisted by qualified medical staff during 2010 and 2015 at 99 per cent.**

The indicator regarding the “number of birth deliveries assisted by qualified medical staff” does not offer only information regarding the real number of births assisted by qualified medical staff, but also serves as an alternative qualitative indicator which denotes the access of population to health services. In 2008, similarly to 2007, this indicator was at the level of 99.5 per cent. Maintaining the rate of births assisted by qualified medical staff at this high level suggests that the targets set for the years 2010 and 2015 will be successfully achieved, should the financial resources necessary for protecting the health of the mother and of the child be consistently secured.

Regarding the infrastructure of medical assistance services, it can be concluded that its availability

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38 Based on the data of the Ministry of Health for the year 2009, one quarter of the total number of deceased pregnant women were sick with the pandemic flu. In the first three weeks of 2010, four women died due to the pandemic flu.

39 The recommendations of the Committee on eliminating the discrimination towards women: Republic of Moldova, CEDAW /C/MDA/CO/3, August 2006.
and accessibility are much lower in the rural areas. Moreover, the number of persons who do not possess mandatory medical insurance is higher in the rural areas (27.3 per cent for the rural population and 19.9 per cent for the urban population). At the same time, every third person that does not have mandatory medical insurance is part of the poorest one-fifth of the population.

4. The impact of policies on improving maternal health

The results which the Republic of Moldova has registered during recent years in the context of reducing maternal mortality are largely the product of the public policies implemented, including with the support of the country’s development partners. It is necessary to mention that currently there are national programs and strategies which include the problem of maternal and neo-natal health, as well as the problem of access to services during pregnancy, childbirth and postpartum periods. The maternity protection measures are included in the Law on Health Care\textsuperscript{40}, as well as in the Law on the protection of reproductive health and family planning\textsuperscript{41}, but also in other general legislative acts, mainly dealing with labour and social security issues.

The National Programme on “Strengthening perinatal medical assistance in the Republic of Moldova” for the period 1998-2002, which aimed at reducing perinatal and early neonatal mortality, creating a regionalized system of neonatal medical assistance and implementing the technologies promoted by the World Health Organization at all the levels of perinatal medical assistance, was carried out successfully\textsuperscript{42}. The Programme on “Promoting high quality perinatal services” (2003-2006) has continued the efforts of the previous programme, also focusing on perinatology, general medicine, reproductive health and family planning services\textsuperscript{43}. The objectives of the Programme were the creation of the necessary sanitary conditions in maternity wards throughout the country, endowing the perinatal centres with the necessary medical equipment, creating a system of regionalization of perinatal medical assistance and of dividing childbirths into three different levels and instructing the medical staff, with a focus on individual care, on diminishing polipragmasia, reducing the use of medical drugs during pregnancies, partnership in pregnancies, etc.

A set of long term measures, aimed at substantially improving reproductive and maternal health in the country was unveiled in the National Strategy regarding reproductive health for the years 2005-2015\textsuperscript{44}. It is necessary to mention that one of the general objectives of the Strategy is to reduce maternal and perinatal morbidity and mortality by means of improving quality and increasing the access to medical services\textsuperscript{45}. At the same time, the National Health Policy of the Republic of Moldova 2007-2021 will ensure that all pregnant women, regardless of their ethnic origin, social and marital status, political and religious views, as well as the newborns will benefit from fair and free access in the established amount to high quality health services during pregnancy, childbirth and the postpartum period.

At the same time, although the number of abortions is decreasing, the UN Committee for Human Rights in its session of October 12-30, 2009, expressed its concerns regarding the fact that the use of abortions as a contraceptive measure is still widely practiced in the Republic of Moldova. In this context, the Committee notes that the inclusion in mandatory healthcare insurance of Intra-Uterine Devices and of long-acting contraceptives (Depo – Provera) for vulnerable groups is an important

\textsuperscript{40} Law on Healthcare nr.411 din 28.03.1995
\textsuperscript{41} Law on reproductive healthcare and family planning no. 185 from 24.05.2001
\textsuperscript{42} Approved by the Decision of the Government no. 1171 from December 18,1997 and the order of the Ministry of Health no.58 from 25.02.1998.
\textsuperscript{43} Approved by the order of the Ministry of Health and Social Protection no. 185 from 18.06.2003
\textsuperscript{44} Approved by the Decision of the Government no.913 from 26.08.2005.
\textsuperscript{45} National Reproduction Healthcare Strategy, approved by the Decision of the Government no. 913 from 26.08.2005
measure for reducing the rate of abortions in the country, but it is also one which needs to be continuously supplemented with measures to ensure the population, and especially vulnerable groups, have access to other modern contraceptives as well.

Sterilization is an irreversible process which halts reproduction. The Law no. 411 of 28.03.1995 regarding healthcare guarantees access to voluntary surgical sterilization. In accordance with the Law, voluntary surgical sterilization for women and for men can be carried out upon their desire or on the indications of the doctor with the written consent of the person only in public medical-sanitary units by persons holding corresponding medical degrees, in the case and in the manner prescribed by the Ministry of Health. At the same time, the Law of the Republic of Moldova no. 185-XV of May 24, 2001, “regarding reproductive healthcare and family planning” specifies that the surgical method of contraception is applied based on voluntary informed consent and that the mode of applying the surgical contraception method is established in a regulation approved by the Ministry of Health. It should be highlighted that this regulation refers only to female voluntary surgical sterilization, while there is no separate general regulation applying to both women and men regarding voluntary surgical sterilization.

Based on the Law regarding reproductive healthcare and family planning, women choosing the method of sterilization are mandatorily advised by the obstetrician-gynecologist. Based on the Order regarding voluntary feminine surgical sterilization, the surgical sterilization is carried out only with the consent and upon the written request of the woman based on the following indications: the existence of three or more children of her own; an age of 30 years and two living children of her own; age of 40 and a medical prescriptions. Based on the mentioned Order, confidentiality is guaranteed and for carrying out the surgical sterilization the consent and written request of the woman suffices and there is no need for consent of authorization from the husband.

On the institutional level, the Ministry of Health is responsible for implementing policies regarding reproductive health. In this context, 47 family planning surgeries were created which function as part of family doctor practices throughout the country. Nevertheless, access to family planning services is insufficient on its own because of the low level of information and limited access to free-of-charge contraceptives.

As far as the infrastructure of care for pregnant women is concerned, there are 38 maternity clinics in the Republic of Moldova which offer urgent obstetric care, this number representing 5.8 institutions for every 500,000 citizens. Taking into account the small territory of the Republic of Moldova and the sufficient number of institutions which ensure the needs of population in obstetric services, the distance to the closest institution of this kind does not exceed one hour. Nevertheless, it has to be noted that women in rural areas have reduced access to these institutions compared to women from urban areas, with the former also facing problems such as increased transportation costs at times. This conclusion does not refer to cases of urgent medical-surgical transportation which is offered as a service of urgent medical assistance and its infrastructure covers all the localities of the country with a maximum radius of 25 kilometres.

5. Conclusions and recommendations

The right to adequate health during pregnancy and at the moment of childbirth has been universally recognized in a few international juridical instruments, including in article 25 of the Universal Declaration of Human Rights regarding the right of mothers and their children to “care and special

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46 Order no. 370 of the Ministry of Health from 27.10.05 regarding the female voluntary surgical sterilization (Annex to the order of the Ministry of Healthcare and Social Protection no. 370 from 27.10.2005. INSTRUCTION regarding the usage of the female voluntary surgical sterilization).
assistance”. The International Pact on Civic and Political Rights guarantees the right to life, which includes the obligation to undertake positive measures in order to avoid mortality, while the International Pact regarding Social Economic and Cultural Rights provides in article 10 for the right of mothers to “special protection ... throughout a reasonable period before and after giving birth to children”. The Convention on the Elimination of all forms of Discrimination against Women in article 12 forbids discrimination against women in terms of their access to healthcare services and includes specific obligations for States regarding the “ensuring of adequate services for women related to pregnancy”.

The rate of maternal mortality reflects the efficacy of the healthcare system, as well as the access of women to medical assistance of high quality. In order to reduce maternal mortality and to achieve the proposed targets, it is necessary for the Republic of Moldova to undertake measures at the local and national levels for preventing cases of maternal mortality, including by improving medical assistance to the mother and the child, especially in rural areas.

In spite of having registered significant progress, the Government has yet to undertake measures for maintaining the low level of maternal mortality, especially in the light of the changes in trend in 2008 when maternal mortality reach an alarmingly high level. Maternal mortality, with its numerous implications and its complicated causality, represents a complex problem that is especially difficult to solve, but which can still be solved by decreasing poverty levels, reaching an adequate level of implementation of the protocols of monitoring and treating of the pregnant women, Thus, the Government should aim at ensuring that no woman dies while giving birth to another person.

Effective implementation of family planning reduces the number of unwanted pregnancies and unsafe abortions, prevents pregnancy-induced mortality and morbidity, decreases the incidence of sexually transmitted infections, including HIV/AIDS, protects the health of teenagers and is one of the most realistic and cost-efficient ways of improving the health and the well-being of women, men, the younger generation and the community in general. The purpose of family planning is to offer couples the possibility to decide freely and responsibly on the timing and the number of child births, while at the same time offering them the entire spectrum of harmless and efficient contraceptive methods.

In this context, the problems that are leading to the rise in maternal mortality must be addressed by the Government by means of implementing consistent measures, among which are:

- Developing a new target for the Republic of Moldova regarding reproductive health;
- Concentrating an increased efforts towards improving the reproductive health of women, especially by increasing the level of availability, acceptance and use of modern methods of contraception, so as to eliminate the use of abortions as a method of family planning;
- Strengthening the capacity of primary medical assistance in delivering high quality medical services provided for pregnancy at this level of medical assistance, including by means of introducing a mechanism of monitoring the standards of supervision of the pregnant woman and the training of the medical staff from the field of primary medicine on topics related to reproductive health;
- Improving the process of supervision of the evolution of the pregnancy by ensuring access to specialized medical services endowed with modern equipment and well trained medical staff, especially for women from rural areas and from disadvantaged families;
- Continuous improvement of the system of definitions and indicators for perinatal medical assistance and instruments for evaluating perinatal assistance, as well as continuous education/training for the medical staff involved in the collection and the processing of data;
- Continuing the training of perinatal service providers in priority areas, such as evidence-based medicine, essential care in obstetrics and neonatology, prevention of transmission of
the HIV infection from the mother to the foetus, overall quality management;

- Creation of mechanisms for the systematic collection of realistic information obtained from independent auditing of all cases of proximity of maternal decease at the level of institutions;
- Developing programs aimed at decreasing the number and occurrence of unwanted pregnancies by rationally using modern methods of contraception;
- Developing standards of quality which would correspond to international standards in the area of voluntary sterilization, while respecting the principle of “informed consent”.

Goal 6. Combat HIV/AIDS, tuberculosis and other diseases

1. Introduction

Combating socially-conditioned diseases, like HIV/AIDS and tuberculosis, is a priority for the Government in the context of maintaining good public health, being outlined as such in the commitments assumed in connection with the Millennium Development Goals. The HIV/AIDS pandemic continues to pose a real threat to mankind, causing moral, social and economic damages; incidence of HIV/AIDS is on the rise despite consistent efforts made by the Government, with the support of the country's development partners. The tuberculosis mortality rate, despite falling in 2008 for the first time in recent years, continues to pose a threat to the population of Moldova, especially in the context of the economic crisis, as the disease mainly affects socially vulnerable groups of people.

1. General tendencies

The first cases of HIV infections in Moldova were recorded in 1987. By 1995, there were 40 people carrying HIV, including 21 foreign citizens, who were expelled from the country under laws existing at that time. The epidemiological situation started worsening from 1996 onwards and in the early stages the epidemic was conditioned by injection drug users (IDU), who were spreading the virus through shared injection appliances. In the period from 1987 to 2008, 4,996 carrying HIV were officially registered in the country, including 3,461 cases on the western side of the Nistru River and 1,535 cases on the eastern side. Prevalence remains high in the territories located on the eastern side of the Nistru, in the municipalities of Balti and Chisinau, and in the districts of Glodeni, Basarabeasca, Singerei, Falesti, Causeni, Donduseni, Soroca, Stefan-Voda, Orhei and Hincesti.

Box 11. Revision of MDG targets on HIV/AIDS and tuberculosis

Although a series of measures were taken to combat HIV/AIDS and tuberculosis, the Republic of Moldova did not meet the intermediate targets, set forth in the MDG, to reduce HIV/AIDS incidence and TB-associated mortality by 2006. Moreover, the spread of these diseases developed at such a pace that the accomplishment of the targets set for 2010 and 2015 has become impossible. This has made it necessary to review the targets for 2007 and set more achievable values in this area.

At the same time, with the revision of the MDG in 2007, the name of this goal was changed to exclude malaria as a disease for which Moldova is to set medium-term and long-term goals. That change wasn't reflected in the initial MDG Report, as the measures carried out in recent years to prevent and combat malaria have led to the disappearance of local cases of this disease.

The spread of tuberculosis in the Republic of Moldova became epidemic in 1990s, amid a socioeconomic crisis and because of inadequate financing for the health care system, a shortage of anti-tuberculosis medicines in the period 1997-2000, migration, and increasing incidence of tuberculosis in penitentiaries. In the period from 2000 to 2004, the number of both newly and repeatedly diagnosed TB patients rose by 43 per cent, from 2,935 to 5,154, while the number of deaths caused by tuberculosis was 734 in 2000 and 726 in 2004. Although the incidence of tuberculosis fell in 2008, the epidemiological situation in Moldova will continue to be a challenge, as epidemiological indicators remain high.
2. Assessment of target progress

**Target 1.** Stabilize the spread of HIV/AIDS infection by 2015. Reduce HIV/AIDS incidence from 10 cases per 100,000 population in 2006 to 9.6 cases by 2010 and 8 cases by 2015.

In 2007, following an analysis of the progress towards the first preliminary set of targets for 2006, the target related to the reduction of HIV/AIDS incidence per 100,000 population was revised down to more than a half. In 2006 HIV/AIDS incidence stood at 14.7 cases, as opposed to the initial intermediary target of 4 cases per 100,000 population (see Chart 13). Starting from 2003, HIV/AIDS incidence has been on an upward trend and the years 2007-2008 that followed the revision of the targets were not an exception. Thus, in 2007 HIV/AIDS incidence climbed to 17.4 cases and then in 2008 to 19.4 cases per 100,000 population (see chart). Rather alarming in this respect is the situation in the Transnistrian region of the Republic of Moldova, bearing in mind that, if we disaggregate this indicator to highlight statistics for this region, in 2008 there were 63.86 cases per 100,000 population, as opposed to 12.56 cases per 100,000 population in regions located on the western side of the Nistru.

The analysis of the HIV infection cases registered in the last few years saw a rise in the share of persons infected through heterosexual intercourse (75.6 per cent in 2008 compared to 20.3 in 2001), concurrently with a reduction in the number of persons infected through drug injection (17.9 per cent in 2008 compared to 76.7 per cent in 2001) (see chart 3). In the context of high levels of migration, this phenomenon can determine the further development of the HIV epidemic in Moldova. Preliminary data included in a recent research indicated a higher probability of migrants having sexual contacts with occasional or commercial partners and low rates of regular condom use.

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**Table 3. HIV transmission routes in Moldova in the period 2001-2008**

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<td>76.72</td>
<td>138</td>
<td>54.54</td>
<td>228</td>
<td>42.77</td>
<td>222</td>
<td>30.37</td>
<td>135</td>
<td>17.85</td>
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<tr>
<td>Heterosexual sex</td>
<td>47</td>
<td>20.26</td>
<td>110</td>
<td>43.48</td>
<td>2</td>
<td>9.04</td>
<td>502</td>
<td>68.67</td>
<td>597</td>
<td>75.56</td>
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<tr>
<td>Homosexual sex</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>0.39</td>
<td>5</td>
<td>1.93</td>
<td>0</td>
<td>0.00</td>
<td>2</td>
<td>0.25</td>
</tr>
<tr>
<td>Perinatal trans.</td>
<td>0</td>
<td>0.00</td>
<td>4</td>
<td>1.58</td>
<td>1</td>
<td>0.38</td>
<td>7</td>
<td>0.95</td>
<td>18</td>
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</tr>
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<td>0</td>
<td>0.00</td>
<td>37</td>
<td>4.68</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>232</td>
<td>100.00</td>
<td>253</td>
<td>100.00</td>
<td>533</td>
<td>100.00</td>
<td>731</td>
<td>100.00</td>
<td>789</td>
<td>100.00</td>
</tr>
</tbody>
</table>

*Source: Ministry of Health*

HIV affects predominately young and fertile people and in the last few years a ‘feminization’ of the epidemic can be observed: while at the start of the epidemic most HIV-positive persons were males – 84.0 per cent, as compared to 16.0 per cent females, in recent years there has been a tendency for the share of females to increase. The tide turned in 2004, when, amid a relative rise in the number of infected males, the number of seropositive females increased steeply, altering significantly the male-female ratio registered over the previous years. One cause of the increase in the number of seropositive women could be the introduction of mandatory testing for pregnant women twice during pregnancy. A comparative analysis of the number of HIV infection cases by gender in the last few years demonstrates an evident upward trend of the number of infected women. It should be mentioned that in the meantime the number HIV infected men doubled, yet the number of seropositive women rose by four times. This can be considered a consequence of the reduction in the share of injecting drug users among the infected persons and the rise in the number of infections transmitted through heterosexual intercourse.

Female vulnerability is biologically determined, as the share of HIV transmission through penile-vaginal intercourse is ten times bigger from male to female than from female to male, but also determined by the patriarchal norms with respect to gender and social issues. Sexual norms within a family that predominate among the general populace indicate a higher susceptibility of women to HIV, as there is a perception that men have the right to more extended extramarital sexual relationships than women. Gender violence has a high prevalence in the Republic of Moldova, diminishing the power of women to negotiate issues like condom use in high-risk sexual relationships of permanently unfaithful husbands/partners. The power to negotiate condom use and condom availability is limited, especially in the case of women living in rural areas.  

With the change in the gender ratio, characterized by a higher share of infected women, HIV infection cases started to be registered among pregnant women and their number is increasing. During 2003-2007, the proportion of pregnant women tested for HIV during pregnancy rose from 96 per cent to 99.4 per cent, and HIV prevalence among them continued to rise: 0.1 per cent in 2005; 0.21 per cent in 2006; 0.23 per cent in 2007. The share of perinatal transmission remains low, constituting 1.15 per cent in all the registered cases, yet a recent assessment of the system employed

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49 Ibidem
50 Data of the National Center for Sanitary Management (unpublished report, 2008)
to prevent mother-to-fetus transmission has identified shortcomings and half-measures that could compromise its efficiency\textsuperscript{51}.

Considering the epidemiological situation and the development tendencies of HIV/AIDS in Moldova, it is very unlikely that in 2010 the intermediate target of 9.6 cases per 100,000 population will be achieved. Although more probable than in the case of the intermediary target for 2010, the final target for 2015, of 8 cases per 100,000 population, will be also a very difficult mission to accomplish.

**Target 2. Reduce HIV/AIDS incidence in the 15-24-year age group from 13.3 cases per 100,000 population in 2006 to 11.2 cases by 2010 and 11 cases by 2015.**

HIV/AIDS mainly affects persons of reproductive age, including the 15-24-year age group. As with the previous indicator, the intermediate target for 2006 with respect to HIV incidence in the age group 15-24 years was not accomplished either, registering a result almost three times worse than the desired value. That was also a reason for revising targets in 2007, from 4 to 4.2 cases per 100,000 population by 2010 and from 11.2 to 11 cases by 2015 (see Chart 14). However, unlike the combined HIV/AIDS incidence, the incidence of this disease in the 15-24-year age group decreased in 2008. It was 16.1 cases per 100,000 population, as compared to 21.2 cases in 2007 and 18.7 cases in 2006 (see chart). As in the case of the combined HIV/AIDS incidence, the incidence for the age group was higher on the eastern side of the Nistru.

The aggregated HIV knowledge indicator (knowledge of transmission methods and rejection of erroneous ideas about HIV) among youths demonstrates the danger of being complacent in interpreting the decreased incidence as a downward trend. It is difficult to make assessments about the success of the prevention interventions when only 40.8 per cent of the youths questioned answered all the answers constituting the knowledge indicator correctly; in the age group 15-19 years the knowledge level is lower (38.3 per cent) than in the age group 20-24 years (45.6 per cent), while in rural areas this level is reached only by 34.9 per cent compared to 49.3 per cent in urban areas\textsuperscript{52}.

Although in 2008 HIV/AIDS incidence among the 15-24-year age group fell, this is not enough to affirm that the accomplishment of the intermediate target for 2010 is possible, inasmuch as the development of this indicator is not uniform and it may be that, despite the authorities’ efforts to control and prevent the disease, the HIV/AIDS incidence among this age category will rise again. It is thus even more difficult to predict the attainability of the final target for 2015.


**Target 3.** *Halt and begin to reduce tuberculosis by 2015. Reduce the rate of mortality associated with tuberculosis from 15.9 (per 100,000 population) in 2002 down to 15.0 in 2010 and 10.0 in 2015.*

A priority for Moldova's public health system is combating tuberculosis. As with previous targets, the slow diminution of the mortality associated with tuberculosis was a key reason for revising the MDG targets for 2010 and 2015. But unlike the HIV/AIDS incidence, mortality from tuberculosis fell in 2008 for the first time in the last three years. Thus, in 2008 it was 17.4 cases per 100,000 population, as compared to 20.2 cases in 2007 and 19.3 cases in 2006 (see Chart 15).

This progress is due to actions taken by the authorities to optimize cooperation between the phthisio-pneumology service and the primary medical assistance service, by improving prevention measures, early diagnosis, effective treatment and rehabilitation methods.

At the same time, the success treatment rates in the last five years have not exceeded 62 per cent and remain unsatisfactory, compared to the 85 per cent level set by the WHO. The main causes of the unsatisfactory treatment success rates are the following: (i) treatment interruption in out-patient conditions in the continuation phase, (ii) the absolute majority of TB patients are from vulnerable groups, usually showing non-compliance with medical staff and having low levels of hygiene awareness, (iii) therapeutic failure, more frequently conditioned by chemoresistance, (iv) irregular treatment, (v) high number of deaths of patients with late diagnosed severe clinical forms, acute progressive advanced forms, (vi) concurrency with multiple pathologies.

Of particular concern is the rise registered in the last few years in the number of cases of multi-drug resistant tuberculosis, which account for 42.97 per cent of the total number of patients. The dynamics of this indicator is determined by the following factors: (i) inadequate treatment of tuberculosis over the course of the years 1997-2000, when the anti-tuberculosis medication supply met only 11-30 per cent of demand; (ii) high rate (about 10-12 % in recent years) of treatment interruption by patients; (iii) diagnosis improvement following the amelioration of the relevant laboratories’ activity in tuberculosis bacteriology.

At the same time, in the last few years the number of newly diagnosed cases increased among the emigrants, most of whom, due to the frequent change of the residence, do not undergo tuberculosis treatment. Thus, owing to the low adherence to treatment and the high mobility of people, some of whom do not hold mandatory health insurance policies, the incidence of multi-drug resistance tuberculosis is rising, with 1,048 cases being registered in 2008.

In gender terms, there is a considerable discrepancy between the number of male and female tuberculosis patients. Thus, in 2008 more than two thirds of the new cases of tuberculosis were registered among males. Also, the number of tuberculosis patients in rural areas exceeds the number
of patients in urban areas; almost 60 per cent of patients are from rural areas, and more than 70 per cent of them are men.

An alarming situation concerning tuberculosis incidence can be seen in penitentiaries. The incidence of tuberculosis in penitentiaries in 2008 in Moldova stood at 1,400 cases per 100,000 population, which is 11 times the value of the total incidence. Since the introduction of the DOTS Strategy in penitentiary establishments in 2001, the incidence of new tuberculosis cases has decreased by more than three times, or 69.2 per cent, from 497 to 153 cases in 2008.

In conformity with international recommendations, all the detainees undergo mandatory radiological examination upon admission to the Moldovan penitentiary system. As a result, 20 per cent of the tuberculosis cases reported in the penitentiary system in 2006 were detected thanks to sentry examination at the entrance to the penitentiaries. In 2008 the detection rate was seen to rise to 25 per cent of the total number of 245 cases.

Another important epidemiological indicator is the mortality from tuberculosis. In the penitentiary system tuberculosis mortality was 85.4 cases per 100,000 prisoners. Thus the total number of deaths from tuberculosis in detention was 4 times greater than the average value for the country, yet compared with previous years it saw a significant drop (in 2001 it fell 50 times). In 2001, tuberculosis accounted for 54 per cent of the total number of deaths among prisoners. In 2006-2007, this rate dropped to 25.5 per cent – 27.0 per cent, or half the value registered in 2001. In 2008 there were 718 deaths from tuberculosis registered in Moldova, including 15 cases among prisoners. In 40 per cent of these 15 cases, tuberculosis was the cause of death concurrently with terminal AIDS (association of TB among HIV infected prisoners).

The situation regarding resistant tuberculosis in the penitentiaries located in the Transnistrian region is very difficult to assess. On 8 May 2009 a fact-finding visit was made to the medical department of the penitentiary system in the Transnistrian region. Patients with primary and recurrent TB are examined sporadically. Doctors are not aware of the inclusion and exclusion criteria for patients diagnosed with multi-drug resistant tuberculosis. At the same time, there is no algorithm for screening these patients, both for multi-drug resistant tuberculosis and for reconfirming and monitoring purposes. This situation is mainly due to the lack of transport for the transportation of sputum samples to the laboratory in Bender, the lack of skilled medical personnel, and other factors.

Considering the progress made in 2009 in reducing the mortality rate associated with tuberculosis, the intermediary target for 2010 might be achieved. At the same time, when analyzing the less uniform development of this indicator over the past years, there is a great risk that mortality could rise again. This eventuality would undermine the attainment of the final target for 2015, as well.

3. Impact of policies on combating HIV/AIDS and tuberculosis

The success in fighting HIV/AIDS is to a great extent the result of overall social efforts, including lifestyles and the behavioural patterns of each and every individual. To a great extent, the prevention of the spread of HIV infection and the reduction of the HIV/AIDS impact among the populace are driven by the success of the implemented national programmes and policies. The actions taken in recent years with respect to HIV/AIDS in the context of optimizing universal access to assistance, treatment and prevention by implementing the National Program for the prevention and control of HIV/AIDS and sexually transmitted infections, covering the period 2006-2010, have contributed to the detection, containment and prevention of these diseases. In this context, starting from 2001, harm reduction programs for IDUs have been implemented in Moldova, which include drug substitution therapy and needle exchange. As a result, the share of drug injection as an HIV transmission route has decreased.
The National HIV/AIDS Program comprises two ample strategies, including prevention activities, activities to strengthen and increase institutional capacities, extend voluntary counselling as well as treatment and prevention of mother-to-fetus transmission. The National HIV/AIDS Program is financed chiefly by international donors, with the Government of Moldova contributing about 20 per cent of the total, meaning the sustainability of the interventions and a plan for a gradual takeover of the financing should represent essential concerns for the Government. An analysis of the spending categories in 2007 indicated that 76.7 per cent of the total expenditure on HIV/AIDS went on prevention measures, 8.3 per cent was dedicated to treatment and care, 14.1 per cent to consolidating the management of the program and a mere 1 per cent of the financing was used to stimulate human resources.

Additionally, people with HIV/AIDS are provided with antiretroviral treatment free of charge, and the transport costs related to visiting the specialists of the National Dermatology and Venereology Dispensary are reimbursed to the HIV infected patients (from across the country, including from the eastern districts of Moldova). The travel costs are covered by a grant offered by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Another effort made by the Government in this respect is the introduction of Law no.23-XVI on the prevention of HIV infection, passed by the Moldovan Parliament on 16 February 2007. This law replaced an older law on AIDS prevention adopted in 1993, introducing a number of important provisions concerning strategic measures to prevent the spread of the human immunodeficiency virus, including education and prevention methods dedicated to the social groups at high risks of exposure. This law constitutes the foundation for voluntary testing and counselling, reiterating the principle of informed, voluntary and freely expressed consent as the exclusive prerequisite for testing. Chapter V clearly stipulates that citizens have a right to care and treatment (antiretroviral treatment, palliative care, prevention of transmission from mother to foetus, etc.). One of the key accomplishments of the Law is the explicit banning of discrimination against HIV-positive persons living in Moldova, stipulating responsibility for the non-observance of the rights of these persons (except for the notorious Article 24, which conditions the prolongation of the initial three-month stay in Moldova for foreign citizens on the HIV-negative status, as HIV+ foreigners are required to leave the country after the expiry of the first three months of stay).

In general, thanks to the presence of a number of external partners and foreign financial assistance, the combat against the HIV infection has intensified. In 2005, the National Coordination Council on TB/HIV was established to bring together governmental partners, representatives of HIV-positive people, NGOs, as well as international partners, in order to ensure a participative and multi-sectoral approach to interventions against HIV/AIDS and tuberculosis. At the same time, to improve the access of the population to voluntary counselling and testing for HIV 56 centres have been opened in Moldova, as of late 2009, to provide such services; the services are provided free of charge. Despite this, there is an urgent need for better coordination among different sectors and on different levels of the national action and better harmonization between the different partners of the existing system.

Despite efforts made by the authorities, with the support of civil society and the country's development partners, a series of problems continue to exist with respect to the prevention and treatment of HIV/AIDS. Identification of seropositive persons remains limited, medical observation

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53 The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is an international financing institution set up to ensure common financing for the prevention of fight against these three diseases by the UN agencies, WHO, the Soros Foundation – Open Society Institute, the Royal Dutch Tuberculosis Association (KNCV), SIDA, USAID and the Government of Japan.

54 Set up by Government Decision no.825 of 3 August 2005.
of the seropositive persons is inadequate vertically and, as a result, obstacles appear with accessibility and adherence to the antiretroviral treatment. In this context, increased attention needs to be paid to seropositive children and those born to HIV infected mothers.

Another common problem is the low level of inclusion of HIV infected persons into existing social protection mechanisms, as the prevention programs focused on youth, in particular on youths in the age group 15-24 years and those with high-risk behaviours, are implemented in a limited manner. Moreover, despite the establishment of the Voluntary Counselling and Testing Service, the number of people who take the tests remains limited. The following have been identified as obstacles to seeking these services: a low degree of confidentiality, flaws related to medical ethics, the persistence of stigma and discrimination, including in the health care system and the social assistance system. Surveys showed that a great proportion of people living with HIV or in families with HIV are from socially-vulnerable categories. Still, their inclusion into the existing system of social services and benefits needs to be improved. A high share of people living with HIV (about 39 per cent) is unemployed; a great proportion of them do not benefit from health insurance.55

Most HIV education and prevention programs are fragmented and are focused on the improvement of knowledge about HIV and AIDS rather than on behavioural changes. There are limited prevention efforts dedicated to children and teenagers at risk due to limited data on the estimated number of these categories of persons and the service providers' lack of capacity to identify, refer and offer services. A very small number of teenagers who inject drugs seek the services of harm reduction programs. A poll conducted with the support of UNICEF among teenagers with high-risk behaviours showed that only 13 per cent of the IDUs aged 15-17 years benefited from needle exchange programs compared with 30 per cent of UDIs in the age group 18-24 years.56

Existing harm reduction programs do not have a “vicious-circle-breaking” effect, which would discourage IDUs from introducing other youths to drug injection. These programs, unfortunately, are not supplemented with other actions to prevent drug use. Teenagers and youths are at the risk of using drugs, including injection substances, thus lapsing in behaviours which expose them to the risk of contracting HIV.

55 Scutelniciuc, Bivol, Osoianu, Survey on the situation of children and families infected with HIV and of the persons living with HIV in Moldova, the National Center for Sanitary Management, 2008.
A lack of available data on the categories of people at risk, including teenagers, creates difficulties in the process of planning and implementing HIV prevention programs based on fact. According to official statistics, as of late 2008 there were only nine teenagers showing clinically tested addiction to any kind of drugs and 152 other drug-using teenagers in the age category under 18 years. However, according to research on teenage IDUs carried out in Moldova's three largest cities, Chisinau, Balti and Tiraspol, in four months alone there were detected 193 IDUs ages 12 to 18 years.

Box 12. Situation of HIV infected persons

People carrying HIV are generally from socially vulnerable categories, with a low socioeconomic status, a low employment rate and low incomes. According to a study conducted by the National Center for Sanitary Management on a sample of 576 respondents, one in five respondents changed/lost their job because of HIV. The same survey showed low employment rates among the respondents and a high rate of HIV affected families living on low incomes, which can hardly cover treatment costs in addition to the relatively high living costs.

The assessment of reproductive health indicated that most pregnancies in HIV-infected women were wanted. Half the women questioned found about their HIV condition during pregnancy and they decided to keep the baby. At the same time, almost one half of the respondents didn't use contraception. Most of the pregnant women received care before the birth of the child, during birth and postnatal counseling on how to care for the baby. A considerable number of fresh HIV-infected mothers – 11.6 per cent – decided to breastfeed. Almost half the respondents sense a negative attitude on the part of the medical personnel, in particular concerning confidentiality.

HIV/AIDS-related stigma is high in Moldova and about one half of the respondents felt discrimination directed against them in various situations. That is why it is difficult for most HIV infected people to reveal their condition, even to family members, and one in seven respondents chose not to tell anyone. Stigma attitudes were felt in particular while in medical establishments.

Having concerns about the social inclusion of their children, the parents prefer not to disclose their HIV status at the kindergarten or the school attended by the children. In some cases when it was discovered that they are carrying HIV, the parents had to take the children to another kindergarten or school.

Most persons living with HIV have contact with other seropositive individuals and about one half of them appeal to NGOs for communication, information and financial aid. The greatest part of the respondents expressed their wish to obtain financial assistance, social protection, support for employment, more information about HIV.

Source: Survey on the situation of children and families affected by HIV and of the persons living with HIV in Moldova, National Center for Sanitary Management, 2008

Mandatory teaching of a course on good life habits in schools could create a protective environment and provide teenagers with knowledge and practices on HIV prevention. The harm reduction programmes should be revised to reflect the needs of younger groups of adolescents at risk and become more gender-sensitive. Today there are no mandatory courses in schools on sexual and reproductive health education. A course themed “Life Habits” was developed in 2005, but was never introduced as a mandatory discipline due to strong opposition from the Moldovan Orthodox Church. Yet the implementation of such a course was one of the commitments undertaken by Moldova to be able to receive financing from the Global Fund for stopping and preventing tuberculosis, sexually transmitted diseases and HIV/AIDS. Moreover, by adopting the “Education for All” National Action Plan, the Government assumed the obligation to ensure everybody's access to proper education by 2015 and promote good life habits, health education, civic education, family

58 Scutelniciuc, Bivol, Osoianu, Survey on the situation of children and families infected with HIV and of the persons living with HIV in Moldova, the National Center for Sanitary Management, 2008.
59 At present, optional courses are in place on the following themes: “Civic and Moral Education”, “Health Education”, “Civic Education”, “Me and the Law”, “Education for Family Life”.
education and vocational training. The HIV/AIDS Law adopted in 2007 explicitly declares the necessity of a course for teaching good life habits as an instrument employed in school to prevent these diseases.

The implementation of the DOTS Programme, in compliance with the National Programme for the Control and Prevention of Tuberculosis, covering the periods 2001-2005/2006-2010, has contributed to the detection of tuberculosis and the development of statistics in the area, which will allow the opportunity to monitor and predict the development of tuberculosis incidence in the following years. But it is the access to testing and free treatment, in combination with poverty and marginalization, as well as unhealthy lifestyles, that explain why tuberculosis incidence remains high.

Access to second-line tuberculosis treatment has also been extended. From the launch of DOTS Plus until the end of 2008, 836 patients underwent such treatment. For the treatment in out-patient conditions of non-bacilliferous TB cases, a mechanism is in place to assist sufferers financially with buying medicines, food, and covering transport costs. For the purpose of executing the provisions of article 15 of Law no.153-XVI, of 04 July 2008, on the control and prevention of tuberculosis, Government Decision no.472, of 07 August 2009, was adopted to approve Regulations on coercive treatment of people with contagious tuberculosis.

4. Conclusions and recommendations

There has been nearly a quarter of a century now since the first cases of HIV infection were recorded in Moldova. Observations on the developments of the HIV epidemic process demonstrate that the epidemiological situation with respect to this infection is continuously deteriorating and continues to be a priority issue in the Republic of Moldova. The difficult social and economic situation, unemployment, the fast spreading of drug use and sexually transmitted diseases, extensive migration and the degeneration of family values are continuing to make for an unfavourable forecast for HIV/AIDS.

To optimize the system of measures dedicated to the prevention of the HIV/AIDS epidemic in Moldova and at the same time consolidate the medical assistance institutions in order to improve access to testing and treatment, it is necessary to optimize the process of information and education of the population so as to upgrade HIV/AIDS knowledge levels and stimulate a change in attitudes and behaviours. Courses taught in schools, promoting healthy life habits, with appropriate gender sensitivity, could create a protective environment for teenagers, providing them with knowledge as well practical skills to learn how to prevent HIV infection.

The success of the strategy to combat HIV/AIDS infection and reduce the pace of its spread is determined by prevention measures focused on behavioural changes, the promotion of healthy lifestyles, antiretroviral therapy, STIs treatment, treatment of co-infections of HIV/TB and/or hepatitis, legal and social assistance for the observance of the human rights, including of the infected persons.

The implementation of multi-sectoral tuberculosis control activities, under the National TB Control Programs, supervised by the National Coordination Council on TB/HIV, the implementation of the DOTS and DOTS Plus strategies recommended by the WHO, and the continuous training of relevant personnel have contributed to the stabilization of the epidemiometric indicators. However, despite some progress made in the implementation of the Programmes, a series of problems remain to be addressed if the epidemiological situation related to tuberculosis is to be improved. In particular, the high rate of chemo-resistant tuberculosis and the inadequate numbers of medical personnel for the implementation of the programs’ activities must be addressed.
In this context, the following actions are recommended to prevent and combat socially-conditioned diseases:

- Improve access of the general population, in particular persons in the age group of 15-24 years in rural areas, to prevention services, including Education for good life habits in schools, voluntary and confidential HIV testing and counselling;
- Apply coercive treatment measures with respect to those suffering from contagious forms of tuberculosis and avoiding treatment;
- Ensure social assistance to migrant workers with TB, regardless of his/her health insurance status;
- Ensure the inclusion of migrants into the national health care system by introducing these persons into the national health insurance system and by promoting the benefits of health insurance outside of the country (in destination countries); improve TB control mechanisms in penitentiaries (assessment, improved administrative measures, better personal protection and protection of the surrounding environment);
- Develop education, information and communication capacities in the health care system, in education, the public sector, the social sector and the army, with regard to socially-conditioned diseases; promote communication activities for behavioural changes;
- Introduce education on healthy lifestyles/good life habits in schools to teach teenagers and youths how to prevent socially-conditioned diseases;
- Optimize the use of information distribution sources to prevent the spread of socially conditioned diseases and diminish stigma and discriminatory attitudes;
- Develop strategies to ensure the sustainability of interventions, including by gradually taking over the financing of the HIV/SIDA and TB prevention and combating programmes by the state budget.
1. Introduction

Addressing environmental issues in the context of achieving the Millennium Development Goals is crucial bearing in mind that the state of the environment in the Republic of Moldova is highly degraded because of the intensive exploitation of natural ecosystems. The ecological imbalance in Moldova is a consequence of a combination of global factors – the degradation of environmental quality globally – as well as national factors – irrational exploitation of natural resources, in particular of renewable resources. Although the areas of state-protected natural preserves and forested land are continuously expanding, progress in increasing the share of the population with access to improved water sources and sewerage is quite slow. Moreover, considering that in the light of the measures to prevent the worsening of the economic crisis, government spending on environment protection and capital investment is expected to be cut, the sustainability of the environment in Moldova will be endangered. Yet the state of the environment is directly related to public health and therefore environment protection becomes crucial.

2. General tendencies

About two centuries ago, forests covered about 30 per cent of what today forms the territory of the Republic of Moldova. As years passed, forested areas began to shrink, hitting a low in 1945, after which the trend reversed. At present, the share of forests on the territory of Moldova is under 11 per cent. The Republic of Moldova is one of the countries with the lowest percentages of forested areas in Europe, compared to 27 per cent in Romania, 30 per cent in Bulgaria, 37 per cent in Portugal, etc. Forests grow particularly unevenly across Moldova, occupying 7.2 per cent of the northern part, 13.5 per cent of the central part, and 6.7 per cent of the southern part.

State-protected natural preserves have a small share in the Moldovan territory. In 1998 the combined area of the state-protected natural preserves was roughly 66,500 hectares, which represented 1.96 per cent of the country's territory, one of the smallest percentages in Europe. These figures remained unchanged until late 2006, after which the share of natural preserves rose to 4.65 per cent. In 2007 some 94,700 hectares of wetlands of national importance were given the status of state-protected natural preserve. As a result, the total area of the state-protected natural preserves doubled at least, reaching the level of 4.78 per cent of the country's territory.

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60 In particular, the lakes located in the Lower Prut, Lower Nistru (the districts of Cauzeni, Stefan Voda) and Unguri-Holosnita (districts of Ocnita, Donduseni, Soroca).
At the same time, the living conditions of a considerable part of Moldova's population are inadequate as access to sanitary infrastructure remains limited. Thus, despite rising from the year 2000 (37.8 per cent), just slightly more of a half of the country's population (53 per cent) has access to improved water sources. Similarly, despite a rise from 2000 (31.8 per cent), less than half the population has access to sewerage. The biggest leap occurred in 2005, when after a relatively uniform evolution of the share of the population with access to sewerage, it saw a rise of 11 percentage points compared to 2004. The percentage of the population with access to improved sanitation is even smaller, rising insignificantly in the last eight years – from 41.1 per cent in 2000 to 45.9 per cent in 2008.

Box 13. Revision of MDG targets on a sustainable environment

Most MDG targets on the environment were revised in 2007, following the first intermediate results reached in 2006. The only target that has been left unchanged is that on afforestation, as the share of forested areas in 2006 was very close to the intermediary target for that year, and therefore the original targets for 2010 and 2015 were considered to remain valid. At the same time, a boost in the share of the protected areas to preserve biological diversity occurred in 2006 (4.65 per cent), so during one year alone, not only were the MDG preliminary targets for 2006 and 2010 exceeded, but so was the final target for 2015, which was 2.4 per cent. In this context, it was decided that until 2015 the percentage of protected areas must be maintained and their degradation must be avoided.

The target concerning extended access to safe water sources has been slightly adjusted to consider the current capacities of the Republic of Moldova to make investments in this area. At the same time, the source of data was modified as the data provided by the National Centre for Preventive Medicine were considered to be more accurate than that from the National Statistics Bureau. Also, the initial target on the access of the population to sanitation was deemed an overestimate and was adjusted accordingly. It is important to mention that in the first MDG progress report targets were set only for the sanitation indicator, as other indicators related to the access of the population to sewage were not considered. That omission was later rectified and specific targets were set. It was decided to opt for an optimistic scenario, according to which every household with access to improved water would have access to sewage facilities, as well.

3. Assessment of target progress

**Target 1. Integrate principles of sustainable development into country policies and programmes and reduce degradation of natural resources. Increase forested area from 10.3 per cent in 2002 to 12.1 per cent in 2010 and 13.2 per cent in 2015.**

Incorporating the principles of sustainable development into the country's policies and programs is a necessity of the times, as it is key that environmental issues be taken into account when considering solutions to the economic problems of the country. Moldova possesses a set of laws and legal instruments to directly regulate relationships in the area of ecology, and environmental requirements are being gradually incorporated into a number of other laws and programmes in areas like agriculture, industry and economy.

The Government of Moldova has recognized environment protection as one of its priorities in the act of governing, by incorporating ecology-related activities and actions into the country's policies and programs, including: The Activity Program of the Government, the National Development Strategy, the National Action Plan on Human Rights, the National Strategy for the Sustainable Development of Moldova's Agro-industrial Sector covering the period 2008-2015, the National Energy Strategy of Moldova covering the period through 2020, the Terrestrial Transportation Strategy covering the period 2008-2017, the Strategy on Access to Water and Sewage in Moldova, the Strategy on the Sustainable Development of Forestry, the State Programme on the Regeneration of Forestland and Afforestation covering the period 2003-2020. However, environmental protection
principles remain weakly reflected in the documents related to sectoral policies.

Regarding the target for the share of forested areas, the situation changed little in 2007 and 2008. In the period from 2005 to 2007 the percentage of forested land had been constant, standing at 10.7 per cent, while in 2008 that figure increased slightly, to 10.9 per cent of the total area of the country. The increase was due to afforestation activity on degraded land covering 7,500 hectares. In general, in the period from 2000 to 2008 the share of forested areas rose by only one percentage point. Bearing in mind the slow pace at which forested areas are growing, we can admit that the intermediate target for 2010 is unlikely to be achieved. Contributing to this less positive result will be, inevitably, the government's Programme for Economic Stabilization and Recovery for 2009-2011, which aims at optimizing government spending in response to the economic woes affecting the country and the rising budget deficit. Thus, the decision to suspend the allocation of state budget money for planting new forests in the period 2010-2011 (while concurrently ensuring the maintenance of previously planted young forests) will unavoidably affect the attainment of the intermediate target for 2010. At the same time, despite the fact that the accomplishment of the final target in 2015 is more likely, as funding for new forests is expected to resume from 2012, the eventuality of increasing the share of forested land by more than two percentage points in just three years seems to be an unrealizable mission. Achieving this target could be supported by attracting external financing. Over the course of the years 2002-2008 the forestry agency Moldsilva planted 28,600 hectares of forest on degraded land, which had been excluded from agricultural use under projects developed jointly with the World Bank. These projects aimed, among other things, to sequester carbon and reduce greenhouse gas emissions (GGE) and improve forestry resources. Selling GGE credits subsequent to these projects offers the opportunity to cover an important part, about 20 per cent to 25 per cent, of the initial investment in afforestation.

**Target 2. Increase the share of protected areas to preserve biological diversity from 1.96 per cent in 2002 to 4.65 per cent in 2010 and 4.65 per cent in 2015.**

The evolution of the share of state-protected areas for the preservation of biological diversity had been relatively uniform since 2000. After 5 years during which the percentage had been constant, in 2006 the area of state-protected natural preserves rose by 94,705.5 hectares to reach a share of 4.78 per cent of the country's territory (see Chart 16). As a result, both the intermediate target for 2010 and the final target for 2015 were attained and exceeded.

The significant progress made towards achieving this target implies the necessity of a medium-term objective to maintain the area of the nature reserves that are already under state protection and avoid their degradation. Thus, qualitative growth is as important as quantitative growth with regard to the
nature reserves, because assigning an area the status of nature reserve implies a series of subsequent actions, like an allocation of financial and human resources, maintenance and protection. This is especially so since, over the course of the last few decades, the quality of the nature reserves has worsened. The main causes of the deterioration of biodiversity are the following: i) perturbation of the general geo-ecological balance of landscapes; ii) continuous degradation of natural ecosystems; iii) reduction of specific biodiversity and deterioration of biocenoses; iv) degradation of the gene pools of the uncultivated species of flora and of wild animals; iv) destruction of the migration routes of wild animals and dispersion routes of wild plants. Additionally, the registered climate changes affected multiple local species of plants and animals, which, subsequently, had a significant impact on the make-up of the ecosystems and on the conditions afforded by the ecosystems to their inhabitants.

**Target 3. Increase the share of people with permanent access to safe water sources from 38.5 per cent in 2002 up to 59 per cent in 2010 and 65 per cent in 2015.**

After a relatively even development of the share of people with access to safe water in the last few years, with an annual growth of roughly one percentage point, in 2008 this indicator saw a significant rise, of six percentage points from the previous year. Thus, in 2008 the share of the population with constant access to improved water sources amounted to 53 per cent, including 92.2 per cent of the urban population and 26.7 per cent of the rural population (see Chart 17). This rise was mainly due to the implementation, with the support of Moldova's development partners, of a number of projects to build or rehabilitate water supply systems in several parts of the country.

If this pace of developing and ensuring access to safe water over the coming period is maintained in a manner to repeat the success of 2008, the intermediary target for 2010 could be attained. However, bearing in mind the measures aimed at optimizing public spending with a view to reducing the budget deficit and preventing the economic crisis from getting worse, the accomplishment of the intermediate target will largely depend on the financial assistance provided by the country's development partners. For example, the European Commission is supporting the Republic of Moldova in meeting this objective by providing 45 million euro for projects meant to improve access to water and sewage facilities, in conformity with European standards in the field. Nevertheless, the accomplishment of the intermediate target for 2010 remains a problem.

The accomplishment of the final target, however, also depends on the way and the pace at which the Moldovan economy recovers and how state budget will accumulate incomes which could allow for

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**61** Activities to extend access to improved water sources are supported by the World Bank, through the Social Investment Fund, the Swedish Agency for International Cooperation Development, the European Commission and the Czech Government.
adequate public expenditures on infrastructure rehabilitation, in general, and on the construction of water supply systems in particular. Attracting foreign assistance for this purpose is also crucial. At the same time, the attainment of the targets will depend, as well, on the way the Government manages to promote measures to prevent water deficit. According to the 2009-2010 Human Development Report, it is expected that roughly half the country's territory, population and economy will face the risk of water scarcity in the near future. Serious investment will be needed in the equal distribution of the available water; otherwise, human development in many parts of Moldova could be confronted with a gap between demand for water and water availability.

**Target 4. Increase the proportion of people with permanent access to improved sewerage from 31.3 per cent in 2002 to 50.3 per cent in 2010 and 65 per cent in 2015.**

An important issue for the population of the country relates to the construction, development and rehabilitation of public sewer systems and water treatment facilities. Unfortunately, because of financial scarcity, the issue of providing communities with sewer systems is not treated with the same amount of financial attention as the water supply, so progress in ensuring the population with improved sewage is very slow.

Over the course of 2007, the repair and reconstruction of sewer systems was done only in 11 communities, while water treatment stations were repaired in only seven towns. As a result, the share of the population with constant access to sewerage amounted to 43.9 per cent (see Chart 18). In 2008 only 29 kilometres of sewer pipes were repaired, taking the percentage of the population with access to sewerage to 45.7 per cent. The results achieved in the last few years in attaining the MDGs show the targets for 2010 and 2015 will probably not be fulfilled. At the same time, the European Commission’s project concerning water supply and sewerage will contribute to upholding an upward trajectory of this indicator.

**Target 5. Increase the number of population with access to sanitation systems from 41.7 per cent in 2002 to 51.3 per cent in 2010 and 71.8 per cent in 2015.**

Sanitation-related issues in Moldova have not received adequate attention in recent years. An overwhelming majority of rural communities do not have public sanitation facilities at all, except for those located near large towns and cities, as waste collection and disposal services are provided by specialized divisions within municipal enterprises that are responsible for housing management or public amenities.

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62 Sirodoev I.G., Knight C.G., 2008: Vulnerability to Water Scarcity in Moldova: Likely Threats for Future Development
Therefore, the share of the population with access to sanitation facilities has changed little in years. The share of the population that had access to improved access to sanitation in 2008 was 45.9 per cent, an unsubstantial rise from 45.4 per cent in the previous year (see Chart 19). The slow advancement of this indicator suggests that the intermediate target for 2010 will not be achieved. At the same time, the final target for 2015, which seems quite ambitious in the current circumstances, also seems unattainable.

Chart 19. Share of people with access to improved sanitation, %

4. Impact of environmental policies

Assessing the impact of public policies on the environment is an important activity, which has been neglected in the past. Only from 2008 onwards has regulatory public analysis become a requirement for authorities proposing legislative initiatives, and this applies to a certain extent to environment-related proposals as well. Public polices developed earlier, especially in the area of the economy, did not take into account in an adequate fashion the potential impact on the environment, as they were conceived to highlight only the economic benefits they would yield. That is why it is important to promote the application of the international practice on a strategic evaluation of public policies in conformity with Directive 2001/42/EC on Strategic Environmental Assessment.

At the same time, the authorities responsible for environmental issues are trying to somewhat compensate for the harm done to the environment in the past by formulating specific public policies. An example is the Strategy on Sustainable Development of Forestry, adopted in 2001, which was used in fixing targets for the national MDGs. The Strategy states that in 2020 the share of the forested land shall reach 15 per cent of the country's territory. No less ambitious are the objectives contained in the Program for the provision of water and sewerage to localities in the Republic of Moldova by 2015. Additionally, the Ministry of Environment is developing a set of laws and regulations which are expected to have a significant impact on the preservation of biodiversity. The access to sanitation of communities in Moldova is regulated by the Conception on the Sanitation of Localities (Government Decision no.486 of 2 May 2007) and the Action Plan for the implementation of the Conception. Yet despite these documents and policies, the population's access to sanitation is growing extremely slowly.

Forests in the country are predominantly made up of deciduous species (97.8 per cent); evergreen species make up only 2.2 per cent. Approximately half the total woodland area is occupied by oak

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63 According to Law no. 235-XVI of 20 July 2006 on the basic principles of regulating entrepreneurial activity, effective 1 January 2008, every draft of a legal proposal shall come with a regulatory impact analysis.

64 Law on Environment Protection, Law on Waste, Law on Water, which is to replace the old Water Code.
stands and 12 per cent by other native species. In the last 50 years, the forested area has increased considerably through extensive planting of different varieties of acacia and other native species, which are preferred for their ability to adapt to the conditions of degraded land. Although the total area occupied by oak stands increased by 18 per cent, their share in the total forested area fell by 13.6 per cent. Yet more than one third of the young forests have been created from artificially introduced species which do not occur naturally in Moldova's ecosystems, while some 90 per cent of the durmast oaks and over 60 per cent of the oaks stem from second-to-fourth generation shoots. For these reasons, their ability to develop resistance unfavourable biotic and abiotic factors is very low. The planting of tree species alien to the local climate, the inadequate observance of the technical guidelines on woodland management and the increasing rates of illicit tree-cutting are some of the causes that have led to the degradation of forests. Thus, most forests require urgent action for their ecological reconstruction, and in particular to restore their initial makeup.

Concerning the state-protected nature reserves, the efforts made by the Government in this respect have aimed at restoring biological and landscape diversity to an optimal degree, and at implementing adequate measures for the protection and preservation of natural areas in conformity with international requirements. The measures to protect and preserve biological diversity included in the National Strategy and the Action Plan for preserving biological diversity (Government Decision no.112-XV of 27 April 2001) and in 11 other legal documents regulating the area, including a special law – the Law on the stock of state-protected natural preserves no. 1538 of 25 February 1998, which lists all the areas that are offered protection – have been accomplished, yet their impact is uneven. It remains now to ensure the maintenance and adequate management of these natural areas.

Perhaps the best resource for making the most of the available local resources in preserving the natural and cultural heritage is the National Parks and the biosphere reserves. In Moldova the process of creating national parks and biosphere reserves, which are common throughout Europe and are widely spread around the globe, is in its infancy. These categories of protected areas should be established in Moldova, as well, including by using the existing scientific reserves as a foundation.

Another effective form of preserving biological diversity is the establishment of a national ecological network as well as campaigns to raise public awareness of the importance of the natural heritage. By extending the area of the natural preserves to 10 per cent of the country's territory the state can ensure the protection of half of the ecosystems' biota. The ecological imbalance, the current socioeconomic state, the extensive exploitation of natural resources and of the entire habitat of the country require urgent action for identifying, recognizing and developing a national ecological network, which would comprise all the nature reserves, the typical natural geosystems and ecosystems that exist in various landscape regions of the country. The establishment of natural parks, biosphere reserves and the natural ecological network would follow the prescriptions of the Convention on Biological Diversity signed in Rio de Janeiro and ratified by Moldova in 1995.

The quality of the drinking water used by nearly half of the country's population is unsatisfactory, affecting their health (see Box 14). Another issue is the availability of groundwater in different parts of the country. Over 4,000 artesian wells and roughly 150,000 wells and springs from the phreatic layer are being exploited today in Moldova. The availability of groundwater sources is uneven in the republic as most of them are concentrated in the valleys of the rivers Nistru and Prut and gradually diminish in number and density as the distance from these rivers increases. The regeneration rate of water resources is 11 per cent annually, which is insufficient to maintain the cycle of these resources at a stable level. Considering that Moldova is often stricken by drought, the outflow of water resources falls significantly during such periods, affecting water consumption in general. The availability of drinking water is also uneven: the average outflow levels decrease significantly from
north to south. The average water consumption in the country is 163 litres per person per day, which is less than in most countries in Central and Southern Europe (255 litres per person) and much behind Western countries (300 litres per person). It should be underlined that in many settlements in southern Moldova this indicator does not exceed 20 litres per person.

The economic recovery and stabilization program aimed at optimizing government spending in order to prevent the crisis from worsening will at the same affect time the attainability of some targets of this goal. For example, the reduced financing for tree planting will unavoidably affect the target with respect to afforestation. At the same time, the redistribution of public expenses from capital investment to the social sector for the support of the vulnerable categories could delay the construction of water pipes, sewer and sanitation facilities and thus slow down the progress towards improved water and sanitation. In this context, the support of the development partners will be decisively.

5. Conclusions and recommendations

The achievability of the MDG targets with regard to environmental sustainability is different for
each target. The extension of the protected areas exceeded even the target for 2015, while the share of the forested areas is rising and could achieve the final target set for 2015. At the same time, important indicators measuring both the state of the environment and the health of the population, like access to water, to sewerage and sanitation, are seeing slower progress, so the risk that the targets for 2010 and 2015 will not be accomplished is high. The short- and medium-term activities that are to be undertaken by the Government, with the support of civil society and the country's development partners, in order to achieve the established targets should be focused on preserving the positive results achieved and intensifying efforts to achieve the remaining targets. In this context, it is necessary to remove all the barriers on the path towards accomplishing these targets and make sure that the effected changes are not just quantitative but also qualitative.

Regarding the state-protected natural areas, the assessment of the system of these reserves, in terms of how they meet integration, extension and spatial distribution criteria, indicates that this system has serious shortcomings. First of all, the protected areas appear unevenly on the territory of the country. Another shortcoming is the small (albeit increasing) area of the reserves, which is the reason why they cannot provide adequate vitality to the populations of endangered species. In such conditions the endangered species are deprived of the possibility of restoring their optimal populations and diversify population attributes like age and gender. Thus, the management of the protected areas remains unsatisfactory.

Also typical of the system of state-protected natural areas in Moldova is the fact that most preserves are placed in the forestry sector, and represent 15.3 per cent of the total area of the forestry system and about 17 per cent of the forests. For this reason, it is necessary to adjust forest management instruments to the requirements of the Law on state-protected natural areas, exclude areas that do not need to be classified as preserves (nut orchards, groves of fruit-bearing trees and bushes, Salicaceae species, arable land, etc.), define (in some cases) the purpose of the preservation and subsequently develop a suitable management plan.

Regarding the access of the population to sanitation infrastructure, bearing in mind that state budget allocations are insufficient, in order to accomplish the MDG targets the relevant central and local authorities need first of all to take concrete measures to attract foreign financing for the construction of new water supply and sewer systems and thus ensure the population of the republic with proper and stable services and ensure constant access of most people to improved water sources.

With respect to water access in urban areas, it is crucial to maintain existing water supply systems. First of all, it is necessary to make sure that they are exploited rationally in a manner that would allow them to become financially self-sufficient and at the same time offer reasonable rates and quality services for the population. This would allow for undisputed access to tap water.

At the same time, over the next few years inadequate financing may leave many rural communities at a stage in which decentralized sources will remain the sole source of water, as priority for the construction of centralized systems will be given to settlements where the health of the population is already at a greater risk because of the scarcity of potable water or its bad quality. Considering the problems that could compromise the accomplishment of the MDG targets on environment, the following key actions are recommended:

- Make an inventory and document the potential of the existing system of state-protected natural areas;

65 The central region has a greater share of natural reserves than the northern part of the country and, especially, the south and the east. Also these preserves are spatially isolated and not connected with each other by migration corridors, which leads to the isolation and genetic degradation of the species occurring in these areas.
• Introduce new policies based on an integrated landscape approach to protect biodiversity in the context of climate changes;
• Establish National Parks, a National Ecologic Network and biosphere reserves;
• Develop strategies to increase the resistance and elasticity of ecosystems;
• Create new centres to preserve biodiversity, which would monitor and take immediate action to protect biodiversity in its natural state;
• Maintain young forests adequately;
• Carry out ecological reconstructions of existing forests, in particular restore their initial composition;
• Attract foreign financing to extend the access of the population to improved sources of water and sewerage;
• Adjust existing water supply systems to the current requirements of the national economy with a view to reducing water losses caused by failures of piping or irrigation systems;
• Adopt and implement the Law on Sanitation to introduce sanitation services to localities across the country and establish rates for these services.
Goal 8. Create a global partnership for development

1. Introduction

For a transition country like the Republic of Moldova, creating partnerships for development is essential to achieving high living standards for the entire population and to integrating the country into European and international structures. This means, first of all, constant cooperation on the part of all the nations concerned in attaining the first seven MDGs, and at the same time, requires action in other important areas that have not been covered by other goals, like external trade, the financial system, the transport and telecommunications infrastructure, meeting of external debt commitments, and others. These rather diverse areas are developed unevenly. Despite the widespread perception that Moldova is an agricultural economy, the telecommunications sector is rapidly expanding, and so is the financial sector, thus building the foundation of a sustainable triangular system. At the same time, the transportation sector remains underdeveloped, while foreign trade is less diversified in terms of export destinations and the range of exported goods.

2. General tendencies

Moldova's foreign trade is constantly expanding. However, considering the particularities of the country's economy, which is largely based on consumption, imports, which satisfy the bulk of domestic consumption, have risen in recent years at a greater rate than exports. Thus, over the last nine years the trade gap grew more than 10 times. Foreign direct investment has also been rising constantly, yet at a slower pace than the amounts of remittances and imports. Foreign direct investment nearly trebled in the last ten years, from 4.4 per cent of GDP in 1998 to 11.7 per cent in 2008.

The financial sector, which is made up of the banking and non-banking sector, has developed unevenly over the last few years. Moldova's financial system is dominated by the banking sector, which is typical of developing economies. With foreign actors joining the banking market in 2006, competition has increased. The banking sector had seen activity indicators rise since 2002, but was affected in 2009 by the worsening of the economic crisis in Moldova. The non-banking sector is progressing at a slower pace and registers low growth rates.

The issue of foreign debt appeared in the Republic of Moldova in mid-90s and became more severe in the wake of the regional financial crisis in 1998. At the incipient stage of transition, in 1991, the
Republic of Moldova had no external debt, yet by 2000 its external debt had climbed to 133 per cent of GDP, while external government debt stood at 60.4 per cent of GDP. Over the last few years, the Government of Moldova has made sustainable efforts to settle foreign debt, reducing it to 67.5 per cent and 12.9 per cent, respectively, in 2008. However, the economic crisis in Moldova required negotiations with the country's development partners on new loans, which will again add to foreign debt.

A particular role in creating partnerships for development is played by youth\textsuperscript{66}. The social changes that came in the 1990s have afforded a multitude of opportunities to young people, whose age and creative genius naturally enable them to make better use of a genuine democracy and an economy based on free initiative, as well as of the European orientation of our country. Yet the delayed transition to a genuine market economy does not allow them to fully benefit from these opportunities.

Dealing with land-lock issues is also important in the context of the increasingly widespread globalization process. Even though Moldova is situated at the crossroads of Eastern and Western Europe, the condition of the road infrastructure does not allow it to fully capitalize on the advantages of its geographical location and delays the transformation of the country into a regional hub. The Republic of Moldova intends to solve the problems associated with being a landlocked country by modernizing the transportation and customs infrastructures. In this context, it is necessary to further develop road and air transportation, improve principal roads and international rail routes, and enhance the processing capacity of the customs system.

A decent standard of living for the population and access to quality goods and services at reasonable prices are key to ensuring sustainable development in society. The access of the population to medicines at acceptable prices is one important element of the population's health and security. The extent to which medicines are authorized and their physical availability, both which differs between urban and rural areas, also play a great role in providing the population with medicines.

Information and communication technologies (ICTs), which represent the sixth component of this national MDG, have seen considerable progress in Moldova in recent years. In just eight years ICT penetration has surged to make the ICT sector account for nearly 10 per cent of GDP. This rate is considerably higher than in other countries in the region and is much higher than the European Union's average level. Moldova has come to rank fourth among the CIS member states in terms of the ICT development index, after Russia, Ukraine and Belarus.\textsuperscript{67}

\section{3. Assessment of target progress}

\textbf{Target 1.} Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.

Under this target, the Government has assumed a commitment to demonstrate annual growth rates of 10 to 15 per cent for exports of goods and services and diversify the range of the exports and the export destinations, as well as to make the best use of preferential trade facilities. The Government is also committed to ensuring a favourable legal and institutional framework for the development of the

\textsuperscript{66} Youth is defined as the population group aged between 15 and 24 years and accounts for 10 per cent of Moldova's total population.

\textsuperscript{67} According to the International Telecommunication Union's “Measuring the Information Society” Report, which measures the ICT development indexes of 183 countries, Moldova is ranked 68th, placing in the category of the countries with medium levels of the Opportunity Index (ICT-OI) (in 2007, Moldova ranked 83th). Noteworthy is the ICT-OI average annual growth rate for Moldova, where it is ranked 28th (35th in 2007).
financial sector, including allowing foreign financial institutions access to the domestic market, to stimulating competition and offering a broader range of services and products that would be more accessible to both individuals and legal persons.

To facilitate foreign trade and, in particular, diversify export destinations and the range of exported products, in 2000 the Government started acquiring membership in various European and international institutions, the most important of them being the World Trade Organization (WTO), the Central European Free Trade Agreement (CEFTA) and others. Additionally, the Republic of Moldova has obtained Autonomous Trade Preferences (ATPs) from the European Union, which helped to extend the range of the exported goods and services at more advantageous terms (than provided by the previous Generalized System of Preferences and its follow-up, the GSP Plus). The new dimension of trade relations between Moldova and the European Union required the introduction of a new mechanism for the distribution of quotas for the products subject to tariffs coming from Moldova\(^{68}\). However, the quotas offered by the ATPs are not fully used. At the same time, the share of commercial exchange carried out under free trade agreements decreased from 53.6 per cent of the total in 2006 to only 36.8 per cent in 2008.

While several years ago the principal market for the export of Moldovan goods was the CIS countries, a tendency towards a redirection of exports towards the European Union has been observed lately. For example, while in 2007 the share of exports to the EU (27) and the CIS constituted 50.6 per cent and 41 per cent, respectively, in 2008 the percentages changed to favour the EU countries, in a relationship of 51.5 to 39.2 per cent. However, these opportunities, as well as other facilities offered under the free trade agreements signed with the CSI countries, are not fully used by Moldovan companies. Moreover, the global financial crisis, concurrently with the contraction of the aggregated demand, has led to a diminution in Moldova's foreign trade. Thus, while in 2006 and 2007 the share of exports in GDP was 30.9 per cent and 30.7 per cent, respectively, in 2008 exports accounted for only 26.3 per cent of GDP. The trade gap also widened, from -48.2 per cent of GDP in 2006 to -54.6 per cent in 2008 (see Chart 20). A 18.4 per cent contraction of exports in 2009 indicates that the attainability of this target has been compromised by the global financial crisis. But this also means that with the recovery of the global economy, Moldova's external trade is expected to increase, as well.

The banking system has been on the rise in the last few years. The banks' combined assets in 2009 rose by 2.2 per cent on the previous year and by 24.7 per cent from 2007. Moldova's banking market consists of 15 commercial banks (one bank went bankrupt in 2009), including four subsidiaries of

\[^{68}\] The Government Decision no.262 of 7 March 2008 “on the administration of tariff quotas on exports of goods to the European Union”. The categories of goods subject to tariff quotas, according to EU Regulations, are meat, dairy products, fowl eggs, wheat, barley, corn, white sugar, and grape wine that does not exceed 15 % alcohol-content by volume. By obtaining the European Union's Autonomous Trade Preferences, the Republic of Moldova has become the only CIS country to attain such a level of economic cooperation with the European Union.
foreign banks and financial groups. Even though the banking system has been constantly developing, Moldovan banks’ services are not accessible enough for a great part of Moldova’s population. Though justified by the high inflation rate registered in the last two years, the high interest rates on loans (on average, 20.96 per cent on loans in national currency and 12.02 per cent on loans in US dollars) make these loans unaffordable for a large proportion of SMEs. Moreover, except for several special lending facilities opened by the EBRD in a couple of commercial banks, the banking system of the Republic of Moldova is offering long-term loans in very few cases. The global recession has caused the banking sector to be increasingly reluctant to offer loans and protect them by keeping high interest rates, despite disinflation and repeated cuts to key rates and reserve requirements made by the National Bank.

At the same time, it should be mentioned that the securities market is underdeveloped and has not become a genuine instrument for attracting investment into the economy of the country. The insurance market is not sufficiently developed either. There are 33 insurance companies working at present in the country, which is quite an impressive number for a state like Moldova, yet measured by international standards these companies are rather small, considering their low capitalization values. The share of the insurance premiums in the GDP rose insignificantly from 1.27 per cent in 2006 to 1.33 per cent in 2008. These figures place Moldova’s insurance market at the bottom of the list among the South-East European countries.

**Target 2. Deal with issues associated with Moldova’s landlocked status by upgrading transportation and customs infrastructure.**

The tasks undertaken by the Government in achieving this target are the following: (i) upgrade the traffic capacity of international roads to 10,000 road vehicles per day; (ii) increase the share of investment in the transportation sector to 20 per cent of total public investment; (iii) increase the share of investment in the development of the air and naval transportation to 35 per cent of total investment in transport; (iii) upgrade the processing capacity of each customs checkpoint to an average of 1,000 road vehicles per day.

The problems related to the country’s landlocked status have been partially solved with the opening of the Giurgiulesti port in 2009. However if Moldova wants to increase foreign trade substantially this may not be enough. Despite gaining access to a very small portion of the Danube shore, the Republic of Moldova still remains a landlocked country.

69 In 2008 the EBRD approved a multi-client, multi-product framework facility for Moldova that provided partner banks with a full range of financial products including mortgage financing, SME credit-lines, consumer finance, energy efficiency credit-lines, leasing finance, guarantee facilities, syndicated loans, subordinated debt and equity investments.
with few opportunities for international trade expansion.

The share of investment in the transportation sector in total public investment rose from 13.7 per cent in to 17.6 per cent in 2008 (see Chart 21). At the same time, the percentage of investment in the development of the air and naval transportation dropped from 76.3 per cent of total investment in transportation in 2000 to 23.7 per cent in 2008. This level of public investment is not enough to attain the targets under the MDG and does not create an opportunity to improve the road infrastructure and enhance road traffic.

At the same time, the Government will have the support of the country's development partners in its efforts to build and rehabilitate roads, in particular the assistance of the Millennium Challenge Corporation, which offered Moldova a non-reimbursable credit of US$262 million, half of which will be allocated to road rehabilitation. Additionally, in 2008 the EBRD offered a loan of EUR25.5 million in support of the air transportation sector, specifically for the modernization of Chisinau International Airport; a project aimed at improving runways and connection paths, enlarge the passenger terminal, install special equipment, etc. The European Investment Bank contributed to the project with a loan of EUR20 million. The offered assistance could help Moldova make better use of its geographical location and could accelerate the attainment of the relevant MDG.

**Target 3. Monitor external debt issue**

Considering that Moldova, as a transition country, needs increased assistance from creditors and donors to implement pressing reforms, the public policy governing foreign debt has been oriented to attract external public loans at the best terms possible, for investment and budget support purposes. The issue of the foreign debt is constantly monitored by the authorities.

An analysis of debt sustainability carried out at the beginning of 2008 concluded that Moldova's external debt outlook is favourable, with a low risk of debt distress. The share of the external debt dropped from 72.9 per cent of GDP in 2006 to 70.4 per cent in 2007 and 67.5 per cent in 2008 (see Chart 22). At the same time, external public loans represented 12.9 per cent of GDP in 2008, decreasing from 16.2 per cent in 2007 and 20.7 per cent in 2006. In 2008 the share of foreign debt settlement was 4.1 per cent of the total basic budget incomes, down by 1.1 per cent from 2007. Analyzing the key indicators for Moldova's external debt sustainability we can conclude that in 2008 they did not exceed the “critical levels” and remained within the “lowly-indebted” threshold for low-income countries.

The contribution of international organizations to Moldova's foreign debt has been constantly decreasing, constituting 28.4 per cent of the total accumulated loans as of late 2008, compared with 32.1 per cent in 2007 and 38.1 per cent in 2006.

A break-down of external public loans statistics by source
shows that the biggest contributor is the World Bank/International Development Association (IDA), with 56 per cent, followed by the International Fund for Agricultural Development (IFAD), with 30 per cent, the Council of Europe Development Bank (CEB), with 10 per cent, and the European Investment Bank (EIB), with 4 per cent. The largest amounts of external funds were channelled into agriculture – 51 per cent, followed by the health care system – 11.6 per cent, and social services – 5.6 per cent.

**Target 4. Develop and implement youth strategies. Reduce unemployment among youths to 15 per cent in 2010 and 10 per cent in 2015**

Over the past few years the authorities have paid increasing attention to youth by integrating public policies on youth into strategies, conceptions, programs and action plans in such areas as employment, education, health care, etc. The reform of the education system and the consolidation of the material capacities of education establishments, in particular universities, have opened up new opportunities for youth, with the number of students enrolled in higher education continuously rising. Additionally, the Government has made efforts to attract young people into vocational education in order to train the needed personnel for the economy. This explains why in 2008 there 5,000 fewer students were enrolled in higher education than in the previous year. At the same time, the number of students enrolled in secondary vocational education rose in 2008 by roughly 800 from the previous year.

Economic opportunities are not equally available to young people from different parts of the country. Young people in villages and small towns are more affected by the socioeconomic troubles faced by the Republic of Moldova, but not as badly as young people with disabilities are. The insufficiency of professional opportunities makes scores of youths flee the country. As a consequence, the number of girls and young women who fall prey to trafficking in people has reached alarming levels, as has the number of boys and young men engaged in criminal activities. Statistics show that almost one half of the victims of trafficking are younger than 18, while a great proportion of other victims are aged between 18 and 24 years.

Despite falling unemployment rates among young people, they still face a host of difficulties in finding a job. In 2008, the unemployment rate among the young was 11.2 per cent, compared with 15.8 per cent in 2000 (see Chart 23). Also, since 2002 there has been a progressive fall in the number of employed youths and a simultaneous increase in the number of economically inactive youths. While in 2002 the share of the inactive persons among the youth was 68.4 per cent, this share rose by 79.2 per cent in 2008.

It should be stressed that a cause of the decreasing employment rates among youth is migration; the rate of youth participation in the labour market and in the higher stages of education is falling. It should
be mentioned, however, that the youth represent only one quarter of the population that emigrates\textsuperscript{70}. In gender terms, in 2000, young men were observed to be more affected by unemployment (16.6 per cent) than young women (14.9 per cent). The situation has changed gradually, and now the share of unemployed young women (12.4 per cent) is greater than the unemployment rate of young men (10.2 per cent). However, the rate of activity among the young male population is higher than among the young female population, constituting 23.1 per cent to 18.4 per cent in 2008.

The constant reduction in the unemployment rate among young people has made it possible to attain the intermediary target of 15 per cent for 2010 by as early as 2008. However, as a result of the economic crisis that emerged in Moldova at the end of 2008, the number of unemployed will rise, especially since employment opportunities have become more scarce not just internally but also abroad. Woman émigrés will probably be less affected than men, due to their engagement in household activities; unlike men, who are mostly employed in construction, a sector which has contracted significantly because of the crisis. At the same time, once the conditions in the countries preferred by the Moldovan migrant workers improve, the exodus of the young people could continue, further contributing to lower unemployment rates. In these conditions, the final target for 2015 could be accomplished.

\textbf{Target 5. Ensure access to basic medication}

For the purpose of implementing the State Medication Policy and achieving the MDG target on basic medicines for the population, the Moldovan authorities, with the support of the World Health Organization, have launched a systematic process of scrutinizing the pharmaceutical market not just from a drug classification and pricing perspective, but also to check the physical availability and affordability of the drugs.

In 2008, as a result of an analysis of medication prices, it was found that 13.9 per cent of the drugs in the medication classification list had a price under 10 lei, 47.9 per cent had a price between 10 lei and 50 lei, and 38.2 per cent had prices above 50 lei. The development of drug prices in 2008 can be considered as stable, with a slightly downward trend. In the first half of the year the price index was flat, decreasing in half two due to the appreciation of the national currency against the euro. The monthly price index varied between 1.0022 and 0.9913. Thus, in 2008 drug prices saw an average monthly drop of 0.2 per cent from 2007 and of 1.57 per cent from 2006. The Government intends to further employ reduction instruments with respect to the retail price of 5-10 basic medicines, used for the treatment of the most widespread diseases affecting children and the elderly.

Positive tendencies have been also registered with regard to the physical access to basic medication. Thus, in 2008 medicines were accessible to 76.2 per cent of the population, up 0.8 per cent from 2007, while in rural areas the accessibility of medicines rose from 68.2 per cent to 69.8 per cent.

At the same time, with the introduction of the mandatory health insurance system in 2004, some prescription medicines are partly or fully covered by the insurance policy. The list of fully covered prescription drugs includes basic medicines used to treat children under five years of age and pregnant women. The Government intends to extend the age group of children that benefit from covered medicines to 14 years.

In this way, some basic drugs are accessible to the 79 per cent of the population that holds a health insurance policy. The situation is more complicated with regard to the categories of persons who

\textsuperscript{70} Three quarters of whom are persons aged 25-54 years. The average age of emigrants is 35 years.
neither hold an insurance policy nor have enough resources to procure indispensable medication. In 2008 poor households spent almost 8 times as much on medical services as the rich ones. Even if there is a risk, associated with crisis-induced cuts in government spending, that the list of covered prescription drugs will not be considerably extended, the Government will further monitor and control the situation on the pharmaceutical market in order to make basic medication permanently accessible to vulnerable groups of the population.

**Target 6. Build an information society. Double the number of fixed and mobile telephone subscribers from 2006 to 2015 and increase the number of personal computers and internet subscribers at a minimum annual rate of 15 per cent.**

The information society has seen impressive expansion in the Republic of Moldova in recent years. Mobile telephony continues to be one of the most dynamic sectors of the electronic communication market, developing at a whirlwind pace and growing by more than 20 times between 2000 to 2009. The number of mobile phone users in 2009 exceeded 2.71 million, which represents 76.1 per cent of the population. This also means that the final target for 2015 has been virtually achieved. At the same time, growth in the penetration rate of fixed telephony is very slow.

The positive tendencies in the mobile telephony sector are a natural consequence of the competition on this market, a competition which materializes in a wide variety of offers providing increased traffic at reduced rates to subscribers. The slower growth rates in fixed telephony are explained by the lack of real competition in this segment of the market as well as by the fact that it is approaching its saturation point. At the end of 2009 the total number of fixed telephony subscribers was 1.13 million, or 32 per cent of the population. After all, the fixed telephony market in Moldova is following a general downward trend which is influenced, for the most part, by the substitution of landline services with mobile technology and strong competition from IT communications. This complicates the attainment of the target concerning the doubling of the number of subscribers by 2015. At the same time, the number of internet subscribers is rising continuously. In 2009, the total number of internet subscribers, including through mobile access, reached 2.13 million, with broadband connection subscribers constituting 165,200. Thus, the share of Internet subscribers rose from 1.2 per 100 population in 2000 to 37 users per 100 population in 2009 (see Chart 24). In 2008, for the first time since the existence of the internet in Moldova, the share of broadband internet subscribers surged as the number of dial-up Internet subscribers slightly decreased. This tendency has become more evident with the launch of 3G services by the mobile telephony operators. At the same time, the number of Internet users is much larger than the number of subscribers, which is due to the use of the internet at work and at home. Still, the penetration of Internet services remains low compared with the average levels registered in EU countries.
The number of personal computers is also rising. While in 2000 there were 1.5 personal computers per 100 population, by 2009 this share had increased to 20.5 personal computers. According to surveys conducted in 2009, 33 per cent of households possessed personal computers. The share of households with access to the internet stood at 27 per cent, while 11 per cent had broadband access. The number of internet users grows in parallel with the number of personal computers, and while the growth rates differ slightly, both indicators rose in 2009 by nearly 1.5 times from 2007. If these growth rates are maintained, the target of an annual growth rate of 15 per cent in the number of personal computers and internet users will be accomplished.

4. Impact of policies on partnerships for development

The existing legal framework in the Republic of Moldova and the fiscal policy promoted by the Government are beneficial for attracting investment. An important measure concerning investment attraction was the adoption of the Law on Public-Private Partnerships, developed to stimulate the involvement of private capital in infrastructure projects. To stimulate the development of river transportation, in particular at the International Freeport Giurgiuleshti, a cargo terminal was opened in 2009, which opens the possibility of creating a logistics and trade centre on the port's territory.

At the same time, there is a host of barriers of an administrative nature impeding foreign trade, which the Government is obliged to remove with the implementation of the Programme for Economic Recovery and Stabilization. In this respect, the Government will review the legal framework to remove excessive administrative barriers in the path of investment and will make an effort to remove barriers to export, ease certification procedures and reduce the number and cost of the documents needed to engage in export activities.

Concerning the stimulation of employment among the youth, public policies conducted over the last few years have been focused on promoting employment opportunities, modernizing mediation and information services, creating conditions and services for the professional reintegration of the unemployed, adjusting the education system to the requirements of the labour market and improving the social dialogue system. At the same time, efforts made by the Government to stimulate employers to offer jobs to underprivileged categories of the population, in particular young people, have failed. In 2008 only 12 graduates out of 100 were employed, as compared to 15 graduates in 2007. And nor was a facility offering preferential loans to employers in exchange for jobs for young people was not a success; in 2007 only one company took out such a loan and employed 10 young people, while in 2008 not a single company used the facility and consequently no youths were employed under this scheme.

To encourage an entrepreneurial spirit among the rural youth, the Government adopted the National Programme for Youth Economic Empowerment (NPYEE) for 2008-2010. Under this Programme, the Government, with the support of the country's development partners, offers training and practical support for earning initial capital for starting a private business, by offering commercial loans from external sources, with a 40 per cent grant component, to qualifying persons aged between 18 and 30 years. The Program has so far funded 324 sub-projects of the young beneficiaries, making for a total sum of 92.26 million lei, including 36.90 million lei offered as grant funding; in 2009, 145 sub-loans were offered in a total amount of 40.21 million lei, including 16.08 million lei offered as grant funding.

71 Law no.81-XV of 18 March 2004 on investment in entrepreneurial activity. This law establishes equal conditions for national and foreign investors.
72 Law no.179-XVI of 10 July 2008 on Public-Private Partnership.
Additionally, a follow-up to the youth economic empowerment project is being implemented with the support of the country's development partners (UNICEF, the World Bank), aimed at helping establish at least 61 micro-enterprises in rural areas. Funding is provided to agriculture-related activities, like agricultural production, storing, packaging, or any other economic activity in rural areas, including commerce, tourism, craftsmanship, etc. The project has so far funded 32 sub-projects valued at about 3 million lei.

Improving the access of the young people to social housing is also a public policy pursued by the Government, with the support of the country's development partners. One example is a project supported by the Council of Europe Development Bank, to construct dwellings for vulnerable categories, including young families, in several localities of the country. At the same time, in order to support young professionals and encourage employment in rural areas, young specialists with higher education that accept to be assigned within three months from graduation to public institutions in villages, may benefit from free housing offered by the state. These facilities may also be enjoyed by teachers, doctors, pharmacists, social assistants and culture specialists who choose to work in a village. However applications for housing from only 156 young specialists, mostly teachers, have been approved so far.

While being concerned about the extent of emigration, in particular young people, in the last few years, the Government in 2008 carried out a set of stimulatory measures of economic nature aimed at enhancing the attractiveness of the domestic labour market. In this context, the Government adopted the 2008-2009 Action Plan to encourage Moldovan migrant workers to return to the country. The Plan included actions to inform Moldovan citizens who were working abroad, especially the young ones, about the opportunities of socioeconomic reintegration offered in the Republic of Moldova. Additionally, a Programme to coordinate reintegration assistance for voluntary returnees is being implemented with the support of the International Organization for Migration. Its main goal is to ensure logistical procedures for the return of the Moldovan citizens and create reintegration opportunities for them once they are back home. The Program provides assistance for voluntary returnees from Austria, Belgium, the United Kingdom, Ireland, Switzerland, Slovakia and the Czech Republic. So far return and reintegration assistance has been provided to some 460 people. Despite these efforts, as long as opportunities abroad in terms of employment and remuneration are superior to those offered in the origin country, the attractiveness of emigration will prevail.

With regard to the Government's policy on information and telecommunication technologies, virtually all the strategic programs of national importance contain actions in this area. Moldova is currently at the stage of massively adopting laws on ITCs, yet additional effort is needed to establish principles for implementing these regulations and introduce guidelines.

The country's development partners contribute essentially to the advancement of information and communication technologies in Moldova. One relevant example is an agreement between the Moldovan Government and the World Bank on an allocation of US$17 million to fund the Health

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73 Under the project, a total of 249 apartments are to be built in the districts of Glodeni and Criuleni and in the municipality of Chisinau.
74 Government Decision no.1259 of 12 November 2008 on the provision with free dwellings of the young specialists assigned to and employed in public (budget-funded) institutions in villages (communes).
75 Government Decision no.1133 of 9 October 2008 on the adoption of the Action Plan on the stimulation of return of migrant workers from abroad
76 The National Development Strategy, the Government Program, the National Strategy for Building an Information Society (E-Moldova) and its Action Plan, etc.
77 Law on Electronic Communication no.241-XVI of 15 November 2007 sets out the principle of fair competition in the ICT sector
**Services and Social Assistance** Project, as a result of which the situation in e-medicine has improved considerably. An important step in improving access to information technologies for the general public is to be taken with the help of a pilot project aimed at creating broadband internet facilities in rural areas.

However, there is still a host of issues to be settled if an information society is to develop smoothly in Moldova. More emphasis should be put on the development of the ICT industry and promoting its competitiveness, along with improved access to broadband internet and the development of public electronic services. Ensuring fair competition in the ICT sector is also key to advancing this area. An essential condition in this respect is to **de facto** liberalize the telecommunications market and create equal conditions for all operators. Also, the advancement of electronic commerce and business could facilitate the integration of the Republic of Moldova into the global information society. To accomplish this, companies in Moldova need to be assisted and trained to use ICT and encouraged to cooperate in this field with foreign partners. This will help to create a favourable business climate for companies engaged in the ICT sector.

The Programme for Economic Stabilization and Recovery attempts to solve these problems and accomplish the desired results by liberalizing access to electronic communication infrastructure, ensuring equal interconnection rights and equal access to the local loop, demonopolizing the communications market, including by reforming the national operator Moldtelecom, demonopolizing the process of digital transactions by applying the Law on Electronic Documents and Digital Signatures, etc.

### 5. Conclusions and recommendations

Although Moldova's trade system is considered to be liberalized, its advantages are not fully realised. Because of the low competitiveness of Moldovan goods, the export destinations of the Republic of Moldova remain limited, as more than one third of the exports are directed towards the CIS countries. And even though more than a half the total volume of exports goes to the EU and South-Eastern European countries, the range of exported goods is little diversified and is mostly made up of agricultural products, alcoholic beverages and textiles. While increasing, the growth rate of exports is still lower than that of imports, widening the trade gap.

The difficulties of the transition period have affected a great number of young people, who are faced with a host of problems, like unemployment, illegal migration, trafficking in human beings, juvenile delinquency, the marginalization of certain groups of youths, and others. The high unemployment rate is not the only thing that reveals the vulnerability of the young people to the difficulties of transition, but so, too, are such regrettable phenomena like the spread of drug use and sexually transmitted diseases and the cult of violence.

The development of an information society is determined by the spread of 'digital' information through ICT products. That is why particular attention is being paid to society’s electronic preparedness, the degree of access and the use of the information and communication technology in the daily lives of the citizens, economic entities, etc. Unlike other areas of Moldova's economy, the ICT sector is successful, a domain where close cooperation between the authorities and the private sector has proved efficient. By 2008 the number of computers, partly connected to the Internet, had increased greatly in education establishments as well as in central and local public institutions. With external assistance, efforts are being made to create further internet facilities in most settlements, to be located in schools, libraries and mayor's offices. The ICT market is expected to expand further and attract more and more investors. Still there are local administrations which do not have access to the internet, an e-mail address on the. md domain, or an electronic database, so it is important to pay
more attention to supporting public administration in villages.

To achieve MDG 8, further action is needed on the six issues addressed. Some of the actions are contained in the Programme for Economic Recovery and Stabilization and other public policy documents. Broadly, the following actions need to be taken to consolidate capacities for creating a sustainable partnership for development:

- Relaunch privatizations of public property in liberalized areas, based on open, announced and transparent bid requests;
- Upgrade customs and fiscal administration (to prevent undervaluation at customs, transfer of profits, etc.);
- Strictly supervise observance of the established markup for goods deemed of social importance;
- Extend opportunities to inform and advise the population on the demand and supply of the labour market, including the migrant workers who have returned home after losing their jobs abroad;
- Implement policies to adjust market demand to educational supply, including by promoting continuous education;
- Support young families by further implementing the National Programme on “Housing for All”, which should be extended to include returnees as well;
- Create conditions for the development of telecommunications, mobile telephony, high-speed broadband internet, in particular in rural areas;
- Establish a mechanism for financing the connection of schools to broadband internet.
Chapter II.
Gender Equality in Moldova
INTRODUCTION

The continuous and systematic promotion of the principle of equality of opportunities for women and men constitutes a relatively new preoccupation for the Republic of Moldova. Ever since declaring of its independence, the Republic of Moldova has been undertaking steps to harmonize its legislation with international and European standards. EU provisions regarding the equality of opportunities and the equal treatment of women and men have been amply transposed in practice: both in documents relating to strategic public policies and in the national legislation.

International Documents and Conventions

In 1994, the Republic of Moldova ratified the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1995; the ILO Convention concerning Discrimination in Respect of Employment and Occupation 1999; the ILO Convention concerning Equal Remuneration for Men and Women Workers for Work of Equal Value; and in 2001 the Revised European Social Charter.

It is very important that all the above-mentioned documents contain provisions that forbid gender discrimination in various fields. In 1998, the Republic of Moldova presented its initial report to the CEDAW Committee, a report that has further been revised in 2000. Subsequently, the Committee has formulated multiple recommendations to the Republic of Moldova. In 2004, our country presented a combined report – the second and the third. This report together with an alternative report presented by Moldovan civil society, were examined by the Committee in 2006. Upon evaluating of report, the CEDAW Committee formulated a number of recommendations for the Republic of Moldova, which have yet to be dealt with. Gender related aspects have also been included on the agenda of the Government via the Millennium Development Goals. In 2007, a group of experts, with the financial support of UNDP and UNIFEM, conducted a large-scale analysis of the gender problems in all eight MDGs. The study of Goal 3 brings into light a number of important aspects regarding the issue of gender equality in the Republic of Moldova, such as: the participation of women in decision-making processes, the gender dimension in the labour market, the involvement of women in business, gender-based violence, etc.

Legal-Normative and Institutional Framework

At the national level, above all other legal documents, the Constitution of the Republic of Moldova stipulate equality among all citizens, allowing no discrimination based on sex and, in principle, does not contain discriminatory norms with respect to this criterion. The legislation of the Republic of Moldova guarantees equal rights for all citizens to engage in economic and social life, to prepare for and pursue any profession, to be employed, promoted and participate in the distribution of benefits, and to benefit from social protection in certain situations.

The principle of equality of opportunities between women and men is included in the Law no. 5-XVI of February 9, 2006 on Ensuring the Equality of Opportunities between Women and Men. The law in question regulates measures regarding the promoting of equality of opportunities for women and men, and excludes direct and indirect discrimination based on gender in all areas of public life in the Republic of Moldova. It is important that the Law on equality of opportunities for women and

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men mentions the necessity of including its principles in all “public policies, strategies and programs, normative acts and financial investments”, thus calling for an integrated approach to the gender dimension.

The Law in question also provides an institutional framework for ensuring the equality of opportunities between women and men by designating the competent authorities in the area of equality between women and men. These are as follows: the Parliament, the Government, the Governmental Commission for Equality between Women and Men, the Ministry of Health and Social Protection (presently, the Ministry of Labour, Social Protection and Family, assigned to be the specialized authority), other ministries, central administrative authorities and local public authorities – by means of gender units. The Activity of the Ministry of Labour, Social Protection and Family, through the activity of the Department of Policies for Ensuring Gender Equality and Prevention of Violence, has contributed to the achievement of significant progress in recent years in the area of gender equality.

At the same time, the Law also describes explicitly the competences and the functions of the latter, this fact offering a comprehensive image of the implementation mechanism for the respective legislation. Based on the aforementioned law and for purposes of satisfying the provisions of CEDAW, through the Government Decision no. 350 of 07.04.2006, the Governmental Commission for Equality between Women and Men was instituted. The Government Decision no. 895 from 07.08.2006 approved the Regulations of the governmental Commission for Equality between Women and Men.

Nevertheless, it is important also to highlight certain deficiencies as far as the functioning of the specialized institutional mechanism, which are: (i) the insufficiency of qualified human resources; (ii) the fluctuation of human resources: the frequent change in the specialists who work for gender unit has led to the appointment of staff without proper knowledge or background in the area; (iii) the insufficient level of professional motivation of the specialists who are forced to perform on top of their main functions the function of gender unit (unpaid); (iv) the lack of gender units at the local level due to the lack of financial resources; (v) the insufficiency of financial resources – thus, in 2006 and 2007, for the means of implementing the Law, the Budget allocated financial resources only for the salaries of specialists from the aforementioned Direction from the specialized Ministry; and (vi) the incomplete design of the mechanism of monitoring and evaluation in the domain.

At the same time, as far as the situation in the field is concerned, the lack of a gender unit as part of second-tier local public administration has led to a situation where the responsibility for carrying out the activities related to this area have become the responsibility of the specialists dealing with problems in families in at-risk situations who are part of the Sections of social assistance in the rayon Councils. It is obvious that since they are given a great amount of responsibilities without defined financial remuneration (rayon budgets do not provide financial allocations for gender units), the people responsible are not capable of carrying out the professional duties of a gender unit.

Adopting the specialized legislation was crucial to assuring de jure equal treatment for women and men, while assuring de facto equality is a process which has yet to be continuously sustained by means of consistent actions and combined efforts on the part of governmental and non-governmental institutions and structures.

The Strategic Framework in the Gender Domain

aimed primarily at promoting equality between genders as one of the basic legal principles of
democratic society in the Republic of Moldova. The Plan was, in fact, a normative instrument for
implementing the Law on gender equality. Analysis of the implementation of this plan has
highlighted the fact that due to a lack of human and financial resources, it was impossible to achieve
the objectives stipulated in the document and fulfil the commitments undertaken.

The EU-Moldova Action Plan has also established a set of priorities in the areas included in the
Agreement for Partnership and Cooperation. Thus, the chapter “Political Dialogue and Reforms”,
the subchapter “Human Rights and Fundamental Freedoms”, among others, contain provisions for
“Ensuring Equal Treatment”, which requires the Government to “continue efforts to ensure the
equality of men and women in society and economic life, based on non-discrimination”. Furthermore, the “Economic and social reform and development” chapter, in the “Employment and social policy” subchapter, provides for the principle of gender equality in the context of objective 23 – “Strengthen[ing] dialogue and co-operation on social matters. Ensure a closer approximation of the country to EU standards and practices in the area of employment and social policy”.

The National Human Rights Action Plan 2004-2008 (NHRAP), through its chapter 11, has
addressed the problem of women’s rights. In spite of the fact that UNDP Moldova has given support
to the state in implementing NHRAP, the final conclusions regarding the achievement of the
objectives under chapter 11 of this document have been more than reserved. During parliamentary
hearings in December 2007, two reports were presented: the Government report and an alternative
report, put together by a group of independent experts. As a follow up to those hearings, the
Parliamentary Commission for Human Rights has forwarded to the Prime Minister of the Republic
of Moldova the CHR-6 (Commission for Human Rights) Decision no. 286 regarding the evaluation
of the fulfillment of the second part of chapter 11 from NHRAP, emphasising certain specific
subsequent tasks and recommendations for the Government of the Republic of Moldova aimed at
improving the situation both at the central and local levels. The text of the Decision noted: “many of
the activities included in the second part of chapter 11 of NHRAP have been fulfilled only partially
or not fulfilled at all. That in spite of the fact that for their fulfilment minimal or no resources were
required”. At this moment, none of the decisions formulated by the specialized Parliamentary
Commission have been acted upon.

The specialized Ministry, with the support of UNIFEM and in close and effective cooperation with
specialized NGOs, and employing the expertise of the latter, has conducted an extensive
awareness-raising and advocacy process for the inclusion of the gender paradigm in the content of
the National Development Strategy 2008-2011. In spite of all these efforts, the final version of this
strategic document did not include transverse or cross-sector reference to the gender dimension,
maintaining only a sporadic presence of the dimension in subjects pertaining to education, health
and social protection.

Recently, the National Program for Ensuring Gender Equality (NPEGE) 2010-2015 and the
Plan of Actions for implementing the NPEGE for the period 2010-2012 have been approved. These
documents have been produced by means of some coherent and ample processes conducted by
UNIFEM, the Ministry of Labour, Social Protection and Family and social partners and they
include a detailed analysis of the sphere of gender equality, as well as general and specific
objectives the achievement of which is necessary for improving gender equality, specifying at the
same time the specific activities and the responsible actors and partners for implementing them.

80 http://www.un.md/UNIFEM/government/NHRAP/Decizie%20PNADO%20Capitol%2011%20Gen_%20Dec%
2007_Rom.pdf
81 50/50 Women Political Club, Gender Center, Women Organizations Forum, „Partnership for Development
Center”, and others.
Successful implementation of NPEGE and execution of the activities mentioned in the Plan of Action will accelerate the processes of consolidating gender equality in the country and of including the gender perspective in all public policy documents.
MAJOR PROBLEMS IN THE AREA OF GENDER EQUALITY IN THE REPUBLIC OF MOLDOVA

1. Political Empowerment of Women

The political participation of women depends on a series of factors, such as their knowing and asserting their rights; access to information regarding existing laws, policies, institutions and structures that “govern” their lives; self-confidence, a high level of self-respect and capacity to provoke and confront (whenever seen as necessary), existing state structures; networks and relations which would offer support and present positive role models; an environment which would “empower” them – a political, legal, economic and cultural climate which would allow for women to get involved comprehensively in decision-making processes. On the other hand there are other factors, which include: economic dependency and a lack of adequate financial resources; a difference in opportunities for employment (and, implicitly, for career growth); discriminatory socio-cultural attitudes and negative stereotypes perpetuated in the family and in public life; being overloaded with household-related duties; intimidation, harassment and violence; a lack of access to information.

On the other hand, data obtained from public opinion polls (“Gender Barometer 2006”) shows that the major obstacles to women’s involvement in politics are “being overloaded with household-related worries” (60 per cent of respondents), and that the “political system consists largely of men” (37 per cent of the respondents). Therefore, it is obvious that increasing the degree of accountability of both partners in a couple on one hand, and men accepting women (encouraging and showing support for them) in politics as partners, colleagues, candidates and opponents on the other hand, would “dilute” the exaggerated male political class while the results of these processes would be beneficial for both genders.

Beyond the legislative framework, the socio-political obstacles that women have to overcome on their paths towards decision-making positions in general are the following: (i) the dominance of a male model associated with political success and political life in general (in the post-communist world the political actor is identified by a series of characteristics among which not even the family man trait can be found); (ii) designating the man as being “the head of family” in all the social, economic and political spheres; (iii) limited support from political parties, reflected on all levels, from the financial resources allocated to the level of trust and human support; (iv) a low level of willingness on the part of political parties to collaborate with women’s organizations; (v) the interest of men in not having women enter into competition with them for leadership positions; (vi) the lack of political and social stimulus for a system of educating and training in the area of leadership for women which would guide young women towards a political life; (vii) a lack of positive role models and of support from women already in power.

Equally difficult to overcome are the socio-economic obstacles: (i) women are largely dependent on financial support from men; (ii) women do not possess the necessary resources or access to economic networks capable of supporting them in an electoral race; (iii) women do not have the same available time because of their double commitments (both family and professional).

The third type of problem that women seeking to enter the political life confront are problems of ideological and cultural nature: (i) in many societies the dominant cultural patterns are the traditional ones which attribute predetermined social roles to women and men (the woman being responsible for care, home, children and generally the private space, while the man is responsible for the public space); (ii) the inequality in power relations between women and men inside the

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family; (iii) a lack of the self-confidence needed to enter electoral races; (iv) women’s perception that politics are “dirty” and “tough”, hence their low level of interest in it; (v) the fear of violence, harassment, being criticized and even divorce; (vi) the way in which the media treats women in the political space (in general, the press describes the image of a woman in politics as being an atypical image).

It is a well-known fact that women constitute more than half of the population of the Republic of Moldova. Their contribution to the social and economic development of the country is larger than that of men (especially taking into account their double role - both productive and reproductive). Nonetheless, their participation in political structures and decision-making processes regarding the distribution and utilization of resources remains insignificant. As a matter of fact, the rise in the degree of political participation of women is considered one of the most important means of consolidating the gender equilibrium in society.

The Republic of Moldova is part of the group of countries in which the number of women in decision-making offices is low, and this is reflected in the composition of Parliament and of the local councils, etc (see the data presented in Goal 3). Both the social actors and the experts analyzing gender problems in the Republic of Moldova have identified and highlighted as a priority action the achievement of equal representation in decision-making processes since the constant under-representation of women in the process of political decision-making constitutes an expression of an appalling democratic deficit.

The civic and political participation of women is a factor that could result from the complex process of empowering women, of enforcing human rights and of consolidating gender equality. Since the Republic of Moldova lacks a consistent tradition and history in this respect, the problem of women’s political participation and involvement has been tackled only sporadically.

At the same time, women have the same right to hold opinions as men, in all aspects that have an impact on their lives. This right constitutes the nucleus of many instruments, which draw on human rights, as well as the national constitution, the adopted laws and the ratified declarations. The efforts of the civil society in the Republic of Moldova – by means of the activities of specialized NGOs – aimed at increasing the political participation of women express, in essence, the will to have a society which would offer equal opportunities and a complete set of rights for all its citizens.

The CEDAW Committee, while welcoming progress that has been made recently, has also expressed its concerns about the fact that in the Republic of Moldova the number of women in decision-making offices in public and political life remains small, including in Parliament, public service and the judicial system. The Committee is also worried by the low level of representation of women in decision-making positions, and in the country’s representations abroad. The Committee is preoccupied by the fact that in spite of its previous recommendations, no specific provisional measures have been undertaken in this regard.

In this context, the Committee encourages the Government of the Republic of Moldova to implement measures aimed at increasing the presence of women in decision-making, in particular at local level, in Parliament, in political parties, in the judicial system and in public service, including in appointments abroad. It is recommended that the Republic of Moldova establish clear goals and timelines for accelerating the equal participation of women in political and public life at all levels. The Committee also advises the Republic of Moldova to implement programmes to raise awareness aimed at encouraging women to participate in public life and create social conditions for their participation, including, among other things, through detailed measures aimed at reconciling responsibilities in the public and private spheres. The Republic of Moldova is encouraged to highlight for its entire society the importance of full and equal participation of women in positions
of leadership at all levels of decision making, so as to ensure the development of the country.

**Economic Empowerment of Women**

**Women on the labour market**

The economic situation in the Republic of Moldova has recently become a subject drawing increasing attention and analysis within the framework of specialized studies and researches. This is due to the fact that it reverberates negatively into all areas of citizens’ lives, significantly affecting such areas as health and education, determining the migration of the population and the increase of occurrence of criminal behaviour. Gender analysis of the labour market highlights number of important aspects, including the limited scope for equal participation of women in the labour market, professional segregation and a discrepancy in remuneration between women and men, a low level of female entrepreneurship and a lack of state programs aimed at stimulating these, especially in rural areas.

In 1999, the rate of labour activity of women was identical to that of men aged up to 50 years, with values among older age groups being lower. In 2008, the rate of labour activity of women fell below that of men. At the same time, the unemployment rate for men is higher. On the other hand, more men than women work in environments which do not correspond to hygienic-sanitary norms, being engaged in hard physical work and working in inadequate premises. This higher indicator for men is explained by the fact that they are more often employed in fields with a high degree of risk, such as construction or transportation. When analyzing feminized fields, such as education, the number of women that work in inadequate conditions is higher than the number of men.

Although a larger number of persons work in the private than in the public sector, regardless of sex or location, the number of women working in the state sector is higher than the number of men, with the situation being the opposite in the private sector. This fact confirms yet again existing attitudes and gender relations at the level of society: women value the stability of the job more than men even if that job implies a lower salary (as is often the case in the public sector), while men seek a higher salary more than women, even if it comes with increased job instability (as is often the case in the private sector).

The majority of the population is engaged in formal occupations, where they receive salaries. Nonetheless, more women than men from this category are not remunerated and the difference in their number increases in the rural area. As far as informal occupations are concerned, in urban areas more women than men are part of this category. Gender inequalities arise in the case of the population engaged in non-remunerated informal occupations based on residence – in urban areas more women than men are in this situation, while in rural areas the opposite is the case. Based on gender and level of education, the number of men with an average level of education engaged in the informal sector is 6 per cent higher than the respective number for women. At the same time, the number of women with a low level of education engaged in the informal sector is 5 per cent higher than the respective number for men.

Gender analysis of data referring to benefits and pay weightings allocated to employees for unfavourable working conditions concludes that the number of women benefiting from additional paid vacations, reduced working schedule and payment increases due to unfavourable working conditions is higher than the respective number for men. At the same time, more men than women benefit from increased scheduled salaries and the right to a state pension given under favourable conditions. The conclusion is that women gain more from benefits for unfavourable working conditions, while men benefit more from increased monetary compensation (“Women and Men in the Republic of Moldova, 2008”).
The distribution of employees by territorial criteria shows that the largest proportion of employees, regardless of gender, is located in the municipality of Chisinau, followed by the north, the centre, the southern regions and finally the autonomous territory of Gagauzia. While in Chisinau more men than women are on the payroll, in all other regions the number of women on payroll is larger than that of men. This is valid also at the level of all localities from the respective regions, the only exception being the town of Basarabeasca from the southern region.

In 2007, a group of researchers from the Academy of Economic Studies of Moldova have conducted detailed sociological research (on a sample comprising 1,786 women) to analyze quantitatively and qualitatively the situation of women on the labour market. The study offers a new set of data which confirms the disadvantageous situation of women on the labour market, adding new details to the existing picture. For example, the results of the survey show that 38.1 per cent of businesses interviewed believe women endure tougher conditions on the labour market than men. At the same time, 42.5 per cent of the businesses interviewed believe women confront discriminatory situations on the labour market. The respondents admitted they prefer to employ men, even when they have weaker professional qualifications than the women aspiring for the same position so as to “prevent possible human resources fluctuations caused by maternity leave”. The businesses interviewed consider that discrimination against women occurs most often at the moment of employment (56.7 per cent), while 37.8 per cent consider that this phenomenon occurs mostly at the moment of promotion. Surprisingly and at the same time alarming is the fact that the businesses recognized better than their female employees the phenomenon of discrimination.

As far as the managerial abilities of women are concerned, 42.7 per cent of the businesses interviewed consider that their organization does not include women with managerial capacity and qualities, while 30.7 per cent are convinced that “only men are suitable for management positions”. For 21.3 per cent of the businesses interviewed, the main reason given for not wanting women in management positions is that they have to “split their professional activity with their family duties, which impedes them from fulfilling the work tasks at the required level of quality”. An analysis conducted in 2006 regarding the perception of the phenomenon of gender-based discrimination on the labour market concluded that woman continue to be considered less prepared for management positions and that in particular discrimination is a “natural” attitude. The results of another study elucidate the fact that written provisions which would regulate policies for equal opportunities when hiring women in the interviewed institutions or businesses are totally absent.

Based on the aforementioned studies, the following can be concluded:

- Women confront more difficulties on the labour market than men;
- There are no governmental policies aimed at protecting the interests of women on the labour market;
- The Republic of Moldova’s labour market incorporates many forms of discrimination against women;
- There are no anti-discriminatory policies and/or strategies at the level of organizations;
- Cases of sexual harassment of female employees are encountered;
- The number of women in management positions on the labour market is small;
- The trend towards involvement of women in informal activities (on their own) is increasing in frequency;
- The involvement of women in developing and growing their own businesses is minimal;

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84 “The perception of the gender-based discrimination phenomenon on the labor market of the Republic of Moldova, pilot-study”, “Partnership for Development” Center, Chișinău, 2006
85 “Discrimination against women at the work place”, 2006.
The number of women without an occupation is increasing.

Based on the data obtained in the survey “Sexual Harassment in the Republic of Moldova”86, more than half the female interviewees (students and employees) consider that male employees obtain career advancement more easily than female employees and more than four out of 10 interviewees consider that the salaries of male employees are higher than those of female employees and that the latter are exposed to a more difficult working schedule than their male colleagues. Female employees experience these forms of discrimination more severely than female students. At the same time, analysis of the frequency of occurrence of these acts show that female employees are more often victims of various forms of sexual harassment, a situation which may suggest the conclusion that the professional environment carries a higher risk of sexual aggression towards women than the academic/university one. More than six out of 10 female students and more than four out of 10 female employees believe gender-based discrimination exists in the Republic of Moldova and are of the opinion that, directly or indirectly – from the part of their relatives, friends or acquaintances – they have experienced various forms of gender-based discrimination. The dominant opinion of the interviewees is that the most frequent causes of gender inequalities are the monopoly which men attempt to institute over leadership functions and roles, the increased level of corruption in political and business environments, as well as the fact that the household-related duties take up too much of a woman’s time.

The CEDAW Committee has expressed its concerns regarding the situation of women on the labour market, which, despite the increased number of specialized studies on the situation of women, is characterized by an increased concentration of women in public sectors with low levels of remuneration, such as health care, social assistance and education, and by the existence of a disparity in remuneration between women and men in the public and the private sectors. The committee is preoccupied by the fact that labour legislation in the Republic of Moldova, while being very protective, especially with regards to pregnant women, is in reality limiting the participation of women in certain spheres, while potentially establishing impediments for the participation of women on the labour market, especially in the private sector, and could perpetuate the stereotypes regarding gender roles. The Committee is also worried by the fact that important sectors that are traditionally considered to be male, such as defence and law enforcement, offer few or no opportunities to women. Nevertheless, public authorities are undertaking measures aimed at changing this situation, thus, based on the data from the Ministry of Internal Affairs, approximately 10 per cent of the commanding forces of the police are women (of a total number of 6,600 officers, 661 are women)87.

In this context, the CEDAW Committee encourages the Republic of Moldova to ensure equal opportunities for women and men on the labour market by, among other measures, means of special provisions, in line with Article 5, paragraph 1 of the Convention and the general recommendation 25 of the Committee, regarding special provisions. The Committee encourages the Republic of Moldova to intensify its efforts to ensure that all programs aimed at increasing the number of working places and of decreasing poverty take into consideration the gender aspect and that women can fully benefit from all the programs aimed at sustaining private entrepreneurship. It is further recommended to intensify efforts aimed at eliminating all forms of segregation on the labour market, both on the horizontal and vertical dimensions and at eliminating the discrepancies between women and men, among other means, by introducing additional increases to salaries in public sectors dominated by women. The Committee recommends the Republic of Moldova undertake periodic revisions of the legislation, in conformity with Article 11, paragraph 3 of the Convention, in order to reduce the number of barriers which women have to confront on the labour market.

86 http://www.progen.md/sys/files/Fenom_hart_sex_RM.pdf
87 Data from the Ministry of Internal Affairs letter presenting the MDG implementation, from 10.12.2009.
Box 16. Discrimination against women and men on the labour market

Unfortunately, both women and men, under certain contexts, in relation to certain groups, are subject to discrimination. When talking about gender-based discrimination, a clarification needs to be made: discrimination against men occurs largely in the private sphere (responsibilities related to the family and to the raising of children), while discrimination against women occurs, preponderantly, in the public sphere (in social, economic and political life).

Men are thus practically excluded or, in virtue of education and existing stereotypes, are self-excluded from involvement in the life of the family, while women are not allowed or dare not request participation equal to men’s in various aspects of the public life. Discrimination against women is a phenomenon which modern civilization strives to eliminate. Nevertheless, on an everyday basis, women have to confront the archaic mentality of the patriarchate. The context of the Republic of Moldova shows us that in the area of labor women endure a series of forms of discrimination. This is due to the fact that there are sectors of the economy in which, traditionally, women constitute the majority, just as there are sectors where men are the majority. This fact leads to gender-based segregation of occupations, with a tendency for the feminized sectors to be generally worse paid.

Contrary to existing laws which prohibit gender-based discrimination, cases of gender-based discrimination relating to the exercise of certain rights in various areas are encountered quite often. For example, the law prohibits gender-based discrimination upon hiring. Nevertheless, a woman with a visible level of pregnancy is in most cases denied employment. Another example is that the law prohibits age-based discrimination, yet this is one of the most often-encountered criteria for rejection and, implicitly, for denying employment. A woman over the age of 40-45 encounters significant difficulties in finding a job. The law prohibits discrimination based on the criterion of physical appearance, yet often are cases when a woman is denied employment because she does not correspond to certain aesthetic standards even though the job description does not require an agreeable physical appearance (such jobs as accountant, economists, computer operator, etc.). The law prohibits gender-based discrimination, yet there are often cases where woman candidates are denied employment on this specific criterion. Such cases are often encountered for positions of management which, naturally, are better paid. In most cases, employers do not specify the above-mentioned selection criteria in job adverts (physical appearance, age, sex, number of children) because, in most cases, these criteria are not justified and, as a consequence, are discriminatory. Nevertheless, job announcements which specifically state the gender of the desired candidate are often encountered, and they also often specify her or his “qualities”, more often physical than professional. Regretfully, references of such announcements remain in the offices of the specialized NGOs because the persons usually do not have the courage to attempt to solve the problem by legal means. Moreover, such a procedure would be very complicated given the fact the above-mentioned law only “prohibits”, but doesn’t also “sanction” gender-based discrimination.
The Phenomenon of Migration

Analysis of the phenomenon of migration from a gender perspective shows that in the second trimester of 2009, approximately 295,000 people left the country to work abroad, of which one third were women (CBS-AXA, 2009). The majority of women have departed to work in the countries of Western Europe, CIS, Turkey and Israel. Of the total number of emigrated persons employed in the field of construction, 95 per cent are men while 5 per cent are women. In the social sphere, care for the sick, the elderly and children, as well as in home care, 96 per cent of the employed are women and 4 per cent are men. In the sphere of commerce, 63.6 per cent of the employed emigrated population is female while 36.4 per cent is male. In the industrial sector, 68.6 per cent of the employed Moldovan emigrants are men and 31.4 per cent are women. In agriculture, the majority of the employed Moldovan emigrants are male – 75 per cent. In the second trimester of 2009, monetary remittances from abroad have dropped by approximately 30 per cent, or US$322,322 million.

Based on the data of the analytical study conducted by Michele Bruni and edited by Andrea Salvini upon the request of the sub-regional office of the International Labour Bureau for Central and Eastern Europe in Budapest (2009), with reference to the Labour Force Survey, emigrants from rural areas have a lower level of education, and women, both from urban and from rural areas, possess a level of education which is higher compared to men, the difference being more obvious in the case of emigrants from rural areas.

After having presented the last report regarding the implementation of CEDAW (in 2006), the Committee has expressed its preoccupation with the level of impact on women of the economic restructuring and with the increasing feminization of poverty, especially in reference to such vulnerable categories as women from rural areas, single women who manage their own households, women from certain ethnic groups, in particular women of Roma ethnicity, women with disabilities and elderly women. The Committee expressed its regrets regarding the fact that the Millennium Development Objective in the context of reducing poverty and hunger did not include a gender perspective.

In this context, the Committee demands the Government of the Republic of Moldova conduct an impact analysis of the economic restructuring on women and ensure that all the programs and strategies aimed at reducing poverty have a multi-dimensional character, are gender-aware and are aimed towards specific groups of women, in conformity with their specific needs, taking into account discrimination these women have to confront at various levels, and to include in its subsequent periodic report information regarding the steps undertaken and the results obtained for improving the economic situation of women, in particular of the vulnerable categories, such as women from rural areas, single women who manage own households, women from certain ethnic groups, in particular women of Roma ethnicity, women with disabilities and elderly women.

The Government of the Republic of Moldova has set as a goal to undertake certain actions aimed at reducing the impact of the global crisis on woman émigrés, by means of the National Strategy on labour force employment policies for the years 2007-2015, which includes: (i) revising the existing legislation with the purpose of facilitating women’s access to certain professions; (ii) encouraging the promotion of women to management/leadership positions (both in the private and in the state sectors, conducting monitoring regarding the ensuring of equal opportunities for women and men, diversifying the types of specializations and professions which would be equally accessible to both women and men, diminishing gender-based differences in remunerations); (iii) encouraging the integration of women into the labour market by providing child care services (as well as care

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88 Labor Market in the Republic of Moldova, Michele Bruni, 2009
services for other categories of dependents), and encouraging equal sharing of household-related work among partners and facilitating the professional reintegration of women after their maternity/childcare leaves; (iv) extending the network of local and regional centres providing consultancy and professional orientation for young people and for women.

Social Empowerment of Women

Childcare

As far as childcare is concerned, as was largely expected, women are the ones taking on the traditional role of caring for and raising children: both in 2006 and in 2007, over 97 per cent of those on childcare leave were women while the percentage of men was slightly over 2 per cent. In 2008, the male quota increased insignificantly reaching 3 per cent of the total. In absolute numbers, this percentage represents 3,200 men, while the number of women benefiting from childcare leaves was at the level of 106,500. Due to the fact that of the 3,200 men mentioned, some took childcare leave in order to leave the country and work abroad, the realistic number of fathers who were on leave in order to effectively care for children remained unknown.

The percentage of men on childcare leave remains extremely low, a situation which can be explained by a number of factors, among which: (i) the income of the father is considerably higher than that of the mother; (ii) the persistence of gender stereotypes and the traditional gender-based distribution of roles; (iii) the absence of programs to encourage men to get involved and participate more actively in the raising and education of their children; (iv) a lack of gender education (both in the family and in formal education institutions).

The problem of the involvement and participation of men in the raising and education of their children remains a crucial one in the context of women’s political and economic capacities. Only when household-related duties will become shared between both men and women, the latter will benefit from the necessary time and strength to be active professionally and politically.

At the same time, a blatant insufficiency of services and childcare institutions for children of preschool age is attested, a situation which often forces women to take extended childcare leaves (of up to six years) in order to raise and care for children. In such a way, when a woman becomes the mother of two children with an interval of one to five years between these two, she may end up in childcare leave for an extended period (of up to 12 years), a time during which she may lose her professional competencies and upon return to the labour market, become professionally unattractive for employers. Often, there are cases when women who have been on extended childcare leave accept poorly remunerated positions and cannot continue their career growth from the position which they have left for childcare leave.

Moreover, empirical observations and some studies show that employers prefer not to offer employment to women of reproductive age because these, at a certain point in time, will have to take childcare leave. In spite of the fact that the existing legislation forbids discrimination at the stage of employment or of promotion, in reality there are many cases of discrimination in this sphere.

Retirement system

The problems relating to gender dimension in the sphere of social protection are determined by the double burden of women (responsibilities in family life and in professional life) and their carrying out of a large amount of unremunerated work (caring for dependent members of the family, etc.). According to the National Strategy for Gender Equality, the social assistance system is based on a
patriarchic model of society in which, as a rule, women are tasked with unremunerated care for children, the elderly and the sick. This model, while fuelled by everyday realities in the Republic of Moldova, obviously limits the social, political and economic participation of women who, in such cases, serve as providers of unremunerated care services.

The number of retired women is higher than that of men and the existing gender structures at the level of retirement beneficiaries highlights the differences between the percentage of women and men which is around 8 per cent. This fact is determined by the fact that women in the Republic of Moldova have a longer life expectancy than men (by approximately eight years). Analysis of social protection shows that gender differentiation in the age of retirement and the expected duration of retirement represent disadvantages both for women and for men. In other words, the statistical data confirms that in the Republic of Moldova women live “in worse conditions, but longer, while men live in better conditions, but for a shorter time”. Maintaining the traditional forms of carrying out household-related responsibilities by over-soliciting the involvement of women and the natural processes of giving birth to children cumulated with those “determined socio-culturally” of caring for children, provides a system which seems to be “compensated” for by the retirement for women at an earlier age. At the same time, the differentiation in quotas between women and men caused by the periods of maternity/childcare or care for the elderly or the sick, as well as the gender-caused discrepancies in employment remunerations, carry negative repercussions on the quantum of pensions for women, which is lower than the respective quantum for men.

The UNIFEM Program in Moldova has carried out a brief analysis of the pensions system from a gender perspective. The analysis has shown that women have a shorter period of participation on the labour market than men, meaning the duration of women’s contribution to the labour market is shorter and in 2007 amounted to 85.2 per cent of the duration of men’s respective contribution (while undergoing a slight increase over the last 7 years). It was also established that while the formula for calculating pensions does not contain elements which would positively discriminate in favour of either men or women, it is based on a history of older contributions and thus reduces significantly the differentiation of the levels of salaries. At the same time, the pension calculation formula based on a history of new contributions does not contain a criterion which would inevitably lead to an increase of the degree of differentiation between the different levels of the pension. Researchers have established two profiles – men and women – for people with low incomes but full contributions, and these are the following: a woman that works full time from the age of 17 until the age of 57 and earns an average of approximately 60 per cent of the average income for a women. This woman will obtain a pension which would constitute approximately 90 per cent of the pension of a man having an identical profile (491 lei). The man has carried out his military service between the ages of 18 and 20, and from the age of 21 until the age of 62 has worked full time and has earned approximately 60 per cent of the average income for men. His pension pay will be 545 lei.

In conclusion, the present pensions system is largely dependent on factors from outside the system per-se, such as: demographic differences between women and men, gender-related stereotypes in the family and in society, traditional gender roles in relation to the labour market, etc. Nevertheless, there are certain features in the retirement system which relate to the constant difference in the amount of pensions for men and women.

**Other Problematic Aspects**

**Gender Budgeting**

Gender sensitive budgeting (GSB) ensures the inclusion in the spending and income policies of the needs and interests particular to individuals from various social groups (differentiated based on sex, age, ethnicity, residence area, etc.). Gender budgeting is a subject which has recently constituted a
constant priority for the agenda of the European Union. This form of budgeting does not involve forming separate budgets for women, allocating financial resources aimed at supporting the running of programs designed especially for women or analyzing only gender-explicit budget lines, but rather the awareness of the fact that the public budget is not gender-neutral and that it has a different impact on women and men.

The degree to which a budget is sensitive to the gender dimension constitutes a measurement instrument of the commitments of the Government towards equality between women and men. Norway (the country with the highest Human Development Index, 0.971), Great Britain (Human Development Index – 0.947), Sweden (Human Development Index – 0.963), France (Human Development Index – 0.961), Spain (Human Development Index – 0.955) are some of the countries which already employ gender budgeting. For comparison, the Human Development Index in the Republic of Moldova is 0.720 which ranks the country 117 out of 182 world countries. Based on an initial mapping of the budgetary process in the Republic of Moldova, UNIFEM Programme experts have found that neither the system nor the processes related to budgeting are sensitive to the gender dimension. Although the programme-based classification of the budget, which was initiated a few years ago, offers great opportunities to apply GSB instruments, these instruments remain unused. This happens largely due to the lack of knowledge regarding the employment of gender sensitive budgeting approaches.

Nevertheless, gradually, with the support of the country’s development partners, gender budgeting is becoming better known as an instrument for promoting equality of opportunities between women and men. Thereby, due to the implementation of the UNIFEM Program in Moldova 89, the subject of gender budgeting has become known to the public and to some specific target groups. Three case studies aimed at clearing the problem of gender-related opacity in the budgeting processes have been carried out. Moreover, the Academy of Economic Studies has both introduced an optional course on “Gender Sensitive Budgeting”, and has modified the curricula for two other optional courses (Budgetary Policies and Techniques and Fiscal Planning) to include separate chapters on gender budgeting. The Masters’ program at the same higher education institution has included a gender component in the curriculum of its Public Finance and Taxes course.

At the same time, gender sensible budgeting initiatives serve to confirm a government’s commitment to adapting to CEDAW requirements in the four main dimensions of the budgets: income, expenditures, budget macroeconomics and budgetary decision making processes. These links also contribute to the clarification of the way in which the analysis of the budget in gender-related terms can ensure: the monitoring of the government’s conformity with the CEDAW provisions; the identification of the means of using of CEDAW for establishing the criteria of promoting equality in the budgetary activities, as well as the initiatives of gender budgeting and other initiatives for the purposes of achieving gender equality 90.

Gender Aspects in Education

The field of education is, par excellence, one in which the gender equality approach should be pushed most pro-actively. The educational system, by means of its institutions, constitutes a major facet of socialization. Therefore, education should be particularly and consistently gender-aware. This would imply that the gender dimension would be a fundamental and indispensable part of education, and that there would be an integrated approach to gender equality, making it one of the core values of education.

90 GENDER. By-monthly informative Bulletin, no. 3, 2009 (with the support of the Group of Donors regarding Gender Equality in the Republic of Moldova.)
At the initiative of the Ministry of Education, all universities and secondary education institutions (pre-university level) have included in their institutional plans activities for promoting gender equality, preponderantly by means of extracurricular activities. This initiative of the Ministry of Education has been an effective one. Nevertheless, regretfully, out of the vast array of activities which could be carried out in this area, preference has been given to the implementation of those dealing with the issue of violence in the family. Moreover, only one institution has been more open on this topic – the Police Academy „Stefan cel Mare“ of the Ministry of Internal Affairs. It is regrettable that not all institutions have followed the memorandum of the Ministry and have therefore not implemented the gender-aware approach to education approach. One of the explanatory causes might be the that both educators and students are overloaded.

In 2005, the Soros Foundation Moldova supported the implementation of an unprecedented project in the Republic of Moldova which aimed at examining the gender perspective in the high school curriculum and the textbooks employed, trying to establish the extent to which gender education is carried out in the public education system in the Republic of Moldova. The results of the research showed that the secondary (pre-university) education system contains certain gender-related modules, but that these are of a nature which aggravates the situations regarding the lack of gender equilibrium in society. Both the conduct of the educators, and the content of the high school textbooks, the images and the pictures in the textbooks, offer children a gender-socializing framework which did not encourage or promote gender education among students. It was found that the gender dimension is not taken into consideration by the authors of the curriculum and the authors of the textbooks and that gender issues are considered to carry little or no relevance at all. Nevertheless, it was found that promoting a gender discriminative and unbalanced content was not an intentional decision. At the same time, experts have reached the conclusion that by means of the written curriculum and the images included, a traditional type of gender socialization is promoted, one that underlines significant differences between genders, favouring male dominance.

Therefore, as long as the education system does not contain a certain degree of visibility regarding gender issues, it cannot be considered a system that advocates democracy, knowledge and respect for human diversity, a model of complete socialization and an individual’s pursuit of his or her own full potential, without conservative constraints and norms which would limit the individual’s choices and behaviour. Unfortunately, the family framework does not offer optimal gender-related education alternatives either. Due to a low level of awareness on the part of parents regarding gender-related issues and even ignorance of the subject, children in families continue to be socialized in a traditional manner, with parents contributing, with or without full awareness, to the perpetuation of a gender stereotypes which in time may condition the emergence of gender-related bias and discrimination.

After presenting the last report regarding the implementation of CEDAW (in 2006), the Committee recommended to the Government of the Republic of Moldova that it “disseminate information pertaining to the content of the Convention through its educational system, to include at all levels of formal education gender-related perspectives in textbooks and curricula and to ensure gender education for teachers and professors, with the clear aim of changing the present stereotype perceptions regarding the roles of women and men in the family and in society”.

**Gender dimension and mass-media**

The gender dimension, with all its implications, is an area in which the mass-media plays a crucial

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91 “Gender models and values in the public education system in the Republic of Moldova” (CNSIPF, 2005). Coordinator: Doina-Olga Ştefanescu.
role. Mass-media does much more than just “reflect” cultural norms and realities. In fact, mass-media forms and re-creates culture. Media and the media discourse largely serve the purpose of socializing; influencing human decisions and behaviours; transmitting social models and stereotypes; imposing constraints, promoting values and standards. Mass-media educates and forms humans as regards their gender roles and expectations and the way in which we perceive difference.

The gender characteristics of the media message is very important due to some general factual considerations. Women account for 52.8 per cent of the total population of the country, more than half of the work force, 52 per cent of the total number of qualified specialists, 59 per cent of the voters, etc. Moreover, taking into account a number of legislative provisions that we have committed to respect, the gender dimension of media content cannot be ignored an further or minimized. We refer to: (i) international and European documents pertaining to ensuring the functioning of gender equality and equal opportunities policies which were ratified by the Republic of Moldova, and also national ones; (ii) existing national implementation mechanisms for gender equity.

The Law on ensuring equal opportunities for women and men stipulates the following: “(1) The mass-media contributes to the promoting of the principle of equality among women and men in society by developing programs and materials aimed at overcoming gender-based stereotypes; (2) All public discourses or materials which represent the image of woman or of man in a manner which could be considered degrading to her or his dignity are considered inadmissible and are forbidden in accordance with the present Law.”

Mass-media does not only serve as a “mirror” for society, it also has the power to give it direction. As long as media products reflect in a different and tendentious manner men and women in the media content, a shameless disequilibrium between the two sexes can be attested at national and also at international levels. Women thus continue to represent the “marginalized group” while men are the “favoured” group. In other words, mass-media does not offer a balanced image of men and women, of each group’s involvement and contribution to public and private life. Media products which refer to women (written press, audio, video and electronic ones) often attribute to them a degrading and negative image, something that damages the image of women in society, causes serious repercussions to the way in which they evaluate themselves and others and to the way in which they are perceived by others, especially by men and children. Moreover, pornographic, violent and humiliating media products also have negative consequences for the image of women and their involvement in society.

The gender roles “depicted” in the dynamic images confirm the strengthened stereotypes regarding the field and the nature of activities which are performed by each of the genders. The recorded image amplifies the known types of femininity and masculinity. Men are presented in practically all public spheres (local and central public administration, industry, medicine, army, culture, sports). The actions of women from images lead to a distorted, unilaterally stereotyped perception of them. While men act more in the public interest at local or national levels, women seem to be more preoccupied by their own self (especially with their body), while those around them (children and husbands) are underrepresented in the social and political arena. Nonetheless, gender-related monitoring of mass-media conducted in our country show that during the past year more and more materials dealing with the gender dimension were published in the written press, a finding which is welcomed. Based on the study “Gender and Mass-Media. Aiming for a gender-aware press”, men are represented predominantly in hypostases of public actions (at the office desk, wearing a suit and a tie), strengthening thus the idea that their main occupation consists of tackling political and

92 Article 8.
93 “Gender and mass-media. Aiming for a gender aware press” (Center “Partnership for Development”, 2007. Author: Loreta Handrabura)
administrative problems. Women on the other hand, traditionally associated with private life, are rarely found in public stances and most often in “home” environments.

In the period March – December 2008, the UNIFEM Program in the Republic of Moldova conducted a press monitoring exercise looking at occupations from a gender perspective for the labour market, aiming at identifying the approaches and the tendencies in the domestic media discourse of professional aspects referring to women and men: how the mass-media presents professional men and women, which are the professional spheres in which they are presented, and what are the messages that are passed on by means of text and images in the press. In such a way, an analysis of the labour market’s aspects referring to gender and reflected in the written press of the Republic of Moldova was carried out. During nine months monitoring six newspapers and two magazines, 9,454 articles which centred on various men and women representing various professions were analyzed. Of the total number of written articles, 60 per cent centred on men exercising various professions, while only 17 per cent focused on professional women. Another 235 written materials carried a mixed focus, presenting in a somewhat balanced manner women and men in the occupational sphere. Yet the number of articles is not the only factor showing gender disequilibrium. Content analysis showed that men represented a primary source of information for the press: they were interviewed more often, asked to present their point of view in various polls and presented as experts in various fields. At the same time, women were often presented as complementary sources of information.

In the materials from the political sphere, women appear the rarest. To a great extent, this is due to the realities in the Republic of Moldova, the number of active women in the political sphere being very low. Even in articles tackling social issues, traditionally considered to be a woman’s prerogative, they are numerically less represented. On the other hand, women dominate the entertainment pages (usually casually dressed and with “casual” comments). The results of the imagistic analysis have demonstrated that men are portrayed more often in the press, especially on the front pages of publications. Just as in the case of content analysis, the differences remain the same in the study of images in the sphere of politics (22 per cent of images were of men, versus 4 per cent of women), differing in the sphere of sports and entertainment (14 per cent for men, versus 7 per cent for women) and are almost equal in the social sphere (health, science, education).

The conclusion is that journalists in the Republic of Moldova do not have the necessary awareness of the gender problem, in its wider sense. The means by which information is being selected and processed are, with some minor exceptions, independent of the gender of the person editing the information and, as a rule, it is assumed that it is in conformity with the selection criteria and the editorial policy of each of the newspapers. Under such conditions, it is of course important and of high priority to raise awareness on this subject both among people from higher ranking categories of management who have decision-making power and control in the mass-media, but also those at the basis of the pyramid – the journalists, the editors and reporters.

After presenting its last report regarding the implementation of CEDAW, the Committee has manifested a profound concern regarding the persistence of patriarchal attitudes and of deeply-rooted stereotypes regarding the roles and the responsibilities of women and men in the family and in society in the Republic of Moldova which negatively affect the situation of women, in particular on the labour market, in regards to their participation and involvement in the public and political life. In this context, the Committee has recommended that the Government of the Republic of Moldova “encourage the mass-media to employ positive images of women of equal status and responsibilities to men in the public and private spheres”.

Advertising

The importance of regulating and monitoring the process of producing and employing images in publicity, but also the language employed in advertising spots is unanimously recognized. Moreover, any stereotyped presentation of women, focused in an exaggerated manner on their biosexual characteristics, is considered by the Convention regarding the elimination of all forms of discrimination towards women as “gender-based discrimination”. As such, all media products, and advertising products in particular, break international norms and provisions when presenting a degrading and sexist image of women.

In 2007, the Council of Europe highlighted yet again that by means of sexist discourse in advertising, the image of woman in general is affected in a negative manner, especially in advertising spots which target men as a primary audience. As a rule, such spots carry an abundance of sexist images and expressions, which harms, sometimes irreparably, the reputation of women. Moreover, the Council of Europe report also mentioned the importance of instituting hot lines, distributing informative materials containing electronic or mailing addresses of tasked institutions, which would allow all citizens to report on cases of sexist advertising, so as to ensure the sanctioning of those responsible for producing and publishing it. Members of the European Parliament argue that “while the movement for women’s emancipation has registered rapid progress, the image of women in product advertisements has changed very little”. Moreover, members of the European Parliament call for changes to the national legislative framework to protect the image of women from this type of discrimination by means of advertising and they recommend introducing consolidated mechanisms to control and sanctioning those who violate these rules.

While European countries fight sexist advertising by means of regulations and awareness-raising campaigns, the problem of advertising has not been placed on the public agenda in the Republic of Moldova, except for one campaign raising the awareness of public opinion with financial support from the Soros Foundation Moldova. Unfortunately, the measures and the message promoted by the group of NGOs involved in that process have not yielded positive results. Both advertisement producers and the majority of the consumers do not perceive as discriminating or sexist the image of a half-naked woman on an advertisement carried in the centre of the capital city. Government agencies and other local public authorities which were invited to the dialogue throughout the duration of the campaign avoided responsibility for the placement of these images, in spite of making rhetorical attacks on them.

Advertisement being a commercial and often private sphere of entrepreneurship, the major interest which guides the owner is to “sell the product”. To achieve these, all means are applied in practice and in most cases neither the client nor the agency producing the advertisement consider the repercussions of the image or of the phrase used on the process of educating children, promoting certain values, maintaining stereotypes, etc. For these reasons, we recommend that there be state intervention by means of clear and objective regulations.

Conclusions and recommendations

The efforts undertaken by the Republic of Moldova aimed at promoting gender equality are significant and not to be ignored. Efficient cooperation between state institutions and NGOs, as well as close cooperation with international institutions, ensures the acceleration of gender consolidation and represents guarantees for subsequent progress in this direction. Approaching the issue of gender equality as a standard of democracy and a good governance principle is crucial and needs to be shared both by the leadership of the country and the citizens. We propose the following recommendations:
• Harmonizing national legislation in regards to the international and European standards in the area of gender equality;

• Improving the legal-normative and institutional framework in the area of gender equality;

• Applying provisional measures which deal with professional development in general, continuous professional development for women, training and development in areas pertaining to promoting women to decision making positions and in the political sphere;

• Applying regulatory norms which would prohibit the explicit discrimination of women on the labour market and would provide mechanisms for monitoring, reporting and punishing;

• Instituting mechanisms for the systematic monitoring of the manner in which equal remuneration principles are put in practice in the public and private sectors and publishing the results of the monitoring;

• Taking into account gender-segregated statistical data in the process of producing public policies;

• Employing gender-segregated data and including the gender equality paradigm in processes of producing national trans-sector and sector reports;

• Conducting ample campaigns of awareness raising and raising the level of gender culture so as to encourage the involvement of women in the political sphere and of men in raising and educating children, etc.;

• Applying temporary affirmative measures aimed at increasing the representation of women in decision-making organs, both at local and central levels;

• Including in the Electoral Code and/or in the Law on ensuring equality between women and men of provisions regarding the representation quota of women on electoral lists of parties;

• Developing social policies aimed at reconciling family life with professional life and, in particular, aimed at increasing the number of men taking childcare leave;

• Adopting normative and regulatory acts which would prevent, prohibit and punish moral and sexual harassment at the working place and in education institutions;

• Conducting ample studies with regard to the impact of the reform of the retirement system on the economic situation of women and the well-being of the citizens in general;

• Conducting awareness-building campaigns for public opinion regarding the importance of modifying the retirement age;

• Restoring the subject “Life Habits” in the secondary (pre-university) level of the education system;

• Including in the programmes of continuous education for teachers a mandatory module
regarding gender education in kindergartens and in high-schools;

- Including the gender dimension in the high school curriculum and textbooks;

- Stimulating female entrepreneurship by offering grants and preferential credits, as well as possibilities for education, training and diversifying services;

- Adopting measures aimed at increasing the number of pre-school institutions of childcare (day nursery, kindergartens, centres, etc.);

- Conducting ample campaigns for increasing the legal literacy of the population, including on the provisions of CEDAW, MDG, etc.

- Educating the employees of the judicial system on CEDAW provisions and considering the gender equality problem as being part of the human rights framework.
1. Violence against women in the Republic of Moldova: domestic violence and trafficking in human beings

Introduction

Women in Moldova suffer from various forms of violence, yet domestic violence and trafficking in human beings deserve particular attention for being the gravest forms of gender-based violence in Moldova. Both phenomena are interconnected and are related to the subordinate position of women in society in general. According to the definition of the UN Committee on the Elimination of Discrimination against Women, gender-based violence means “violence that is directed against a woman because she is a woman or that affects women disproportionately.”

International commitments assumed by the Republic of Moldova

In the Concluding Observations for the Republic of Moldova of 25 September 2009, the UN Human Rights Committee expressed its concern at domestic violence, the rarity of intervention measures by the judiciary, the limited number and capacity of shelters for victims of domestic violence, and at the fact that domestic violence is deemed to warrant the intervention of the police only in cases where it has resulted in serious injury. Thus, the Committee recommended that the Government of Moldova enforce the law on domestic violence and ensure the provision of free counselling services and other measures necessary for the protection of victims. The Committee urges authorities to take appropriate preventive measures and to provide training on the handling of domestic violence to all professionals involved in such cases, including police officers, prosecutors, judges and social workers, with emphasis on the gender aspects of domestic violence.

Concerning the traffic in human beings, the Committee welcomed the adoption of the 2005 Law on Preventing and Combating Trafficking in Persons and the establishment of the Rehabilitation Centre for Victims of Trafficking in Human Beings. However, it remained concerned that the State party continues to be a country of origin and transit for trafficking in human beings, particularly women and children, despite the adoption of legislation and policy in this area. The Committee recommended that the government strengthen the implementation of the trafficking laws and policies, including through more concerted efforts at prosecuting offenders and protecting victims. Another recommendation is to broaden the implementation of measures to assist in the social reintegration of victims and providing genuine access to health care and counselling in all areas of the country.

At the same time, similar observations were formulated by the UN Women's Rights Committee, which continues to be concerned about the prevalence of violence, including domestic violence, against women in the Republic of Moldova. It is concerned about the lack of availability of updated sex-disaggregated data on all forms of violence against women. The Committee urges the authorities to ensure that all women who are victims of domestic violence have access to immediate means of redress and protection, including protection orders, and access to a sufficient number of safe shelters.
and legal aid. It urges the authorities to conduct research on the prevalence, causes and consequences of all forms of violence against women, including domestic violence, to serve as the basis for comprehensive and targeted intervention. The Committee also calls on the Moldovan authorities to intensify its efforts to combat the trafficking and sexual exploitation of women and girls by addressing the root causes, in particular women’s economic insecurity. It recommends enhanced measures aimed at improving the social and economic situation of women, in particular in rural areas, so as to eliminate their vulnerability to traffickers, and put in place services for the rehabilitation and reintegration of victims of trafficking. It urges the Moldovan government to ensure that the National Plan is adequately funded, that responsibility for its implementation does not rely heavily on non-governmental organizations, and that traffickers are punished to the full extent of the law.  

**Domestic Violence**

Considering the private circumstances in which domestic violence occurs, the extent of the violence is very difficult to estimate. However, the scarce data available to us indicate that the situation is alarming. Official statistics on cases of domestic violence are collected exclusively by the police, while the indicators used do not manage fully to reflect all the forms of violence occurring in a family, and limit themselves to registering premeditated murder cases within a family; serious bodily injuries; light bodily injuries; and the number of domestic troublemakers. According to recent data from the Ministry of Internal Affairs, in 11 months of 2009 the number of murders committed within families rose by 26 per cent from the previous year. At the same time, the number of cases of serious bodily injuries decreased by 27 per cent from 2008, though their number remained alarmingly high. The number of police calls concerning cases of domestic violence also rose in 2009, and represented about 10 per cent of total police calls. Consequently, the number of “domestic troublemakers” supervised by the police also rose, to 4,806 persons. 

According to Moldova's Demographic and Health Survey, approximately 21 per cent of women and men think a husband is justified in hitting or beating his wife in the following situations: if she burns the food; if she argues with him; if she goes out without telling him; if she neglects the children; and if she refuses to have sex with him. The same survey shows that some 27 per cent of the women interviewed have been subjected to violence starting from age 15, while about 13 per cent of women had suffered from violence in the last 12 months. The main aggressors are the husbands (69 per cent) and to a smaller extent the fathers/stepfathers and mothers/stepmothers. The survey also revealed that women with many children become victims of violence more often. The greatest number of the interviewed persons who thought that a husband would be justified in beating his wife were from low-income categories and had no higher education. The most vulnerable to domestic violence are people who have fewer options for asking for help and putting an end to the abuse. The “Women At Risk” Survey found that one in four women in the Republic of Moldova aged between 16 and 35 years suffers from domestic violence.

Violence against children is largely tolerated, including by public functionaries and medical professionals.

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100. In 11 months of 2009 the police registered 17 murders committed within families
101. The National Center for Preventive Medicine and the Minister of Heath and Social Protection; Moldova: Demographic and Health Survey, 2005, pp. 43-45.
assistance professionals. A survey conducted with UNICEF’s support in 2007 found that while 21 per cent of parents think that their children “are frequently exposed to serious forms of violence by their parents”, 40 per cent say that spanking is an effective and justifiable correctional measure. The survey also shows that 20 per cent of parents suppose that family doctors, social assistants and police officers are reluctant to offer help to abused children.104

The situation in the Transnistrian region is little known, and the information that we possess is based on the activity of civil society in the region. From data collected by the helpline operated in Transnistria by the NGO “Interaction” in the period April-November 2009, there were registered 300 calls, and 46 beneficiaries received assistance (36 adults and 10 children). Most calls concerned cases of psychological violence (134) and physical violence (88). Most callers were women (233). The age of most callers was 30-35 years (77), 24-29 years (46) and 36-41 years (38).

According to a survey on the perception of domestic violence in the Transnistrian region, carried out by the local NGO “Rezonans” with the support of UNIFEM Moldova, it was found that in the opinion of respondents most victims of domestic violence are women (44.5 per cent) and children (45.3 per cent). The prevailing forms of violence are physical violence (77.7 per cent), bodily punishment of children (51.3 per cent), threats (47 per cent), threats of physical violence (45.4 per cent) and coercion into sex (42.6 per cent). According to the same data, one in four women in Transnistria suffers from domestic violence in the form of physical abuse, economic violence and psycho-emotional violence.105 The authorities have recently recognized the necessity for intervention to combat domestic violence and a draft law is already being developed in this respect.

**Trafficking in persons**

In the early 2000s the Republic of Moldova became a major source of trafficked persons in South-East Europe, predominantly of girls and women, 14 per cent of whom were under 18, and more than a half were in the age group 19 to 24 years.106 There are no absolute figures on the phenomenon of trafficking since many victims are not identified in destination countries and the Republic of Moldova because of changing trafficking patterns, stigma-related fears, low levels of self-identification and a low level of confidence in the law enforcement bodies. One indicator to measure the phenomenon of trafficking in Moldova is the number of persons assisted by the International Organization for Migration and the Assistance and Protection Centre for the Victims of Trafficking. In the period from 2000 to 2008 the total number of assisted persons was 5,183, including 2,443 victims of trafficking and 1,016 children of the victims of trafficking, 50 stranded migrants and 1,674 'at-risk' cases.107 The main forms of exploitation were: sexual exploitation (85.5 per cent), exploitation for labour purposes (6.5 per cent) beggary (3.1 per cent). The main destination countries are: Turkey (31 per cent), Russia (22.8 per cent), inside the Republic of Moldova (20.2 per cent), the United Arab Emirates (5.7 per cent) and Cyprus (4.4 per cent). Although exploitation patterns differ from region to region, cases of sexual exploitation are common to all destination countries and are more often registered in Turkey, the UAE, Balkan countries, and inside Moldova.

107 IOM Moldova, FAQ about Moldova, Migration, Trafficking.
According to data made available by IOM and La Strada, at least 70 per cent of the trafficked victims are from families defined as “poor” or “very poor”, 65 per cent cite unemployment as the main reason for fleeing abroad, and 70-95 per cent suffered from domestic violence prior to being trafficked. According to IOM data, 80 per cent of the trafficked Moldovan girls and women were subjected to domestic violence after their return as well as before being trafficked.

Another problem is internal trafficking in the Republic of Moldova, in particular in the Transnistrian region. The helpline operated by the NGO “Interaction” with IOM’s support received in the period 2006-2008 over 2,886 calls. From 2004, IOM has facilitated the repatriation and rehabilitation of 236 victims and their children in the Transnistrian region. Most of the trafficked victims are aged between 19 and 24 years, and the destination countries are the same as in Moldova. 85 per cent of the victims were subjected to sexual exploitation.

**Measures taken: legal framework, institutional framework and services**

**Domestic violence**

The Law on Preventing and Combating Domestic Violence was adopted on 1 March 2007 and took effect on 18 September 2008. The adoption of the Law was an important step forward in stopping acts of violence and has marked the recognition and implementation by the Republic of Moldova of its international commitments to human rights. The Law sets out key notions with respect to domestic violence and its forms, establishing an institutional framework with detailed responsibilities for the relevant authorities, provides for the creation of assistance centres for the victims of violence and an effective mechanism for solving cases of violence by filing complaints, requesting protection orders, and isolating abusers. The Law distinguishes between the following forms of violence: physical, sexual, psychological, spiritual and economic.

One positive aspect of the Law is that its broad definition has come to extend to marriage-like relationships, such as domestic partnership, as well. The law provides for the right to request a protection order and extends the right to report cases of domestic violence to any person that knows about any such cases. According to the Law, courts shall issue protection orders within 24 hours, which shall include, *inter alia*, the following protective measures: the obligation for the abuser to temporarily leave the shared residence or the residence of the victim, without the right to decide ownership issues; the obligation for the abuser to stay away from the residence and workplace of the victim and make no attempt to contact the victim or her/his children, etc.

Even though the law took effect on 18 September 2008, not a single order of such kind was issued by the Moldovan courts until September 2009.

The first order was eventually issued in September 2009 by the Anenii-Noi District Court, following awareness-raising and training activities carried out with the support of the donors and local civil society. The Law also provides for the possibility to create assistance and rehabilitation centres for the victims of domestic violence as well as rehabilitation centres for aggressors. Unfortunately, the Law is not complete from the gender perspective, since it fails to explicitly recognize that mostly women are subject to domestic violence and that this is a serious problem.

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110 Article 6, Anti-Violence Law.

111 Article 15 (1), Anti-Violence Law.

112 Activities carried out as part of the Project titled “Protection and Empowerment of Victims of Human Trafficking and Domestic Violence”, implemented by UNFPA, UNDP, IOM and OSCE.
violation of the human rights. The institutional framework needs to be strengthened, as no mechanism responsible for monitoring the situation exists on a local level.

The Ministry of Labour, Social Protection and Family is currently working to develop a mechanism to implement the Law on Preventing and Combating Domestic Violence, in particular the procedure for issuing protection orders, provisions that are to be incorporated into the Criminal Code, the Code of Criminal Procedure, and the Code of Civil Procedure.

According to the Ministry of Labour, Social Protection and Family, there are major shortcomings in the area that affect data collection, namely shortcomings related to the operational definitions used by the relevant institutions; the heterogeneity and irrelevance of some elements of the indicators used; statistical information flows are parallel and ambiguous, while the existing operational indicators do not include such types of violence like spousal rape or psychological, economic and spiritual violence.

Statistics sheets at a number of institutions do not include domestic violence as an indicator; there is a lack in skilled human resources as well as material resources; inadequate inter-ministerial/inter-sectoral coordination and cooperation; the statistics system, anchored to the Ministry of Internal Affairs alone, does not bring in other relevant institutions, including nongovernmental organizations that provide social protection assistance.

Steps have been taken to introduce an automated national register of cases of domestic violence, which is intended to collect comprehensive statistics from all the districts of the country. To launch the process of data collection, statistics sheets to record cases of domestic violence were devised for specialists in three areas – health care, social protection, and the police. The process was launched in two pilot districts – Drochia and Cahul.113

The Law on Preventing and Combating Domestic Violence provides for the creation of services to protect victims of domestic violence, but because of limited budget resources such centres have not yet been created by the authorities. Today it is the nongovernmental organizations that administer most of the assistance to women affected by domestic violence and these activities rely heavily on the support of donors. These organizations provide physiological and legal counselling and medical assistance, but few of them can afford to offer shelter as well. These centres are few in number, have limited human and material resources, and are located almost exclusively in urban areas. The main organizations of this kind are: The “Casa Marioarei” Shelter in Chisinau, the Centre for Psycho-Social Assistance “Amicul” in Chisinau; the Assistance and Protection Centre for Victims of Violence in Balti; the Information and Counselling Center for Victims of Violence in Cahul; the Maternal Centre “Ariadna” in Drochia; the Maternal Centre “Incredere” in Cahul; the Maternal Center “Pro Familia” in Causeni.

Most cases of domestic violence are not reported because of embarrassment, fear and stigma, a lack of awareness of the existing laws, legal procedures and legal services, or simply because of a lack of confidence in the system. The ineffective enforcement of the law by the police, who treat instances of domestic violence as minor incidents, has discouraged women from reporting such cases to the police. According to a survey, almost one half of women aged 16 to 24 years said they did not appeal for help because they thought it was useless.114 The lack of female police officers with specialist training in such cases is also a factor that discourages women from reporting. Often, cases of domestic violence are qualified as administrative offenses and do not

113 Activities carried out as part of the above-mentioned project.
form the subject of criminal proceedings.

According to data from the Ministry of Internal Affairs, 20.86 per cent of cases of domestic violence examined in court as administrative offenses were quashed pursuant to an amicable settlement of the matter. The small share of criminal proceedings in cases of domestic violence is also due to the fact that the victims themselves drop charges, while the law enforcement bodies neglect the real reasons behind such decisions. Although the Criminal Code provides that the victim's consent is not required for the prosecution of offenses that resulted in serious injury, the law enforcement bodies would do that rarely in cases of domestic violence.

**Trafficking of persons**

A landmark progress in fighting human trafficking was the adoption of the Law on Preventing and Combating Trafficking in Persons in 2005, or simply the Anti-Trafficking Law. This law was the culmination of the 2002-2006 National Plan on preventing and combating human trafficking, which aimed at creating a legal framework, implying the adoption of new laws, modification of existing regulations and ratification of relevant international agreements. In March 2008, a new plan for 2008-2009 was approved by Parliament. The Anti-Trafficking Law has adjusted the national legislation to the international standards outlined in the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially women and children, supplementing the UN Convention against Transnational Organized Crime, and also outlined in the Council of Europe's Convention on Action Against Trafficking in Human Beings. The Moldovan Criminal Code was harmonized with the Anti-Trafficking Law to prescribe criminal responsibility for trafficking in human beings, trafficking in children, illegal taking of children out of the country and pimping. The Code also upgrades safeguards for participants in criminal cases and toughens punishment for traffickers in human beings up to life imprisonment. Starting from 2001 some institutional efforts were made, including the creation of a special anti-trafficking division within the Prosecutor General's Office and the establishment of the a National Committee to Combat Trafficking in Human Beings, followed by district multi-disciplinary anti-trafficking committees. In 2003, the National Committee established four sub-working groups on prevention, protection, legislation, and child trafficking, each co-chaired by a deputy minister and an international organization, namely the IOM, OSCE and UNICEF.

The Government of Moldova does not fully comply with the minimum standards for the elimination of trafficking, although it is making significant efforts to do so. Despite initial efforts to combat trafficking-related complicity and increased victim assistance, the government did not demonstrate sufficiently meaningful efforts to curb trafficking-related corruption, a problem acknowledged by the Moldovan Government as well. Unfortunately, despite existing evidence, the Government failed in 2006-2008 to prosecute and seek punishment of any guilty investigators, prosecutors or officials – including the vice director of the Centre for Combating Trafficking in People – who was discharged in August 2006 on suspicion of corruption in connection with a criminal trafficking network existing in the country.

Another problem that needs to be settled is the mechanism for compensating victims for the damages caused by trafficking. The mechanism remains deficient because no special funding has been identified for it. According to the draft of the new anti-trafficking action plan, the Government intends to create such a special fund with the resources confiscated from the traffickers.

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116 Articles 165, 206, 207 and 220 of the Criminal Code.
118 Those persons were discharged from the Ministry of Internal Affairs under suspicion of corruption.
Although a considerable part of Moldova’s anti-trafficking activities are implemented by international organizations and remain dependent on international donor funding, the government has improved victim protection efforts and contributed direct financial assistance toward victim protection and assistance. The Government of Moldova has had a leading role in developing and implementing, in partnership with the IOM, of the National Referral System (NRS) for the assistance and protection of victims and potential victims of trafficking. The NRS aims to combat trafficking in persons by coordinating the efforts of governmental institutions and civil society on local and national levels, and also to offer short- and long-term comprehensive assistance to the real and potential victims of trafficking through a number of measures. These measures include: (a) raising awareness and reducing vulnerability, in particular by initiatives to provide housing and employment opportunities; (b) introducing special witness programs through a solid partnership with the Centre for Combating Trafficking in People; and (c) introducing mechanisms to identify, repatriate, rehabilitate and reintegrate the victims of trafficking. Plans to extend the NRS throughout the country are now under consideration, as well as plans to include the victims of domestic violence as beneficiaries, and make the system as sustainable as possible\(^\text{119}\).

According to data from the Ministry of Social Protection and Family, in 2009 the NRS helped to assist 441 persons, including 133 victims of trafficking and 308 at-risk cases. In total, since the NRS was launched in 2006 and until December 2009, the number of beneficiaries amounted to 874, including 292 victims and 582 prevention cases. At present the NRS covers 26 districts, 2 municipalities and 1 town.

With the Law on Preventing and Combating Domestic Violence coming into effect in September 2008, the National Referral System was extended to include assistance for the victims of domestic violence, as well\(^\text{120}\).

In the referring period the Government continued to develop the NRS on a transnational level under the Repatriation Regulations adopted in August 2008, following negotiations on specific agreements with common destination countries like Russia, Italy, Ukraine, Cyprus and the United Arab Emirates.

To further consolidate anti-trafficking efforts, Moldova joined the Group of Experts on Action against Trafficking in Human Beings (GRETA), established to monitor the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings, adopted in 2005 and ratified by Moldova in 2008. The government has a permanent representative to GRETA.

Starting from 2006 the Ministry of Social Protection has directed State Budget allocations to contribute funding to the Assistance and Protection Centre for Victims of Trafficking, established by the IOM and later incorporated as a public institution under the Ministry of Social Protection. Budget allocations in 2008 amounted to 512,100 lei, of which 410,200 lei was used. In 2009 the Budget earmarked 608,800 lei. In the medium-period spending plan (2009-2011) the planned allocations constitute 575,600 lei, and another allocation of 618,200 lei is planned for 2011.

In 2009 the Assistance and Protection Center (APC) provided assistance to 130 victims of trafficking and 133 potential victims (including 22 victims of domestic violence, 8 emigrants in difficulty and 6 repatriated minors). At the same time, APC assisted 132 children of the 119 The Ministry of Social Protection and the IOM on the National Referral System for the assistance and protection of victims and potential victims of trafficking

120 By the end of 2008 the NRS was extended to 16 districts, 2 municipalities and one town. In 2009 seminars for multi-disciplinary teams were held in the districts of Anenii-Noi, Vulcanesti, Rezina, Soldanesti, Singerei, Riscani, Ocnita, as well as Grigoriopol, Slobozia and Dnestrovsk.
beneficiaries.

According to data from the Ministry of Internal Affairs, in 2009 there were initiated 246 sets of criminal proceedings against suspected traffickers (a decrease from 507 in 2008) and 127 cases reached the court (a decrease from 250 in 2008), including 31 cases dealing with trafficking in children. The courts pronounced 58 sentences (60 in 2008), with jail terms ranging from 7 to 23 years.

At the same time, the reporting and prosecution of cases of trafficking continue to face difficulties. In many cases, prosecution is initiated too late after the recruitment of the victim, making it very difficult to collect evidence. Often, the law enforcement officers lack specialist training in identifying victims and in interrogation techniques, subjecting the victim to a host of quizzes throughout the investigation and thus increasing the possibility of re-traumatizing the victim. Other problems related to the prosecution of such cases are: violation of procedures, especially concerning the confidentiality of the witnesses; an inability to request confiscation; an inability to offer compensation to the victims.

Conclusions and recommendations

The efforts made by the Moldovan Government to combat violence against women in its various forms are considerable, especially concerning the development of legal instruments and policies. However, despite this progress, the discrepancy between the legal framework and the reality at a community level is great. To make further headway in this area it is key to recognize the relationship between the status of women in society and the diverse forms of violence against them; to fundamentally change the public attitude that violence against women is a “private” matter by initiating awareness-raising campaigns. It is also needed to provide specific training to law enforcement officers, prosecutors, judges as well as to various categories of specialists from the health care system and social assistance. The Government should further promote and support partnerships with civil society to strengthen the infrastructure of services for the assistance and protection of the victims of violence. We propose the following set of recommendations:

- Further improve the legal framework on domestic violence and human trafficking, by monitoring the implementation of the Law on Preventing and Combating Domestic Violence and the Law on Preventing and Combating Human Trafficking;

- Adjust the legislation in order to enable the law enforcement bodies to make effective use of protection orders to defend the victims of domestic violence, and punish all acts of violence against women;

- Ensure access to rehabilitation and assistance services by allocating adequate funding for maintaining existing services and creating new ones, including long-term rehabilitation programs for the victims of domestic violence and trafficking in human beings, as well as psychological, legal and placement services throughout the country;

- Ensure collection of comprehensive statistics on domestic violence in all the districts of the country, through the automated state register;

- Ensure good coordination and cooperation between the authorities responsible for preventing and combating domestic violence by creating mechanisms at central and local level, by introducing regulations and protocols defining the roles, responsibilities and the intervention procedures for each relevant institution; develop reporting and monitoring mechanisms;
• Encourage active participation of civil society to provide social services; encourage volunteering;

• Provide specific training to police officers, prosecutors, judges, lawyers, family doctors and social assistants to empower them to respond to cases of violence against women;

• Ensure that law enforcement bodies react promptly to any sign of violence against women;

• Develop a system of free counselling for the victims of violence;

• Promote anti-violence education and consolidate the capacities of schools to prevent and detect cases of domestic violence early;

• Seek punishment for abusers and traffickers, in particular of the officials involved in trafficking and make sure that they are punished to the full extent of the law, guaranteeing at the same time the right of the victims to protection and confidentiality;

• Improve the system of collecting data on the number of initiated proceedings, cases sent to the court, number of persons sentenced for trafficking; continue allocating resources for the protection and assistance services to victims of trafficking, strengthen efforts to identify and protect victims, including victims trafficked inside Moldova.
### ANNEX A. Attainability of MDG targets for 2010 and 2015

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<th>Assessed target</th>
<th>Attainability by 2010</th>
<th>Attainability by 2015</th>
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<td><strong>Goal 1: Reduce extreme poverty and hunger</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target 1. Reduce the proportion of people whose consumption is under $4.3 a day/person (in PPP terms) from 34.5% in 2006 down to 29% in 2010 and 23% in 2015.</td>
<td>Unlikely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 2. Reduce the proportion of people under the absolute poverty line from 30.2% in 2006 down to 25% in 2010 and 20% in 2015.</td>
<td>Unlikely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 3. Reduce the proportion of people under the extreme poverty line from 4.5% in 2006 down to 4% in 2010 and 3.5% in 2015.</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td><strong>Goal 2. Ensure access to gymnasium education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target 1. Ensure opportunities for all children to attend general secondary education. Increase the gross enrolment rate for general secondary education from 94.1% in 2002 up to 95% in 2010 and 98% in 2015.</td>
<td>Unlikely</td>
<td>Unlikely</td>
</tr>
<tr>
<td>Target 2. Maintain literacy rate for the 15-24 year-old population at 99.5%.</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 3. Increase the enrolment rate for pre-school programs for 3-6 year-old children from 41.3% in 2002 up to 75% in 2010 and 78% in 2015, and for 6-7 year-old children from 66.5% in 2002 up to 95% in 2010 and 98% in 2015, as well as reduce by less than 5% the discrepancies between rural and urban areas, between disadvantaged and middle-income groups.</td>
<td>Unlikely</td>
<td>Unlikely</td>
</tr>
<tr>
<td><strong>Goal 3. Promote gender equality and empower women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target 1. Increase women’s representation in decision-making positions. Increase representation of women at the decision making level (from 26.5% in local councils in 2007 to 40% in 2015, from 13.2% in rayon councils in 2007 to 25% in 2015, from 18% women mayors in 2007 to 25% in 2015 and from 22% women MPs in 2005 to 30% in 2015)</td>
<td>Unlikely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 2. Reduce gender inequality in employment: reduce disparity between women’s and men’s salaries by at least 10% by 2015 (the average monthly salary of women represented 68.1% of the average salary of men in 2006).</td>
<td>Unlikely</td>
<td>Likely</td>
</tr>
<tr>
<td><strong>Goal 4. Reduce child mortality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target 1. Reduce infant mortality from 18.5 (per 1,000 live births)</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 2. Reduce the under-5 mortality rate from 20.7 (per 1,000 live births) in 2006 down to 18.6 in 2010 and 15.3 in 2015.</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 3. Maintain the share of measles vaccination of</td>
<td>Unlikely</td>
<td>Likely</td>
</tr>
</tbody>
</table>
children under 2 years at no lower than 96 % in 2010 and 2015

**Goal 5. Improve maternal health**

<table>
<thead>
<tr>
<th>Target 1. Reduce the maternal mortality rate from 16 (per 1,000 live births) in 2006 to 15.5 in 2010 and 13.3 in 2015.</th>
<th>Unlikely</th>
<th>Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2. Maintain the number of births assisted by qualified medical staff during 2010 and 2015 at 99%</td>
<td>Likely</td>
<td>Likely</td>
</tr>
</tbody>
</table>

**Goal 6. Combat HIV/AIDS, tuberculosis and other diseases**

<table>
<thead>
<tr>
<th>Target 1. Stabilize the spread of HIV/AIDS infection by 2015. Reduce HIV/AIDS incidence from 10 cases per 100 thousand population in 2006 to 9.6 cases by 2010 and 8 cases by 2015.</th>
<th>Unlikely</th>
<th>Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2. Reduce HIV/AIDS incidence in the 15-24-year age group from 13.3 cases per 100 thousand population in 2006 to 11.2 cases by 2010 and 11 cases by 2015.</td>
<td>Unlikely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 3. Have halted by 2015 and begun to reduce tuberculosis. Reduce the rate of mortality associated with tuberculosis from 15.9 (per 100,000 population) in 2002 down to 15.0 in 2010 and 10.0 in 2015.</td>
<td>Likely</td>
<td>Likely</td>
</tr>
</tbody>
</table>

**Goal 7. Ensure a sustainable environment**

<table>
<thead>
<tr>
<th>Target 1. Integrate principles of sustainable development into country policies and programs and reduce degradation of natural resources. Increase forested area from 10.3 % in 2002 to 12.1 % in 2010 and 13.2 % in 2015.</th>
<th>Unlikely</th>
<th>Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2. Increase the share of protected areas to preserve biological diversity from 1.96 % in 2002 to 4.65 % in 2010 and 4.65 % in 2015.</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 3. Increase the share of people with permanent access to safe water sources from 38.5 % in 2002 up to 59 % in 2010 and 65 % in 2015.</td>
<td>Unlikely</td>
<td>Unlikely</td>
</tr>
<tr>
<td>Target 4. Increase the share of people with permanent access to safe water sources from 31.3 % in 2002 to 50.3 % in 2010 and 65 % in 2015.</td>
<td>Unlikely</td>
<td>Unlikely</td>
</tr>
<tr>
<td>Target 5. Increase the number of population with access to sanitation systems from 41.7 % in 2002 to 51.3 % in 2010 and 71.8 % in 2015.</td>
<td>Unlikely</td>
<td>Unlikely</td>
</tr>
</tbody>
</table>

**Goal 8. Create a global partnership for development**

<table>
<thead>
<tr>
<th>Target 1. Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.</th>
<th>Likely</th>
<th>Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 2. Deal with issues associated with Moldova's landlocked status by upgrading transportation and customs infrastructure.</td>
<td>Unlikely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 3. Monitor external debt issue</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 4. Develop and implement youth strategies. Reduce unemployment among youths to 15 % in 2010 and 10 % in 2015</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Target 5. Ensure access to basic medication</td>
<td>Likely</td>
<td>Likely</td>
</tr>
<tr>
<td>Target 6. Build an information society. Double the number of fixed and mobile telephone subscribers from 2006 to 2015 and increase the number of personal computers and Internet subscribers at a minimum annual rate of 15 %</td>
<td>Likely</td>
<td>Likely</td>
</tr>
</tbody>
</table>
**ANNEX B. MDG monitoring indicators (DevInfo)**

<table>
<thead>
<tr>
<th>Goals / Targets</th>
<th>Indicator Name</th>
<th>Source</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

- **Revised Goal 1. Reduce extreme poverty and hunger**

  - RI1. Share of population living below the threshold of $4.3 as per PPP (consumer spending per person), %
    - MEC
    - 34.46 29.80 30.40
  - RI1.1. Share of population living below the threshold of $2.15 as per PPP (spending per adult equivalent), %
    - MEC
    - 45.00 32.30 21.00 11.50 11.40 14.40 13.20
  - RI1.2. Share of population living on incomes under $2.15 per person per day by PPP, %
    - MEC
    - 64.50 52.40 39.80 28.90 27.80 27.60 13.18
  - RI2. Share of population living below national absolute poverty line (absolute poverty rate), %
    - BNS
    - 67.80 54.60 40.40 29.00 26.50 29.10 30.20 25.80 26.40
  - RI3. Poverty gap index, %
    - BNS
    - 27.00 19.30 12.40 7.30 6.80 8.00 7.90 5.90 6.40
  - RI4. Share of poorest quintile in national consumption, %
    - BNS, MEC
    - 6.80 6.50 6.80 7.50 7.20 6.70 8.20 8.10 8.90
  - RI1. Incidence of malnutrition in children under 5 years, %
    - MS, BNS
    - 20.90 19.80 18.60 19.00 17.10 16.70 14.30 12.80 11.00
  - RI2. Share of population living below the level of minimum caloric intake (2,282 kcal/per day) (extreme poverty rate), %
    - BNS
    - 52.20 38.00 26.20 15.00 14.70 16.10 4.50 2.80 3.20

- **Goal 2. Ensure access to general compulsory education (grades I-IX)**

  - RT1. Ensure opportunities for all children to attend general secondary education
    - RI1. Gross enrolment rate into compulsory education system, %
      - BNS
      - 93.8 94.4 95.1 95.1 94.6 94.4 92.0 91.6 90.9
    - RI2. Rate of school dropout, %
      - MET
    - RI3. Share of children who successfully complete compulsory education, %
      - MET
### Draft 09.03.2010

<table>
<thead>
<tr>
<th><strong>R14.</strong> Gross enrollment rate in pre-school education, children aged 3-6 years, %</th>
<th>BNS</th>
<th>44.1</th>
<th>47.6</th>
<th>57</th>
<th>61.1</th>
<th>66.1</th>
<th>70.7</th>
<th>70.1</th>
<th>72.6</th>
<th>74.4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R15.</strong> Gross enrollment rate in pre-school education, children aged 6-7 years, %</td>
<td>BNS</td>
<td>36.8</td>
<td>37.6</td>
<td>37.1</td>
<td>35.5</td>
<td>39.0</td>
<td>41.1</td>
<td>40.8</td>
<td>40.5</td>
<td>41.8</td>
</tr>
<tr>
<td><strong>R14.1</strong> Gross enrollment rate in pre-school education, %</td>
<td>BNS</td>
<td>44.1</td>
<td>47.6</td>
<td>57.0</td>
<td>61.1</td>
<td>66.1</td>
<td>70.7</td>
<td>70.1</td>
<td>72.6</td>
<td>74.4</td>
</tr>
<tr>
<td><strong>R15.</strong> Share of children enrolled in first grade after completing pre-school education, %</td>
<td>MET</td>
<td>66.5</td>
<td>78.8</td>
<td>69.1</td>
<td>75.6</td>
<td>81.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Revised Goal 3. Promote gender equality and empower women

<table>
<thead>
<tr>
<th><strong>R11.</strong> Share of MP seats held by women, %</th>
<th>BNS</th>
<th>7.9</th>
<th>12.9</th>
<th>15.8</th>
<th>17.5</th>
<th>22.0</th>
<th>22.0</th>
<th>21.8</th>
<th>21.8</th>
<th>21.8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R12.</strong> Share of seats in local councils held by women, %</td>
<td>CEC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.5</td>
<td>28.7</td>
</tr>
<tr>
<td><strong>R12.</strong> Share of seats in district councils held by women, %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.2</td>
<td>16.9</td>
</tr>
<tr>
<td><strong>R13.</strong> Share of mayoral seats held by women, %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18</td>
<td>17.4</td>
</tr>
</tbody>
</table>

### RT2. Reduce gender inequality in employment

<table>
<thead>
<tr>
<th><strong>R11.</strong> Share of female employees by type of economic activity, %</th>
<th>BNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, hunting industry, fish breeding</td>
<td>49.6</td>
</tr>
<tr>
<td>Industry</td>
<td>43.1</td>
</tr>
<tr>
<td>Constructions</td>
<td>15.2</td>
</tr>
<tr>
<td>Wholesale and retail trade; Hospitality industry</td>
<td>58.0</td>
</tr>
<tr>
<td>Transportation &amp; communications</td>
<td>24.8</td>
</tr>
<tr>
<td>Public administration; Education; Health Care; Social Assistance</td>
<td>67.2</td>
</tr>
</tbody>
</table>
### Revised Goal 4. Reduce child mortality

<table>
<thead>
<tr>
<th>Revised Goal 4. Reduce child mortality</th>
<th>52,6</th>
<th>53,6</th>
<th>55,1</th>
<th>55,3</th>
<th>56,0</th>
<th>53,1</th>
<th>51,2</th>
<th>53,9</th>
<th>55,2</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI1. Under 5 mortality rate, cases per 1000 children born alive</td>
<td>MS, BNS</td>
<td>23,2</td>
<td>20,4</td>
<td>18,2</td>
<td>17,8</td>
<td>15,3</td>
<td>15,6</td>
<td>14</td>
<td>14,04</td>
</tr>
<tr>
<td>RI2. Infant mortality rate, cases per 1000 children born alive</td>
<td>MS, BNS</td>
<td>18,3</td>
<td>16,3</td>
<td>14,7</td>
<td>14,4</td>
<td>12,2</td>
<td>12,4</td>
<td>11,8</td>
<td>11,3</td>
</tr>
<tr>
<td>RI3. Share of children aged under 2 years vaccinated against measles*, %</td>
<td>MS, BNS</td>
<td>89,1</td>
<td>94,1</td>
<td>94,3</td>
<td>95,7</td>
<td>96,3</td>
<td>96,9</td>
<td>96,9</td>
<td>94,7</td>
</tr>
</tbody>
</table>

### Revised Goal 5. Improve maternal health

<table>
<thead>
<tr>
<th>Revised Goal 5. Improve maternal health</th>
<th>52,6</th>
<th>53,6</th>
<th>55,1</th>
<th>55,3</th>
<th>56,0</th>
<th>53,1</th>
<th>51,2</th>
<th>53,9</th>
<th>55,2</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI1. Maternal mortality rate, cases per 100,000 births</td>
<td>BNS, MS</td>
<td>27,1</td>
<td>43,9</td>
<td>28</td>
<td>21,9</td>
<td>23,5</td>
<td>18,6</td>
<td>16</td>
<td>15,8</td>
</tr>
<tr>
<td>RI2. Rate of assisted births, %</td>
<td>MS</td>
<td>99,3</td>
<td>99,2</td>
<td>99,1</td>
<td>99,4</td>
<td>99,4</td>
<td>99,5</td>
<td>99,6</td>
<td>99,5</td>
</tr>
</tbody>
</table>

### Revised Goal 6. Combat HIV/AIDS, tuberculosis and other diseases

<table>
<thead>
<tr>
<th>Revised Goal 6. Combat HIV/AIDS, tuberculosis and other diseases</th>
<th>52,6</th>
<th>53,6</th>
<th>55,1</th>
<th>55,3</th>
<th>56,0</th>
<th>53,1</th>
<th>51,2</th>
<th>53,9</th>
<th>55,2</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT1. Stabilize the spread of HIV/AIDS infection by 2015</td>
<td>RI1. HIV/AIDS incidence rate*, cases per 100,000 population</td>
<td>MS, BNS</td>
<td>4</td>
<td>5,5</td>
<td>4,7</td>
<td>6,2</td>
<td>8,4</td>
<td>12,5</td>
<td>14,7</td>
</tr>
<tr>
<td>RI2. HIV/SIDA incidence rate among age group 15-24 years*, cases per 100,000 population</td>
<td>BNS, MS</td>
<td>10,38</td>
<td>10,46</td>
<td>9,02</td>
<td>9,76</td>
<td>13,42</td>
<td>20,06</td>
<td>18,77</td>
<td>21,21</td>
</tr>
<tr>
<td>RT1. Have halted by 2015 and begun to reduce tuberculosis.</td>
<td>RI1. Rate of mortality associated with tuberculosis*, 100,000 population</td>
<td>MS</td>
<td>17,2</td>
<td>15,5</td>
<td>17,3</td>
<td>16,9</td>
<td>17,1</td>
<td>19,1</td>
<td>19,3</td>
</tr>
</tbody>
</table>

### Revised Goal 7. Ensure a sustainable environment

<table>
<thead>
<tr>
<th>Revised Goal 7. Ensure a sustainable environment</th>
<th>52,6</th>
<th>53,6</th>
<th>55,1</th>
<th>55,3</th>
<th>56,0</th>
<th>53,1</th>
<th>51,2</th>
<th>53,9</th>
<th>55,2</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT1. Integrate principles of sustainable development into country policies and programs and reduce degradation of natural resources</td>
<td>RI1. Share of forested areas, %</td>
<td>MOLDSILVA</td>
<td>10,5</td>
<td>10,5</td>
<td>10,3</td>
<td>10,5</td>
<td>10,6</td>
<td>10,7</td>
<td>10,7</td>
</tr>
<tr>
<td>RI2. Share of protected areas to preserve biological diversity, %</td>
<td>MERN</td>
<td>-</td>
<td>-</td>
<td>1,96</td>
<td>1,96</td>
<td>1,96</td>
<td>1,96</td>
<td>4,65</td>
<td>4,76</td>
</tr>
<tr>
<td>RI3. GDP per one kg of domestically consumed conventional fuel, MDL, current prices</td>
<td>BNS, MERN</td>
<td>6,05</td>
<td>7,69</td>
<td>8,35</td>
<td>9,77</td>
<td>10,45</td>
<td>11,56</td>
<td>13,8</td>
<td>17,29</td>
</tr>
</tbody>
</table>
**RI4. CO2 emissions from stationary and mobile source, tonnes per capita**

<table>
<thead>
<tr>
<th></th>
<th>MERN, BNS</th>
<th>2.3</th>
<th>2.5</th>
<th>2.6</th>
<th>2.7</th>
<th>2.9</th>
<th>3</th>
<th>3</th>
<th>…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RI5. CFC emissions, tonnes per capita</strong></td>
<td>MERN</td>
<td>0.00000038</td>
<td>0.00000060</td>
<td>0.00000082</td>
<td>0.00000052</td>
<td>0.00000055</td>
<td>0.00000040</td>
<td>0.00000043</td>
<td>0.00000026</td>
</tr>
</tbody>
</table>

**RI1. Share of people with access to improved water sources, %**

|          | CNŞPMP, Apele Moldovei, BNS | 37.8 | 38.1 | 38.5 | 39.7 | 44.5 | 45.0 | 46.0 | 47.0 | 53.0 |

**RT2. Halve the number of people without access to improved sewerage services.**

**RI1. Share of people with access to improved sanitation, %**

|          | Min Construct | 41.1 | 40.0 | 41.7 | 41.5 | 43.6 | 44.0 | 45.0 | 45.4 | 45.9 |

**RI2. Share of people with access to improved sewerage, %**

|          | BNS | 31.8 | 32.4 | 31.3 | 31.7 | 32.8 | 43.8 | 43.3 | 43.9 | 45.7 |

**Revised Goal 8. Create a global partnership for development**

**RT1. Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.**

**RI1. Share of exports , % of GDP**

|          | NBS, MEC | 36.6 | 38.2 | 38.7 | 39.9 | 37.9 | 36.5 | 30.8 | 30.5 | 26.3 |

**RI3. Share of international commercial transactions carried out under free trade agreements, %**

|          | MEC, NBS | 53.6 | 37.6 | 36.8 |

**RI4. Trade gap in relation with, % of GDP**

|          | BNM | -23.7 | -22.1 | -23.7 | -30.9 | -30.1 | -40.2 | -48.2 | -53.3 | -54.7 |

**RI4. Loans offered by commercial banks, % of GDP**

|          | 14.3 | 16.3 | 18.6 | 21.9 | 23.1 | 26.5 | 30.8 | 39.1 | 40.0 |

**RI4. Insurance premiums, % of GDP**

|          | 1.2 | 1.2 | 1.2 | 1.23 | 1.25 | 1.25 | 1.27 | 1.3 | 1.33 |

**RI5. Turnover of foreign-owned and mixed companies, %**

|          | NBS, MEC | 25.8 | 25.4 | 25.1 | 26.5 | 28.2 | 27.9 | 27.7 |

**RI6. Net FDI , % of GDP**

|          | NBS, MEC | 9.9 | 7 | 5.2 | 3.7 | 5.8 | 6.4 | 7.4 | 11.2 | 11.8 |

**RI8. Share of Official Direct Assistance, %**

|          | CNAS, MPSFC | 2.1 | 2.3 | 2.6 | 3.2 | 3 | 3.8 | 4.4 | 4.6 | 4.8 |
upgrading transportation and customs infrastructure.

| RI2. Share of investment in transportation sector, % of public investment | NBS, MEC | 13.7 | 12.0 | 16.0 | 15.7 | 12.3 | 8.2 | 19.5 | 6.6 | 17.6 |
| RI3. Share of investment in air and naval transportation, % investment in transportation | NBS, MEC | 76.3 | 63.1 | 19.2 | 11.9 | 19.7 | 7.1 | 28.4 | 13.8 | 23.7 |
| RI4. Processing capacity of customs checkpoints, 1,000 vehicles per day | Customs service |  |

RT3. Monitoring public external debt

| RI1. External public debt, % of GDP | MF | 60.4 | 48.1 | 44.4 | 36 | 25.7 | 22.4 | 20.7 | 16.2 | 12.9 |
| RI1. External debt, % of GDP | 133.1 | 115.3 | 111.4 | 92.4 | 73.2 | 70.8 | 72.9 | 70.4 | 67.5 |
| RI2. Settlement of external public debt, % of tax revenues to State Budget | MF | 30.4 | 48.2 | 27.7 | 18.1 | 24 | 9.5 | 10 | 6 | 4.5 |

RT4. Develop and implement youth strategies.

| RI1. Unemployment rate in age group 15-24 years, % | NBS, ANOFM | 15.8 | 16.3 | 15.2 | 18.1 | 19.7 | 18.7 | 17.1 | 14.4 | 11.2 |

RT5. Ensure access to basic medication

| RI1. Number of localities with primary medical establishments, but without drugstores | MS, NBS |  |

RT6. Build an information society

| RI1. Fixed telephony penetration per 100 population | NBS | 16.6 | 18.1 | 19.9 | 21.9 | 25.2 | 27.4 | 29.7 | 30.1 | 31.2 |
| RI2. Mobile telephony penetration per 100 population | ANARTI | 3.1 | 6.6 | 10 | 13.9 | 23.2 | 32.3 | 37.8 | 52.6 | 67.9 |
| RI2. Personal computers per 100 population | 1.3 | 1.5 | 1.8 | 2.6 | 3.4 | 10.3 | 12.4 | 15.6 | 24.8 |
| RI3. Internet users per 100 population | ANARTI | 1.2 | 2 | 3.3 | 8 | 12 | 16.2 | 21.2 | 23.4 | 37 |

1) Literacy rate: Data for 2004 taken from 2004 National Census (NS). From 2005, data is taken from Labour Force Survey (LFS). Difference between NS and LFS:
NS – includes all persons who can read, irrespective of formal education;
LFS – includes only persons who completed at least primary education;

* including data from eastern side of the Nistru River