



Shadow report on the implementation of CEDAW in the Republic of Moldova

Presented by the Platform for Gender Equality of Moldova

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Contact Information

Platform for Gender Equality of the Republic of Moldova

Email: secretariat.platformadegen@gmail.com

Phone: +373 69 215 456

Address: 13 Grigore Alexandrescu Street, Chişinău, Republic of Moldova

Website: www.egalitadedegen.md

Presentation of the Platform



This shadow report was prepared by the Gender Equality Platform (PEG), an informal network of 64 civil society organizations and activists in Moldova, founded in 2015 to advance women's rights and gender equality. It is one of the country's most active gender-focused advocacy initiatives.

PEG's members bring expertise in areas such as GBV survivor services, disability inclusion, women's economic empowerment, and Roma women's rights, and the platform has a strong track record advancing gender equality in legislation, women's political participation, and combating violence against women.

PEG engages in policy development, monitoring, and evaluation through a feminist, intersectional lens, and prepares shadow reports for international human rights mechanisms, including the CEDAW Committee.

Executive Summary

1. On paper, Moldova has the building blocks of a gender equality architecture. Law No. 5/2006 established gender units and coordination groups across public authorities, and a revised Regulation for the Governmental Commission on Equality is currently under consultation. In practice, though, these mechanisms are stretched thin, particularly outside Chișinău, where local authorities often lack the staff, training, or mandate to make gender mainstreaming more than a formality. Gender-responsive budgeting tells a similar story: it appears in strategy documents, but without a legal obligation behind it, only a handful of ministries actually track sex-disaggregated spending, and disability-related budgeting is almost entirely gender-blind.

2. Women do not experience these gaps equally. Roma women, women with disabilities, rural women, women in Transnistria, migrants, sex workers, women who use drugs, women from the LGBTI community, women in detention, and older women all face compounding barriers to healthcare, justice, and protection, which are exacerbated by stigma, missing data, and services that were never designed with them in mind.

3. Political life shows both advances and warning signs. The 40% candidate quota has helped push women's representation in local councils close to parity, yet public attitudes are moving backwards. The belief that women "have no place in politics" climbed from 18.2% to 26.2% between 2021 and 2025. Meanwhile, eight in ten women candidates reported facing some form of violence during the last election cycle, and an upcoming administrative reform threatens to shrink the number of seats women currently hold.

4. The creation of ANPCV in 2023 was a genuine step forward for addressing violence against women, but its impact is capped by limited funding and authority. Support services for survivors remain patchy and donor-dependent, workplace sexual harassment protections exist mostly on paper, and digital violence has emerged as a threat that the system is not yet equipped to handle.

5. Reproductive rights remain similarly incomplete. Adolescent pregnancy runs at nearly three times the EU average, contraceptive access depends on a "vulnerable groups" list rather than universal coverage, and sexuality education in schools meets barely half of international benchmarks.

6. Taken together, these findings suggest that Moldova's legal commitments have outpaced their implementation. Closing that gap will require dedicated funding, binding obligations rather than aspirational strategies, better data, and consistent space for civil society organizations to stay involved in shaping and monitoring the policies that affect the women they work with every day.

Progress since last reporting

7. Since the last reporting cycle, the Republic of Moldova has taken several notable steps toward advancing gender equality and combating violence against women. The country ratified the Istanbul Convention, strengthening its legal framework for preventing and addressing gender-based violence, and established the National Agency for the Prevention and Combating of Domestic Violence and Violence against Women (ANPCV) to coordinate implementation and monitoring efforts at the national level. The Government has also adopted successive National Programs on Ensuring Gender Equality and on Preventing and Combating Violence against Women, providing a policy framework for coordinated action across sectors. Legislative measures have been introduced to sanction sexist discourse, including hate speech and discriminatory expression targeting women in public life and media. Moldova further ratified ILO Convention No. 190 on eliminating violence and harassment in the world of work, including sexual harassment, reinforcing protections for women in employment. Additionally, the introduction of gender quotas for women on the decision-making boards of companies represents a step toward improving women's representation in economic governance structures. While these developments reflect meaningful institutional and legislative progress, their effectiveness continues to depend on adequate resourcing, consistent enforcement, and monitoring to ensure they translate into tangible improvements in women's lives.

National Machinery for the Advancement of Women: Institutional Coordination, Monitoring and Accountability (*Articles 2, 3, 5, 7 CEDAW*)

8. The Republic of Moldova has established a legal and institutional framework for gender mainstreaming under Law No. 5/2006 on ensuring equal opportunities between women and men, including gender units and gender equality coordination groups within public authorities. However, the effectiveness of these mechanisms remains uneven due to limited institutional capacity, insufficient human and financial resources, and weak monitoring and accountability.

9. These challenges are particularly evident at the local level, where local public authorities (LPAs) play an important role in implementing the Programme for Promoting and Ensuring Equality between Women and Men 2023–2027 and other national policies, including the National Programme for the Gradual Integration of Foreigners 2025–2027. Gender equality mechanisms remain insufficiently institutionalized across LPAs; where they are formally designated, they often lack clear mandates, dedicated personnel, adequate training and standardized monitoring tools. Moreover, there is no standardized national methodology for assessing their functionality, and periodic public data on their operation and effectiveness are lacking.

10. A significant recent development is the initiative to revise the Regulation of the Governmental Commission for Equality between Women and Men, which is currently undergoing consultation. The revised framework would strengthen the Commission's role in monitoring gender mainstreaming in public policies, national strategies and international commitments;

following up on its recommendations; promoting the use of sex-disaggregated data and gender-sensitive indicators; and strengthening the monitoring and analytical functions of its Secretariat. It would also introduce a monitoring matrix for recommendations and stronger transparency requirements. The timely approval and effective implementation of the revised Regulation should therefore be ensured.

11. However, important gaps remain. Although the revised Regulation provides for cooperation with local public authorities and their associations, it does not establish a systematic mechanism for local reporting and accountability. Furthermore, the limited use of gender-sensitive indicators and data disaggregated by sex, age, disability and other relevant characteristics significantly constrains the ability to assess differentiated policy outcomes, particularly for women facing multiple and intersecting forms of discrimination, including refugee and migrant women, Roma women and women with disabilities. The ongoing local public administration reform and amalgamation process provides an opportunity to strengthen local gender equality mechanisms. The organizational structures of consolidated municipalities should formally include a designated gender equality unit or function, with a clear mandate, responsible personnel and adequate resources. This would ensure that gender mainstreaming, monitoring and reporting are institutionalized within local authorities and prevent the amalgamation process from weakening existing gender equality capacities.

12. Meaningful and continuous participation of civil society should also be ensured in the functioning and monitoring of the national gender equality machinery, particularly the participation of women's rights organizations and organizations representing women facing multiple and intersecting forms of discrimination.

Recommendations

- 1) Ensure the timely adoption and effective implementation of the revised Regulation of the Governmental Commission for Equality between Women and Men, including regular high-level meetings, adequate human and financial resources, and systematic monitoring of its recommendations.
- 2) Establish mandatory annual reporting by central public authorities on gender mainstreaming in sectoral policies, based on standardized indicators and monitoring requirements.
- 3) Ensure that the local public administration reform and amalgamation process formally integrates a gender equality unit or function into the organizational structures of consolidated municipalities, with a clear mandate, designated personnel and adequate resources.
- 4) Strengthen and standardize gender equality mechanisms within central and local public authorities, with clear mandates, responsible personnel, adequate expertise, resources and monitoring tools.
- 5) Ensure the systematic collection and use of sex-disaggregated and intersectional data for monitoring the impact of public policies on different groups of women.
- 6) Ensure meaningful and continuous participation of women's rights organizations, including organizations representing women facing multiple and intersecting forms of discrimination, in the development, implementation and monitoring of gender equality policies.

Gender-Responsive Budgeting in the Republic of Moldova: Progress, Challenges, and Institutionalization Prospects (Articles 2, 3 of CEDAW)

13. The Republic of Moldova has made important commitments toward advancing Gender-Responsive Budgeting (GRB) through strategic planning frameworks. The *Strategy for Ensuring Equality between Women and Men (2017–2021)* supported GRB-related capacity building, while the *Public Finance Management Strategy (2023–2030)* recognizes GRB as essential for equitable and effective governance. The *Program for Ensuring Equality between Women and Men (2023–2027)* explicitly includes GRB among its strategic objectives and proposes a roadmap for institutionalizing it across sectors. However, despite this policy alignment, the implementation of GRB remains fragmented and largely discretionary due to the absence of binding legal obligations and an operational institutional mechanism. Responsibilities among public authorities are poorly defined, and institutional capacities and financial resources for applying GRB methodologies remain insufficient.

14. While the Ministry of Finance has integrated gender-sensitive indicators in budgetary planning and some sectoral programs have piloted gender-responsive measures, these efforts remain limited in scope. Progress in areas such as agriculture and social protection has been driven largely by international development partners and civil society organizations, which have contributed to gender mainstreaming and monitoring. Nonetheless, only a few line ministries report sex-disaggregated data, and systematic gender analysis of public budgets is lacking.

15. This institutional weakness has a disproportionate impact on marginalized groups, particularly women and girls with disabilities. Budget documentation does not systematically identify, assess, and report how disability-related and accessibility expenditures respond to the differentiated needs of women and men with disabilities. At the same time, budget reporting provides limited possibilities for assessing expenditure by sex, age, and type of disability. No gender impact assessments have been conducted for disability-related programs, reinforcing gender-blind budgeting practices and perpetuating structural discrimination. Evaluations of the *National Program on Social Inclusion of Persons with Disabilities (2017–2022)* revealed minimal reference to gender in budget allocations, while national and local budgets do not publish disability-specific budget analyses. These gaps contravene Moldova's obligations under CEDAW, particularly General Recommendations No. 28, which emphasize the need for integrating gender and intersectionality into all budgetary and planning processes.

Recommendations

- 1) Develop a legislative and methodological framework for the institutionalization of GRB (e.g., through amendments to the Public Finance Law and budgetary instructions to integrate a gender perspective across all stages of the budget cycle);
- 2) Strengthen capacities at both central and local levels through continuous training, practical toolkits, and exchange of good practices; improve the gender statistics system for monitoring and evaluating budget impact;
- 3) Establish an effective coordination structure, clarify institutional responsibilities and strengthen coordination between the Ministry of Finance, the Ministry of Labour and Social Protection, the Governmental Commission for Equality between Women and Men, line ministries and local public authorities for GRB implementation and monitoring;

- 4) Encourage the active participation of civil society in the budget process, through public consultations and gender budgeting watchdog mechanisms, to ensure transparency and alignment with international gender equality standards.

Women Facing Intersecting Forms of Discrimination *(Articles 1, 2, 3, 5, 7, 11, 12 and 14 of CEDAW)*

16. Women and girls in the Republic of Moldova do not experience discrimination uniformly. For many women, gender inequality is compounded by poverty, disability, ethnicity, age, rural residence, migration or refugee status, residence in the Transnistrian region, sexual orientation, gender identity, involvement in sex work, drug use, homelessness, detention and prior contact with the criminal justice system. These factors create cumulative and mutually reinforcing barriers to the enjoyment of rights guaranteed under CEDAW and recognises intersectionality as a central concept for understanding States parties' obligations under Article 2. Moldova should therefore address not only discrimination against women in general, but also the specific compounded harms experienced by women belonging to marginalised groups. Women facing intersecting forms of discrimination encounter greater barriers in accessing healthcare, including sexual and reproductive health services, HIV, hepatitis and STI prevention and treatment, harm-reduction services, mental-health support, education, employment, social protection, housing, transport, protection from gender-based violence, legal aid and justice. These barriers are reinforced by stigma, discriminatory attitudes, inaccessible infrastructure and information, geographical isolation, digital exclusion, lack of confidentiality, insufficient availability of specialised services and the absence of disaggregated data.

17. GREVIO has noted the need for Moldova to strengthen measures addressing the specific needs of women exposed to intersecting discrimination, including women with disabilities, Roma women and women in rural areas. Existing policy frameworks recognise that women with disabilities, older women, Roma women, LGBTI women, migrants, asylum-seekers, refugees, women who use drugs and women living in rural areas may face increased risks of violence and exclusion; however, this recognition must be translated into funded, accessible and accountable measures.¹²

Common barriers

18. Women across these groups frequently experience:
 - 1) Multiple stigma and harmful stereotypes related to gender, ethnicity, disability, age, poverty, drug use, sex work, detention, sexual orientation, gender identity, migration or refugee status.
 - 2) Unequal access to essential healthcare, including sexual and reproductive health, HIV, hepatitis and STI prevention and treatment, opioid agonist therapy, harm reduction, mental-health services and long-term care.
 - 3) Limited access to social protection, safe housing, education, employment, vocational training, financial services and income-generating opportunities.

¹ [https://www.ecoi.net/en/file/local/2101406/GREVIO\(2023\)26_Final++report+on+Moldova_eng_web.pdf](https://www.ecoi.net/en/file/local/2101406/GREVIO(2023)26_Final++report+on+Moldova_eng_web.pdf)

² <https://social.gov.md/wp-content/uploads/2024/08/Mapping-of-GBV-Services.pdf>

- 4) Physical, digital, communication and transport barriers, including inaccessible public institutions, inaccessible online systems, limited transport in rural areas and insufficient information in accessible formats or minority languages.
- 5) Fear of violence, discrimination, police involvement, disclosure of personal information or retaliation, which may prevent women from seeking healthcare, social assistance, protection or justice.
- 6) Inadequate access to shelters, emergency accommodation, legal aid, psychosocial support, complaint mechanisms and effective remedies for gender-based violence, exploitation and discrimination.
- 7) Exclusion from policy development, budget planning, consultation mechanisms and decision-making structures that directly affect their rights and lives.
- 8) Lack of reliable data disaggregated by sex, age, disability, ethnicity, geographic location, rural or urban residence, migration or displacement status, detention status and other relevant factors.

Specific concerns

21. Women engaged in sex work face stigma, discrimination, violence and barriers to healthcare, social protection and justice. These barriers may be aggravated where women use drugs, experience homelessness, live in poverty or have contact with law-enforcement and criminal-justice institutions. Fear of disclosure, discriminatory attitudes among healthcare workers and concerns about police involvement may discourage women from obtaining confidential sexual and reproductive healthcare, HIV and STI testing and treatment, mental-health services, harm-reduction services or protection from violence. Women who experience violence may also face difficulties in obtaining effective remedies where their engagement in sex work or drug use is used to undermine their credibility. A human-rights-based, gender-responsive and non-punitive approach is needed to ensure equal access to services, protection and justice.³

22. Lesbian, bisexual, transgender and intersex women and gender-diverse persons may face discrimination in healthcare, employment, education, social services and justice. Barriers include stigma, discriminatory treatment, confidentiality concerns and insufficient provider knowledge, including in sexual and reproductive health and mental-health services. LGBTI persons in detention face heightened risks of harassment, violence and breaches of confidentiality. Placement and accommodation should respect individual safety, dignity, gender identity and personal circumstances, rather than being based exclusively on sex assigned at birth.⁴

23. Women who use drugs experience gender-specific stigma and discrimination that may restrict access to healthcare, harm reduction, opioid agonist therapy, HIV and hepatitis services, social protection and justice. Obstacles are particularly serious for pregnant women, mothers, women living in rural areas, women experiencing homelessness and women with experience of detention. Services are not always adapted to women's needs regarding confidentiality, safety, childcare, mobility, trauma, reproductive health and protection from gender-based violence.

³ <https://moldova.unfpa.org/en/news/beyond-appearances-public-dialogue-rights-sex-workers-moldova>

⁴ <https://rm.coe.int/report-a4-respecting-the-rights-of-vulnerable-and-marginalised-persons/48802c2c5d>

Continuity of care between community services, detention settings and post-release support remains essential, including continuity of opioid agonist therapy, HIV treatment, hepatitis treatment and psychosocial support.^{5 6}

24. Women with disabilities face multiple discrimination at the intersection of gender and disability. They may be excluded from education, employment, entrepreneurship, financial services, decision-making and independent living because of inaccessible infrastructure, inaccessible digital systems, limited access to information, lack of reasonable accommodation and discriminatory assumptions about their capacity and autonomy. Women with disabilities face barriers in accessing sexual and reproductive healthcare, including inaccessible facilities and equipment and insufficiently trained health professionals.⁷ They are also at increased risk of psychological, physical, sexual and economic violence but may be unable to seek assistance because of physical, communication, financial and social barriers. Women with intellectual or psychosocial disabilities are particularly at risk of having their testimony disregarded by healthcare, police and justice institutions.⁸

25. Roma women and girls, including local and refugee Roma women, experience intersecting discrimination related to ethnicity, gender, poverty, disability and refugee status. These factors limit access to education, health information, employment, social protection, legal aid and protection from gender-based violence. Functional illiteracy, digital exclusion, limited access to information in Romani dialects and discriminatory treatment by institutions can further deepen exclusion. Roma women may be reluctant to report domestic violence, marital rape, forced marriage, reproductive violence or other forms of abuse because of stigma, fear of racism, lack of trust in police and public institutions, and fear of consequences within their communities. Roma women, especially those with disabilities or refugee status, may also face discriminatory barriers in accessing shelters and other support services for survivors of gender-based violence.⁹

26. Rural women face cumulative disadvantages arising from poverty, limited infrastructure, traditional gender roles, insufficient transport and restricted access to public, health and economic services. Many work in agriculture, seasonal employment or other low-paid and insecure forms of work, including unpaid family labour, without adequate social protection. Rural women carry a disproportionate burden of unpaid care work for children, older persons and persons with disabilities, which limits their access to education, vocational training, paid employment and participation in public life. Access to specialised healthcare, including sexual and reproductive health services, is constrained by distance, shortages of qualified personnel, transport costs and insufficient local services. Article 14 of CEDAW requires targeted measures

⁵ https://uniunea.md/wp-content/uploads/2022/09/NH_VV_Factsheet_UPR_UORN_ENG.pdf

⁶ http://ccm.md/sites/default/files/2024-03/MDA_inequalities%20tool_Final_1_0.pdf

⁷ <https://rm.coe.int/ro-study-women-with-psychosocial-and-intellectual-approved/48802c4d23>

⁸ <https://moldova.unwomen.org/en/stories/press-release/2025/05/un-reaffirms-commitment-to-protecting-the-rights-of-women-with-disabilities-in-moldova-amidst-alarming-new-data-0>

⁹ <https://moldova.unwomen.org/ro/digital-library/publications/2026/07/studiu-accesul-la-justitie-al-femeilor-victime-ale-violentei-inclusiv-din-grupuri-cu-vulnerabilitati-multiple>

to ensure rural women's equal access to healthcare, education, employment, social protection and participation in development planning.^{10 11}

27. Women living in the Transnistrian region experience structural, legal and administrative isolation and may have limited access to healthcare, social protection, legal aid and remedies for gender-based violence and discrimination. The absence of common institutional standards and effective cooperation mechanisms can prevent women from benefiting equally from national gender-equality policies and support services. Women may face difficulties accessing specialised healthcare, including reproductive health services, as well as legal representation, psychosocial support and safe referral pathways. Civil-society organisations often provide essential assistance, but they cannot replace sustainable public services and effective rights-protection mechanisms.

¹²

28. Migrant, refugee and asylum-seeking women may encounter language, information, financial and administrative barriers in accessing healthcare, employment, housing, social protection, education and justice. Risks are greater for women with insecure documentation, women with disabilities, Roma refugee women, single mothers, older women, survivors of violence, women involved in sex work and women who use drugs. Protection and service systems should provide accessible information, interpretation, confidential referrals and safe access to gender-based violence services, regardless of nationality, legal status or place of residence.¹³

29. Women deprived of liberty face particular barriers in accessing healthcare and protection. Their access to sexual and reproductive health services, HIV, hepatitis and STI services, opioid agonist therapy, mental-health support and psychosocial assistance should be equivalent in scope and quality to services available in the community. Women in detention may also face stigma, violence, inadequate privacy, separation from children and obstacles to social reintegration after release. Continuity of care, including referral to community services before and after release, is essential. Women prisoners who are Roma, transgender, lesbian or bisexual, have disabilities, are older, use drugs, are migrants or refugees, or have other support needs face compounded risks and require individualised safeguards.¹⁴

30. Older women may experience poverty, economic dependence, social isolation, age-based discrimination, digital exclusion and limited access to healthcare, long-term care, social services and justice. Violence against older women often remains invisible or unreported, particularly when abuse occurs within the family, in institutional settings or in situations of dependence on caregivers. Policies on gender-based violence, social protection and health should specifically address the needs of older women, including those living in rural areas, women with disabilities and women without independent income.¹⁵

¹⁰ <https://moldova.unwomen.org/ro/digital-library/publications/2025/12/analiza-social-economica-a-implicarii-femeilor-in-dezvoltarea-rurala-in-cadrul-abordarii-leader>

¹¹ <https://social.gov.md/wp-content/uploads/2024/05/Seventh-Periodic-Report-on-the-Implementation-of-the-Convention-on-the-Elimination-of-All-Forms-of-Discrimination-Against-Women-in-the-Republic-of-Moldova-2024.pdf>

¹² http://ccm.md/sites/default/files/2024-03/MDA_inequalities%20tool_Final_1_0.pdf

¹³ <http://ccm.md/sites/default/files/2025-07/WEB%20VERSION%20RAPORT-EN-13-03-2025.pdf>

¹⁴ https://afi.md/pic/uploaded/BREN_report_calitative.pdf

¹⁵ <https://moldova.un.org/en/225362-women-disabilities-remain-vulnerable-discrimination-and-poverty-un-women-and-undp-survey>

Consolidated recommendations

The Committee should recommend that the State party take the following measures to ensure the equal enjoyment of rights by women and girls facing intersecting forms of discrimination.

- 1) **Adopt and fund an intersectional action framework** across equality, anti-discrimination, gender-based violence, health, social protection, employment, justice, migration and detention policies. The framework should identify women facing compounded discrimination—including women with disabilities, Roma women, rural women, women in the Transnistrian region, migrant, refugee and asylum-seeking women, women engaged in sex work, women who use drugs, LGBTI and transgender women, women deprived of liberty and older women—and set measurable targets, institutional responsibilities, timelines and dedicated budget allocations.
- 2) **Guarantee accessible, confidential and non-discriminatory services** for all women facing intersecting discrimination, including sexual and reproductive healthcare; HIV, hepatitis and STI prevention and treatment; mental-health care; harm reduction and opioid agonist therapy; social protection; housing; legal aid; shelters; psychosocial support; protection orders; complaint mechanisms; and effective remedies for discrimination, violence, exploitation, trafficking and institutional abuse.
- 3) **Develop adequately funded mobile, outreach and community-based services** for women who cannot safely or practically access centralised services, including women in rural areas, the Transnistrian region, Roma communities, detention settings and areas hosting migrants, refugees and asylum-seekers. These services should include transport support, interpretation, accessible information, referral pathways and individual case management.
- 4) **Make public services accessible** by requiring physical, digital, financial, communication and information accessibility across healthcare institutions, schools, employment and entrepreneurship programmes, police stations, courts, shelters, social services, legal-aid services and penitentiary institutions. Ensure reasonable accommodation; accessible online systems; sign-language interpretation; easy-read and audio-visual materials; and culturally appropriate information, including in relevant Romani dialects.
- 5) **Ensure safe access to protection and justice** by establishing confidential reporting mechanisms, survivor-centred case management, protection against retaliation and effective remedies for women experiencing discrimination, violence, sexual harassment, exploitation, trafficking or ill-treatment. Ensure that involvement in sex work, drug use, detention history, disability, ethnicity, sexual orientation, gender identity, migration status or place of residence is never used to deny protection, undermine credibility or restrict access to services and justice.
- 6) **Institutionalise mandatory capacity-building** for healthcare professionals, police, penitentiary staff, social workers, shelter personnel, legal-aid providers, judges, prosecutors, migration authorities and local-government staff. Training should cover gender equality, intersectional discrimination, confidentiality, non-discrimination, trauma-informed responses, reasonable accommodation, cultural sensitivity, prevention of racism and protection from violence.

- 7) **Ensure the meaningful participation of women from marginalised groups** and their representative organisations in the planning, implementation, budgeting, monitoring and evaluation of laws, policies and services that affect them. Establish or strengthen accessible national and local consultative mechanisms, including representation in equality bodies, GBV coordination structures, health and social-protection platforms, local development processes and public-budget consultations.
- 8) **Establish a safe and ethical data system** to identify inequalities and monitor results for women facing intersecting discrimination. Collect anonymised data disaggregated, where safe and relevant, by sex, age, disability, ethnicity, rural or urban location, geographic region, migration or displacement status, detention status and other relevant factors. Ensure voluntary self-identification, informed consent, strict confidentiality, personal-data protection and the “do no harm” principle.

Priority measures for specific groups

- 1) **Women engaged in sex work and women who use drugs:** Ensure voluntary, confidential and stigma-free access to sexual and reproductive healthcare, HIV and STI prevention and treatment, harm reduction, opioid agonist therapy, mental-health care, housing, social protection and legal assistance. Prevent punitive, coercive or discriminatory practices that deter women from seeking healthcare, maternity care, child-protection support, protection from violence or justice. Guarantee continuity of HIV, hepatitis, opioid agonist therapy and other essential care in the community, in detention and after release.
- 2) **LBTI women and transgender persons:** Establish safeguards against discrimination, harassment, violence, hate-motivated abuse and non-consensual disclosure of sexual orientation, gender identity, gender expression or sex characteristics. Ensure equal and confidential access to healthcare, including sexual and reproductive health, HIV and STI services and mental-health support where needed. In detention, ensure that placement, accommodation, searches and healthcare respect persons’ gender identity, safety, dignity, privacy and individual circumstances, and provide confidential reporting channels with protection against retaliation.
- 3) **Women with disabilities:** Implement the National Programme on the Social Inclusion of Persons with Disabilities for 2026–2030 through gender-responsive objectives, indicators, responsibilities and ring-fenced funding. Guarantee reasonable accommodation and accessible healthcare, including sexual and reproductive healthcare, protection from violence, education, employment, entrepreneurship, justice and political participation. Provide accessible reporting and support for survivors of violence, including communication and procedural safeguards for women with intellectual or psychosocial disabilities.
- 4) **Roma women and girls:** Implement sustained community-based initiatives on legal literacy, health information, education and digital inclusion; provide accessible information in relevant Romani dialects and audio-visual formats; and expand mediation and outreach involving trained Roma women mediators. Ensure that Roma women, including women with disabilities, rural Roma women and refugee Roma women, have equal access to healthcare, social protection, legal aid, shelters and safe mechanisms for reporting gender-based violence.

- 5) **Rural women and women in the Transnistrian region:** Expand affordable community care for children, older persons and persons with disabilities, and provide reliable transport, mobile healthcare, outreach, legal aid, psychosocial support, GBV services, vocational training and economic opportunities. Ensure women in the Transnistrian region can access specialised services and safe referral pathways, including through predictable support to civil-society organisations delivering health, legal and psychosocial assistance.
- 6) **Migrant, refugee, asylum-seeking, detained and older women:** Provide multilingual, culturally appropriate and confidential information, interpretation and referral services, regardless of nationality, documentation status or residence. Guarantee equivalence of healthcare in detention with community healthcare, including sexual and reproductive health, HIV, hepatitis and STI services, opioid agonist therapy, mental-health care and continuity of care upon release. Include older women explicitly in health, long-term care, social-protection, poverty-reduction, digital-inclusion and gender-based-violence policies, with targeted support for women living alone, women with disabilities, rural women and women dependent on caregivers.

Women's Political Participation (*Articles 5 and 7 of CEDAW*)

31. Women's participation in political and public life remains below equal representation, despite 40% gender quota and placement provisions for party candidate lists. In 2023, as a result of the local elections, the share of women mayors increased throughout the Republic, representing 24% of all mayors. Due to the double quota system applied in the 2023 local elections, the level of representation of women among local and district councilors is practically equal to that of men. 47.2% of local councilors and 45.3% of district/ municipal councilors are women.¹⁶ At the same time, public attitudes towards women's political participation have deteriorated. A 2025 research found that the proportion of respondents who believed that women "have no place in politics" increased from 18.2 per cent in 2021 to 26.2 per cent in 2025.¹⁷

32. Violence against women in politics remains a significant barrier. A 2025 study¹⁸ found that eight in ten candidates had experienced some form of violence during the electoral period, particularly psychological and technology-facilitated violence. 32% experienced derogatory or misogynistic comments, while 35% reported being affected by the general climate of intimidation. These findings are reinforced by civil-society monitoring of the 2025 parliamentary election campaign.¹⁹ An analysis of 11,711 Facebook posts published by candidates, electoral contestants and selected party pages identified forms of sexist discourse or behaviour in 2,253 materials. Women were the targets of approximately 70% of the documented cases, which included attacks on their competence and public authority, sexualised and degrading remarks,

¹⁶ [2024 Gender Equality Index: Stagnation in the fight for gender equality: what are we stopping us from moving forward?](#), Center Partnership for Development, 2024, Chisinau

¹⁷ [REPRESENTATION, POWER, AND GENDER INEQUALITIES IN THE 2025 PARLIAMENTARY ELECTIONS](#), Center Partnership for Development, 2025, Chisinau

¹⁸ [National Study on Violence Against Women in Politics](#), UN Women, 2025, Chisinau

¹⁹ [Monitoring report on sexist discourse and behavior of candidates in the electoral campaign for the 2025 parliamentary elections](#), Gender Equality Platform, 2025, Chisinau

stereotypes concerning motherhood and women's "proper" social roles, online harassment and, in the most serious cases, threats and intimidating conduct.

33. Civil society is additionally concerned about the possible gendered impact of the ongoing reform of local public administration.²⁰ The Government's reform concept establishes a minimum population threshold of 3,000 inhabitants for mayoralities and envisages the creation of larger administrative units before the 2027 general local elections. More than 400 mayoralities had adopted final voluntary-amalgamation decisions by 31 July 2026. The reform will consequently reduce the overall number of mayoral offices and local council mandates. Although the 40% gender quota will continue to apply to party candidate lists for local councils, it does not, by itself, guarantee that women will retain an equitable share of elected mandates. Competition for fewer positions may reinforce male-dominated party-selection practices and expose prospective women candidates to heightened pressure, harassment and sexist attacks. The amalgamation process should therefore be accompanied by a participatory gender-impact assessment to ensure that it does not result in regression in women's representation or intensify violence against women in local political life.

Recommendations

- 1) Adopt a comprehensive legal and institutional framework for preventing and addressing violence against women in political and electoral life.
- 2) Establish accessible, confidential and timely procedures for reporting, investigating and sanctioning electoral violence and sexist harassment, clearly defining the responsibilities of electoral bodies, law-enforcement authorities, the Equality Council and audiovisual and media regulators.
- 3) Conduct and publish a gender-impact assessment of the local public administration reform, in consultation with women mayors, councillors, candidates and women's rights organizations, and introduce temporary special measures and other safeguards necessary to prevent any regression in women's representation.

Institutional Response to Violence against Women, Access to Support Services and Emerging Forms of Gender-Based Violence *(Articles 1, 2, 3, 6 and 11 CEDAW)*

34. Moldova has strengthened its legal and institutional framework for preventing and combating violence against women and domestic violence, including through the establishment of the National Agency for Preventing and Combating Violence against Women and Domestic Violence (ANPCV) in 2023. ANPCV has an important role in coordinating, monitoring and evaluating national policies and strengthening intersectoral cooperation. Its effectiveness, however, depends on sufficient institutional authority, sustainable human and financial resources, and effective coordination across justice, law enforcement, health, education and social protection, including at the local level.

35. Despite legislative progress, significant gaps persist in survivors' access to comprehensive and long-term support services. Women-led civil society organizations continue

²⁰ <https://gov.md/ro/comunicate-de-presa/guvernul-lansat-conceptul-reformei-administratiei-publice-locale>

to fill critical gaps in medical, psychological, social and legal assistance, while specialized services remain unevenly distributed and heavily dependent on donor funding. Law No. 137/2016 continues to limit access to long-term rehabilitation, including by linking access to certain services to the victim's procedural status. These barriers disproportionately affect women in rural areas and women facing multiple and intersecting forms of discrimination, including Roma women, women with disabilities, and refugee and migrant women.

36. Sexual harassment in the workplace also remains insufficiently addressed in practice. Despite existing legal prohibitions, prevention, confidential reporting and effective institutional response mechanisms are not consistently implemented across public and private institutions. Underreporting, fear of retaliation, limited awareness of available remedies and insufficient data impede effective prevention and accountability, particularly in hierarchical and male-dominated sectors.

37. Digital violence against women is an emerging concern. Available evidence indicates significant exposure to technology-facilitated harassment, identity misuse and unauthorized access to accounts and devices. Digital violence should therefore be systematically integrated into national prevention, protection, monitoring and survivor-support mechanisms.

38. Trafficking in human beings (THB) remains a serious form of violence disproportionately affecting women and girls and requires a stronger gender-responsive approach. Although Moldova has developed specialized anti-trafficking legislation and institutional mechanisms, the response to trafficking and the response to violence against women remain insufficiently integrated. This may create gaps in gender-sensitive risk assessment, referral, specialized assistance, legal aid and long-term rehabilitation. Survivors of trafficking, including those participating as victims or witnesses in criminal proceedings, should have access to comprehensive protection, assistance and effective remedies regardless of their procedural status.

39. Strengthening Moldova's response to violence against women therefore requires an integrated, survivor-centred and gender-responsive approach connecting ANPCV, specialized GBV services, anti-trafficking mechanisms and relevant sectoral authorities, while ensuring meaningful participation of women's rights organizations and specialized service providers.

Recommendations

- 1) Strengthen ANPCV's institutional authority, cross-sectoral coordination capacity and sustainable human and financial resources, ensuring effective coordination and monitoring at central and local levels.
- 2) Ensure sustainable public funding and equitable territorial access to comprehensive, specialized and long-term medical, psychological, social and legal services for survivors of violence against women, including women facing multiple and intersecting forms of discrimination.
- 3) Amend Law No. 137/2016 to ensure access to appropriate long-term rehabilitation and support for survivors of gender-based violence regardless of their procedural status in criminal proceedings.

- 4) Strengthen prevention and response to sexual harassment in the workplace through accessible and confidential reporting mechanisms, protection against retaliation, effective remedies and systematic collection of data on complaints, investigations and outcomes.
- 5) Strengthen the gender-responsive approach to trafficking in human beings by ensuring gender-sensitive risk assessments and effective coordination and referral between anti-trafficking mechanisms, ANPCV and specialized services for survivors of violence against women.
- 6) Ensure that survivors of trafficking have access to specialized legal assistance, protection, comprehensive support and effective remedies, including when participating as victims or witnesses in criminal proceedings.

Sexual and Reproductive Health and Rights (SRHR) and Sexual Education *(Articles 10 and 12 of CEDAW)*

40. Moldova has a legal framework for reproductive rights, but universal access remains out of reach. Adolescent pregnancy rates run three times the European average (26.2 births per 1,000 women aged 15–19 vs. 9 in the EU),²¹ and roughly 6 in 100 babies are born to adolescent mothers.²² Adolescent birth rate among women aged 15–19 decreased to 15.6 live births per 1,000 women in 2025, from 17.3 per 1,000 in 2024. Despite this downward trend, adolescent childbearing remains high especially in rural areas. HIV incidence among youth rose from 14.9 to 19 cases per 100,000 between 2015 and 2020.²³ The European Court of Human Rights found Moldova responsible for failing to protect women with intellectual disabilities from forced abortion and contraception, affirming that the state must provide support and legal capacity rather than coercion.²⁴ These gaps point to the need for a shift from donor-led initiatives toward a state-owned, citizen-centered health system.

41. Modern contraceptive use remains low, at 39% of women of reproductive age.²⁵ Free contraceptives reach only 12 categories of "vulnerable groups," making access dependent on vulnerability status and donor funding rather than a guaranteed right.²⁶ As Europe's poorest country, Moldova faces steep affordability barriers, sharper in rural areas, where unmet need for family planning (26.0%) far outpaces urban centers (15.5%).²⁷ Abortion, on request sits outside of the National Health Insurance Company (CNAM) coverage and is fee-for-service. Order No. 45/2025 has further restricted telemedicine access to medical abortion to crisis situations only, disproportionately affecting rural women and adolescents.

42. Access to evidence-based sexuality education remains fragmented. Current programs meet only 54% of international standards, with topics introduced 2–3 years later than

²¹ European Commission (2024): Republic of Moldova 2024 Report. [Republic of Moldova 2024 Report](#).

²² Moldova Comprehensive Gender Assessment (2023): Analytical report on gender equality progress. [Link](#)

²³ Refworld: Moldova: National Program on Human Rights Enforcement 2024-2027. [Moldova: National Program on Human Rights Enforcement 2024-2027](#).

²⁴ Validity.ngo (2024): ECHR Finding on Forced Abortion and Contraception in Moldova. [ECHR Finding on Forced Abortion and Contraception in Moldova](#)

²⁵ UNFPA Moldova: Sexual and Reproductive Health and Rights Overview. [Link](#)

²⁶ Ministry of Labour and Social Protection (2024): Report on the Implementation of CEDAW in Moldova. [Report on the Implementation of CEDAW in Moldova](#)

²⁷ UPR Info (2022): Situation of Women Who Use Drugs, Women Sex Workers and Treatment Availability. [Situation of Women Who Use Drugs, Women Sex Workers and Treatment Availability](#).

recommended, and just 9% of the curriculum for youth aged 15–18+ fully aligns with international CSE standards.²⁸ CSE is delivered only through Personal Development (Grades I–XII, since 2018) and Biology (Grades VI–XII, since 2019), with no unified curriculum, causing inconsistency across schools. NGOs supplement this through extracurricular sessions using UNFPA-developed materials,²⁹ but implementation is uneven, hampered by social and religious resistance, undertrained teachers, misinformation, a lack of standardized materials, and weak monitoring, as CSE indicators are absent from the Education Management Information System (EMIS).³⁰

Recommendations:

- 1) Develop and approve the new National Programme on sexual and reproductive health and rights to ensure the strategic planning based on robust data and evidence, setting appropriate comprehensive interventions.
- 2) Amend laws to explicitly include modern contraception and safe abortion, including medical abortion, in the CNAM-financed package.
- 3) Establish permanent public funding for contraceptives and medical abortion supplies to end donor reliance, including adding modern contraceptives to the National Essential Medicines List for those without financial means.
- 4) Legally mandate CNAM financing of these services through the Unified Programme as basic health entitlements.
- 5) Move from restricted, category-based coverage to cost-free access for the entire reproductive-age population, including making abortion services free through CNAM.
- 6) Restore medical abortion via telemedicine for all eligible women per WHO guidance, rather than restricting it to crisis situations,³¹ with particular attention to rural women and adolescents.
- 7) Strengthen collection and publication of disaggregated data (age, disability, geography) on SRHR service uptake to identify and close remaining gaps.
- 8) Institutionalize mandatory, evidence-based CSE across all education levels as a direct state obligation, independent of donor support.
- 9) Set mandatory training standards so CSE delivery becomes a core educator competency and ensure dedicated budget for these trainings, including by creating a set of specific indicators to monitor CSE and integrate them into the Education Management Information System (EMIS).
- 10) Eliminate administrative hurdles preventing accredited health professionals and CSOs from running specialized, age-appropriate CSE activities in schools.
- 11) Expand non-formal SRHR programs to reach out-of-school youth and marginalized groups.

²⁸ UNFPA Moldova: Official Publication Page: Comprehensive Sexuality Education. [Official Publication Page: Comprehensive Sexuality Education](#)

²⁹ <https://moldova.unfpa.org/ro>

³⁰ [EMIS Moldova – Education Management Information System.](#)

³¹ People's Advocate Office (Ombudsman) (2025): Annual Report on Human Rights in Moldova. [Annual Report on Human Rights in Moldova](#)

Rights to Education (*Article 10 CEDAW*)

43. In the context of Restart reform in education, several schools are and will be closed, especially in rural areas. Excessive centralization leads to the loss of jobs for teachers, the absolute majority of whom are women, making it more difficult for girls and boys to access education and requiring their transfer to other localities dozens of kilometers away. This generates health and safety problems, including sexual violence, especially for girls.

Recommendations

- 1) All steps of the reform should be consulted with the local population and beneficiaries, taking into consideration safeguard aspects.
- 2) The reform should contribute to the creation of new jobs or additional places for students, investments in educational institutions, including for their modernization.
- 3) Ensure safe environments for girls and boys in all education institutions with special attention on gender needs.
- 4) Institutionalize mandatory, evidence-based GBV education across all education levels, including at high education levels for multidisciplinary interventions, as a direct state obligation, based on state budget. Include mandatory GBV aspects into education programmes addressed to teaching staff.

Contributors to the preparation of the Shadow Report

This Shadow Report was prepared by the Platform for Gender Equality of Moldova, with contributions from representatives of its member organizations, experts and activists.

- Platform for Gender Equality of Moldova — Nina Lozinschi, Secretary General
- NGO “Woman for Contemporary Society” — Veronica Lupu
- Independent Expert / Activist — Elena Rățoi
- NGO Rehabilitation Center for Torture Victims “Memoria”— Andriana Zaslavet
- ROMNI – Roma Women’s Platform — Olga Bîtcă
- NGO “Interaction” — Mariana Stavinskaia
- Independent Expert — Cristina Snegur
- Independent Expert — Ludmila Ciocan
- NGO “Gender-Centru” — Valentina Bodrug-Lungu
- NGO “Keystone Moldova” — Alexandru Gribincea
- NGO “AFI – Act for Involvement” — Svetlana Doltu
- Independent Expert — Svetlana Plămădeală
- Network of Roma Women and Girls “Moldsolidaritate” — Cristina Răducan
- NGO “YOUTH WAVE” — Elena Burlacu