



# **Disability Rights and Deinstitutionalization in the Republic of Moldova**

National reform, implementation gaps, and priorities within  
the European Union accession process

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Union accession process

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DESCRIEREA CIP A CAMEREI NAȚIONALE A CĂRȚII DIN REPUBLICA MOLDOVA

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## Abbreviations

| Abbreviation  | Full form                                                               |
|---------------|-------------------------------------------------------------------------|
| <b>AOPD</b>   | Alliance of Organizations for Persons with Disabilities                 |
| <b>CRPD</b>   | Convention on the Rights of Persons with Disabilities                   |
| <b>EASPD</b>  | European Association of Service Providers for Persons with Disabilities |
| <b>ECtHR</b>  | European Court of Human Rights                                          |
| <b>EU</b>     | European Union                                                          |
| <b>MLSP</b>   | Ministry of Labour and Social Protection                                |
| <b>NGO</b>    | Non-governmental organization                                           |
| <b>OPD</b>    | Organization of persons with disabilities                               |
| <b>UPR</b>    | Universal Periodic Review                                               |
| <b>UN</b>     | United Nations                                                          |
| <b>UNICEF</b> | United Nations Children's Fund                                          |

## Executive Summary

The Republic of Moldova has made important progress in moving disability policy away from a predominantly medical and institutional model toward a rights-based approach grounded in the CRPD. Over the past two decades, the country has adopted legislation on social services, disability inclusion, equality, inclusive education, legal capacity and deinstitutionalization. These reforms have created a stronger legal and policy framework and have opened the way for more community-based support.

At the same time, the analysis shows that Moldova's main challenge is no longer only the absence of laws. The deeper issue is whether legal commitments change people's everyday lives. Many persons with disabilities still face limited access to personal assistance, supported living, rehabilitation, assistive technology, inclusive education, accessible transport, employment support and community mental health services. Access to support often depends on where a person lives, what local resources are available and whether services exist in practice.

Statistical evidence confirms this implementation gap. Administrative data counted 160.0 thousand officially recognized people with disabilities in 2025, or 6.7% of the usual resident population. By contrast, the 2024 Population and Housing Census found that 12.8% of people aged five years and over reported severe functional difficulty or complete inability in at least one domain. This difference suggests that many people with significant support needs may remain outside formal recognition and support systems.

Deinstitutionalization has produced visible progress, especially in child-care reform, but the transition remains incomplete for adults with intellectual and psychosocial disabilities. Community homes and supported housing services have expanded, yet many adults still live in residential institutions. The paper therefore argues that deinstitutionalization should not be measured only by the number of places created or people transferred. The real test is whether people have choice, privacy, secure housing, control over daily routines, access to support and meaningful participation in ordinary community life.

EU accession creates an important opportunity to address these gaps. Chapter 19 can strengthen employment, social protection and portable support. Chapter 23 can reinforce equality, legal capacity, accessibility, safeguards and remedies. Chapter 28 can improve accessible health care, community mental health, informed consent and assistive products. If implemented together, these chapters can move disability reform beyond a narrow social-protection agenda and make it part of a whole-of-government fundamental-rights approach.

The paper recommends strengthening enforceable rights to independent living, adopting comprehensive deinstitutionalization legislation, ensuring that public funding follows the person, expanding community-based services, investing in a rights-oriented workforce and embedding disability inclusion across EU accession planning, budgets, procurement, digitalisation, transport, education, health and regional development. Ultimately, progress should be judged by whether persons with disabilities can live, learn, work, decide and participate on an equal basis with others.

## 1. Introduction

Over the past two decades, the Republic of Moldova has gradually redefined the way disability is understood in law and public policy. The earlier focus on medical classification, social protection and institutional care has increasingly been challenged by a rights-based approach centered on equality, accessibility, autonomy, participation and life in the community. A decisive moment in this shift came in 2010, when Moldova adopted Law No. 166 of 9 July 2010 on the ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (Parliament of the Republic of Moldova, 2010b; United Nations, 2006). Through ratification, the state accepted that people with disabilities are rights holders and committed to aligning national legislation with international standards on non-discrimination, legal capacity, independent living, inclusive education, health, employment, political participation and access to justice.

This commitment was followed by a series of reforms that gradually expanded the legal basis for inclusion. Law No. 123 of 18 June 2010 on Social Services created a framework for diversifying social services. Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities and Law No. 121 of 25 May 2012 on Ensuring Equality strengthened the foundations for disability inclusion and protection from discrimination (Parliament of the Republic of Moldova, 2010a, 2012a, 2012b). Education reforms supported the gradual inclusion of children with disabilities in mainstream schools. Later, Government Decision No. 893 of 12 September 2018 approving the National Programme for the Deinstitutionalization of Persons with Intellectual and Psychosocial Disabilities for 2018–2026 gave the reform a more concrete direction by setting objectives for transforming residential institutions and developing community-based alternatives (Government of the Republic of Moldova, 2018).

These changes have strengthened Moldova's legal and policy framework, but they have not yet produced equal rights in practice for all persons with disabilities. Community-based support remains limited in many parts of the country, while residential institutions continue to absorb a significant share of public resources. Access to personal assistance, supported living, rehabilitation, assistive technology, accessible transport and inclusive services still depends too often on place of residence, the disability status assigned to a person and the availability of local funding. The European Commission has therefore concluded that disability rights remain insufficiently implemented and enforced, and that deinstitutionalization continues to move slowly (European Commission, 2025).

Against this background, the article examines how Moldova's disability legislation, policies and institutional reforms have evolved over time and where the main implementation gaps remain. It also considers how disability rights should be addressed within the EU accession process, particularly under Chapters 19, 23 and 28. The analysis is guided by the CRPD, with particular attention to Articles 4, 5, 9, 12, 13, 16, 19, 24, 25, 27, 28 and 33, and asks whether reforms are creating real conditions for independent living, equal participation and effective remedies.

## 2. Methodology

This article is based on a qualitative desk review that brings together legal analysis, policy review and secondary analysis of institutional, civil society and international monitoring sources. The review covers national laws, government decisions, strategies and programmes related to disability rights, social services, equality, inclusive education, legal capacity, deinstitutionalization and EU accession. These materials are read against Moldova's obligations under the CRPD and the interpretive standards developed by the CRPD Committee, especially those concerning equality, accessibility, legal capacity, independent living and participation.

The analysis also draws on secondary data and evaluative evidence from state reports, United Nations treaty-body documents, European Commission progress reports, UNICEF evaluations, civil society alternative reports and policy analyses prepared by organizations of persons with disabilities and service providers. Taken together, these sources make it possible to compare formal commitments with implementation in practice. They are used to assess whether legislation has been matched by institutional capacity, predictable financing, accessible services, enforcement mechanisms and measurable improvements in the lives of people with disabilities.

Implementation gaps are assessed through five closely connected questions: whether national law is aligned with the CRPD and EU accession requirements; whether individual rights can be enforced through clear remedies; whether community-based services are available, accessible and territorially equitable; whether financing and workforce capacity are adequate and predictable; and whether persons with disabilities and their representative organizations participate meaningfully in planning, monitoring and accountability. Progress under EU accession Chapters 19, 23 and 28 is therefore examined not only as a matter of legal approximation, but also in terms of whether reforms expand independent living, inclusion, non-discrimination and access to mainstream services in practice.

## 3. Statistical and Empirical Evidence on Disability

The annual disability data published by the National Bureau of Statistics offer an important, but only partial, picture of disability in Moldova. These figures are based mainly on administrative records, on people who have been formally recognized as having disability status and who receive a disability pension or state social disability allowance. On this basis, the number of officially recognized persons with disabilities fell from 174.5 thousand on 1 January 2021 to 168.0 thousand on 1 January 2022, 161.9 thousand on 1 January 2024 and 160.0 thousand on 1 January 2025 (National Bureau of Statistics, 2021, 2022, 2024, 2025). At first sight, this may suggest a steady decline. However, the prevalence rate remained relatively stable, at around 6.5–6.7% of the usual resident population. For this reason, the decrease in absolute numbers should not be seen as a clear reduction in support needs. It is more likely linked to broader demographic processes, including population decline, migration and ageing.

| Indicator                            | 2020/2021 | 2021/2022 | 2023/2024 | 2024/2025 |
|--------------------------------------|-----------|-----------|-----------|-----------|
| People with disabilities, thousand   | 174.5     | 168.0     | 161.9     | 160.0     |
| Children with disabilities, thousand | 10.4      | 10.6      | 11.4      | 11.4      |
| Share of usual resident population   | 6.7%      | 6.5%      | 6.7%      | 6.7%      |

**Figure 1. Number and percentage of officially recognized people with disabilities**

The 2024 Population and Housing Census adds an important layer to this picture because it looks beyond formal disability and asks about functional difficulties in everyday life. Using this broader lens, the census found that 12.8% of the population aged five years and over—about 291.1 thousand people—reported severe difficulty or complete inability in at least one functional domain (National Bureau of Statistics of the Republic of Moldova, 2026a). This is almost twice the share captured by administrative disability records, which counted 160.0 thousand people officially recognized as people with disabilities in 2025

This gap between the census estimate of 12.8% and the administrative prevalence of 6.7% should not be treated as an inconsistency in the data. Rather, it shows that different measurement approaches capture different realities. Administrative statistics reflect the number of people who have gone through formal assessment and recognition procedures. Census data, by contrast, also includes people who experience serious functional limitations but may not have applied for disability status, may not meet current eligibility criteria, may face barriers in accessing assessment, or may still need support that remains invisible in official records. From a policy perspective, this distinction matters greatly: if planning relies only on administrative data, the demand for accessibility, rehabilitation, assistive technology, inclusive education, employment support, transport and community services is likely to be underestimated.

## 4. Legal and Policy Reform in Disability Rights: Progress, Limits and Implementation Gaps

This chapter follows Moldova’s disability legislation and policy over time, from the earlier social assistance and residential-care model to the more recent rights-based reforms shaped by the CRPD and the EU accession process. It shows that Moldova has built a much stronger normative framework, with laws and policies on social services, equality, inclusive education, legal capacity and deinstitutionalization. The main challenge, however, is no longer only legal design. It is whether these commitments are experienced in practice as enforceable rights, predictable support, accessible services, effective remedies and real choices in everyday life.

**Pre-CRPD foundations: social assistance and residential care, 2003–2006.** Law No. 547-XV/2003 on Social Assistance established the initial legal framework for supporting individuals and families in situations of social vulnerability and clarified the responsibilities of public authorities in the provision of assistance (Parliament of the Republic of Moldova, 2003). Although significant for the consolidation of the social assistance system, the law reflected the policy logic of the pre-CRPD period. Persons with disabilities were framed

primarily as a vulnerable group requiring protection and care, rather than as rights holders entitled to support for autonomy, self-determination and full participation in community life.

Government Decision No. 1500 of 31 December 2004 approving the Framework Regulation on residential homes for older persons and persons with disabilities further institutionalized this approach by regulating residential homes for older persons and persons with disabilities (Government of the Republic of Moldova, 2004). Temporary or permanent placement was treated as a standard form of social assistance, in line with the medical and institutional terminology of the period. Consequently, later reforms did not begin from a clean institutional slate. They had to develop community-based alternatives while an established residential system—with its infrastructure, budgets, workforce and administrative routines—continued to operate.

This legacy produced a dual structure that continues to shape disability reform in Moldova. On the one hand, local social assistance mechanisms began to develop; on the other, residential institutions remained legally recognized, publicly financed and administratively influential. For this reason, deinstitutionalization cannot be achieved through the addition of community services alone. It requires a structural reorientation of legal guarantees, political priorities and public resources away from institutions and toward individuals, families and communities.

**Reform of residential childcare, 2007–2012.** Within this broader institutional legacy, the reform of residential childcare represented Moldova's first major attempt to reduce reliance on institutional care through a more systematic policy approach. Government Decision No. 784 of 9 July 2007 approving the National Strategy and Action Plan for Reforming the Residential Child-Care System for 2007–2012 established objectives focused on preventing family separation, supporting reintegration and developing family-based and community alternatives. The reform produced significant results: an independent evaluation found that the number of children in residential institutions had declined by approximately 54% by June 2012 compared with 2007 levels (Evans, 2013). However, the reform also revealed persistent vulnerabilities. Children with disabilities and children under the age of three remained at heightened risk of institutionalization, while access to local alternatives continued to vary substantially across localities.

The experience of childcare reform is therefore analytically important for the wider disability reform agenda. It demonstrated that institutional populations can be reduced when admission prevention, family support, local services, case management and resource reallocation are pursued together. At the same time, it also exposed the limits of a sector-specific reform. The process did not establish a comprehensive right to independent living for adults with disabilities and did not dismantle the legal and financial foundations of institutional care across the wider social protection system.

**CRPD ratification and the shift to social inclusion, 2010–2013.** The limitations of childcare reform placed in sharper relief the need for a broader rights-based framework applicable to all people with disabilities, not only to children in residential care. This shift was formalized in July 2010, when Parliament ratified the CRPD through Law No. 166 of 9 July 2010 and approved the Strategy for the Social Inclusion of Persons with Disabilities for 2010–2013 through Law No. 169 of 9 July 2010 (Parliament of the Republic of Moldova,

2010b, 2010c). Together, these policy documents marked a significant normative reorientation: disability was increasingly framed not as a matter of protection and segregation, but as a question of equality, autonomy, participation and inclusion.

CRPD ratification also changed the normative benchmark against which Moldova's legislation and policy had to be assessed. Article 19 recognizes the equal right of people with disabilities to live in the community, to choose where and with whom they live, and to receive the support necessary for independent living. Article 12 requires equal recognition before the law and access to support in decision-making. Article 5 establishes equality and reasonable accommodation, while Article 9 makes accessibility a precondition for effective participation (United Nations, 2006).

The Strategy for the Social Inclusion of Persons with Disabilities for 2010–2013 helped translate this international commitment into a national reform agenda by identifying priorities in accessibility, education, employment, rehabilitation, social services and participation. It also prepared the grounds for Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities and for the inclusive education programme. Nevertheless, its limits were evident. As a time-bound policy document, it did not prohibit institutionalization based on disability and did not create an enforceable individual entitlement to the support required for living in the community.

**Building the social services framework.** Building on the broader rights-based orientation introduced through CRPD ratification and the Strategy for the Social Inclusion of Persons with Disabilities for 2010–2013, Law No. 123 of 18 June 2010 on Social Services created a more structured framework for organizing social support. The law introduced initial and complex assessment, individual assistance planning and clearer responsibilities for central and local public authorities (Parliament of the Republic of Moldova, 2010a). In doing so, it provided the legal basis for the gradual development of services such as personal assistance, supported living, community homes, mobile teams, day services, respite care, home care and shared living arrangements.

However, this framework remained institutionally enabling rather than fully rights-conferring. Although the law introduced participation in individual planning, it did not transform access to social services into a clear and enforceable entitlement. In practice, the availability of support has continued to depend on local budgets, administrative decisions, approved staffing and the number of funded service places. Consequently, people with similar support needs may receive very different levels of assistance depending on their locality. Such territorial variation is difficult to reconcile with the substantive meaning of Article 19 of the CRPD, which requires access to the support necessary for living independently and being included in the community.

**Inclusive education and equality reforms.** The gradual development of social services also created a more favorable institutional context for reform in education, where inclusion required not only legal recognition but also specialized support within mainstream settings. Government Decision No. 523 of 11 July 2011 approving the Programme for the Development of Inclusive Education for 2011–2020 supported the development of psycho-pedagogical assistance services, resource centers, support teachers, multidisciplinary school mechanisms and individualized education planning (Government

of the Republic of Moldova, 2011). The programme contributed to the movement of many children with disabilities from special and residential schools into mainstream education and helped locate inclusion within the ordinary education system rather than at its margins.

Available national statistics suggest that inclusive education has become increasingly institutionalized, although important quality gaps persist. In the 2023/24 academic year, 10.4 thousand students with mental or physical disabilities were enrolled in education, including 9.9 thousand in general education and 0.5 thousand in special schools. In 2024/25, the total increased to 11.1 thousand, of whom 10.6 thousand studied in general education and 0.5 thousand in schools for children with mental or physical impairments (National Bureau of Statistics, 2024, 2025). These figures indicate that mainstream schooling has become the dominant placement model. However, UNICEF's evaluation shows that inclusion remains constrained by inaccessible school infrastructure, shortages of support teachers and specialists, insufficient assistive technology and weak intersectoral coordination (UNICEF Moldova, 2019).

**Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities and the limits of formal recognition.** While reforms in social services and inclusive education helped create the institutional conditions for participation, Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities provided the central legal framework for disability inclusion in Moldova (Parliament of the Republic of Moldova, 2012a). The law incorporated a more contemporary understanding of disability by recognizing it as the result of the interaction between impairment and environmental, social and institutional barriers. It also introduced or consolidated key concepts such as reasonable accommodation, accessibility, personal assistance, social inclusion and participation, and extended the legal framework across areas including education, employment, health, rehabilitation, housing, information, communication, mobility and social protection.

In normative terms, this represented a significant advance over earlier protective and institution-centred approaches. Nevertheless, the law did not fully transform formal recognition into enforceable rights. Access to support continues to be strongly mediated by medically defined disability categories and degrees, while the right to live independently in the community is not articulated as a direct and justiciable entitlement. The law also does not explicitly prohibit placement in residential institutions based on disability, guarantee individualized support budgets or establish a binding timetable for closing institutions. These limitations illustrate the broader tension between progressive legal recognition and the more difficult task of restructuring services, financing and accountability around the person.

**Equality legislation, reasonable accommodation and education rights.** Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities was followed by complementary equality and education reforms intended to give practical effect to the principles of inclusion, participation and non-discrimination. Law No. 121 of 25 May 2012 on Ensuring Equality strengthened protection against discrimination, including discrimination based on disability, and established an equality mechanism. The Education Code of the Republic of Moldova No. 152 of 17 July 2014 subsequently embedded

inclusive education within the national education system (Parliament of the Republic of Moldova, 2012b, 2014). These reforms broadened the legal foundations for equality, but their transformative potential depends on effective enforcement. Protection remains limited where denial of reasonable accommodation is not consistently identified, sanctioned and remedied in employment, education, health care, justice, housing and digital services. Similarly, inclusive education cannot be fully realized where schools lack accessible infrastructure, stable financing, specialist support and mechanisms for individualized assistance.

**Legal capacity reform and access to justice.** The limits of equality and reasonable accommodation are particularly evident in legal capacity, where formal protection against discrimination depends on a person's ability to make decisions, exercise rights and seek remedies directly. Prior to reform, people with intellectual and psychosocial disabilities could be declared totally incapable and placed under guardianship. In practical terms, this could remove their control over fundamental aspects of private and public life, including place of residence, access to health care, management of property, family relations and the ability to bring a case before a court. Research from that period documented serious risks of exclusion, dependency and abuse within this guardianship regime (Ciocan, 2013).

The 2016 Constitutional Court judgment represented an important corrective step by challenging blanket deprivation of legal capacity and affirming that support should precede restriction. Subsequent legislative and procedural changes introduced more differentiated protective measures and pathways for restoring capacity. However, these reforms have not yet resulted in a comprehensive, publicly financed system of supported decision-making. Substitute decision-making remains legally and practically available, while professional practice may still be guided more by external assessments of a person's "best interests" than by the person's own will and preferences.

The European Court of Human Rights later reinforced the significance of these concerns in *E.T. v. the Republic of Moldova*. The Court held that the applicant's inability to request restoration of legal capacity directly amounted to a disproportionate restriction on access to a court, and that the total-incapacity regime resulted in discriminatory interference with private life (European Court of Human Rights, 2024). The judgment therefore has implications beyond procedural access. It points to the need for a broader reform of legislation, judicial practice, legal aid and support arrangements so that people with disabilities can exercise legal agency rather than depend on substituted decisions.

**CRPD monitoring and the rights test for community living.** The concerns raised by legal capacity reform were also reflected in international monitoring of Moldova's CRPD implementation. In its initial review, the CRPD Committee acknowledged progress in social inclusion legislation, equality protection, personal assistance and disability assessment. However, it also identified persistent problems related to institutionalization, legal capacity, accessibility, participation, stereotypes, violence, and the rights of women and girls with disabilities (Committee on the Rights of Persons with Disabilities, 2017a).

General Comment No. 5, adopted by the Committee in the same year, is particularly relevant for assessing Moldova's deinstitutionalization agenda. It clarifies that community living cannot be reduced to moving people from large institutions into smaller residential

settings. A CRPD-compliant approach requires genuine choice of residence and housemates, control over daily routines, individualized support, access to mainstream services and protection from institution-like rules (Committee on the Rights of Persons with Disabilities, 2017b). This standard is therefore essential for evaluating supported housing and community homes in Moldova.

**National inclusion and deinstitutionalization programmes, 2017–2026.** Following the CRPD Committee’s initial review, the National Programme for Social Inclusion of Persons with Disabilities for 2017–2022 sought to consolidate disability inclusion as a cross-sector public policy priority. It addressed accessibility, employment, education, health, social protection, equality, participation, data and coordination (Government of the Republic of Moldova, 2017). Its main contribution was to frame disability inclusion as a whole-of-government responsibility, rather than as a matter confined to the social assistance sector. Implementation, however, remained uneven. Progress was constrained by fragmented financing, limited local capacity, insufficient disaggregated data, inconsistent consultation with organizations of persons with disabilities and weak consequences for non-compliance. The absence of an immediate successor programme after 2022 also created a policy continuity gap, weakening accountability and making future financing less predictable.

The 2025 alternative submission coordinated by the Alliance of Organizations for Persons with Disabilities confirms these concerns. Drawing on the final evaluation of the 2017–2022 programme, it reported that only 2% of actions had been fully implemented, while approximately 82% were only partly implemented and 16% had not been implemented. AOPD attributed this weak performance to the absence of an effective coordination and monitoring mechanism, limited integration of disability in public budgeting and external assistance, and insufficient public resources. It therefore called for a disability-costing methodology, disability-responsive budgeting, a stronger national CRPD coordination mechanism and adequate financing for disability-specific services (Alliance of Organizations for Persons with Disabilities et al., 2025).

Government Decision No. 893 of 12 September 2018 approving the National Programme for the Deinstitutionalization of Persons with Intellectual and Psychosocial Disabilities for 2018–2026 gave deinstitutionalization a more specific operational framework. The programme applied to residential institutions managed by the National Social Assistance Agency and aimed to transform six institutions, close three, reorganize three, reduce institutional residence by 60% and prioritize children with disabilities (Government of the Republic of Moldova, 2018).

This represented an important advance because it introduced measurable objectives and institution-specific plans. Its scope, however, remained limited. The programme applied only to institutions under the central government authority, did not cover all residential settings or all persons at risk of admission, and did not ensure that institutional resources would follow each person into community-based support. Civil society analyses have therefore cautioned that national and external financing should not be used to reproduce segregation in smaller facilities (Alliance of Organizations for Persons with Disabilities & Keystone Moldova, 2020; Keystone Human Services International et al., 2023).

Available progress data show both the importance and the limits of these efforts. By 2023, around 30 community-based alternatives had been established or equipped, and about 143 persons with disabilities had moved from residential institutions into community settings. Although significant, this progress remains modest compared with the programme's target of reducing institutional residence by approximately 60% and with evidence that around 2,000 adults with disabilities still lived in large placement centers. These figures suggest that deinstitutionalization has advanced through pilots and partner-supported initiatives, but has not yet become a systemic, rights-based transition mechanism (Ministry of Labour and Social Protection, 2023; Balkan Insight, 2025).

**State reporting and the implementation gap.** Moldova's combined second and third report to the CRPD Committee presents an extensive account of legal and policy changes in areas such as accessibility, equality, legal capacity, health, employment, education and independent living. In this sense, the report confirms that the country has made considerable progress in building a more rights-based normative framework (Ministry of Health, Labour and Social Protection, 2020). Yet it also reveals the central tension of disability reform in Moldova: the law has moved faster than the systems needed to make rights effective. Gaps in service coverage, independent monitoring, accessibility, territorial equity and access to remedies show that adopting legislation is only the first step. The more difficult task is to ensure that these commitments are backed by institutions, budgets, trained professionals and accountability mechanisms that produce visible changes in people's everyday lives.

**Community-based services, financing and quality assurance.** The implementation gap identified in state reporting becomes particularly visible in the organization, financing and territorial coverage of community-based services. These services are the practical infrastructure through which the right to live independently and be included in the community can be realized. Moldova has developed a relatively broad service framework: the 2025 mapping report identifies 23 types of social services relevant to children and adults with disabilities, including five services for children, thirteen for both children and adults, and five for adults. Nine services are designed specifically for persons with disabilities, while fourteen address wider groups in situations of difficulty and include persons with disabilities among their eligible beneficiaries (Keystone Moldova, 2025a).

This formal diversification, however, should not be equated with effective access. The mapping report shows that the system includes community social assistance, home care, personal assistance, mobile teams, respite, supported living services, community homes, day centers, foster-type services and shared living services. Together, these services constitute the basic architecture for preventing institutionalization and supporting community living. Yet their territorial distribution and operational capacity remain uneven. Some services are available nationally or across all territorial units, while others are concentrated in a limited number of localities. For instance, at the beginning of 2025 the report identified only five respite services with 14 beneficiaries, five adult shared living services with 42 beneficiaries, 29 supported living services developed through public-private partnerships, and 17 community homes created in the deinstitutionalization process (Keystone Moldova, 2025a).

The available coverage data further demonstrates the asymmetry between general community services and specialized alternatives to institutional care. Community social assistance is the most extensive component of the system, with 1,160 community social workers reported under the RESTART reform. Home-care services were delivered in 33 rayons and reached 13,946 beneficiaries. Mobile-team services also operated in 33 rayons and supported 864 people with severe or pronounced disabilities, including 634 children and 230 adults. By contrast, the services most directly associated with community living and deinstitutionalization remained much smaller in scale: supported living services was available through 29 services, community homes through 17 services, shared living services through five services with 42 beneficiaries, and respite care through five services with 14 beneficiaries. This pattern indicates that Moldova has developed a varied service typology but has not yet ensured sufficient coverage of the services most needed to replace institutional care with individualized support in the community (Keystone Moldova, 2025a).

Personal assistance illustrates the gap between legal entitlement and actual coverage. The 2025 mapping report notes that, under the RESTART reform, financing for personal assistance was reorganized so that, from 2024, resources are allocated directly from the state budget and only partly from the budgets of Chişinău and UTA Găgăuzia, rather than depending on the Population Support Fund. For 2024, 4,806 personal-assistance units were approved for the ten Territorial Agencies for Social Assistance, while territorial structures had 19,463 persons with severe disabilities registered. This represents an estimated coverage rate of only 24%. The lowest coverage was reported in the North-North-West territorial agency area, followed by the Centre-East and South areas. In addition, at the end of 2024, the Agency for the Management of Highly Specialized Social Services employed 1,564 personal assistants (Keystone Moldova, 2025a).

These data confirm that the main challenge is not only the diversification of services, but also their scale, territorial distribution and suitability for different support needs. A person with a severe disability may be formally eligible for personal assistance, respite, mobile-team support or supported living, yet remain without effective support if the service has no funded place and no trained staff. This problem is particularly acute in rural areas, where transport barriers, weak municipal capacity and workforce shortages reduce access to specialized services. In such contexts, families continue to carry extensive unpaid care responsibilities, and institutional placement may appear as the only available response when informal support breaks down.

Financing arrangements remain decisive for the sustainability of community support. The mapping report shows that most social services are provided free of charge, but several services also include paid or partially paid arrangements, including home care, social canteens, social laundries, prosthetic and orthopedic services, and residential placement for older persons. It also documents substantial differences in financing sources: some services are funded from the state budget, others from local budgets, while several depend on public-private partnerships, external assistance or provider resources. This mixed financing model can support innovation, but it also creates uncertainty when successful services are not incorporated into predictable public funding streams (Keystone Moldova, 2025a).

For this reason, quality assurance should move beyond formal compliance with regulations, staffing norms and documentation requirements. These are necessary, but they cannot show whether a service enables genuine community living. Rights-based monitoring should also assess choice, privacy, control over daily routines, relationships, access to education and employment, freedom from coercion, satisfaction with support and post-transition outcomes. Organizations of persons with disabilities and people with lived experience should participate directly in monitoring, because they are best placed to identify whether a service expands autonomy or reproduces institutional practices in a smaller setting.

**Workforce challenges in community-based reform.** The service-coverage gaps discussed above are closely linked to workforce capacity. Community-based reform depends not only on available services and financing, but also on whether territorial assistance agencies and other public providers have sufficient qualified staff to deliver individualized, rights-based support. Moldova continues to face shortages of social workers, psychologists, therapists, rehabilitation specialists, support teachers, personal assistants, community mental health professionals, case managers and peer supporters, particularly outside Chişinău and Bălţi. These shortages deepen territorial inequalities, prolong waiting times and restrict access to community-based services (Ministry of Health, Labour and Social Protection, 2020; UNICEF Moldova, 2019).

Civil society monitoring confirms this constraint. AOPD's 2026 UPR submission points to limited professional preparedness for applying a human-rights-based approach and to persistent territorial disparities in access to trained education, social and health professionals. These findings are particularly relevant to the RESTART model, since territorial assistance agencies can operate effectively only if staffing, training, supervision and intersectoral coordination are strengthened. This is especially important for persons with intellectual, psychosocial, sensory and multiple disabilities, whose support often requires specialized communication and individualized planning (Alliance of Organizations for Persons with Disabilities, 2026).

The challenge is both quantitative and qualitative. It concerns staff shortages, but also the professional culture of support. Without CRPD-based training and supervision, community services may reproduce paternalistic or medicalized practices. Workforce development should therefore strengthen competencies in autonomy, supported decision-making, person-centred planning, trauma-informed support, safeguarding and accessible communication.

Moldova therefore needs a national workforce strategy linked to deinstitutionalization, stronger territorial assistance agencies and expanded community services. Such a strategy should cover staffing needs, competency standards, accredited training, remuneration, supervision, rural incentives, career pathways and recognition of lived experience. Its success should be assessed by whether support enables persons with disabilities to exercise choice, participate in community life and have their will, preferences and dignity respected.

**Recent reforms and the 2026–2030 policy cycle.** The RESTART reform, launched in 2023–2024, sought to reorganize territorial social assistance, strengthen case

management and bring greater consistency to the way services are coordinated across the country. For disability rights, this reform creates an important opportunity: it can reduce territorial inequalities, clarify central responsibility and make access to support less dependent on local administrative capacity. However, administrative restructuring alone will not change people's lives unless it is matched by adequate budgets, accessible procedures, trained staff, enforceable service entitlements and independent oversight.

The development of the next social inclusion programme also shows how important policy continuity is. Consultations held in 2023 discussed a successor programme for 2024–2028, after earlier discussions of a 2023–2027 period. The final approval of a 2026–2030 programme therefore came after a gap following the expiry of the 2017–2022 programme. This kind of interruption matters: it weakens accountability, delays budgeting and makes it harder for public authorities, service providers and organizations of persons with disabilities to plan reforms over time. Future policy cycles should ensure that new programmes are approved before previous ones expire (Ministry of Labour and Social Protection, 2023; United Nations Moldova, 2023).

The National Programme for Social Inclusion of Persons with Disabilities for 2026–2030 sets out several important priorities for the next stage of reform. These include changes to disability assessment, expansion of community support, rehabilitation, assistive technology, accessibility and independent living. The programme also envisages the transition of approximately 300 persons from residential institutions and a substantial increase in supported housing, community homes and host-family services (Government of the Republic of Moldova, 2026).

This programme offers a renewed policy platform, but its success will depend on how carefully implementation is designed and monitored. Increasing the number of housing services is important, but numbers alone do not prove compliance with Article 19 of the CRPD. Evaluation should ask whether people were able to choose the arrangement, select housemates and support providers, enjoy secure housing, control their daily routines and participate in ordinary community life. Particular attention is needed where housing and support are managed by the same provider, because this can limit real choice if proper safeguards are not in place.

The targets in the 2026–2030 programme are more concrete than those in earlier policy cycles and could help accelerate reform if they are properly financed and independently monitored. The planned transition of 300 persons from institutions, the development of 142 additional social services, and the expansion of protected housing and community homes provide useful benchmarks. Still, these indicators need to be complemented by qualitative measures: choice, tenancy security, individualized support, participation, safety and post-transition outcomes. Without these measures, numerical growth could hide the risk of creating new institution-like settings under the label of community services (Ministry of Labour and Social Protection, 2026).

The programme should also be closely linked to EU accession planning. Disability inclusion cannot remain confined to the social sector. It needs to be built into sector budgets, public procurement, digitalization, labour-market policy, health reform, transport and regional development. Otherwise, social services will continue to compensate for

inaccessible mainstream systems, and Moldova may reinforce parallel forms of support instead of building genuine inclusion.

## **5. Contribution of Civil Society and NGOs to Disability Rights Reform and Deinstitutionalization**

The trajectory of disability rights reform in Moldova cannot be explained solely through state legislation, government programmes or international obligations. Civil society has been central to the reform process, not only as an advocate for change, but also as a producer of practical models, monitoring evidence, technical expertise and community-based services. Organizations of persons with disabilities, non-governmental organizations and service providers have helped translate CRPD principles into institutional practice, particularly in areas where public systems were still weak or only emerging. Their contribution has been especially visible in deinstitutionalization, inclusive education, supported employment, self-advocacy, accessibility and the development of social-service standards.

Within this landscape, Keystone Moldova has been one of the key civil society actors linking service innovation with policy reform. Since 2009, its work has combined direct support for people leaving residential institutions with technical assistance to public authorities, development of community-based services, professional training and advocacy for rights-based reform. Institutional evidence indicates that Keystone Moldova contributed to the elaboration of several policy and regulatory instruments, including the Strategy for the Social Inclusion of Persons with Disabilities for 2010–2013, Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities, the National Programme for the Social Inclusion of Persons with Disabilities for 2017–2022, Government Decision No. 893 of 12 September 2018 approving the National Programme for the Deinstitutionalization of Persons with Intellectual and Psychosocial Disabilities for 2018–2026, the disability determination mechanism, and regulations and standards for services such as community homes, supported living, respite care, shared living, mobile teams and personal assistance (Keystone Moldova, 2025).

The organization's practical contribution is also significant. Keystone Moldova reports that more than 700 persons with intellectual and psychosocial disabilities have been supported to leave institutions and live in the community, while more than 300 community-based social services have been developed or expanded across all districts of the Republic of Moldova, including Transnistria and Gagauzia. These services include mobile teams, shared living, community homes, supported living, personal assistance, respite services, specialized foster care, day care, early intervention, educational support services, vocational guidance and rehabilitation support. This experience demonstrates how civil society has helped move deinstitutionalization from a policy commitment toward concrete service infrastructure and individualized support (Keystone Moldova, 2025).

NGOs have also contributed to inclusive education reform. Keystone Moldova supported the piloting of inclusive education in schools and kindergartens, the development of resource centres, support-teacher roles and multidisciplinary mechanisms, and the

training of teachers, school managers and education-support staff. This work helped demonstrate that inclusion requires more than transferring children into mainstream classrooms; it also requires adapted teaching methods, family support, accessibility, anti-discrimination work and coordinated services around the child. Such initiatives helped create practical models later reflected in national education reforms and implementation mechanisms (Keystone Moldova, 2025).

Civil society has also been important in strengthening participation and accountability. Keystone Moldova has supported self-advocacy groups of persons with disabilities in multiple districts, helping people develop skills in self-representation, public consultation, petitioning, monitoring accessibility and advocating for community living, education, employment and access to services. At the same time, AOPD and other organizations of persons with disabilities have contributed alternative reports, policy analyses and recommendations to national authorities, the CRPD Committee, the Universal Periodic Review and EU-related consultations. These activities have made implementation gaps more visible and have helped shift disability reform from a technical social assistance issue toward a matter of rights, participation and public accountability (Alliance of Organizations for Persons with Disabilities et al., 2025; Alliance of Organizations for Persons with Disabilities, 2026; Keystone Moldova, 2025).

More recently, NGO involvement has become directly connected to Moldova's EU accession agenda. A new EU-funded initiative implemented by Keystone Moldova in partnership with AOPD and the Ministry of Labour and Social Protection aims to develop 47 community-based services and support at least 120 adults with disabilities to move from institutional settings into community life. The project also envisages a national deinstitutionalization mechanism, comprehensive assessments of adults living in placement centres and 12 regional transition plans. This illustrates the added value of civil society in EU-supported reform: NGOs can combine technical expertise, community presence, rights-based monitoring and direct work with persons with disabilities and families (Keystone Human Services, 2026b; Keystone Moldova, 2026a).

At the same time, the NGO contribution should not be interpreted as a substitute for state responsibility. Civil society has often piloted services, generated evidence and supported reform where public systems lacked capacity. However, long-term sustainability requires that successful models be regulated, financed and integrated into public systems. The key policy challenge is therefore to move from donor-supported innovation to nationally guaranteed rights and services. In this sense, NGOs such as Keystone Moldova and AOPD have contributed not only to service delivery, but also to the broader transformation of disability policy by showing what community living can look like and by pressing the state to turn successful practice into enforceable public obligations.

## **6. EU Accession Analysis: Disability Rights as a Cross-Chapter Benchmark**

### **Disability rights as a horizontal accession obligation**

Moldova applied for EU membership in March 2022, and accession negotiations were formally launched in June 2024. Screening has required comparison of national law and implementation capacity with the EU acquis. Disability rights are not confined to one chapter. Chapters 19, 23 and 28 are central, but Chapters 5, 10, 14, 22 and 26 are also relevant to accessible procurement, digital services, transport, regional investment and education (European Commission, 2024, 2025; European Disability Forum, 2024).

The accession process complements Moldova's CRPD obligations. The EU itself is a party to the CRPD, and EU disability policy emphasizes equality, accessibility, independent living and participation. Accordingly, acquis alignment should be interpreted consistently with the Convention. Compliance cannot be assessed only through formal transposition; it also requires administrative capacity, enforcement, remedies, financing and measurable outcomes.

The European Commission's 2025 Moldova Report recognized progress across the accession agenda but identified disability inclusion as an area where the legal and institutional framework still requires alignment and implementation remains insufficient. It also noted slow deinstitutionalisation, serious concerns regarding institutions, weak accessibility standards, limited disability mainstreaming in planning and budgets, and inadequate data (European Commission, 2025).

### **Chapter 19: Social policy, employment and support for independent living**

Chapter 19 of the EU acquis covers social policy and employment, including labour law, occupational safety and health, equal treatment in employment, social dialogue, employment policy, social protection and social inclusion. For disability rights, this chapter is especially relevant because it connects non-discrimination with the material conditions that make participation possible: access to decent work, reasonable accommodation, active labour-market measures, adequate income support, community-based services and coordination between employment, social assistance and rehabilitation systems. Compliance with Chapter 19 should therefore be assessed not only through labour-market legislation, but also through whether persons with disabilities can enter, remain and progress in employment on an equal basis with others (Government of the Republic of Moldova, 2022; European Commission, 2025).

From an accession perspective, the core requirements under Chapter 19 include effective implementation of employment equality, prohibition of discrimination in recruitment and work, reasonable accommodation in the workplace, accessible vocational education and training, inclusive activation measures, occupational safety adapted to diverse workers, and modern social protection systems that reduce poverty without creating disincentives to work. These requirements are directly linked to CRPD Articles 27 and 28, which

recognize the right to work and employment and the right to an adequate standard of living and social protection. They also intersect with Article 19, because employment participation is difficult to sustain without personal assistance, accessible transport, assistive technology, housing stability and community-based support.

The European Commission assessed Moldova in 2025 as being between some and a moderate level of preparation under Chapter 19 and noted good progress, including measures to increase employment, strengthen labour-market participation and improve cooperation between social assistance and employment authorities (European Commission, 2025). These developments create an institutional basis for linking case management, activation, social support and labour-market measures. However, for persons with disabilities, this coordination must go beyond referral to ordinary employment services. It requires individualized assessment of support needs, accessible information, workplace adaptation, job coaching, employer assistance, follow-up after placement and protection against discrimination throughout the employment cycle.

Labour-market data show that formal equality has not yet translated into equal participation. According to BNS Labour Force Survey data, the labour force participation rate of persons with disabilities increased from 17.0% in 2023 to 18.4% in 2024, while participation among persons without disabilities remained much higher, at 49.2% in 2023 and 48.1% in 2024. The rural gap is particularly significant: in 2024, labour-force participation among persons with disabilities was 25.0% in urban areas but only 15.0% in rural areas. These figures suggest that employment exclusion is shaped less by impairment alone than by inaccessible workplaces and transport, limited reasonable accommodation, employer stereotypes, weak transition from education to work and the still limited availability of supported-employment services (National Bureau of Statistics, 2024, 2025; Alliance of Organizations for Persons with Disabilities et al., 2025).

Chapter 19 also requires closer attention to the adequacy of social protection. The UNICEF/Keystone analysis on the extra cost of disability shows that households including persons with disabilities have lower income per adult, rely more heavily on social transfers and face higher out-of-pocket costs for health care, transport, assistive products, rehabilitation, education and daily support (Keystone Moldova & UNICEF Moldova, 2026). This means that social protection cannot be assessed only by the nominal value of pensions or allowances. Adequacy should be measured against the actual additional costs of disability and the availability of publicly financed services that reduce those costs.

The relationship between employment and disability-related benefits should also be reviewed. Support that compensates for the additional costs of disability should not automatically be withdrawn when a person enters employment. If personal assistance, transport compensation, assistive technology or communication support are tied too narrowly to non-employment or dependency status, the system may create inactivity traps. A Chapter 19 approach aligned with the CRPD would make essential support portable across education, vocational training, employment and community life.

Supported employment should become a core Chapter 19 benchmark. Moldova has some active labour-market measures for persons with disabilities, including career guidance, subsidized jobs, vocational training vouchers, internships, transport subsidies, workplace

adaptation and supported employment. However, available programme data show that their reach remains limited compared with the scale of exclusion. In 2023, 1,675 persons with disabilities were registered as unemployed, 268 were placed in employment, 681 received career-guidance services, 64 were employed through subsidized jobs, 40 completed voucher-based vocational training, 11 benefited from supported employment, 10 received transport support, nine participated in internships, six benefited from job creation or workplace adaptation measures and five accessed vocational rehabilitation. These figures indicate that active labour-market measures exist, but remain too small and fragmented to produce systemic change (Keystone Moldova, 2025a).

Deinstitutionalization should therefore be treated as part of the Chapter 19 agenda. People living in institutions are frequently excluded from vocational training, ordinary employment, control over income and National Employment Agency services. Individual transition plans should consequently include employment, vocational education or meaningful daytime activity based on the person's preferences, alongside housing, personal assistance, health care and community support. Without this link, deinstitutionalization risks moving people into the community without creating the social and economic conditions for participation.

## **Chapter 23: fundamental rights, legal capacity and safeguards**

Chapter 23 is central to the Fundamentals cluster and covers the judiciary, fundamental rights, anti-corruption and EU citizens' rights. For disability policy, its relevance lies in the requirement that equality, non-discrimination, access to justice, institutional safeguards, protection from violence and effective remedies are not only recognized in law, but also enforceable in practice. Because progress under the Fundamentals cluster determines the overall pace of accession negotiations, disability rights should be treated under Chapter 23 as core rule-of-law and fundamental-rights benchmarks, not as secondary social-policy issues (European Commission, 2025; European Union, 2026).

For persons with disabilities, Chapter 23 should be read together with the CRPD and the EU's broader fundamental-rights acquis. The key requirements include effective protection against discrimination, enforceable reasonable accommodation, equal recognition before the law, procedural accommodation in justice, prevention of violence and abuse, independent monitoring of places of deprivation of liberty, meaningful participation of organizations of persons with disabilities and accessible complaint and remedy systems. Moldova has established important formal foundations through CRPD ratification, Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities, Law No. 121 of 25 May 2012 on Ensuring Equality, legal capacity reform, the Equality Council, the People's Advocate institutions and national human-rights planning. These reforms represent substantial progress in legal recognition, but Chapter 23 requires that such recognition be backed by enforcement, remedies and institutional accountability.

The main gap is therefore not the absence of formal legal guarantees, but their uneven implementation. The European Commission's 2025 assessment found that disability rights remain insufficiently implemented and enforced, that disability is not systematically integrated into policy planning and budgeting, and that deinstitutionalisation continues to progress slowly. It also raised concerns regarding violations in institutions, inadequate accessibility, weak disability data and the situation of children with disabilities, including

children with intellectual disabilities placed in psychiatric institutions (European Commission, 2025). These findings show that Chapter 23 compliance should be assessed through practical benchmarks: whether rights violations are detected, whether people can access remedies, whether decisions are enforced, and whether institutions are subject to independent scrutiny.

Civil society monitoring confirms these concerns and shows how enforcement gaps affect daily life. AOPD reports that persons with disabilities continue to face procedural, informational, physical and institutional barriers when seeking remedies. Denial of reasonable accommodation is not consistently monitored, sanctioned or corrected, and Equality Council decisions remain difficult to enforce. This weakens the practical value of anti-discrimination law and creates a gap between formal equality and real access to justice. Priority should therefore be given to mandatory compliance deadlines, public reporting on implementation of equality decisions, sanctions for non-execution, accessible communication throughout justice procedures and specialized training for judges, prosecutors, police, lawyers and legal-aid specialists (Alliance of Organizations for Persons with Disabilities et al., 2025; Alliance of Organizations for Persons with Disabilities, 2026).

A second major Chapter 23 gap concerns the absence of an enforceable right to independent living. National programmes establish policy objectives, but individuals cannot always require authorities to provide the support needed to avoid institutionalisation, leave an institution or live safely in the community. As a result, deinstitutionalisation remains exposed to budgetary fluctuation, local administrative capacity and discretionary decision-making. A Chapter 23-compliant framework should therefore establish a statutory right to community living, supported by individualized assessment, personal assistance, accessible housing, independent advocacy, appeal mechanisms and effective remedies when support is refused or delayed.

Legal capacity and access to justice are inseparable from this agenda. A person cannot exercise a genuine choice about where and with whom to live if decisions are formally or informally made by others. The judgment in *E.T. v. the Republic of Moldova* confirms that restrictions on direct access to restoration of legal capacity can violate the right of access to a court and lead to discriminatory interference with private life (European Court of Human Rights, 2024). Moldova should therefore complete the transition from substitute decision-making to supported decision-making, ensure procedural accommodations in all justice and administrative procedures, and provide accessible information, communication support and legal aid to persons with intellectual, psychosocial, sensory and multiple disabilities.

Chapter 23 also requires a clear distinction between genuine community living and relocation into smaller congregate settings. Supported housing and community homes contribute to reform only when residents have secure tenure, privacy, freedom of movement, choice of housemates, control over daily routines and the possibility to change support providers without losing housing. National quality standards should therefore be aligned with General Comment No. 5 and the CRPD Committee's deinstitutionalisation guidelines, which reject the replacement of large institutions with smaller settings that

reproduce institutional control (Committee on the Rights of Persons with Disabilities, 2017b, 2022).

Accessibility is another central Chapter 23 concern and a horizontal condition for independent living. Moldova's laws refer to accessibility and universal design, but enforcement, inspection and sanctions remain weak. The 2025 Commission report noted incomplete alignment with the European Accessibility Act, omissions in procurement and infrastructure policy, non-compliant official websites and inadequate assistive products (European Commission, 2025).

Empirical evidence confirms the scale of the accessibility gap. The 2022 UNPRPD situational analysis found that accessibility barriers persist in the built environment, transport, information and communication, public services and decision-making processes. It identified weak enforcement, limited accessibility expertise, insufficient budget allocations and fragmented institutional responsibility as recurring causes of non-compliance. These findings are consistent with OPD monitoring and with the European Commission's assessment that accessibility standards, public procurement and digital accessibility require stronger alignment and enforcement (UNPRPD Moldova, 2022; Alliance of Organizations for Persons with Disabilities et al., 2025; European Commission, 2025).

Public procurement should become a major enforcement lever. Contracting authorities should be prohibited from purchasing inaccessible buildings, transport, digital systems, health equipment, educational materials and consumer services. Accessibility criteria should be mandatory, verified before acceptance, and linked to remedies and contract performance.

Accessibility should therefore be monitored through measurable indicators, not only through legal references. Relevant indicators include the share of public buildings audited for accessibility, the share of public transport vehicles and stops meeting accessibility standards, the number of official websites compliant with digital accessibility requirements, the availability of information in Easy Read and sign language, the number of accessibility complaints resolved, and the proportion of public procurement contracts that include verified accessibility criteria. Without such indicators, accessibility remains a formal obligation rather than an enforceable condition for independent living.

Protection from violence and abuse requires independent monitoring of both residential and community services. Monitoring should include unannounced visits, confidential interviews, accessible complaints, protection from retaliation, public findings and mandatory corrective action. Persons with disabilities and their organizations should participate in monitoring. Safeguards must avoid paternalism and should strengthen autonomy rather than justify restrictive care.

## **Chapter 28: consumer protection, health access and continuity of care**

Chapter 28 of the EU acquis covers consumer protection and public health, including product safety, consumer rights, patients' rights, quality and safety of health services, medicines and medical devices, health threats, digital health and access to reliable

information. For persons with disabilities, these requirements are directly relevant because they concern the accessibility, affordability, safety and continuity of mainstream health and consumer services. Chapter 28 therefore intersects with CRPD obligations on accessibility, health, habilitation and rehabilitation, independent living and personal mobility (European Commission, 2025; United Nations, 2006).

From a disability-rights perspective, Chapter 28 requires that health facilities, medical equipment, appointment systems, patient information, consent procedures, complaint mechanisms and digital health platforms be accessible to persons with physical, sensory, intellectual and psychosocial disabilities. It also requires informed consent to be meaningful and supported, rather than merely formal. Persons with disabilities must be able to understand health information, communicate with professionals, receive reasonable accommodation and make decisions about treatment with appropriate support (United Nations, 2006; UNPRPD Moldova, 2022).

The European Commission assessed Moldova in 2025 as being between some and a moderate level of preparation under Chapter 28. It recognized progress in consumer protection, product safety and digital consumer tools, but called for further alignment with EU requirements and stronger implementation of the National Health Strategy. For disability rights, the key issue is that general progress in health and consumer protection does not automatically remove disability-specific barriers. Accessibility, communication support, assistive products, community mental health and continuity of care should therefore be treated as core Chapter 28 indicators, not as separate welfare concerns (European Commission, 2025).

The main gaps concern five connected areas. First, health-care infrastructure and equipment remain inaccessible when buildings, reception areas, appointment systems, diagnostic equipment, examination tables, laboratories, pharmacies or emergency services cannot be used by people with disabilities. Second, communication and informed-consent procedures remain weak where sign-language interpretation, Easy Read materials, augmentative communication, longer consultation times or supported decision-making are unavailable. Third, rehabilitation and assistive products are still limited by delays in assessment, narrow eligibility rules, insufficient maintenance, lack of user training and weak replacement mechanisms. Fourth, community mental health and continuity of care remain underdeveloped, especially for persons leaving residential or psychiatric institutions. Fifth, consumer protection is not fully accessible when product information, safety warnings, contracts, complaint mechanisms and remedies are not available in accessible formats (European Commission, 2025; UNPRPD Moldova, 2022; Alliance of Organizations for Persons with Disabilities et al., 2025; Keystone Moldova & UNICEF Moldova, 2026; Malcoci & Gribincea, 2026).

Chapter 28 is also essential for deinstitutionalization. People leaving residential or psychiatric institutions require accessible primary care, rehabilitation, assistive products, community mental health support, crisis response, peer support and continuity-of-care plans. Without these supports, hospitalization or reinstitutionalization may become a substitute for housing, personal assistance or community services. Chapter 28 should therefore be implemented together with Chapters 19 and 23, so that health continuity is

planned alongside housing, social support, employment, legal capacity and safeguards (Committee on the Rights of Persons with Disabilities, 2017b, 2022; European Commission, 2025; UNPRPD Moldova, 2022).

## **7. Conclusions and Recommendations**

Moldova has moved a considerable distance from the earlier model of social assistance and residential care toward a rights-based approach grounded in the CRPD. The reform of residential childcare showed that institutional populations can be reduced when prevention, family support and community services are developed together. Since then, CRPD ratification through Law No. 166 of 9 July 2010 on the ratification of the United Nations Convention on the Rights of Persons with Disabilities, Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities, Law No. 121 of 25 May 2012 on Ensuring Equality, inclusive education reforms, legal capacity changes and national deinstitutionalisation programmes have all helped strengthen the legal and policy framework.

The main weakness now lies less in the absence of laws and more in the distance between legal commitments and everyday reality. Independent living is still not fully secured as an enforceable entitlement; community services remain uneven across the country; institutional budgets continue to have structural advantages; supported decision-making is incomplete; accessibility standards are not consistently enforced; and workforce shortages slow the expansion of community-based support. Smaller residential services should therefore not be treated automatically as deinstitutionalisation. The real test is whether people have choice, privacy, control over daily routines and genuine participation in community life.

This conclusion is also supported by AOPD's alternative reporting. The reports show that many persons with disabilities still do not experience legal reforms as tangible improvements in daily life. Weak enforcement, insufficient financing, limited professional preparedness and uneven access to services continue to undermine implementation. The next phase of reform should therefore focus on what changes in practice: whether people can obtain support when they need it, challenge violations effectively and use mainstream and community-based services on an equal basis with others (Alliance of Organizations for Persons with Disabilities, 2026; Alliance of Organizations for Persons with Disabilities et al., 2025).

EU accession gives Moldova a strategic opportunity to close this gap. Chapter 19 can link disability inclusion with employment, social protection and portable support. Chapter 23 can strengthen enforceable rights, safeguards, accessibility and remedies. Chapter 28 can improve access to health care, community mental health, informed consent and assistive products. Taken together, these chapters can move disability reform beyond a narrow social-protection agenda and place it where it belongs: at the centre of a whole-of-government fundamental-rights approach.

Ultimately, progress should be judged by the lived experience of persons with disabilities, not only by the number of laws adopted or services created. Success means that people

can choose where and with whom they live, exercise legal capacity, access the support they need, use mainstream services, work and study, maintain relationships, participate in public life and obtain effective remedies when their rights are violated.

The National Programme for the Social Inclusion of Persons with Disabilities for 2026–2030 offers a timely platform for this next stage, but its targets will matter only if they are supported by legislation, sustainable financing, workforce development and independent monitoring. Moldova should avoid treating the expansion of service places as an end in itself. The objective is not simply to redesign care around people, but to build a support system that people with disabilities can shape and control as far as possible themselves.

## **Priority recommendations for disability rights and deinstitutionalization within EU integration**

### **1. Establish enforceable rights and safeguards under Chapter 23**

- Amend Law No. 60 of 30 March 2012 on the Social Inclusion of Persons with Disabilities and Law No. 123 of 18 June 2010 on Social Services to recognize independent living as an enforceable individual right. This should include choice of residence, individualized assessment, personal assistance, accessible housing, independent advocacy, appeal mechanisms and remedies when support is refused, delayed or withdrawn.
- Adopt and implement a national deinstitutionalization roadmap covering all age groups, residential settings and funding authorities. The roadmap should include mapping of residents and services, a phased moratorium on new admissions and institutional investments, individual transition plans, community-service development, transfer of resources from institutions to people, independent monitoring and a clear timetable for closure or transformation.
- Align quality standards with the CRPD by making clear that small group settings are not community living if they reproduce institutional routines, restrict privacy, limit everyday choice or separate people from ordinary community life.
- Complete legal capacity reform by replacing substitute decision-making with supported decision-making, ensuring procedural accommodations, accessible information, communication support and direct access to courts and remedies.
- Strengthen enforcement of equality and reasonable accommodation by introducing binding deadlines for implementation of Equality Council decisions, sanctions for non-compliance and public reporting on remedies provided.
- Create independent and participatory monitoring of residential and community services, with unannounced visits, confidential interviews, accessible complaints, protection from retaliation, public findings and mandatory corrective action.

### **2. Strengthen employment, social protection and portable support under Chapter 19**

- Align labour, equality and employment legislation with Chapter 19 by treating denial of reasonable accommodation as discrimination across recruitment, vocational training,

workplace adaptation, promotion, retention and dismissal, and by scaling up supported employment as a publicly financed national service model.

- Make labour-market services accessible in practice by ensuring accessible employment offices, digital platforms, career counselling, Easy Read and sign-language information, and coordinated referral between employment, rehabilitation, education and social assistance systems.
- Reform disability-related benefits so that support for the extra costs of disability remains portable across education, vocational training, employment and community life, rather than being withdrawn in ways that create inactivity traps.
- Integrate employment, vocational training and meaningful daytime activity into deinstitutionalization plans so that transitions from institutions include income, skills development and participation in ordinary economic and social life.
- Develop a national workforce strategy for community-based reform, covering staffing needs, competency standards, accredited training, fair remuneration, supervision, rural incentives and new roles such as peer supporters and supported decision-making facilitators.
- Professionalize personal assistance through training, supervision, decent working conditions and clear safeguards that preserve the person's control over recruitment, tasks, schedules and everyday decisions.

### **3. Ensure accessible health, rehabilitation and continuity of care under Chapter 28**

- Adopt binding accessibility standards for health-care services, covering premises, diagnostic and medical equipment, appointment systems, pharmacies, emergency services, patient information, consent procedures and digital health platforms, in line with CRPD and EU accession requirements.
- Guarantee supported informed consent by providing Easy Read information, sign-language interpretation, augmentative and alternative communication, longer consultation times and support persons chosen by the patient.
- Develop a comprehensive assistive-technology system covering assessment, prescription, procurement, fitting, user training, maintenance, repair, replacement and appeal.
- Expand community mental health and psychosocial support, including mobile crisis response, peer support, home-based assistance, psychosocial rehabilitation and non-coercive alternatives to hospitalization.
- Require continuity-of-care plans for every person leaving an institution, linking health care, rehabilitation, assistive technology, personal assistance, housing, social support, employment and meaningful daytime activity.
- Make consumer information and complaint mechanisms accessible, including medicine information, medical-device complaints, product-safety warnings, consumer-protection portals and digital public services.
- Use public procurement to prevent the purchase of inaccessible medical equipment, digital systems, public health communication tools, transport and consumer services.

#### **4. Build cross-chapter governance, financing and accountability**

- Create an interministerial EU accession mechanism that treats disability inclusion as a shared obligation across Chapters 19, 23 and 28, and links it to procurement, digitalisation, transport, education, health, employment and regional development.
- Include measurable disability benchmarks in accession roadmaps, with annual public reporting on independent living, supported employment, accessibility, health access, legal capacity, service coverage, financing and remedies.
- Introduce disability-responsive budgeting and costing so that accession commitments are linked to funding for community services, personal assistance, supported employment, accessibility, assistive technology, workforce development and monitoring.
- Require every ministry to assess the disability impact of new policies and budgets, so that inclusion is planned and financed from the beginning rather than corrected later through separate measures.
- Apply accessibility and non-segregation requirements to all EU and public funding, ensuring that investments expand genuine community inclusion rather than maintain or recreate institutional models.
- Introduce annual accessibility audits of public buildings, schools, health facilities, transport infrastructure, digital platforms and public procurement, with published results, responsible institutions and clear deadlines for correction.
- Guarantee meaningful, accessible and adequately financed participation of organizations of persons with disabilities in accession planning, budgeting, monitoring and evaluation.
- Strengthen independent monitoring, accessible complaint mechanisms and effective judicial and administrative remedies, so that rights violations can be identified, challenged and corrected in practice.

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