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SHADOW REPORT
submitted by the
People's Advocate
Office of Moldova
(Ombudsman) to the
Committee on the
Elimination of Racial
Discrimination (CERD)
under the UN
Convention on the
Elimination of All Forms
of Racial Discrimination
for the 116th Session, to
be held between
November 17 and
December 5, 2025

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ALTERNATIVE REPORT
**submitted by the People's Advocate Office of Moldova (Ombudsman) to the
Committee on the Elimination of Racial Discrimination (CERD) under the UN
Convention on the Elimination of All Forms of Racial Discrimination for the 116th
Session, to be held between November 17 and December 5, 2025**

“This report was prepared by the People's Advocate Office (Ombudsman Institution) of the Republic of Moldova, in its capacity as a National Human Rights Institution, accredited with ‘A’ status.”

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Abbreviations

General abbreviations

art. – article

etc. – et cetera

International / regional institutions

CERD – Committee on the Elimination of Racial Discrimination

National human rights institutions

NHRI – National Human Rights Institution

PAO – the People's Advocate Office

Central public authorities

MER – Ministry of Education and Research

MLSP – Ministry of Labor and Social Protection

Subordinate institutions / national agencies

NEA – National Employment Agency

AMHSS – Agency for the Management of Highly Specialized Services

NHIC – National Health Insurance Company

TSAA – Territorial Social Assistance Agencies

TSAS – Territorial Social Assistance Structure

Programs

NPERHR – National Program for Ensuring Respect for Human Rights



I. Preliminary aspects of the Alternative Report

Context: The People's Advocate Office (Ombudsman) submits its alternative report to the Committee on the Elimination of Racial Discrimination (CERD) for its 116th session, which will take place between November 17 and December 5, 2025. The document represents the contribution of the National Human Rights Institution in the context of the follow-up procedure to the CEDR's Concluding Observations on the Republic of Moldova by the Committee. In this context, the report will refer in particular to the implementation of the Committee's recommendations to the State mentioned in paragraphs 24 (c) and (e) (Situation of Roma) and 30 (Stateless Persons) of the Concluding Observations on the twelfth to fourteenth combined periodic reports of the Republic of Moldova¹ published on May 23, 2024. The alternative report also refers to the information provided by the Republic of Moldova on the implementation of the Concluding Observations on its twelfth to fourteenth combined periodic reports, published on June 10, 2025.²

Methodology: The data, statistics, and information presented by the People's Advocate Office were collected through a systematic and complex process of monitoring and documentation. This process included the analysis of public policies and the regulatory framework in force, monitoring and documentation visits to various institutions and localities, as well as the organisation of/participation in working meetings and discussions with representatives of central and local public administration. At the same time, the findings and conclusions previously formulated in the annual report, as well as in the thematic and special reports prepared by the institution in the field of respect for fundamental human rights and freedoms, were also taken into account. Through this approach, the People's Advocate Office ensures a comprehensive basis for the analysis presented, based on multiple and complementary sources of information received from state institutions and consultations with representatives of relevant groups (such as Roma community leaders, Roma people etc.). However, the report has certain limitations, determined by the lack of access to the Transnistrian region and the limited availability of statistical data at the national and local levels, especially data disaggregated by criteria relevant to the analysis.

Report content: Taking into account the Committee's follow-up procedure, the People's Advocate Office, in the context of the observations and recommendations in paragraphs 24 (c) and (e) (Situation of Roma), examined the following topics: the regulatory framework and public policies governing access to healthcare services for Roma women and children, the importance of information and awareness campaigns focused on promoting accessible healthcare services, and the major role of compulsory health insurance in guaranteeing equitable access to healthcare services. In addition to the progress noted in the report, the Ombudsman drew attention to the persistent challenges in these areas, emphasizing the need to continue and intensify the state's efforts to ensure effective protection of human rights.

In paragraph 30 (Stateless Persons), the Ombudsman highlighted the existing regulatory framework and policies on combating statelessness, as well as the difficulties faced by stateless persons in accessing social assistance measures, integrating into the labor market, and benefiting from state-guaranteed legal aid. The Ombudsman's opinion on the draft National Program on the Phased Integration of Foreigners in the Republic of Moldova for the period 2025–2027 was also presented, a strategic document that is directly relevant to the situation of stateless persons. In addition, the

¹https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CERD%2FCO%2F12-14&Lang=en

²https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CERD%2FCO%2F12-14&Lang=en



Ombudsman referred to the institution's initiatives to develop a Practical Guide on the referral of stateless persons, as well as to the organization of regional training workshops based on this guide, aimed at strengthening the capacities of the authorities and improving the mechanisms for the protection of these persons.

Paragraphs 24 (c) and (e) (Situation of Roma)

Ensuring access to health services for Roma women and children

In the Republic of Moldova, the right to health care is enshrined in the Constitution in Article 36, and the principle of equality is guaranteed by Article 16, which establishes that all citizens are equal before the law and public authorities, regardless of criteria protected by law, such as race, nationality, or ethnic origin. Furthermore, the principle of equality does not only imply identical treatment for all, but also the application of differentiated treatment when situations objectively differ. In this sense, assessing compliance with equality involves a comparative analysis of circumstances, taking into account objective aspects and the appropriate application of legal regulations to ensure fair treatment. Thus, in the context of Article 2(2) of the CERD, the state has an *obligation to fulfill*, either individually or through international assistance and cooperation, the adoption of legislative, administrative, budgetary, and judicial measures, promotional measures, and other appropriate positive measures to fully realize the right to equality and freedom from racial discrimination in the exercise of human rights³, including the right to health. Furthermore, in the context of the CERD, the special measures adopted are valid only until the objectives for which they were introduced are achieved. Once these objectives are achieved, the measures will no longer apply in order to avoid certain inequalities or privileges for certain groups.

With a view to modernizing and developing the health system in the long term, the Government approved Decision No. 387 of June 14, 2023, on the National Health Strategy "Health 2030".⁴ The strategy is supported by a series of programs and plans that target priority public health issues and respond to the specific needs of the population, including vulnerable groups. Among the vulnerable groups prioritized for intervention in the Strategy are Roma people, who face multiple challenges in exercising their right to health (low frequency of visits to the doctor, lack of compulsory health insurance, limited access to care services due to lack of information about health services and identity documents). In addition, the Strategy provides for all responsible institutions to ensure the quality and universal accessibility of health services (e.g., General Objective 2.1. Ensuring the accessibility and continuity of person-centered integrated medical services at all levels of the health system; General Objective 2.5. Improving the quality management of health services, patient safety, and healthcare worker safety, etc.).

A significant role in protecting the right to health is assigned to the National Program for Ensuring Respect for Human Rights for 2024-2027 (NPERHR), approved by Government Decision No. 164 of March 6, 2024⁵. The program sets out *General Objective No. 4, The right to the highest standard of ensured health*, which includes nine specific objectives (points 4.1–4.9) that provide for actions to review/adjust the regulatory framework, professional training of medical staff, etc. In the context of the Committee's recommendation in paragraph 24 (c) on conducting specific information

³ D. Obligation to fulfil p.55, General recommendation No. 37 (2024) on equality and freedom from racial discrimination in the enjoyment of the right to health from 21.02.2025.

⁴ https://www.legis.md/cautare/getResults?doc_id=138493&lang=ro

⁵ https://www.legis.md/cautare/getResults?doc_id=142723&lang=ro



campaigns with information on the availability of health services, the Ombudsman notes the following objectives *4.1.14 Conducting ongoing information campaigns for the population on available palliative care services, ensuring access to information for various population groups (persons with disabilities, national minorities)*, as well as *4.4.7 Informing the population about the medical services provided within the compulsory health insurance system, ensuring the accessibility of information for various population groups (persons with disabilities, national minorities)*. According to the Report on the implementation of actions in the NPERHR 2024-2027, for the year 2024, in order to achieve these objectives, the Ombudsman appreciates that information campaigns were carried out with the placement of press releases, infographics, and video spots (in Romanian and Russian) on the NHIC website, on TV, and on the radio, which focused on the benefits of compulsory health insurance and the inclusion of persons in this system by paying a fixed insurance premium within the period established by law, as well as the benefits of regular free preventive examinations.

Another document of major importance for the protection of the rights of Roma people is the Program for the Support of the Roma Population in the Republic of Moldova for the years 2022-2025, approved by Government Decision No. 576 of August 3, 2022⁶. The program aims to address the multiple problems and constraints faced by the Roma community through a cross-sectoral approach by central and local authorities. It is important to note that among the nine priority areas in the Program is health, an area in which, according to the Roma people, they face several problems. As mentioned in the Program, these are: the relatively small number of Roma people who have health insurance, limited access for Roma women to reproductive health services, discrimination in accessing medical services, informal medical payments, and long distances to the nearest medical facility.

The "Health section" of the Program for Supporting the Roma Population in the Republic of Moldova for 2022-2025 outlines five actions (points 3.11-3.15). In the context of implementing targeted information actions, the Ombudsman welcomes the implementation of action 3.11. *Holding meetings in localities with a compact or mixed Roma population as part of information campaigns on the rights and obligations of beneficiaries under the compulsory health insurance system*, namely that in Roma communities, family doctors, in partnership with community mediators and local public authorities, have organized information sessions on topics such as: available medical services, prevention of communicable diseases through immunization, reduction of tobacco, alcohol, and drug use, and promotion of youth-friendly services. Similarly, it is appreciated that the NHIC and the Ministry of Health have carried out information campaigns on the benefits of compulsory health insurance and access to free preventive examinations. In this context, the Ombudsman positively evaluates the increase in the insurance coverage of the Roma population, which constitute approximately 52% (mainly pregnant women, children, and retired persons)⁷ in 2024.

This finding is also confirmed by the Moldova Unequal Report. The reality of vulnerabilities in 2025 and the way forward⁸, which highlights that in 2025 the proportion of Roma with health insurance will be 51.6%, an increase of approximately 3 percentage points compared to 2018. This positive development is driven mainly by Roma women (55.8% insured), while among Roma men the insurance rate remains about 10% lower. At the same time, progress is also being made among the general population, with the proportion of insured persons reaching 74.6% in 2025. However, gender disparities persist, especially among men, confirming the trend of high levels of informal work.

⁶ https://www.legis.md/cautare/getResults?doc_id=133208&lang=ro

⁷ https://mecc.gov.md/sites/default/files/mec_raport_2024_program_romi_hg_576_2022_1_0.pdf

⁸ https://progen.md/wp-content/uploads/2025/05/Moldova-Inegala-2025_ROEN.pdf



At the same time, the Ombudsman highlights the consistently positive results of the study "Perceptions of human rights in the Republic of Moldova 2023" (a public opinion poll conducted by the People's Advocate Office in 2023)⁹, which shows an increase in respondents' confidence in the effectiveness of health insurance policies. Thus, in 2023, one third of respondents (26.4%) stated that the health insurance policy provides them with access to an adequate level of medical services (scores 7–10), compared to 19.9% in 2020 and only 9.3% in 2016. Although the percentage of respondents who say they trust the insurance policy is not very high, there has been a significant improvement compared to previous years: the level of trust has increased approximately 2.8 times between 2016 and 2023. This trend indicates a gradual strengthening of positive perceptions of the health insurance system, suggesting that measures to inform, modernize, and improve services can generate visible results.

At the same time, the Study also reflects negative perceptions. When asked whether a person's economic status affects their right to healthcare services, 54.6% of respondents agreed (scores 7–10). Even though this percentage is steadily decreasing—from 70.6% in 2016 to 61.7% in 2018 and 60.8% in 2020—it remains high. Moreover, this perception is particularly strong among women, older people, ethnic minorities, and people with low levels of education, confirming the persistence of discriminatory practices in access to healthcare services.

Financial difficulties remain among the most common reasons why people do not visit their family doctor. Middle-aged Roma women in particular face a lack of money for transportation and purchasing medicines (52.9% of respondents) and paying for medical consultations (38.2% of respondents). This situation is determined by the structure of the insurance system in the Republic of Moldova. Thus, young women of reproductive age usually benefit from insurance through their status as mothers (especially when they have minor children), and elderly people are automatically insured as pensioners. In contrast, women aged 40 to 59—especially those from Roma communities—are often outside the formal labor market, which deprives them of automatic access to health insurance. The lack of a stable income and the precarious nature of their jobs make it difficult for them to pay individual contributions to the health insurance fund.¹⁰

It is also important to note that the compulsory health insurance contribution is a fixed amount or percentage of salary and other remuneration that the insured person is required to pay to the insurer to cover the risk of the insured person in accordance with the law. The fixed compulsory health insurance for 2025 has been set at MDL 12,636 (equivalent to EUR 649). And people who choose to pay for health insurance by March 31, 2025, would benefit from significant discounts (e.g., if they fall into the categories of owners of agricultural land, they would pay 1,254 MDL; if they are self-employed in the retail trade, except for trade in goods subject to excise duties, they would pay MDL 1,895, MDL 2,527 if they are founders of an individual enterprise or a peasant household, etc., and MDL 5,054 if they are notaries, lawyers, bailiffs, judicial experts, mediators, translators, etc.). Respectively, the cost of purchasing a health insurance policy could be a significant burden for Roma women, given their lack of stable income. At the same time, their access to the formal labor market is more limited due to low levels of education, persistent discrimination, and poor socioeconomic conditions, which makes it even more difficult for them to find employment.

At the same time, according to data from the 2024 Study on Perceptions and Attitudes towards Equality, the Roma ethnic group is usually subject to discrimination and therefore attracts everyone's attention. Analyzing the results of the social distance scale, it can be seen that only 20% of the sample reports contact with Roma ethnic groups, and the indicator described in Table 13 (Social proximity

⁹ <https://ombudsman.md/studiu-perceptii-asupra-drepturilor-omului-in-republica-moldova-in-2023/>

¹⁰ https://progen.md/wp-content/uploads/2025/05/Moldova-Inegala-2025_ROEN.pdf



matrix by ethnic group) for intergroup relations shows that no ethnic group interacts frequently with Roma: for all groups in the table, the indicator of proximity to Roma ranges between 0.2 and 0.4, i.e., close to no contact. Undoubtedly, the small proportion of the Roma group in the total population of the Republic of Moldova may explain this lack of contact.¹¹

The Ombudsman also highlights that *Roma refugees face* multiple difficulties in accessing healthcare services in the Republic of Moldova. In his 2023 report on the assessment of the accessibility of essential healthcare services for refugees in the Republic of Moldova¹², the Ombudsman found that barriers to accessing medical care include language barriers, bureaucracy, lack of information on how to access services, lack of cultural competence, fear of persecution etc.

A significant obstacle is language barriers and a lack of adequate information. Although legislation requires informed consent for medical services, this is not always available in languages relevant to refugees, such as Ukrainian and Romani. The lack of translation of forms and information materials limits effective access to medical rights and generates mistrust. Furthermore, information about available healthcare services is not always updated on channels accessed by the Roma community, such as online platforms, social media groups, or community media channels.

These structural barriers are exacerbated by direct experiences of stigmatisation. According to data from the above-mentioned Report, a significant percentage of refugees reported experiencing stigmatisation when accessing healthcare services. This was mainly due to age, mental health status and Roma ethnicity. Undesirable behaviors included unfriendly attitudes toward refugees (42.5%), denial of their rights (26.9%), inappropriate language (15.4%), and refusal to provide necessary treatment (15.4%).¹³

Access to immunization is another problematic area. When refugees leave their country of origin, their vaccination process is often interrupted, exposing children in particular to major risks of contracting preventable diseases such as measles, polio, viral hepatitis, diphtheria, or whooping cough. In the case of adults, lack of vaccination can lead to more severe forms of these diseases. The situation has been exacerbated by the COVID-19 pandemic, which has amplified the need for rapid vaccination in refugee accommodation centers. In addition, the lack of documents confirming previous vaccinations and the unavailability of certain vaccines on the local market have caused delays and uncertainty.

Although the Ministry of Health has issued orders and integrated refugees into essential health service packages, including immunization, the implementation of these measures remains limited. Deficiencies persist related to lack of human and logistical resources, language barriers, and insufficient culturally appropriate information, which maintains the high vulnerability of Roma refugees in relation to access to health services.

At the national level, in order to ensure the vaccination process against diseases that can be prevented through immunization and to reduce the financial and social burden caused by them, Government Decision No. 211 of 12.04.2023 was adopted regarding the approval of the National Immunization Program for 2023–2027¹⁴. The program includes five specific objectives, through which it aims to: achieve high vaccination coverage of at least 95% with routine vaccines at the national level by 2027; increasing the availability of safe and effective vaccines to the population throughout their lives,

¹¹ https://www.undp.org/sites/g/files/zskgke326/files/2025-02/ro_studiu_distanta_sociala.pdf

¹² <https://ombudsman.md/post-document/raport-privind-evaluarea-accesibilitatii-serviciilor-esentiale-de-sanatate-a-persoanelor-refugiate-pe-teritoriul-republicii-moldova-2/>

¹³ *Ibidem.*

¹⁴ https://www.legis.md/cautare/getResults?doc_id=149930&lang=ro#



regardless of their geographical location, age, gender, economic status, ethnicity, religion, or other obstacles to their ability to enjoy the full benefits of vaccination; provide human resources training in immunization to increase the safety and quality of immunization services; strengthen the national surveillance system for vaccine-preventable diseases, with enhanced research and innovation capacities in the field of immunization; strengthening capacities for real-time and useful monitoring and coordination of the immunization process at all levels.

To achieve the proposed objectives, various communication actions are being implemented, such as information campaigns, television and radio broadcasts, and videos dedicated to vaccination and the prevention of communicable diseases through immunization. In this context, the Social and Behavioral Change in Immunization Plan 2027 (SSCI 2027) was developed, which aims to combat misinformation about vaccines and counteract the impact of anti-vaccination messages. The plan was developed through the collaboration of a multidisciplinary working group and is based on behavioral sciences, integrating a wide range of interventions designed to strengthen a favorable environment that encourages vaccine use by the entire population. At the same time, in order to increase the capacity to manage misinformation, training sessions were organized through social listening and media monitoring platforms.

Although efforts are being made to increase vaccination coverage, data from the Report on the Implementation of the National Immunization Program for 2023-2027 for 2024¹⁵ show that 95% vaccination coverage in the target age groups was achieved nationally only for BCG (tuberculosis). Primary vaccination coverage of 1-year-old children in the territories on the right bank of the Dniester ranged from 77.6% (rotavirus) to 88.4% (viral hepatitis B), and in the eastern territories of the country – between 26.9% (pneumococcal infection) and 82.1% (MMR), with an insignificant increase in some positions. In the territories of the Transnistrian region, no vaccinations were carried out against rotavirus infections and for girls against human papillomavirus. On the right bank of the Nistru, vaccination against human papillomavirus continued, with 43.8% of girls born in 2013 and 34.9% of girls born in 2014 receiving the full vaccination. A total of 142,024 adults were revaccinated against diphtheria and tetanus, representing about 79.4% of those who needed revaccination. With vaccination against seasonal flu in the 2024-2025 flu season, 201,332 people were vaccinated, representing 99.5% of those at increased risk of illness, with the vaccine being purchased from the NHIC prophylaxis fund.

The importance of vaccination is essential not only for individual protection, but also for preventing the recurrence of communicable diseases at the community level. The recent epidemiological situation in the Republic of Moldova clearly demonstrates this reality. Thus, in 2024, there were 216 confirmed cases of measles, while in 2023 only 3 cases were reported, and in 2021 and 2022 no cases were recorded. This sudden increase shows a significant worsening of the epidemiological situation, caused in part by a decline in vaccination coverage. Between January 1 and March 14, 2025, 20 cases of measles have already been reported, including 5 imported cases (from Romania and Ukraine). Of these, 14 cases were confirmed by laboratory investigations: 6 in Chişinău municipality and 8 in Cimişlia district. Those affected are aged between 8 months and 17 years, highlighting the vulnerability of children and adolescents.¹⁶

A particularly alarming situation is represented by cases involving *children under one year of age*, who cannot be vaccinated according to the national immunization schedule because they have not yet reached the minimum age for vaccine administration. These children depend directly on

¹⁵ <https://ms.gov.md/wp-content/uploads/2025/06/Realizari-PNI-2024.pdf>

¹⁶ <https://ansp.md/ansp-informeaza-despre-situatia-epidemiologica-prin-rujeola-in-republica-moldova-7/>



collective immunity for protection, and the decline in vaccination rates at the community level puts their health and lives at risk.

As a result, given both the low vaccination rate and the unfavorable epidemiological situation regarding certain vaccine-preventable diseases, the Ombudsman for the Rights of the Child has proposed including the topic of child vaccination on the agenda of the National Council for the Protection of Children's Rights¹⁷ for 2025.

Furthermore, at the meeting of the Council's ad hoc working group, the Ombudsman for Children's Rights mentioned that, following meetings with health authorities, he had been informed that there were unvaccinated children, without medical contraindications, who had been admitted to educational institutions, contrary to legal provisions. Although representatives of the education authorities did not admit the existence of such practices, they invoked the lack of educational alternatives for unvaccinated children and the need to respect the right to education of all children. The Ombudsman for the Rights of the Child, recalling the case law of the ECHR in this regard (e.g. Vavricka and Others v. the Czech Republic), argued for the need to examine the opportunity to regulate compulsory vaccination, including by establishing sanctions for parents/legal representatives who do not vaccinate their children, based on an analysis of current vaccination rates and the epidemiological situation regarding vaccine-preventable diseases.

¹⁷ https://www.legis.md/cautare/getResults?doc_id=137530&lang=ro



Community mediators

In the Republic of Moldova, the organization and exercise of community mediator activities is regulated by Government Decision No. 557 of July 17, 2013, approving the Framework Regulation on the organization of community mediator activities.¹⁸ This decision also sets out the requirements for becoming a community mediator, as well as their rights and obligations in the full performance of their duties. After examining the provisions of the decision, the Ombudsman notes that the functions and areas of intervention of the community mediator take on a complex form in order to ensure mediation between the Roma community and public authorities, so as to improve their quality of life. In this regard, the community mediator has responsibilities in the areas of social assistance (point 8, paragraph 1), education (point 8, paragraph 2), health care (point 8, paragraph 3), employment (point 8, paragraph 4), and organizational matters (point 8, paragraph 5).

The complex nature of the mediator's work in the areas of intervention stems from the volume and diversity of tasks that mediator performs in each specific area. For example, in the field of health care, the mediator has ten duties (point 8, paragraph 3, letters b) to k)), such as: facilitating beneficiaries' access to medical care; organizing activities to inform the population about enrollment in the public compulsory health insurance system, about patients' rights and responsibilities, etc.; contributing to the promotion of vaccinations and informing parents about their role, necessity, and impact; explaining the advantages of including people in the health insurance system, as well as the procedure for obtaining insurance status; providing support for the registration of the Roma population on the family doctor's list; involvement in the tuberculosis screening and treatment program; alerting healthcare workers to suspected cases of disease and public health emergencies in the community (outbreaks of infectious diseases, etc.).

Another example would be in the organizational field, where the community mediator has responsibilities in contributing to the resolution of proposals, requests, petitions, and complaints received from beneficiaries; activating teams of local public administration staff at the first level in the field of social assistance, health care, education, etc., and supporting the resolution of beneficiaries' problems; mediating problems/conflicts in the Roma community; identifying and documenting Roma people, etc. In other areas of competence, the mediator has: 6 responsibilities in the field of social assistance, 5 responsibilities in the field of education, 4 responsibilities in the field of employment, and 8 responsibilities in the organizational field.

Thus, in order to perform their duties efficiently and effectively, it is essential to ensure cooperation with local authorities, allocate sufficient budget, and determine appropriate remuneration for community mediators.

In this context, the Ombudsman notes the efforts of the state in implementing the provisions of Article 2, paragraph 2, of the Convention on the Elimination of All Forms of Racial Discrimination, through the adoption of Government Decision No. 576 of 03.08.2022 on the approval of the of the Convention on the Elimination of All Forms of Racial Discrimination, through the adoption of Government Decision No. 576 of 03.08.2022 on the approval of the Program for the support of the Roma population in the Republic of Moldova for the years 2022-2025.¹⁹

¹⁸ https://www.legis.md/cautare/getResults?doc_id=125326&lang=ro#

¹⁹ https://www.legis.md/cautare/getResults?doc_id=133208&lang=ro



The Program itself is a medium-term policy document that describes the objectives and actions in several priority areas, including those specific to the work of community mediators. According to the Progress Report on the implementation of the Program in question, in 2024, the Ombudsman appreciates that action 2.7 *Development of collaboration between community mediators and Roma communities with police representatives and specialists in the fields of education, public health, social assistance, and employment, with the involvement of representatives of the associative sector*, cooperation activities with police inspectorates and community mediators were reported in the context of conflicts between young people from the Roma community and Moldovans, as well as cases of domestic violence. Similarly, in order to streamline cooperation between social sector specialists and community mediators and strengthen their capacity, representatives of the MLSP, NEA, and AMHSS participated as trainers in training seminars for community mediators on combating human trafficking and providing assistance to victims, including in the context of the refugee crisis in Ukraine. Also in the context of Action 2.7, the Report mentioned the cooperation agreements with community mediators of the authorities regarding the provision of information to Roma citizens on the employment services and measures offered by NEA etc.

Furthermore, the Ombudsman welcomes the progress made, particularly in relation to *Specific Objective No. 5: Strengthening the status of community mediators*.²⁰ In particular, the Ombudsman notes the active role of the Agency for Interethnic Relations in cooperation with local authorities (which employ community mediators) in planning the financial resources allocated to them, as well as in strengthening the network of community mediators, including by requesting the establishment of the position of community mediator or the creation of additional units in localities. This involvement is directly reflected in the progress reported at the national level. Thus, as mentioned in the State *Follow-up Report on the Concluding Observations*²¹, the approval of funds in the amount of 5.8 million lei for 58 community mediator units, approximately 1 million lei more than in 2023. The Ombudsman also noted the increase, as of January 1, 2025, of four salary grades for the position of community mediator without studies, which involved financial costs of 213,900 lei per year.

However, in the context of adequate remuneration for community mediators, the Ombudsman notes that Moldova needs to make efforts to identify the most reliable solution to ensure that community mediators receive salaries commensurate with their work. In this regard, the Ombudsman points out that the CEDR recommendation on increasing the salaries of community mediators has not been implemented. Furthermore, in the Annual Report on the observance of human rights and freedoms in the Republic of Moldova 2023, the Ombudsman for Children's Rights submitted a recommendation to the Ministry of Education and Research to increase the salaries of Roma community mediators to the equivalent level of social workers' salaries in order to reduce professional discouragement in their cross-sectoral involvement.²²

Accordingly, according to Annex No. 9, Occupational Group "Social Assistance and Health (G)" of Law No. 270 of 23.11.2018 on the unified salary system in the budgetary sector, the "community mediator" is assigned salary class 44, with a salary coefficient of 2.46, meaning that, according to

²⁰ From the Progress Report

https://mecc.gov.md/sites/default/files/mec_raport_2024_program_romi_hg_576_2022_1_0.pdf

²¹ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CERD%2FCO%2FMDA%2FFCO%2F12-14&Lang=en

²² Recommendation 2.3.2.1, page 66 of the Annual Report on the observance of human rights and freedoms in the Republic of Moldova in 2023 <https://ombudsman.md/post-document/annual-report-on-the-observance-of-human-rights-and-freedoms-in-the-republic-of-moldova-in-2023-3/>



calculations²³, the monthly salary of a mediator would be MDL 5,412 (~€277.61²⁴). This salary does not even reach the minimum wage in the Republic of Moldova, which, according to Government Decision No. 846 of December 18, 2024, on establishing the minimum wage for the country for 2025, is 5,500 MDL (~282.12 euros²⁵). Similarly, the Ombudsman points out that, according to point 38 of the Framework Regulation, the number of people served by the community mediator is 100-300 beneficiaries. This compares with the salary of a social worker, who is assigned salary grade 52 with a salary coefficient of 2.90. In the case of community social workers, the salary grade is even higher, at 56 with a coefficient of 3.16, and according to Article 10, paragraph (2), letter b) of the State Budget Law for 2025²⁶, No. 310 of 26.12.2024, with a reference value of 2,500 MDL, they are ultimately assigned a monthly salary of 7,900 MDL (equivalent to 405 euros).

Nevertheless, the Ombudsman appreciates that the Agency for Interethnic Relations is making efforts to contribute to increasing the salaries of community mediators by participating in discussions with the interinstitutional working group for the implementation of the Program for the Support of the Roma Population, 2022 -2025, as well as in the round table discussions on "Strengthening the network of community mediators - an applicable tool with reference to the Roma community" in 2024, with the participation of the Salary Policy Directorate of the Ministry of Finance, and by sending a request in this regard. As a result of the above, the **Ombudsman recommends that the state authorities ensure (functionally and financially) institutionalized cooperation with the Agency for Interethnic Relations, the Network of Community Mediators, and representatives of civil society, with a view to identifying and adopting appropriate measures to increase the salaries of community mediators, so that the level of remuneration adequately reflects the volume of work and the complexity of the tasks performed.**

Continuing the examination of Specific Objective No. 5, which concerns strengthening the status of community mediators, it was found that most of the actions did not establish an effective budget for their implementation. Thus, these actions indicated "Within budget allocations" in the implementation costs line. In this regard, the Ombudsman notes that strengthening the network of community mediators also depends on sufficient financial resources for training, mass media coverage of success stories, exchange of experiences, etc. In this context, the **Ombudsman recommends that the competent authorities ensure that a separate and adequate budget reflecting the real needs for strengthening the network of community mediators is included in the planning documents and the implementation of the actions under Specific Objective No. 5. Thus, allocations must be predictable and sufficient, as their absence would limit the impact and sustainability of actions, affecting the effectiveness of community mediators in localities.**

The Ombudsman emphasizes that the lack of an effective budget for strengthening the network of community mediators, as well as the un motivating level of salaries, may be factors that limit the attractiveness and accessibility of this position. According to the List of Community Mediators by Local Public Authorities, presented by the Agency for Interethnic Relations on May 1, 2025²⁷, out of a total of 58 units established, 51 are occupied, and 7 positions (approximately 12%) remain vacant. In 2024, 57 units were established, of which 51 mediators were actually employed.

²³ Formula: Salary = Coefficient × Reference value

Salary = 2.46 × 2200 Salary = 5412 Moldovan lei

²⁴ Exchange rate verified on 16.08.2025 (1 euro = 19.50 MDL).

²⁵ Exchange rate verified on 17.08.2025 (1 euro = 19.50 MDL).

²⁶ https://www.legis.md/cautare/getResults?doc_id=150164&lang=ro#

²⁷ https://www.bri.gov.md/sites/default/files/document/attachments/LISTA%20mediatori%20comunitari_01.05_2025%20SITE%20%281%29.pdf



However, the Ombudsman notes a positive development compared to 2018, when only 50% of available units were occupied. Thus, in the previous year and in the current year, the occupancy rate remained high, at around 88%, which indicates a significant improvement in the employment rate of community mediators. Furthermore, in the ECRI Report on the Republic of Moldova (sixth monitoring cycle) published in 2024²⁸, highlighted the need to fill an additional 25 community mediator positions on top of those already provided for (57 units established in 2024) in order to effectively meet existing needs. **In this context, the Ombudsman supports ECRI's recommendation on the need to allocate adequate financial resources to increase the number of community mediators. At the same time, the Ombudsman emphasizes the importance of ensuring services in localities where positions are vacant and of expanding the scope of activity of community mediators so that they can contribute, where appropriate, to serving several communities.**

In the context of promoting gender balance, the Ombudsman notes, after reviewing the list of community mediators, that this objective has been achieved to a significant extent. The available data indicate that, of the total number of community mediators employed, approximately 52.9% are women and 47.1% are men, which shows a substantial level of gender balance.

²⁸ <https://rm.coe.int/sixth-report-on-the-republic-of-moldova-translation-in-romanian-/1680b20f53>



II. Paragraph 30 (Stateless persons)

Analysis of the regulatory framework

The Republic of Moldova acceded to the 1954 UN Convention relating to the Status of Stateless Persons and the 1961 UN Convention on the Reduction of Statelessness in 2011. By ratifying these international instruments, the state demonstrated its commitment to ensuring the protection of stateless persons. This accession marks an important step in harmonizing national legislation with international human rights standards, thus assuming the obligation to guarantee fundamental rights and provide a clear legal status to stateless persons. The Constitution of the Republic of Moldova²⁹ plays a central role in the protection of these persons. Articles 16 and 19 guarantee equality and the protection of the rights of all persons, including stateless persons, establishing the supreme legal framework that obliges the state to ensure equal access to fundamental rights without discrimination.

The procedure for recognizing stateless status in the Republic of Moldova is managed by the General Inspectorate for Migration, within the Ministry of Internal Affairs. According to Article 87² of Law No. 200 of July 16, 2010³⁰, on the status of foreigners, the administrative procedure lasts from 6 to 12 months and is carried out based on a clearly defined procedural framework.

Applicants for stateless status, in addition to the rights regulated by Article 87³ of Law No. 200 of 16 July 2010 on the regime of foreigners in the Republic of Moldova, must also enjoy: the right to state-guaranteed legal assistance at any stage of the procedure for recognition of stateless status, accommodation services during the procedure; the right to medical care; the right to education; the right to benefit from all social assistance measures granted, in accordance with the legislation in force, to citizens of the Republic of Moldova.

Pursuant to Article 6(2) of Law No. 198 of 26 July 2007 on state-guaranteed legal aid "stateless persons shall benefit from state-guaranteed legal aid, in accordance with this law, in proceedings or cases falling within the jurisdiction of the public administration authorities and courts of the Republic of Moldova."

In terms of creating conditions and opportunities for the integration of foreigners in the destination country, Law No. 274 of December 27, 2011, on the integration of foreigners³¹ provides specific legal support for the integration of this population group into Moldovan society, including by guaranteeing access to education, health care, employment, and social assistance.

Firstly, Law No. 274/2011 establishes the framework for ensuring/facilitating the integration of foreigners, regardless of their status, into the economic, social, and cultural life of the Republic of Moldova, based on the principles of non-discrimination, the best interests of the child, and equal treatment. As mentioned, this law applies to foreigners who have the right to temporary residence for work purposes, permanent residents, stateless persons, and beneficiaries of international protection/political asylum.³² This law also establishes a set of "integration measures," which

²⁹ https://www.legis.md/cautare/getResults?doc_id=145723&lang=ro

³⁰ https://www.legis.md/cautare/getResults?doc_id=148704&lang=ro#

³¹ Law No. 274 of December 27, 2011 on the integration of foreigners. Available: [LP274/2011](#).

³² Art. 2, Law No. 274 of December 27, 2011 on the integration of foreigners. Available: [LP274/2011](#).



include socio-cultural accommodation sessions, Romanian language courses, information/counseling on access to the labor market, medical services, and social protection, as well as guidance and vocational training tailored to market needs³³. The rights and guarantees relevant to migrant workers under Law No. 274/2011 can be classified into two categories, namely a) access to the labor market and b) access to medical services, social protection, and education.

It should be noted that Article 2, paragraph (1) of Law No. 274/2011 establishes the categories of persons to whom it applies, including foreigners who have been recognized as stateless in the Republic of Moldova.³⁴

However, the Ombudsman, in the Special Report on statelessness and respect for the rights of stateless persons in the context of the national legal framework³⁵, pointed out that although the law guarantees stateless persons access to both primary and qualified legal aid, in practice this is largely only provided at the stage of challenging the refusal to recognize stateless status. In the initial stages of the procedure, according to Law No. 198 of 26.07.2007³⁶ on state-guaranteed legal assistance in employment without legal status, stateless persons can benefit from primary legal assistance provided by paralegals at the local level, who offer general information about the legal framework and the procedure for obtaining stateless status. However, effective access to state-guaranteed legal aid usually only occurs after the General Inspectorate for Migration has notified the territorial offices of state-guaranteed legal aid.

An important issue facing both applicants for stateless status and beneficiaries of such status relates to the right to work. In practice, they encounter major difficulties in finding legal employment due to their lack of clear status, which could expose them to risks of exploitation. To resolve this issue, it is essential to ensure direct and automatic access to the labor market. **The Ombudsman therefore recommends creating a system or mechanism through which these categories of persons receive comprehensive support in finding employment through available state services, including vocational training courses. This would contribute significantly to their social integration and increase their chances of becoming financially independent in the long term.**³⁷

On the other hand, the Ombudsman reiterates that, prior to the RESTART reform, local public authorities had powers in the field of social assistance. Subsequently, these powers were transferred to the Territorial Social Assistance Agencies (TSAA) and the Territorial Social Assistance Structures (TSAS). Consequently, according to Article 13 of Law No. 547 of 25 December 2003 on social assistance, TSAA and TSAS do not have the competence to manage the situation of applicants for stateless status or undocumented persons and, at the same time, do not have the financial and administrative resources to provide them with support. Therefore, these categories of persons are excluded from benefiting from social assistance measures, in accordance with the provisions of Article 5(a) of Law No. 547 of 25 December 2003 on social assistance and Article 2(1)(c) of Law No. 274 of 27 December 2011 on the integration of foreigners in the Republic of Moldova, which grants social assistance only to stateless persons who have been officially recognized as such. c) of Law No. 274 of 27 December 2011 on the integration of foreigners in the Republic of Moldova, only stateless persons who have been officially recognized as stateless are eligible for assistance.

³³ Art. 3,5, Law no. 274 of December 27, 2011 on the integration of foreigners. Available: [LP274/2011](#).

³⁴ Art. 2, para. (1), letter c) Law no. 274 of 27 December 2011 on the integration of foreigners. Available: [LP274/2011](#).

³⁵ <https://ombudsman.md/post-document/raport-special-privind-fenomenul-apatridiei-si-respectarea-drepturilor-persoanelor-apatride-in-contextul-cadrului-legal-national/>

³⁶ https://www.legis.md/cautare/getResults?doc_id=149213&lang=ro

³⁷ <https://ombudsman.md/post-document/raport-special-privind-fenomenul-apatridiei-si-respectarea-drepturilor-persoanelor-apatride-in-contextul-cadrului-legal-national/>



Under these conditions, taking into account the increased vulnerability of stateless persons and their urgent need to benefit from social services and benefits, the **People's Advocate recommends including this category in the provisions of art. 2, letter c) of Law 274 of 27.12.2011 on the integration of foreigners in the Republic of Moldova, or directly regulating it in art. 5 of Law no. 547 of 25.12.2003 on the inclusion of stateless persons and persons benefiting from stateless persons.**

Analysis of public programs/policies and state measures (strategies, plans, initiatives)

The Ombudsman examined and presented his Opinion³⁸ on the Draft Government Decision No. 236/MAI/2025 for the approval of the National Program on the Phased Integration of Foreigners in the Republic of Moldova for the period 2025–2027. The People's Advocate emphasized that, currently, foreigners, including displaced persons, can effectively benefit from integration measures only from the moment of obtaining a right of residence, recognition of stateless status or obtaining international protection, according to the provisions of Law No. 274 of 27.12.2011. This approach contradicts the principle enshrined in the Program, according to which support measures should be provided to foreigners from the moment of arrival and until the acquisition of a legal status. The Ombudsman emphasized that in the first stage, foreigners need support much more than later.

Thus, the statistical analysis of the Program requires increased accuracy and transparency, including clear indication of sources and a rigorous delimitation of terms such as “refugee”, “migrant” or “displaced person”. In this regard, the **Ombudsman recommended revising the legal and analytical framework to reflect the differentiated situation of beneficiaries of temporary protection, asylum seekers and stateless persons, as well as integrating aspects related to social cohesion, unequal access to social protection and barriers to employment.**

A particularly important aspect concerns the access of temporary protection (TP) beneficiaries to health services. Currently, they are covered by the Asylum Law and Government Decision no. 21/2023, with funding coming mainly from international donor contributions managed by the NHIC. Thus, they benefit from emergency services, primary health care, reimbursed medicines and outpatient care, but not from specialized services, rehabilitation or palliative care, unless they are officially employed. The proposed program highlights the need for more comprehensive coverage, especially for vulnerable categories such as stateless status applicants, who are excluded from the state health insurance system.

The Ombudsman recommended conducting an analysis to establish a fair premium system, including the real costs of integration in the national budget and adopting legislative amendments that would allow registration in the insurance system even in the absence of a formal job. Also, in the SWOT analysis of the Program, **the Ombudsman proposed clarifying the current coverage and explicitly mentioning the gaps for all categories of foreigners,**

³⁸ <https://ombudsman.md/post-document/opinie-catre-ministerul-afacerilor-interne-proiectul-hotararii-de-guvern-privind-aprobarea-programului-national-privind-integrarea-etapizata-a-strainilor-in-republica-moldova-2025-2027/>



emphasizing the need for financial sustainability and compliance with international commitments already assumed.

Assessing the effectiveness of these measures – whether they are applicable and sufficient to combat the phenomenon of statelessness, including existing data/statistics.

Local public authorities, through police inspectorates, medical institutions, educational institutions and social assistance services, play an essential role in identifying and preventing statelessness. They have the responsibility to identify vulnerable persons at risk, such as: children born to stateless parents or with uncertain legal status, persons holding Soviet-style passports and at risk of becoming stateless, as well as undocumented persons, including minors.

Therefore, in order to ensure adequate interventions and protect the affected persons, reporting of statelessness cases is essential. In order to ensure effective identification of statelessness cases, it is important that multiple actors are involved in the reporting process. Early identification of these persons allows for proactive measures to be taken to grant citizenship or identity documents, thus preventing the emergence of new cases of statelessness.

However, the lack of an effective procedure for collecting data and identifying the real number of stateless persons is a critical problem, affecting the capacity for assessment and appropriate intervention.

According to statistical data from the State Population Register on individuals with a place of residence in the Republic of Moldova by citizenship³⁹, 3,426 stateless persons live on the territory of the Republic of Moldova in 2025, and 1,274 persons with undetermined legal status are registered in the State Population Register.

Consequently, stateless people from the left bank of the Dniester, given the lack of effective jurisdiction over this territory, it is impossible to map and accurately establish the real number of stateless people. It is estimated that out of the total number of 6,759 people holding Soviet passports (model of 1974), 4,037 are residents of the left bank of the Dniester.⁴⁰

In 2024, the General Inspectorate for Migration⁴¹ examined 118 applications (108 applications - 2023) for recognition of stateless status, applied on the territory of the Republic of Moldova. As a result of the examination of applications for recognition of stateless status, 236 decisions were issued, of which: 120 (approximately 51%) to terminate the stateless status procedure; 56 (approximately 24%) to reject the application for recognition of stateless status; 60 (approximately 25%) decisions to recognize stateless status. At the same time, during 2024, the General Inspectorate for Migration issued the following identity documents to stateless status applicants: 47 identity cards for stateless persons; 14 travel documents for stateless persons; 123 confirmation certificates for stateless status applicants.

³⁹ <https://dataset.gov.md/dataset/4681-date-statistic-din-registrul-de-stat-al-populatiei-referitor-la-persoanele-fizice-cu-loc-de-tr>, (information as of 01.08.2025);

⁴⁰ <https://ombudsman.md/post-document/raport-special-privind-fenomenul-apatridiei-si-respectarea-drepturilor-persoanelor-apatride-in-contextul-cadrului-legal-national/>, page10;

⁴¹ <https://igm.gov.md/wp-content/uploads/2025/01/Nota-privind-activitatea-IGM-12-luni-2024.pdf>



At the same time, it is important to note that the General Inspectorate for Migration faces multiple impediments in effectively carrying out its activities. The main problem is the disproportion between resources and needs: approximately 8 employees manage about 100 thousand foreigners, in conditions of an acute lack of financial and human resources. The situation is aggravated by the precarious infrastructure, characterized by small offices and the lack of adequate spaces for integration activities.

Foreigners' access to integration programs remains limited, and the lack of free Romanian language courses hinders the adaptation process. In addition, the General Inspectorate for Migration cannot provide, on its own, services tailored to the individual needs of foreigners, and the integration mechanism approved in 2016 is outdated and non-functional in relation to current realities.

Legally, integration measures are mandatory only for obtaining citizenship and the right to permanent residence, which limits their applicability. The state does not have the leverage to stimulate the participation of other categories of foreigners, and free programs are intended exclusively for beneficiaries of international protection. This situation creates inequalities, to which is added the increased reluctance of foreigners to access integration measures, further reducing the efficiency of existing policies

Following the above, the People's Advocate recommends reviewing the mechanism for integrating foreigners and strengthening the capacities of the General Inspectorate for Migration, including by supplementing resources, expanding access to free Romanian language courses and establishing legal leverage to ensure the effective participation of foreigners in integration measures. At the same time, it is recommended that the Government make sustained efforts to document all persons at risk of statelessness, in order to prevent social exclusion and ensure respect for fundamental rights.

The child's rights to citizenship

According to Article 7 of the UN Convention on the Rights of the Child⁴², immediately after birth, the child shall be registered, have the right to a name, the right to acquire a nationality and the right to know and be cared for by his or her parents, as far as possible. The principle of preventing statelessness, reflected in the Conventions, implies that States are encouraged to grant nationality to children born on their territory, in particular if they do not have another nationality, and to prevent the loss of nationality without good reason.

However, the Ombudsman for the Rights of the Child notes that in the Republic of Moldova there is a problematic situation in the case of children born on the territory of the country, but from parents who hold the citizenship of another state or one of them is stateless or benefits from international protection, and the other is a foreign citizen. Failure to respect the child's right to citizenship leads to the violation of certain fundamental rights. Until July 2023, art. 11, para. (1), letter c) of the Law on Citizenship of the Republic of Moldova no. 1024/2000⁴³ conditioned the citizenship of a child born on the territory of the Republic of Moldova on the status/legal form of residence of his parents on the territory of the Republic of Moldova. In the view of the People's Advocate for the Rights of the Child, this could lead to the emergence of children stateless from birth, in cases where the country of origin of the parents/one of the parents does not grant its citizenship to children born on

⁴² <https://www.unicef.org/moldova/media/6116/file/with%20Kids%20drawings%20ROM.pdf>

⁴³ https://www.legis.md/cautare/getResults?doc_id=143988&lang=ro#



the territory of other states or has reservations regarding them. In this context, the People's Advocate for the Rights of the Child, on May 21, 2021, requested the Constitutional Court to exercise the control of the constitutionality of art. 11 para. (1) let. c) of the Law on Citizenship of the Republic of Moldova no. 1024/2000, a situation that resulted in the Decision of inadmissibility. However, the proposal to amend it was taken over by a deputy of the Parliament of the Republic of Moldova. As a result, on 08.06.2023, the Parliament adopted Law no. 142 amending article 11 of the Law on Citizenship of the Republic of Moldova no. 1024/2000, in force from 03.11.2023. Currently, the child is considered a citizen of the Republic of Moldova if he/she was born on the territory of the Republic of Moldova to parents who have the citizenship of another state or one of whom is stateless or a beneficiary of international protection, and the other is a foreign citizen - if, at the date of submission of the application, at least one of the parents has the right to stay or benefits from international protection granted by the competent authorities of the Republic of Moldova or is recognized as stateless by the competent authorities of the Republic of Moldova, as well as if the child meets the legal conditions for being recognized as stateless.

It is important to note that the Parliament of the Republic of Moldova adopted the new draft law on citizenship of the Republic of Moldova on 10.07.2025. Accordingly, it will include the above-mentioned provision in art. 9, paragraph 1, letter c).⁴⁴

Based on the experience of the Ombudsman for Child's Rights in examining concrete cases of non-compliance with the child's right to a name and citizenship, it is found that most often this situation occurs due to omissions or even negligence not only of the parents, but also of the authorities, who do not intervene promptly, do not cooperate with each other sufficiently, arguing that they were not aware of the situation, do not know how to intervene or that it is not within their competence.

It is appreciable that, in some regions of the country, in order to prevent situations of undocumented children, certain measures are being taken such as: information campaigns; constant collaboration with the Public Services Agency; psychosocial support for families facing difficulties in the child's documentation process; early identification and monitoring of social risk factors that may lead to children's undocumented status; educational programs for children and parents, etc.

We note that stateless children are deprived of access to education, health and social services due to the absence of a recognized legal status. They become extremely vulnerable to exploitation, abuse and trafficking, lacking adequate legal protection. Social exclusion and discrimination deeply affect their emotional and psychological development and sense of belonging. Perpetuation of statelessness seriously violates the rights of the child and requires immediate interventions to guarantee a safe and equitable future.⁴⁵

⁴⁴ <https://parlament.md/material-details-md.nspx?param=edeec5b9-0954-47b1-a4a7-d54114bf1d01>

⁴⁵ <https://ombudsman.md/post-document/raport-special-privind-fenomenul-apatridiei-si-respectarea-drepturilor-persoanelor-apatride-in-contextul-cadrului-legal-national/>