ANALYSIS OF REPRODUCTIVE HEALTH POLICIES IN ROMANIA: EVOLUTION FROM THE PERSPECTIVE OF ACCESS AND ADDRESSABILITY TO FAMILY PLANNING SERVICES

CLAUDIA FELICIA IANCU[1], FLORENTINA LIGIA FURTUNESCU[2], PETRU ARMEAN[3]

[1,2,3] *"Carol Davila" University of Medicine and Pharmacy Bucharest*

Keywords: *family planning, reproductive health, access, addressability*

Abstract: *Our study aimed to describe the evolution of main reproductive health policies in Romania and their implications in terms of access and addressability to family planning services for the general population.We performed a literature review for identifying the most relevant policies and indicators of access to reproductive health services at international level and in Romania. We found that Romania has strong policies and regulations encouraging the access to family planning, but monitoring of access is missing and some key interventions developed in the past are implemented at a lower scale. This resides in affectation of some health indicators, particularly in young age-groups. Further efforts are needed for ensuring systematic training of providers, monitoring of the needs and access to services, appropriate provision of contraceptives for vulnerable groups and systematic exposure of teenagers to sexual education.*

INTRODUCTION

Universal access to affordable and good quality services for reproductive health is a key premise for achieving the status of well-being for women and men.(1) Considering the World Health Organization (WHO) definition of reproductive health, adopted by the delegates of the UN International Conference on Population and Development, held in Cairo, 1994 (state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes), the services for reproductive health should implicitly include at least the following: counselling, information, education, communication and clinical services of family planning, services for maternal and perinatal health, preventing unsafe abortion, prevention and treatment of sexually transmitted diseases, prevention and management of sexual violence and systematic and sustainable health education for promoting sexual health among specific groups as adolescents.(2,3)

Recognizing the importance of the reproductive health, the countries assumed among the Millennium Development Goals (MDGs) the fifth objective on "Improving maternal health", by setting up two targets: a) to reduce by three quarters the maternal mortality ratio in 2015 compared to 1990 and b) to achieve by 2015 universal access to reproductive health.(4) However, the progress on these targets was slower than expected: the maternal mortality ratio has been reduced by a 45%, most of reduction occurring after the year 2000, meanwhile, in relation to universal access to reproductive health, only half of pregnant women received the recommended amount of antenatal care and contraceptive prevalence among women of fertile age (15-49) increased from 55% (1990) to 66% in 2015 worldwide.(5) These unachieved commitments were transposed in 2015 in the 2030 Agenda for Sustainable Development under the objective 3 "Ensure healthy lives and promote well-being for all at all ages" (targets: a) Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 and b) Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030) and respectively objective 5 "Achieve gender equality and empower all women and girls "(targets: a) Eliminate all forms of violence against all women and girls in the public and private spheres and b) Ensure universal access to sexual and reproductive health and reproductive rights).(6)

Romania had a particular history in terms of reproductive health policy, because during the communist times the family planning services were completely missing. As a correction for the decreasing natality, the communist regimen decided in 1966 to ban the induced abortion (exemptions were allowed only in case of fulfilling very narrow criteria), meanwhile other contraceptive means were not available in the country.(7) This policy had major implications on women health, conducting at the end of 80's at the highest level of maternal mortality reported per country in Europe (159 deaths per 100,000 live births in 1989), among which 87% were due to illegal/unsafe abortion.(8) From a broader perspective, it influenced the lives of hundred thousand of citizens from many generations.

Immediately after the communism falling in Romania, one of the first reparatory measures was to abolish the decree 770/1966, thus creating access to safe abortion. In the coming months and years, many international donors started to develop large scale projects for providing access to family planning services.(9) These interventions had immediate impact on reducing maternal mortality related to abortion, and the addressability for contraception improved as well, but in much lower rhythm compared to use of abortion as mean of avoiding unintended pregnancies.(10)

PURPOSE

The aim of our study was to describe the evolution of main reproductive health policies in Romania and their

[1]Corresponding author: Claudia Felicia Iancu, Str. Oltenitei, Nr 181, Popesti Leordeni, România, E-mail: claudia.iancu85@yahoo.com, Phone: +40748 280600

Article received on 12.07.2018 and accepted for publication on 30.08.2018
ACTA MEDICA TRANSILVANICA September 2018;23(3):1-4

implications in terms of access and addressability to family planning services for the general population.

MATERIALS AND METHODS

General approach: We performed a literature review with the aim of identifying the most relevant policies of reproductive health at international level and main indicators used for measuring the access and addressability to family planning. We used as main data sources the WHO strategic documents and databases. Further on, we explored the national policies on reproductive health, with focus on family planning, the legislative framework regulating the access to health care in Romania and the historical evolution of the family planning services after the communism falling (1990 – 2017). We used for this purpose the national legislative database and scientific papers and official reports published in the area, or other grey literature. We also explored the national health information system in order to analyse the trends for main health indicators, relevant for access and addressability to family planning services.

Indicators used for the research: Following to the conceptualization of the reproductive health, and considering the diversity of the systems, services and indicators for measuring the health status, WHO led a consensus on a shortlist of 17 core indicators measuring the reproductive health goals globally. We analyzed this list upon following criteria: relevance of the indicator from the perspective of access or addressability to family planning, magnitude for Romania and availability of the indicator in the routine reporting system of the country or in any available international database for the period 1990 – 2016/2017. We retained for our analysis only two indicators considered as highly relevant for access/addressability to family planning: total fertility rate and contraceptive prevalence rate. However, the second indicator was available only for some years, thus we identified some proxies (table no. 1).

Table no. 1. Proxy indicators used for measuring the access/addressability to family planning in Romania

Indicator	Reason
Number of abortions	Most reported abortions are provided for ending an unintended pregnancy. This is a failure in access family planning services
Proportion of abortion per five-years age-group	Useful to understand which age-groups have more limits in access/ addressability to family planning. It suggest failure in moving the women from induced abortion to family planning methods
Specific rate of abortion per age-group	Trends could suggest evolution of access to family planning services for different age-groups
Specific fertility per age-group	Helps in understanding the reproductive behavior

RESULTS

The relevant international framework for reproductive health policies: In 1994, the UN International Conference on Population and Development, held in Cairo, 1994 resulted in achieving consensus on four basic principles: universal education, reduction of infant and child mortality, reduction of maternal mortality and universal access to reproductive and sexual health services including family planning.(2) A Programme of Action resulted from the conference, defining key objectives in few fundamental fields, among which the reproductive rights and reproductive health.(11) Three objectives were defined in relation to reproductive health:(11)

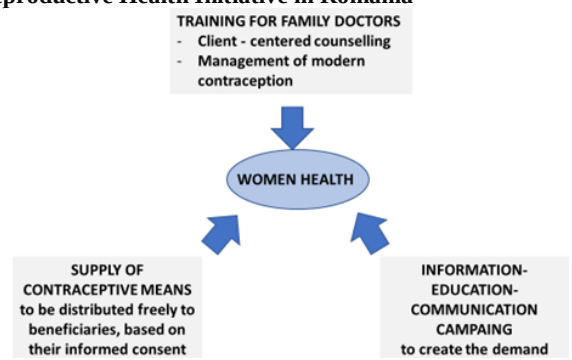
a. To ensure that a full range of services, including family planning, are accessible, affordable, acceptable and convenient to all users;
b. To enable and support responsible voluntary decisions about child-bearing and family planning methods and
c. To meet the changing reproductive health needs over the life cycle, in full respect of diversity.

In 2000, the UN adopted the MDGs, described in the introductory part. The monitoring of these goals showed shortage in reliable data and, in 2006, WHO published a guideline for generation, interpretation and analysis of the core indicators.(3) In 2015, the MDGs, partially achieved, were transposed in Agenda 2030 and the WHO adopted the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030.(12)

The current national policies in the field of reproductive health: Romania had a very poor situation for women health in 1989, but immediately after the communism falling, lot of donor came into the country and started to develop models of services for provision of family planning services. Among the first initiatives, the government started to develop family planning clinics in city hospitals, providing counselling and free or subsidized contraception means, run by gynecologists. At end of 90's, the country started the health sector reform and the Government agreed (with scepticism and low rate of success) to include the family planning services under the responsibilities of the family doctors (providing primary care). Meanwhile, the private specialty clinics, in ongoing development, became providers of family planning services.

During 1999-2001, John Snow Inc piloted in Romania the Women Reproductive Health Initiative (WRHI), in an attempt to integrate the family planning services in 36 primary health care centers in rural areas. They had client-centered interventions based on three pillars (figure no. 1).

Figure no. 1. Pillars of interventions for Women Reproductive Health Initiative in Romania



Source: USAID. Romania: scaling up integrated family planning service. es. A case study. 2006

The period after the year 2000 was marked by a real enthusiasm of the Romanian authorities in promoting reproductive health policies (of course with the support of the international donors), which were highly visible at that time. During 2001 – 2007, the WRHI pilot project was scaled up in all Romanian counties (in 8 counties supported by UNFPA and in 34 counties implemented as Romanian Family Health Initiative (RFHI), under the umbrella of the partnership between Romanian Ministry of Health, USAID and John Snow Inc. Research and Training Institute.(13)

The authorities assumed in that time a range of strategic documents: in 2002 the Ministry of Health assumed the Strategy for Reproductive Health and Sexuality (2002 – 2006) and in 2004 the Strategy for HIV prevention and control 2004 – 2007 was approved by the Government.(14) Starting from 2001, the Ministry of Education in partnership with Ministry of Health

started to implement a national project "Health Education in Romanian Schools", having as result a harmonized national curriculum for health education for all cycles of learning (from first to twelve year) and training in health education for 6000 teachers.(15) Unfortunately, the topic remained optional, only part of the pupils being exposed, depending of the school choice and availability of teachers.

There were also noticeable efforts to transfer some of these revolutionary and successful models in the routine responsibilities of the Romanian Authorities. Thus, the Ministry of Health institutionalized the national health program "Mother and Child Health", procuring and distributing contraceptives for medical providers of family planning, with the aim to be freely prescribed and provided to certain vulnerable categories of women (students, unemployed, women living in rural and women requiring an induced abortion).(16) The National Health Insurance House incentivized the family doctors (as fee for service fee in addition to per capita payment) in an attempt of encouraging them to provide family planning counselling and contraception.(17)

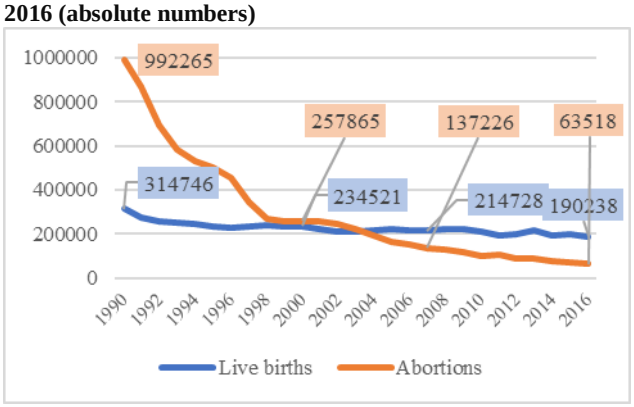
In 2007, Romania accessed the EU and the country was not anymore eligible for being supported by international donors, so all the international organizations left the country in the upcoming months/years and the Romanian authorities remained to continue at the same scale the successful interventions developed in partnership with the donors. They were successful at a certain extent and even some developments occurred in particular areas.

At present, the women health is recognized as a key public health priority by a series of strategic and legal documents, among which most relevant is the National Health Strategy 2014-2020, which includes a general objective for improving the health and nutrition status for women and children.(18) Behind the strategy, the general regulations for health stipulate very good conditions of access to pregnancy care and family planning services.(19-21) The Romanian health system is social insurance-based, the health insurance is compulsory by law, and all active citizens pay a certain proportion of their monthly gross income for the health insurance fund. As benefits, the health insurance guarantees access to a basic package of services, which does include, in certain conditions, almost all types of services, according to the needs of the persons. The system also provides a minimal package of services for those not insured. All pregnant women are insured by law, even if they do not earn revenue, having, so, the right to access the basic package of care. Even if not insured (e.g, due to lack of fulfilling the procedure), the needed care for pregnancy is always provided, being also included in the minimal package of care.(20,21) Also, upon the legislation, the family planning supposes to be provided by the family doctors, as counselling and/or prescription, to both insured and not-insured persons. For motivating the family doctors to provide family planning, these services are reimbursed "per services", in addition to "per capita" payment.(20,21) It seems that, over the years, the legislation became progressively more in favor of universal access to reproductive health services, including to the family planning ones. Meanwhile, the national health program for mother and child health continues to exist, but at a more reduced scale compared to the past. Despite legislation, the motivation of the family doctors to provide contraception decreased and there is not clear how many family planning clinics are still functioning.

Health indicators

Natality and Total Fertility Rate decreased by 33% and 20% respectively compared to 1990 (reaching to 9.1 live births /1000 inhabotants and 1.2 respectively). The number of abortions decreased in sharp slope till 1998 and kept a slight decreasing since then, meanwhile the number of live births had a slighlty decreasing trend in all the study period (figure no.2). In 2016, number of abortions was 15 times lower compared to 1990, but also number of live births was 40% lower.

Figure no. 2. Live births and abortion in Romania 1990 – 2016 (absolute numbers)



Still 9% of abortions occur in very young age, this suggesting unmet need for family planning in adolescents (figure no. 3).

Figure no. 3. Proportion of abortions per age-group in selective years

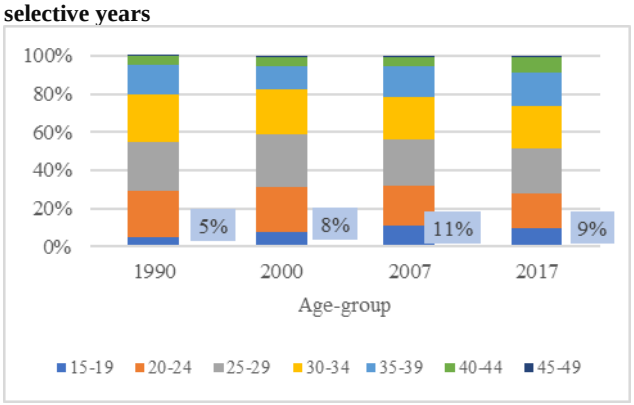
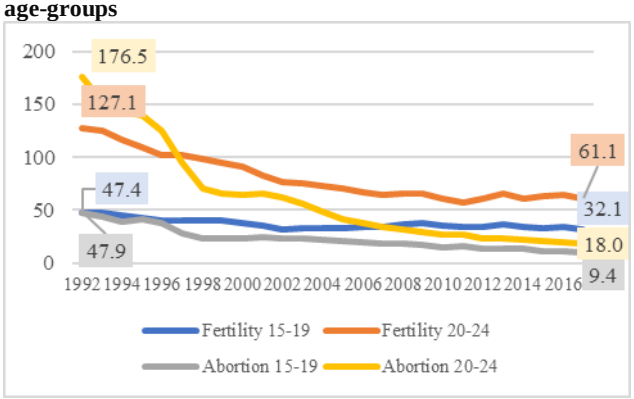


Figure no. 4. Specific fertility and abortion rates in young age-groups



Still high rates of abortion are seen in young age-groups, in particular for group 15-19 years, in which fertility remain quite stable over the last years, this suggesting the need to develop more comprehensive approach for family planning (figure no.4).

DISCUSSIONS

During the 90's and before the EU accession,

Romania has built very successful interventions in the field of family planning, with the support of the international donors. Once donors left, in 2007, the national government tried to continue and to scale up the interventions with national resources. Considering the three pillars approach initiated by the donors, following transformation occurred:

a. The Government developed a strength institutionalization of the services, by developing detailed and generous legislation encouraging access and addressability at all levels of care and for all groups, including the vulnerable ones. Improving the women and children health is a general objective in the national strategy.
b. Despite institutionalization, monitoring and evaluation of access to services is fragmented. There is not clear how many of the specialty clinic of family planning are still functioning and how many family doctors do provide family planning services.
c. Most health indicators related to family planning improved in the last decade, but some relevant ones are not collected (e.g. contraceptive prevalence rate).
d. In relation to access at primary care level, no systematic continuous training of medical providers was organized in the last decade and the motivation to be involved in this kind of services decreased.
e. The provision of contraceptives for vulnerable groups was fragmentary in the last years.
f. Information-education-communication campaigns were organized from time to time, but it is not clear how much they were successful in increasing or maintaining the level of awareness in relation to reproductive behavior and family planning. The civil society organizations trained, skilled and developed with the donors support remained without opportunities of financing and only part of them succeeded to remain active in the field.
g. The health education in schools remained an optional topic, this hindering the universal and systematic access of adolescents to reproductive health education. This resides in less favorable indicators for young females.

CONCLUSIONS

Despite the very successful interventions for reproductive health and, in particular, for family planning developed in Romania during the 90's, ten years after the donors leaving, there are still challenges to face and these seem to affect more the young age-groups. Good progress has been done in promoting legislation, but efforts are still needed for ensuring systematic training of providers, monitoring of the needs and access to services, appropriate provision of contraceptives for vulnerable groups and systematic exposure of teenagers to sexual education.

REFERENCES

1. World Health Organization. Sexual and reproductive health. Available at: www.euro.who.int.
2. United Nations. International Conference of Population and Development. Report on the International Conference on Population and Development, Cairo. New York: United Nations;1994. Doc A/conf.171/13. Available at: http://www.un.org/popin/icpd/conference/offeng/poa.html
3. World Health Organizations. Reproductive health indicators: Guidelines for their generation, interpretation and analysis for global monitoring. World Health organization. Reproductive Health and research. Geneva. 2006. Available at: http://www.who.int/reproductivehealth/publications/monitoring/924156315x/en/.
4. United Nations. General Assembly Resolution 55/2: United Nations Millennium Declaration. 2000. Available at: http://undocs.org/A/RES/55/2.
5. United Nations. The Millenium Development Goals Report 2015. Available at: http://www.un.org/millenniumgoals/reports.shtml.
6. United Nations. General Assembly Resolution 70/1: Transforming our world: the 2030 Agenda for Sustainable Development. Available at: http://www.un.org.
7. Decree no 770/1966 for regulating the pregnancy cessation with subsequent amendments.
8. Hord C, David HP, Donnay F, Wolf M. Reproductive health in Romania: reversing the Ceausescu legacy. Stud Fam Plann. 1991 Jul-Aug;22(4):231-40.
9. Merce G, Wright C, Pătruleasa M, and Hedgecock D. Romania: Scaling Up Integrated Family Planning Services: A Case Study. Arlington, Va.: DELIVER, for the U.S. Agency for International Development; 2006.
10. Serbanescu F, Morris L, Stupp P, Stanescu A. The impact of recent policy changes on fertility, abortion, and contraceptive use in Romania. Stud Fam Plann. 1995 Mar-Apr;26(2):76-87.
11. UNFPA. The Programme of Action adopted at the International Conference on Population and Development.Cairo, 5-13 September 1994. 2004. ISBN:0-89714-696-4.
12. World Health Organization. Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. Available at: http://www.who.int/life-course/partners/global-strategy/global-strategy-2016-2030/en/.
13. USAID. Romania: scaling up integrated family planning service. es. A case study. Nov 2006. Available at: https://www.jsi.com/.
14. Government Decision no 1342/2004 regarding the approval of National Strategy for HIV prevention and control 2004 – 2007.
15. Ministry of National Education. Press release. Celebrating one year from the Launching of the Project Health Education in the Romanian Schools. 2002. Available at: http://oldsite.edu.ro/index.php/pressrel/2317.
16. Consecutive Government Decisions approving each year the national health programs.
17. Consecutive Government Decisions approving each year the framework contract for provision of medical services within the social insurance system.
18. Government Decision no 1028/2014 for approving the National Health Strategy 2014 – 2020.
19. Law no 95/2006 regarding the reform in health.
20. Government Decision no 140/2018 regarding the approval of the framework contract for provision of health services in the health insurance system.
21. Order no 397/836/2018 of the minister of health and of the president of the national Health nsurance House regarding the implementing norms for the framework contract.
22. National Institute of Statistics. Tempo on-line database. Available at: http://statistici.insse.ro.
23. Ministry of Health. National Institute of Public Health. Sanitary Statistic Yearbook 2016. Bucharest; 2017.