

# Implementation of WHO Guidance in Moldova

Rodica Comendant, MD,  
RHTC Director

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*With thanks to the colleagues from  
WHO, HQ and Europe*

# Outlines

- 1. How the strategic assessment changed things regarding abortion in Moldova;
- 2. How Moldova used the WHO Safe Abortion: Technical and Policy Guidelines for Health Systems to develop its own national standards and guidelines;
- 3. What are the remaining challenges for eliminating unsafe abortion in Moldova and how we are addressing them.

# Abortion situation, overview

- Legal since 1955: up to 12 weeks on the request, 22-28 weeks on a list of social, juridical and medical indication, no limit to save women's life
- Provided in a large network of public health facilities, only by ob/gyns
- Free of charge before, paid service since 90thies
- Quality not a priority

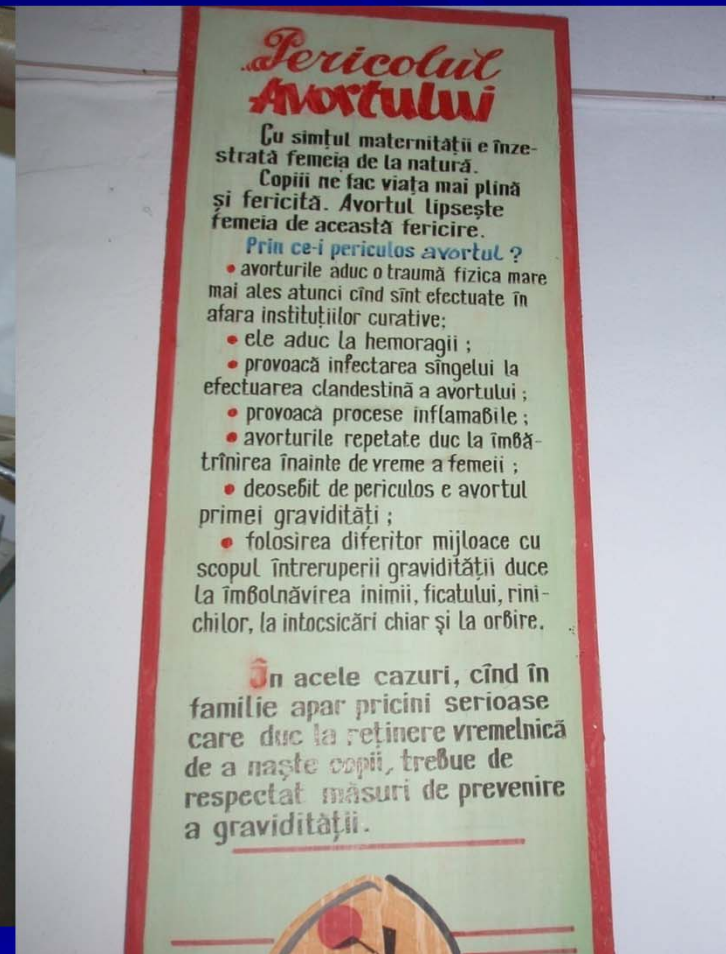
# New developments: 2004 and further

- Publication of WHO Guidance on safe abortion, 2003. Translation of the Guidance into Romanian and its presentation at a national meeting of stakeholders
- Riga WHO meeting, 2004
- Decision of the MoH to undertake the Strategic Approach: the goal to improve the quality of services in abortion
- I phase, SA in 2005, phase II Piloting the interventions, 2007-9, II phase, scaling up, 2010-2011...

# Strategic Assessment: key findings

- Abortion is still the most common fertility regulation method in Moldova
- Many abortions performed in the public, but especially in the private sector go unreported
- The provision of contraception by all family doctors is still a distant objective
- Illegal abortions are still a problem
- Most abortions are still performed by dilatation and curettage
- Quality of care in abortion service provision is poor, especially regarding patient management, provider-patient interactions, privacy, confidentiality, pain-management and infection-prevention practices, monitoring and evaluation of services (public sector); and reporting (private sector)

Old and outdated aspiration equipment, IEC materials for patients outdated, not objective  
Findings, SA, 2005

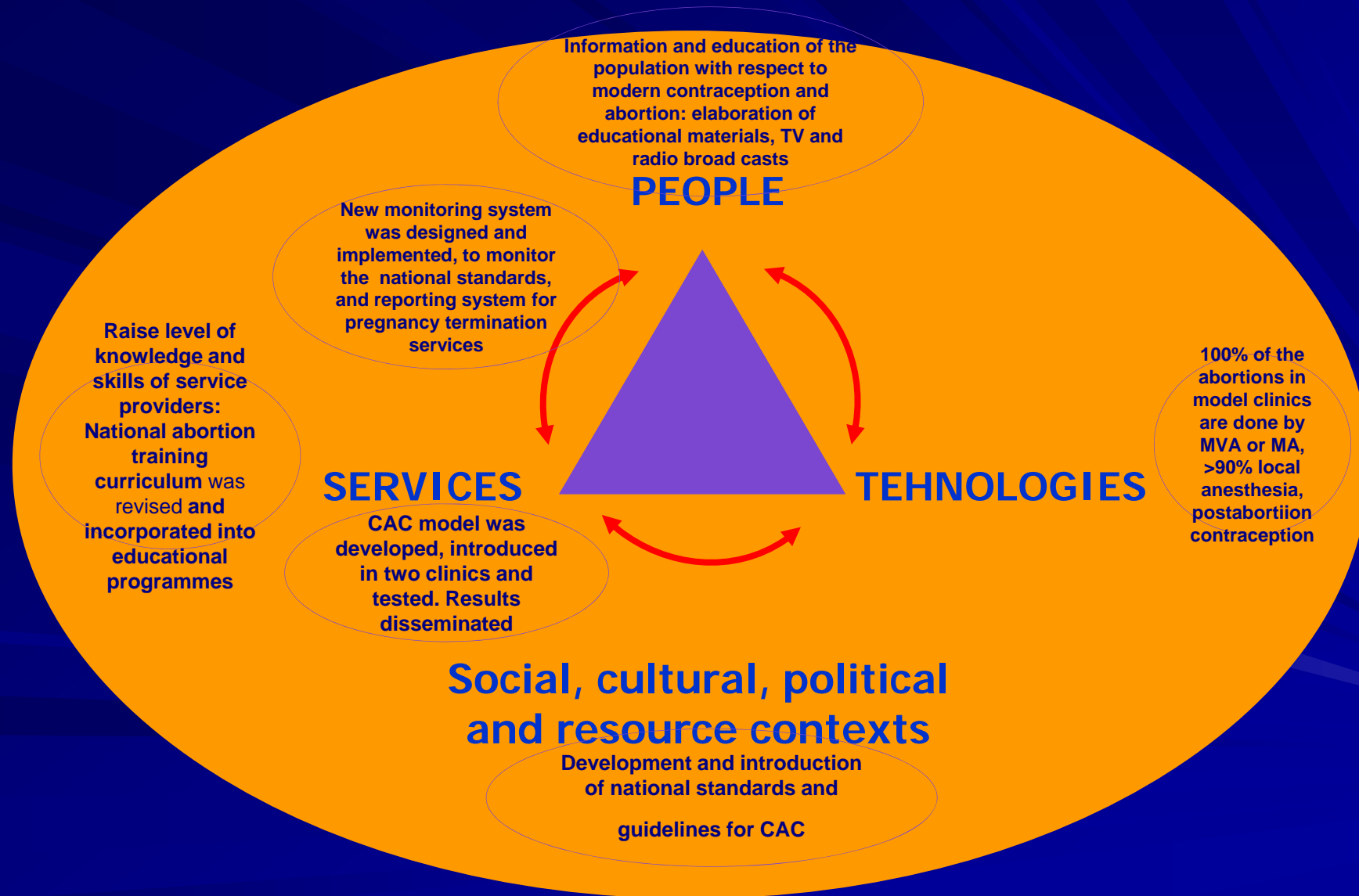


# Strategic Assessment: key recommendations

- Develop standards and guidelines for safe abortion care
- Improve recordkeeping and reporting
- Improve pre- and in-service training
- Improve quality of care
- Introduce safer technologies
- Improve policies and regulations
- Enhance information and education

The recommendations served as a base for the elaboration of the National RH strategy 2005-2015, abortion being a priority area

# Framework and actions of Stage II





# Achievements, more...

- Parental consent for adolescents was lowered at the age 16
- Abortions up to 10 weeks are allowed on out-patient base
- Law changed: private clinics are allowed to offer abortion services, reporting is required
- MA are registered and the protocol officially approved (63 days LMP, 200 mg mife, home use of miso)  
Medabon is in the process of registration
- Abortion on social and medical indications and postabortion contraception are covered by the insurance system
- Non-medical Indications for II trim abortion are extended

# III phase: Scaling up

Horizontal scaling up (expansion)

- Expand *availability* of comprehensive abortion care to
  - 2 secondary-level polyclinics centres and to a youth-friendly clinic

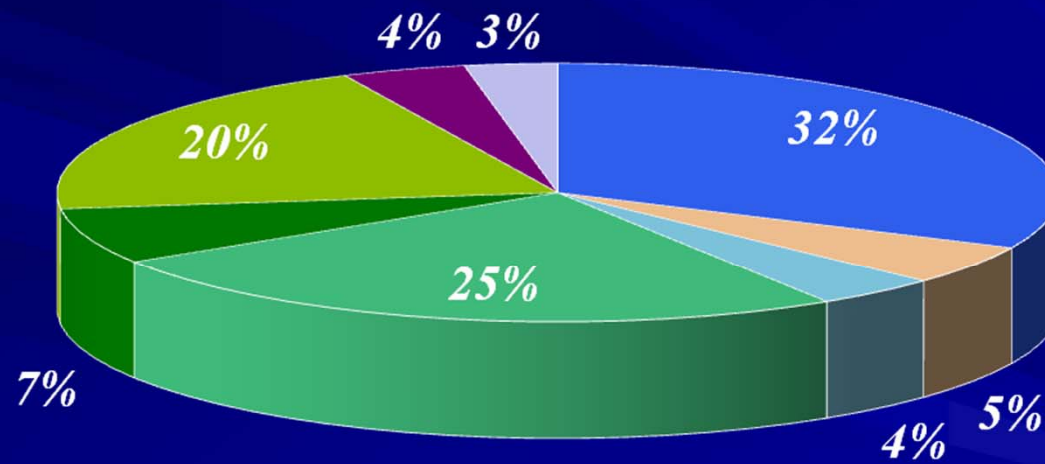
Vertical scaling up (institutionalization):

- National standards, based on WHO recommendations disseminated,
- Development of the quality standards and their incorporation into national accreditation system
- Trainings of providers on the national standards, on the new M&E system, introduction of supportive supervision
- Incorporation of the modules on CAC in training curriculum for postgraduate education

# ■ Remaining challenges

# Low use of modern methods

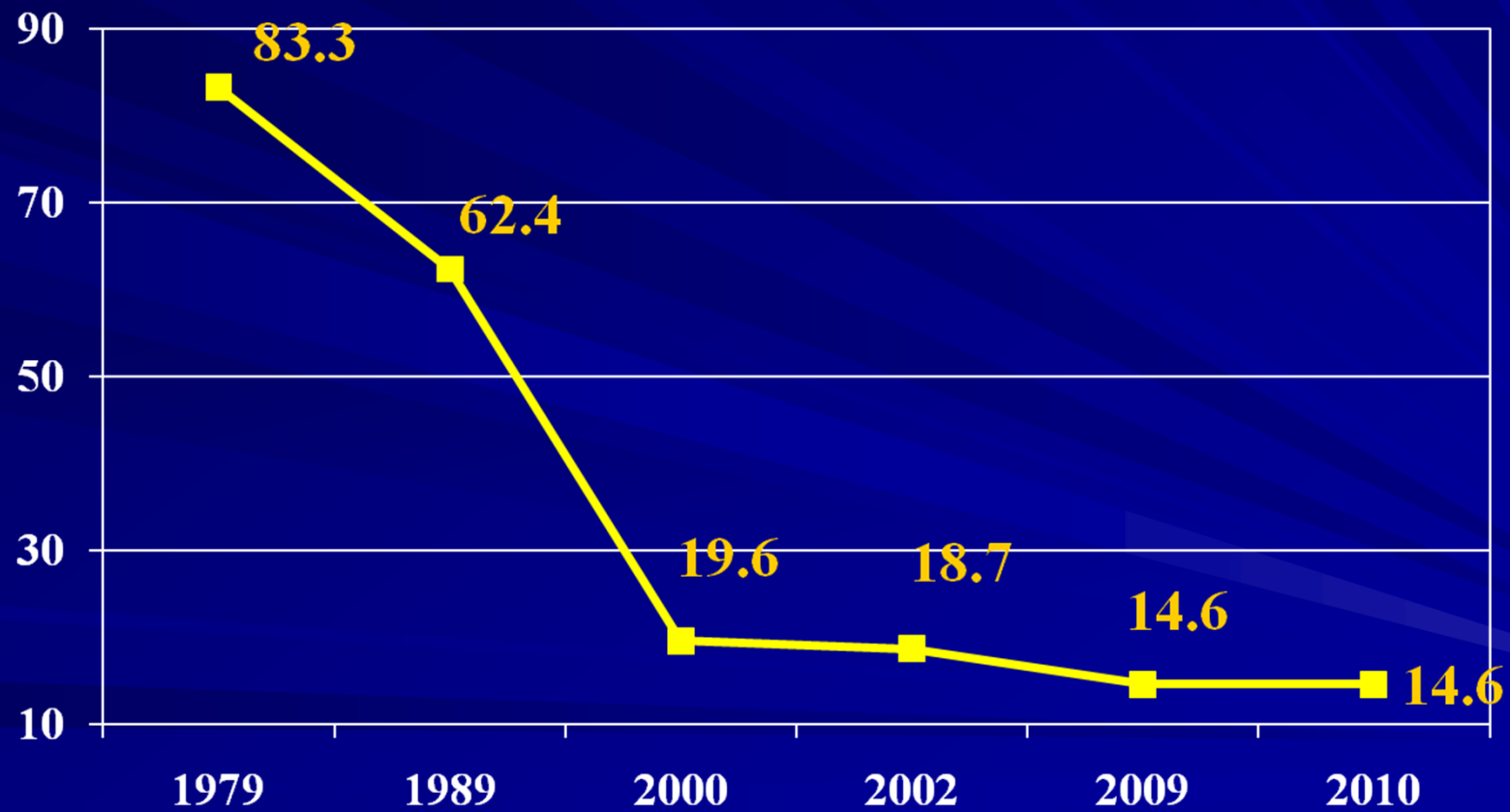
## Contraceptive use among married women: Demographic and RH survey, 2005



- |                 |                        |                    |
|-----------------|------------------------|--------------------|
| Any method      | Surgical sterilization | COC                |
| IUD             | Condom                 | Coitus interruptus |
| Calendar method | Other methods          |                    |

# Abortion rate, official data

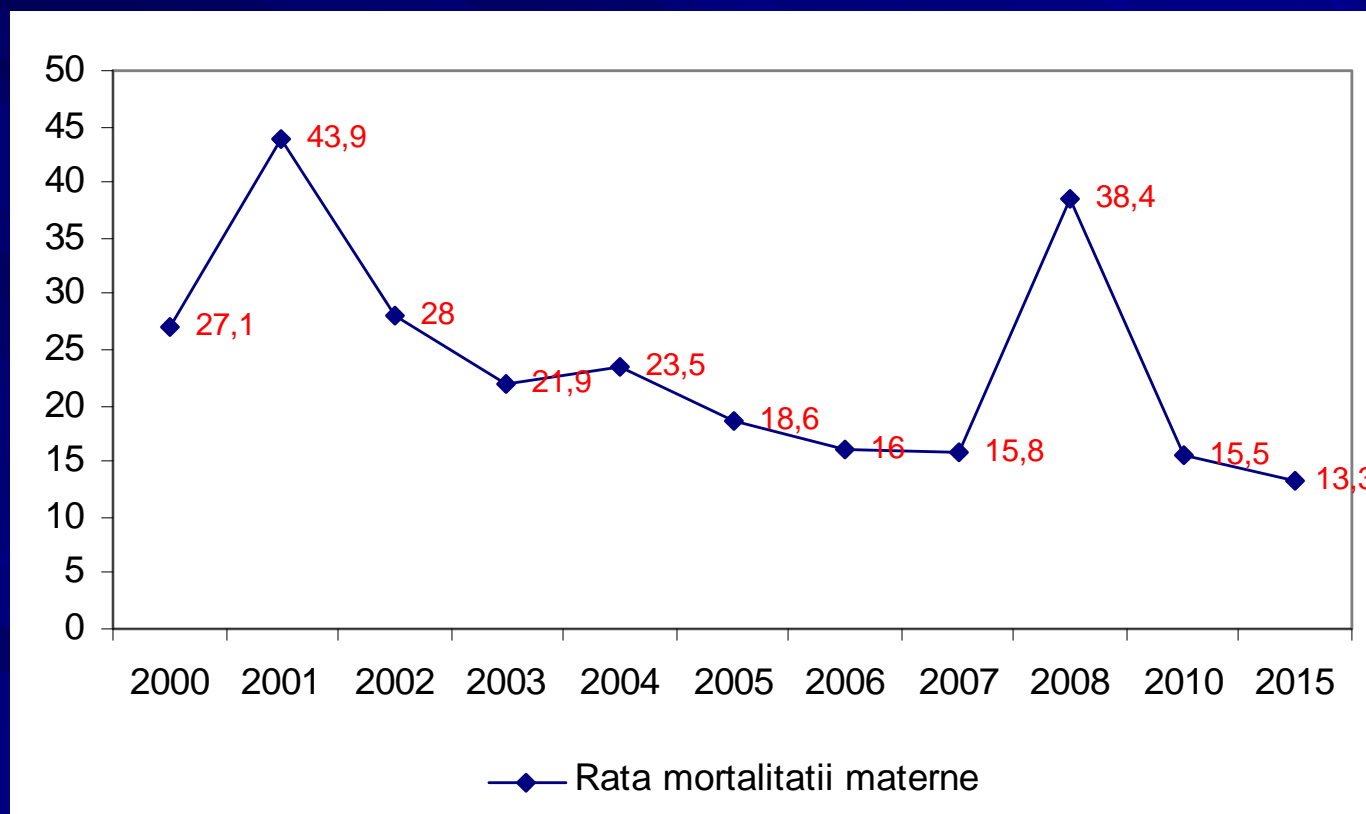
■ abortions in 1000 women of reproductive ages



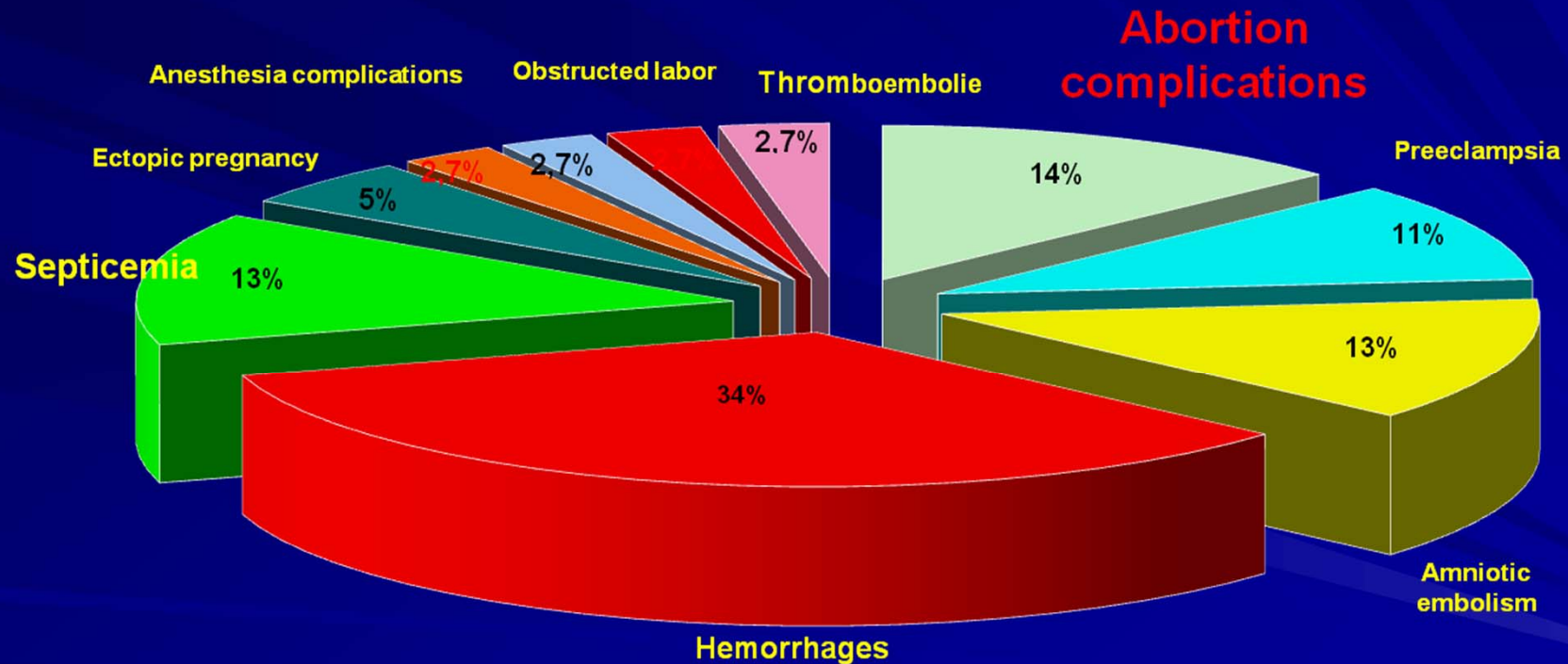
# Moldova: MDG5

## MM in 2015 13,3, from 28 in 2001

### *Non achievable target?*



According to the confidential inquiry, in the years 2006-2008 among 28 cases of MM there have been 4 abortion-related =14%

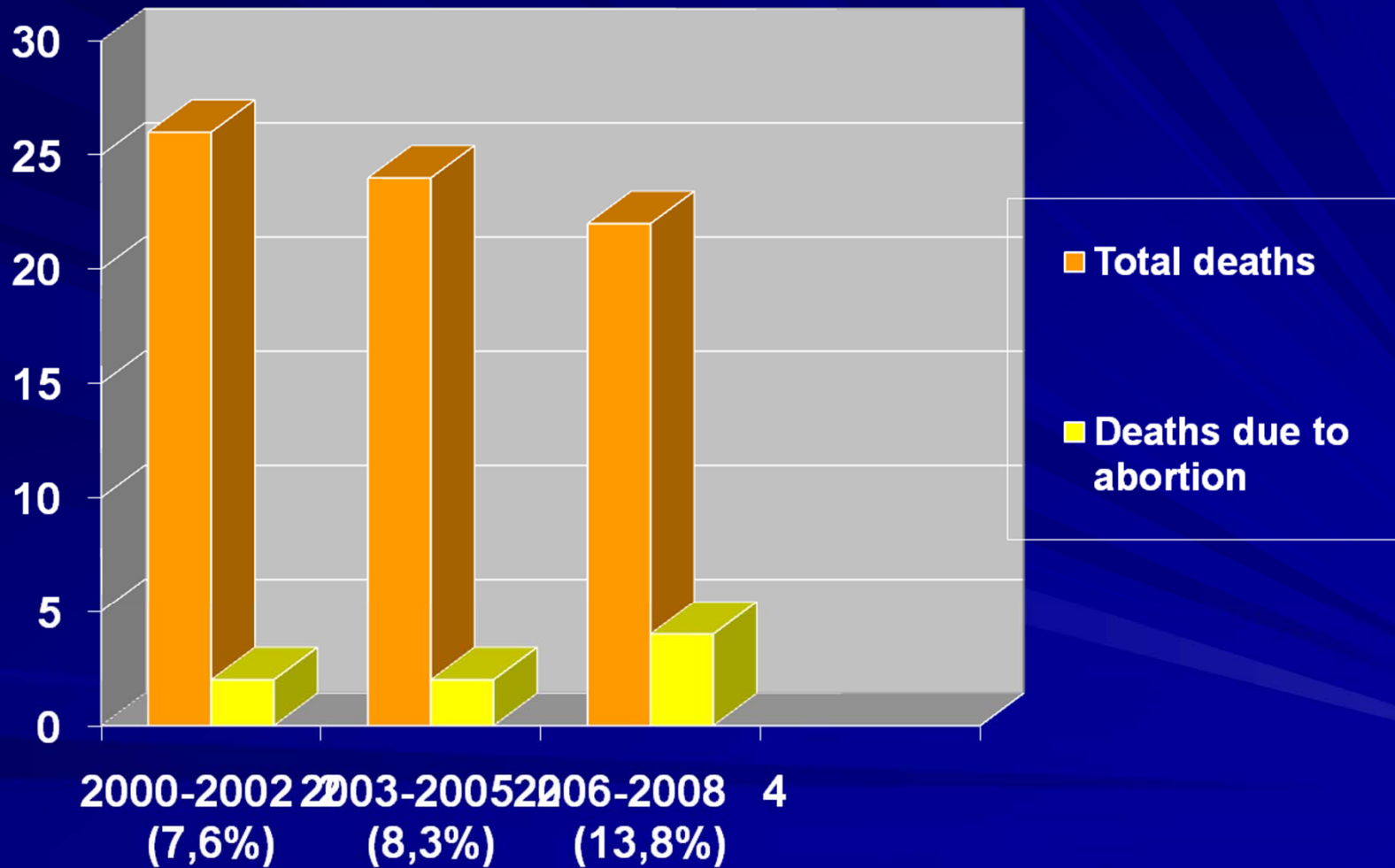


# 2nd trim legal abortions 2005-2009 (official MoH data)

2005	2006	2007	2008	2009- implementatio n of new viability criteria since 22 weeks
1354 8,1 %	1698 10,8 %	1226 7,7 %	1276 8,0 %	782 5,3 %



# General and abortion-related MM 2000-02, 2003-05, 2006-08 (official MoH data)



## Criminal abortion

- According to the MoH data one in 100 women is undertaking illegal abortion each year
- The exact number is not known, but the estimated rate is 2-50%.
- Most of them are in the second trimester, and some times after being denied by the “commission”
- Last woman died is a young, 22 year old woman, who left orphans three children...
- In 2005 a 25 year woman was sentenced to 20 years for homicide, after self induced 2nd trimester abortion. She is still in jail.

# Growing stigmatization of women requesting abortion



Growing anti-choice movement:  
4 September 2010 conference „Stop Abortion!”



## Lessons learned

- WHO Guidance – a very much needed, useful and powerful document. The updated version is even more needed!

The definition of abortion, the issue of viability are now crucial and life-saving issues for developing countries in EE.

- WHO Strategic Approach – an excellent tool for the implementation of the Guidance' recommendations: You reach: policy-makers' education on safe abortion and their commitment, involvement of other key-players, a systemic approach on doing things, better efficacy of the actions and sustainability.

Focus group of our actions: pour and yang women. We keep going...

