



# Implementation of national action plan to prevent unsafe abortions in Republic of Moldova

FIGO initiative on unsafe abortion,  
Ninth Central and Eastern Europe Regional Workshop,  
Bishkek, Kyrgyzstan  
23-24 May, 2016  
Stelian Hodorogea  
Rodica Comendant

# 3 objectives of 2015-2016 action plan

- **Objective 1: To ensure that more than (70%) 80% of abortions are done by MVA and MA and women receive CAC services in line with National Practical Guide**
- **Objective 2: To improve the level of community awareness on the prevention of unwanted pregnancy, unsafe abortion and safe abortion methods**
- **Objective 3: To increase from 42% to 55% use of modern contraceptive methods by improving PHC providers knowledge and creation of a functioning national procurement mechanism of contraceptives**

# MOLDOVA: national action plan

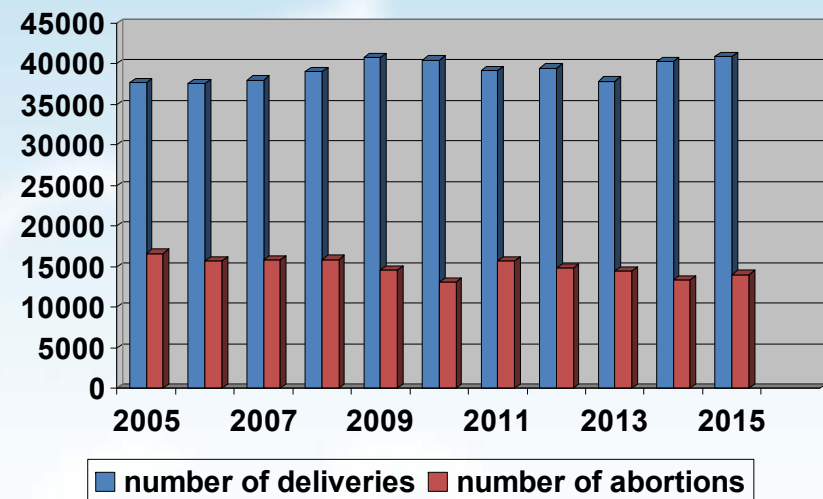
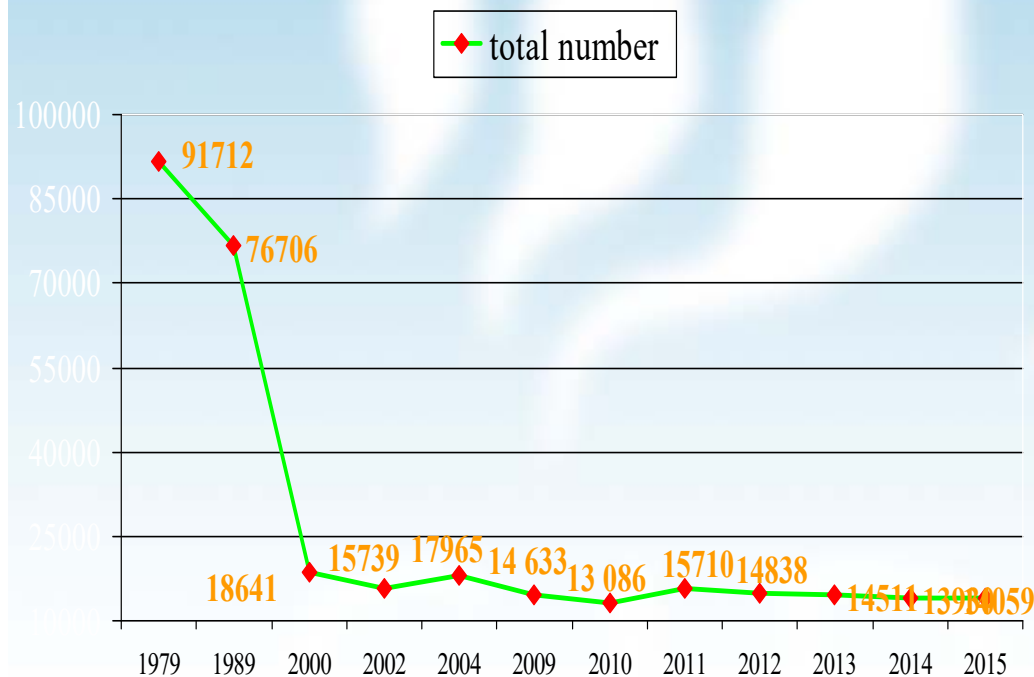
**Specific Objective 1: To improve the legal and regulatory framework, including the functioning of monitoring and evaluation system.**

Activities	Goals	Time frame	Progress Achieved
1. Development and approval of national standards and protocols on Comprehensive Abortion Care (CAC) 2. The modification and elaboration of indicators of the monitoring and evaluation of the quality of abortion services and inclusion in annual medical statistical reports	National standards and protocols on CAC based on WHO recommendations	2010-2011	Achievement 100%. In June 2011 the Standards have been approved. New abortion regulation of the MoH passed in September 2010.  100%. Comprehensive set of indicators on quality of abortion care are collected and published annually

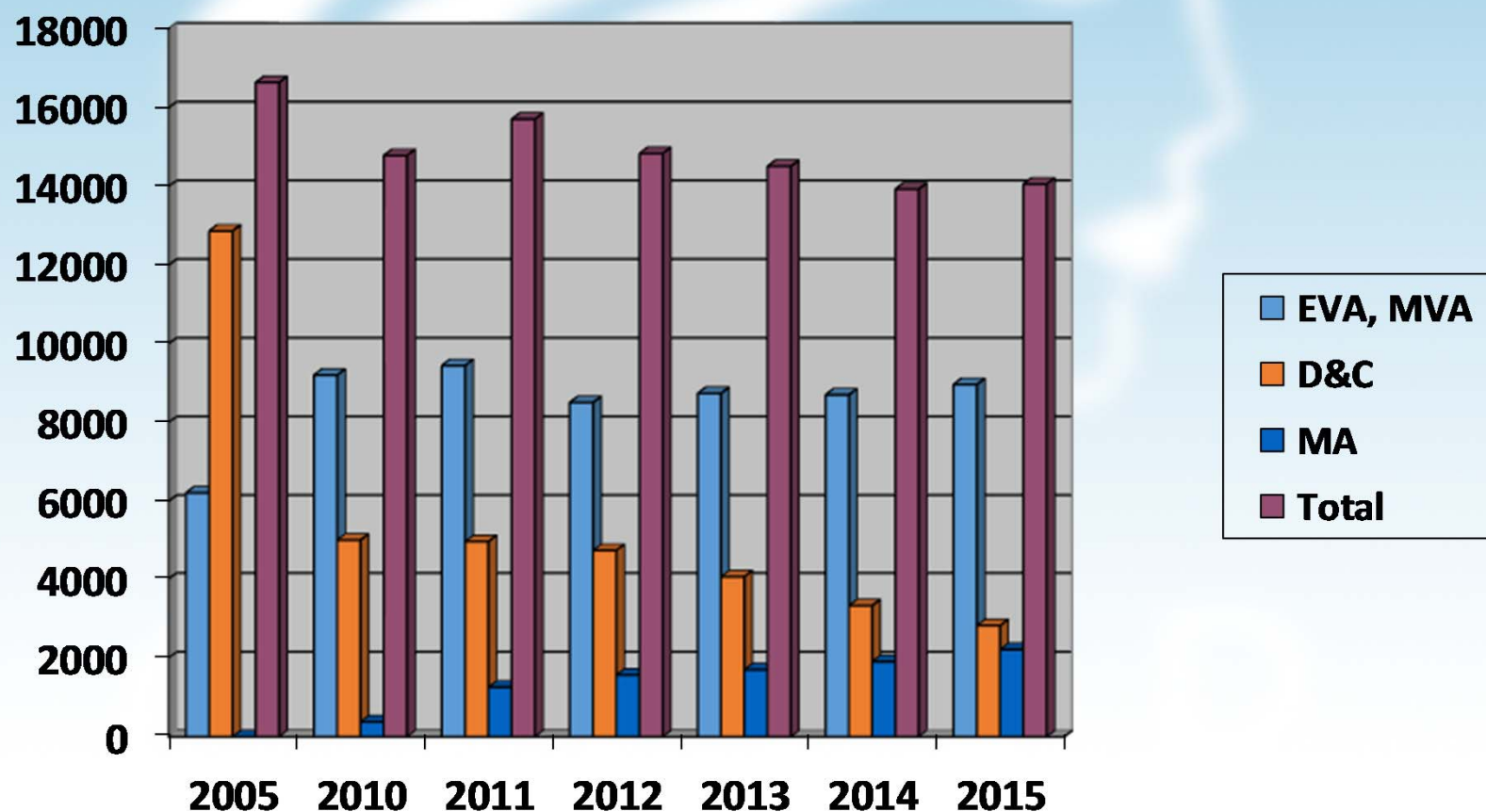
# Official statistics: Proportion births : abortions 2005-2015

1 abortion per 3 births

Rate 15 abortion per 1000 fertile age women



**Quality of care: methods used (2005 - 2015):**  
**63,77% - vacuum aspiration (EVA, MVA)**  
**15,37% medical abortions,**  
**20,5% D&C**

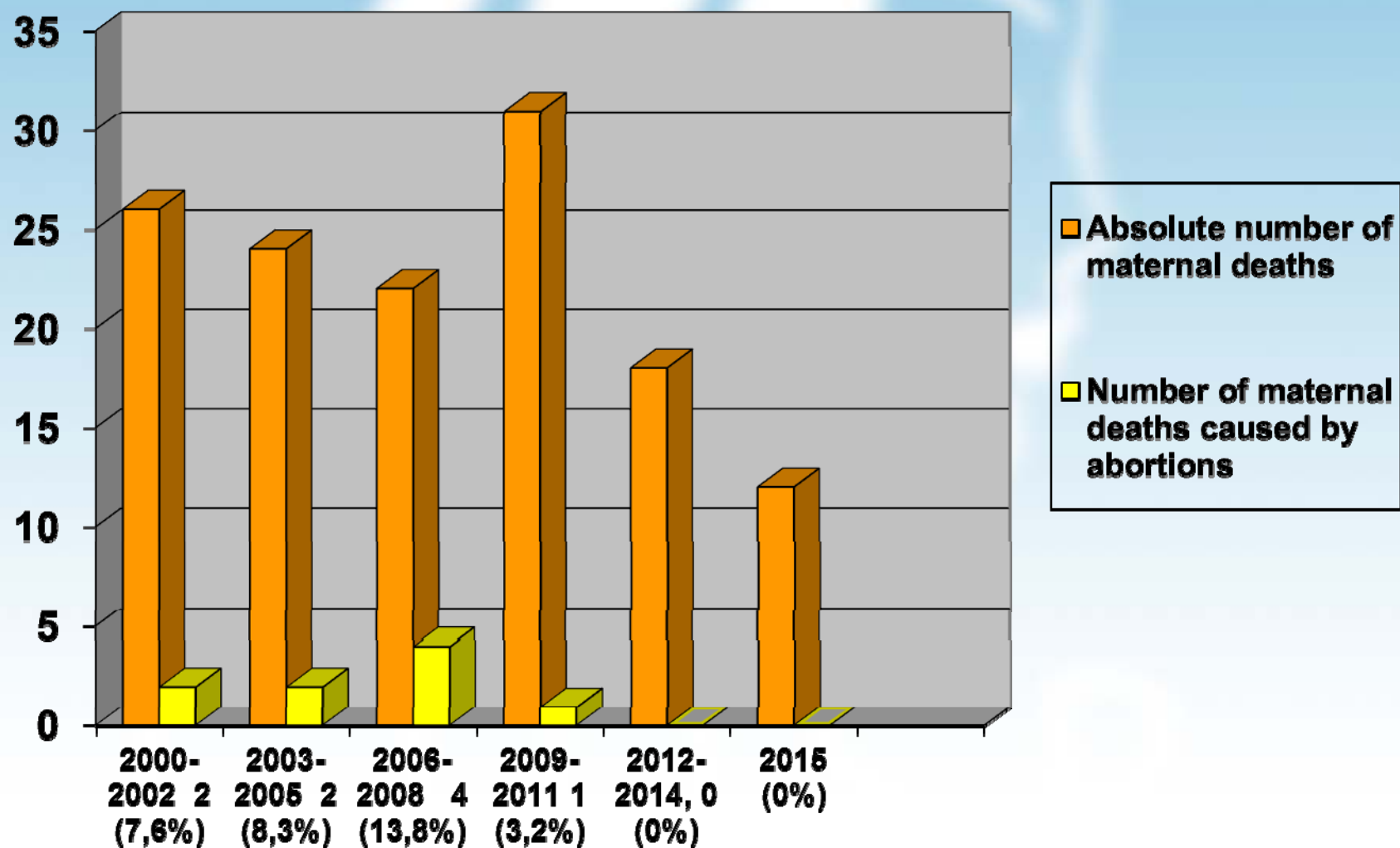




# Other Quality indicators, 2015

- 2<sup>nd</sup> trimester – only medical methods
- Local anesthesia for MVA or EVA – 66,45%
- Misoprostol for cervical preparation - 18,03%
- Complications – 0,6%
- Abortion on adolescents (<19 years) – 7,04%
- Contraception offered after abortion – 66,70%

## Maternal mortality due to abortion: dropped down to 0; last case in 2010



# MOLDOVA: national action plan

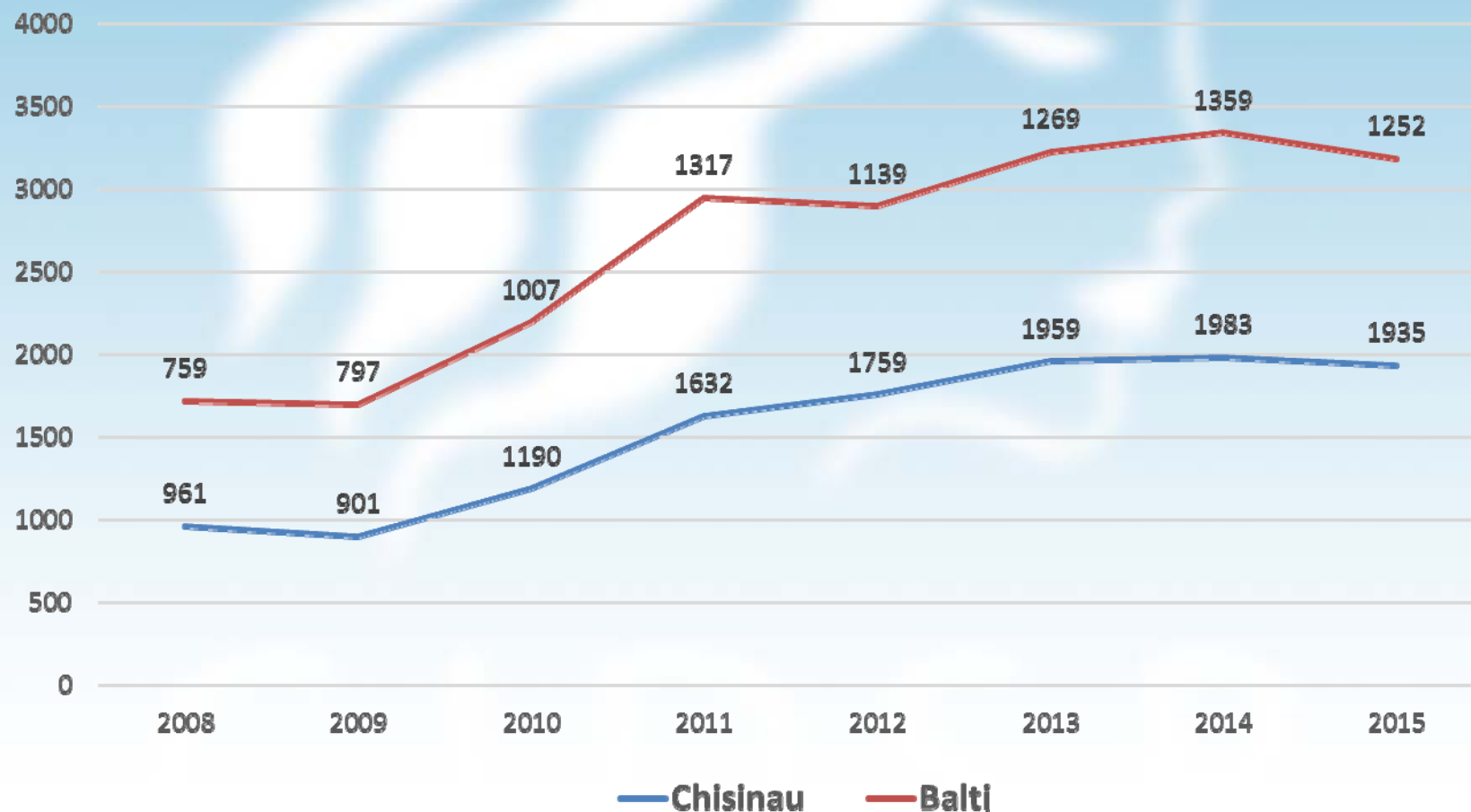
Specific Objective 2: To improve the access to quality abortion services			
Activities	Goals	Time frame	Progress Achieved
<p>1. Development and testing the model of Comprehensive Abortion Care (CAC)</p> <p>2.Implementation of CAC, based on the developed Model and National standards in 10 perinatal centers, at the ambulatory level:</p> <ol style="list-style-type: none"> <li>1) Training of the staff</li> <li>2) Equipping the perinatal centres</li> <li>3) Implementation of auto-monitoring and evaluation system</li> <li>4) Modest renovation of the space</li> </ol>	<p>CAC implemented and developed in ten perinatal centers, 60 providers trained in CAC</p> <p>10 centers equipped with MVA and necessary supplies, Self-monitoring system is on place</p> <p>CAC offered to 90% of clients</p>	2009-2015	<p>Overall achievement 90%</p> <p>The model developed, tested , results presented at national meeting in November 2009</p> <p>Establishment of six Model-Centers of CAC (Chisinau, Drochia, Balti, Orhei, Cantemir and Cahul)</p> <p>Training curricula on CAC developed, tested</p> <p>Medical staff of the Centers trained</p> <p>Centers equipped</p> <p>M&amp;E indicators for self-monitoring developed and used</p>



## Findings of the Evaluation : number of abortions in the 6 model centers (2015)

Model Center	Nr. abortions	Total
Chișinău SCM Nr.1	1935	4119 = 30% of all abortions
Bălți	1252	
Drochia	205	
Orhei	497	
Cahul	178	
Cantemir	52	

## Findings of the Evaluation : Quality of abortion care permanent increase of the number of abortions in two model centers in Chișinău and Bălți (2008-2015)







# Establishment of CAC model centers in Moldova

6 from 10 initially planned CAC centers established

Remaining 4 centers are not developed because of lack of funds.

Instead, four model centers developed and started to function in Tiraspol, Grigoriopol and Bender - post-conflict area of Moldova (3 years SAAF CAC project started in 2014 in Transnistria, 8 centres to be developed)





**Reproductive Health Training Center (RHTC)**  
Centrul de Instruire in Domeniul Sănătății Reproductive din Republica Moldova

[www.avort.md](http://www.avort.md)



# MOLDOVA: national action plan

<b>Specific Objective 3: To improve the level of knowledge and the skills of abortion providers on CAC</b>			
<b>Activities</b>	<b>Goals</b>	<b>Time frame</b>	<b>Progress Achieved</b>
1.Development and implementation of the curricula of CAC into study programs of the providers of all levels of abortion care (residents and post-graduation training of obstetricians-gynecologists)	Improvement of provider's level of knowledge on CAC	2008-2011	<p>Achievement 100% - curricula of CAC developed and tested during training of staff from CAC models.</p> <p>Curricula was approved, incorporation into study programs discussed with the chair of the departments and published.</p> <p>Same curricula used to train providers from Tiraspol. Two more trainings conducted in 2015 and one more in May 2016 (70% of providers).</p>

# Other activities (updates of the plan from 2015): access and quality

- 1.6 Youth friendly clinics have been included in the list of institutions providing MA
- 1.2 Approached the MoH regarding inclusion of Medabon in the list of essential drugs – free of charge MA for poor and adolescents : very difficult!

# Objective 1: Regulatory framework/providers training

- 1.4 The process of updating the National Safe abortion Standards to align them to WHO Guidance has been started

# 3 objectives of 2015-2016 action plan

- **Objective 1: To ensure that more than (70%) 80% of abortions are done by MVA and MA and women receive CAC services in line with National Practical Guide**
- **Objective 2: To improve the level of community awareness on the prevention of unwanted pregnancy, unsafe abortion and safe abortion methods**
- **Objective 3: To increase from 42% to 55% use of modern contraceptive methods by improving PHC providers knowledge and creation of a functioning national procurement mechanism of contraceptives**

# MOLDOVA: national action plan

## Objective 2: To improve the level of community awareness on the prevention of unwanted pregnancy, unsafe abortion and safe abortion methods

Activities	Goals	Time frame	Progress Achieved
1. Development of the Information – Education-Communication (IEC) system on prevention of unwanted pregnancy and unsafe abortion and women's sexual and reproductive health and rights (development, printing and dissemination of educational materials, radio and TV broadcast programs etc...). Development of a website for the population	Improvement of community awareness IEC system is in place: 5 models of educational leaflets and posters materials elaborated, printed and disseminated in the ten perinatal centers, in all family doctor's and RH centers, 8 radio programs conducted during the year Interactive and user friendly website created	2009-2015	<b>90% achievement</b> Broshures, posters and leaflets on safe abortion printed and distributed: ongoing. Presentations on safe abortion on TV, radio, mews papers, etc  Website <a href="http://www.avort.md">www.avort.md</a> is well functioning (in Romanian and Russian). The updated version of the web site with a map of the units were CAC is provided was launched in 2015



# IEC – increasing the demand for quality services: [www.avort.md](http://www.avort.md) accessed 27.641 times in 2015

The screenshot shows the homepage of the [avort.md](http://www.avort.md) website. The header includes the logo for 'Centrul de Instruire în Domeniul Sănătății Reproductive CIDS.R' and the 'avort.md' logo with the tagline 'Protejem Sănătatea Reproductivă'. Navigation links include 'DESPRE NOI', 'CENTRELE MODEL', 'SĂNĂTATEA REPRODUCTIVĂ ÎN TRANSILVANIA', 'INSTRUIRE', 'CONTACTE', and 'ÎNTREBĂRI'. A large banner features a hand holding white pills with the text 'Optați pentru un avort în siguranță!'. Below the banner, there is a section titled 'HARTA PE CARE SUNT INDICATE INSTITUTIILE MEDICALE PUBLICE, UNDE SE PRESTEAZA SERVICII DE AVORT SI CALITATEA SERVICIILOR DATE'. To the left of the map is a sidebar with links under 'AVORT' (e.g., 'CE FACI DACA AI O SARCINA NEDORITA', 'UNDE TE ADRESEZI') and 'EVENIMENTE' (with an information icon). To the right of the map is a text box describing the organization's mission and offering information on safe abortion methods. At the bottom right, there is a red box for 'LINIA FIERBINTE' with the number '0800-088-08' and the text 'Apel gratuit si confidential'.

Centrul de Instruire în Domeniul Sănătății Reproductive CIDS.R

avort.md  
Protejem Sănătatea Reproductivă

DESPRE NOI CENTRELE MODEL SĂNĂTATEA REPRODUCTIVĂ ÎN TRANSILVANIA INSTRUIRE CONTACTE ÎNTREBĂRI

Optați pentru un avort în siguranță!

AVORT

- CE FACI DACA AI O SARCINA NEDORITA
- UNDE TE ADRESEZI
- CONSILIERE
- PROCEDURI
- PERIOADA POST-AVORT, CONTRACEPTIA
- CADRUL LEGAL
- LINKURI UTILE
- ISTORICUL AVORTULUI ÎN RM
- STATISTICI
- ACTE NORMATIVE ALE MS

EVENIMENTE

HARTA PE CARE SUNT INDICATE INSTITUTIILE MEDICALE PUBLICE, UNDE SE PRESTEAZA SERVICII DE AVORT SI CALITATEA SERVICIILOR DATE

Suntem organizatia, care a introdus în Moldova aspiratia vacuum manuală și avortul medicamentos!

Oferim cea mai obiectivă și modernă informație despre:

- metodele sigure de întrerupere a sarcinii: aspiratia vacuum manuală și avortul medicamentos
- metodele sigure de contracepție
- cancerul de col uterin: vaccinarea, prevenirea
- infecțiile sexual-transmisibile (candidoza etc.)
- problemele în sarcină
- infecția în sarcină (chlamidoza, ureoplasma, micoplasma etc.)
- retenția de dezvoltare a fătului
- avortul spontan
- infertilitatea, sterilitatea în cuplu

Îți garantăm confidențialitate, informație veridică și abordare individuală!

Telefoane de contact

- +373 22355072
- +373 60903782
- +373 78306973

LINIA FIERBINTE

0800-088-08

Apel gratuit si confidential



## Аборт информация для Вас

### НЕТ НИЧЕГО ИДЕАЛЬНОГО

Ни один метод контрацепции не дает стопроцентной гарантии! Вот почему иногда женщинам приходится прибегать к аборту.

### В СЛУЧАЕ НЕЖЕЛАТЕЛЬНОЙ БЕРЕМЕННОСТИ КАК МОЖНО СКОРЕЕ ОБРАТИТЕСЬ К ВРАЧУ!

#### О Ваших правах

В нашей стране аборты разрешены законом. Разрешается прерывание беременности в сроке до 12 недель по желанию женщины. При сроке от 12 до 21 недель беременности аборт производится по ряду медицинских и социальных показаний. Обратитесь к врачу.

### С КАЖДОЙ НЕДЕЛЕЙ УВЕЛИЧЕНИЯ СРОКА БЕРЕМЕННОСТИ РИСК ОСЛОЖНЕНИЙ УВЕЛИЧИВАЕТСЯ НА 15-30%.

У Вас есть право на конфиденциальность и уважение

У Вас есть право на свободу в принятии решения о деторождении.

У Вас есть право на консультацию специалиста: Если Вы подросток или у Вас сложная социальная ситуация или серьезные проблемы со здоровьем, то у Вас есть право на бесплатный аборт, но нужно получить направление от врача акушер-гинеколога врачебной комиссии.

У Вас есть право на безопасные и эффективные методы прерывания беременности, рекомендованные Всемирной организацией здравоохранения, которые доступны и в нашей стране: **Мануальная вакуум-аспирация (МВА)** или **Электрическая вакуум-аспирация (ЭВА)** и **Медикаментозный аборт**.

У Вас есть право на выбор метода обезболивания при ручном или электрическом вакууме - аспирации: местное обезболивание Лидокаином, которое является более безопасным или общий наркоз, с внутривенным введением препарата, который является более рискованным.

**РЕКОМЕНДУЕМЫЕ МЕТОДЫ.** МВА, ЭВА – Во время процедуры содержимое матки удалится с помощью источника вакуума и пластиковой канюли. Они проводятся на сроке беременности до 12 недель.

**МЕДИКАМЕНТОЗНЫЙ АБОРТ** - Прерывание беременности индуцируется определенными лекарственными средствами, без хирургического вмешательства, и рекомендуется на сроке до 9 недель беременности.

Эффективность аборта методом аспирации и медикаментозного аборта составляет 98 - 99 %. Осложнения и последствия встречаются очень редко.

#### ВНИМАНИЕ:

Через 10-12 дней Вы снова можете забеременеть. Пользуйтесь контрацепцией! Обсудите с врачом методы контрацепции и экстренной контрацепции до или сразу после процедуры, это поможет Вам избежать нежелательной беременности. После прерывания беременности у Вас могут быть незначительные боли внизу живота и, в течение нескольких недель, небольшое кровотечение, по типу менструального.

### ОПАСНЫЕ МЕТОДЫ, НЕ РЕКОМЕНДУЕМЫЕ К ПРИМЕНЕНИЮ:

**Расширение и кюретаж, или выскабливание.** Этот метод подразумевает выскабливание внутреннего слоя матки острым металлическим инструментом и связан с высоким уровнем осложнений и последствий для репродуктивного здоровья.

#### ПОСЛЕ ПРОЦЕДУРЫ

После аборта Вы можете сразу же вернуться к обычной жизни. Вы можете возобновить половую жизнь, когда почувствуете себя хорошо.

#### ПОПРОСИТЕ СВОЕГО ВРАЧА ДАТЬ ОТВЕТЫ НА СЛЕДУЮЩИЕ ВОПРОСЫ:

- Какие безопасными способами он может Вам сделать аборт;
- Куда можно обратиться чтобы получить безопасный аборт
- Что такое информированное согласие;
- Какие ощущения могут ожидать Вас во время и после процедуры;
- Сколько будет длиться процедура, когда Вы сможете вернуться домой;
- Лекарства для борьбы с болью, местное обезболивание и общий наркоз, риски и преимущества;
- Риски и осложнения, которые могут быть вызваны этим методом.

#### ПРИЗНАКИ ОПАСНОСТИ:

Если после процедуры у Вас уходят 2-3 большие прокладки за час в течение 2 часов подряд, поднялась температура, Вы теряете сознание, у Вас сильные боли в животе – немедленно обратитесь к врачу или вызовите скорую помощь!



Не прибегайте к криминальным и опасным процедурам, они могут стать смертельными!

Чтобы получить подробную информацию, зайдите на сайт:

[www.avort.md](http://www.avort.md)



Reproductive Health Training Center (RHTC)

Centru de Instruire in Domeniul Sănătății Reproductive din Republica Moldova

[www.avort.md](http://www.avort.md)



# 3 objectives of 2015-2016 action plan

- **Objective 1: To ensure that more than (70%) 80% of abortions are done by MVA and MA and women receive CAC services in line with National Practical Guide**
- **Objective 2: To improve the level of community awareness on the prevention of unwanted pregnancy, unsafe abortion and safe abortion methods**
- **Objective 3: To increase from 42% to 55% use of modern contraceptive methods by improving PHC providers knowledge and creation of a functioning national procurement mechanism of contraceptives**

# **Focus on primary prevention: Family planning provision at the primary level of care and post- abortion**



Reproductive Health Training Center (RHTC)  
Centrul de Instruire în Domeniul Sănătății Reproductive din Republica Moldova

[www.avort.md](http://www.avort.md)

## **Contraceptive prevalence rate in Moldova: fertile age women (data from 2012, MICS)**

- All the methods: 59,5% (comparing to 73,7% in 1997, RHS);
- Modern methods: 42% (comparing to 49,9% in 1997 (RHS);
- Unmet needs: 10% (comparing to 6,7% in 1997 (RHS).
- Contraception offered after abortion – 66,70% (2015)



# Steps to improve the situation

- Elaboration of a regulatory framework to guide the logistics of commodity security,
- Develop the mechanism of the procurement of contraceptives via ACCESS RH
- Improve the level of providers knowledge:
  - Actually practicing (ToT of the academic staff, May 2015, newsletters, online information materials).
  - Improve the curricula, including with integration of VIC (Virtual Contraceptive Consultation)

# Access to contraceptives: improved

- In 2014 the primary level institutions were allowed and procured contraceptives for groups with special needs from the global budget, covered by the medical insurance fund
- The list of contraceptives include: COC, Depo-provera, IUD, condoms
- A MoH Regulation was developed and approved by the MoH regulating the the FP logistics supply: women having abortion during this year were included along with other groups with special needs to receive free of charge contraception
- RH offices (a nationwide network of 47 situated in the rayon centres), were moved back to primary level of care, to coordinate the FP service delivery in rayons.

# Steps to improve the situation

- Elaboration of a regulatory framework to guide the logistics of commodity security,
- Develop the mechanism of the procurement of contraceptives via ACCESS RH
- Improve the level of providers knowledge:
  - Actually practicing (ToT of the academic staff, May 2015, newsletters, online information materials).
  - Improve the curricula, including with integration of ViC (Virtual Contraceptive Consultation)

# Providers competency, improved

- Modules on WHO eligibility criteria were developed and 10 training courses for family doctors, academic staff, incl. medical college conducted: 300 people trained (supported by UNFPA)
- Two modules on FP have been developed and included in the curricula for residents and for FD for continuing medical education
- Module on counselling and IUD insertion was included in the University Simulation Center for Family Doctors.

# Choosing future priorities...

