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A Rights-based Approach to Sexual and Reproductive Health Services in Moldova: Challenges and Opportunities

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Context

- Young persons between 10 and 24 years makeup nearly a **quarter** of Moldova's **population**.
- Their health and development are negatively impacted by **difficult social** and **economic conditions**, **poverty**, **unemployment,** migration, **social** and **gender inequality**.
- Up to **1/3** of rural adolescents live **without one** or **both parents**, because of **labour migration**. Lack of parental supervision often results in adolescents engaging in different **risky behaviours**.

Background

- Young Moldovans are vulnerable to different health and social **problems** related to **mental health, nutrition, physical** and **psychological development**, **substance abuse**, **sexual and reproductive health**, **violence** and exploitation
- Nearly half of sexually active adolescents still have **unsafe sexual behavior**. Only 7% of sexually active adolescents use oral birth control pills and 24% don't use any contraception method.
- **STIs (syphilis, gonorrhoea) incidence** among 15-19 years old is more than 50% higher than in the total population (highest incidence in EECA region).
- **HIV incidence** among 15-24 years old: slow increase from 16 new cases per 100,000 in 2006 to 21 in 2012.

- **Substance abuse:** every eleventh adolescent aged 10-19 years indicated that they currently smoke **tobacco**; 72% have experience with drinking alcohol; 15.4% consume **alcohol** 1-2 times per month or more. 11% of teenagers were offered drugs and 3% have experience with the use of narcotics.
- **Mental health: suicide** rate among adolescents is increasing in the last years, by 40% from 2007 to 2011, being 10X higher among boys.
- 59% of adolescents have a peer who suffers from physical **violence** and one fifth from **sexual** violence.
- In addition, adolescents face a compounded form of **vulnerability**: high level of unemployment, lack of opportunities for education and life skills development, lack of meaningful participation and access to organized free-time activities, **lack** of **access** to **information** and adequate **sexual** and **reproductive health services.**

Healthy Generation Program

Pilot phase: Phase I: 2011–2014, CHF 1,780,000, **Phase II:** 2014–2018, CHF 4,755,000

Implementers:
NGO "Health for Youth", UNICEF,

Main partners:

Ministry of Health, Ministry of Education, Ministry of Labour, Social Protection and Family, Ministry of Youth and Sports, State University of Medicine and Pharmacy, WHO, UNFPA, Swiss TPH

Objective:
Improve adolescents and young people access to quality youth friendly health services (YFHS) and health-related education programmes

Approach

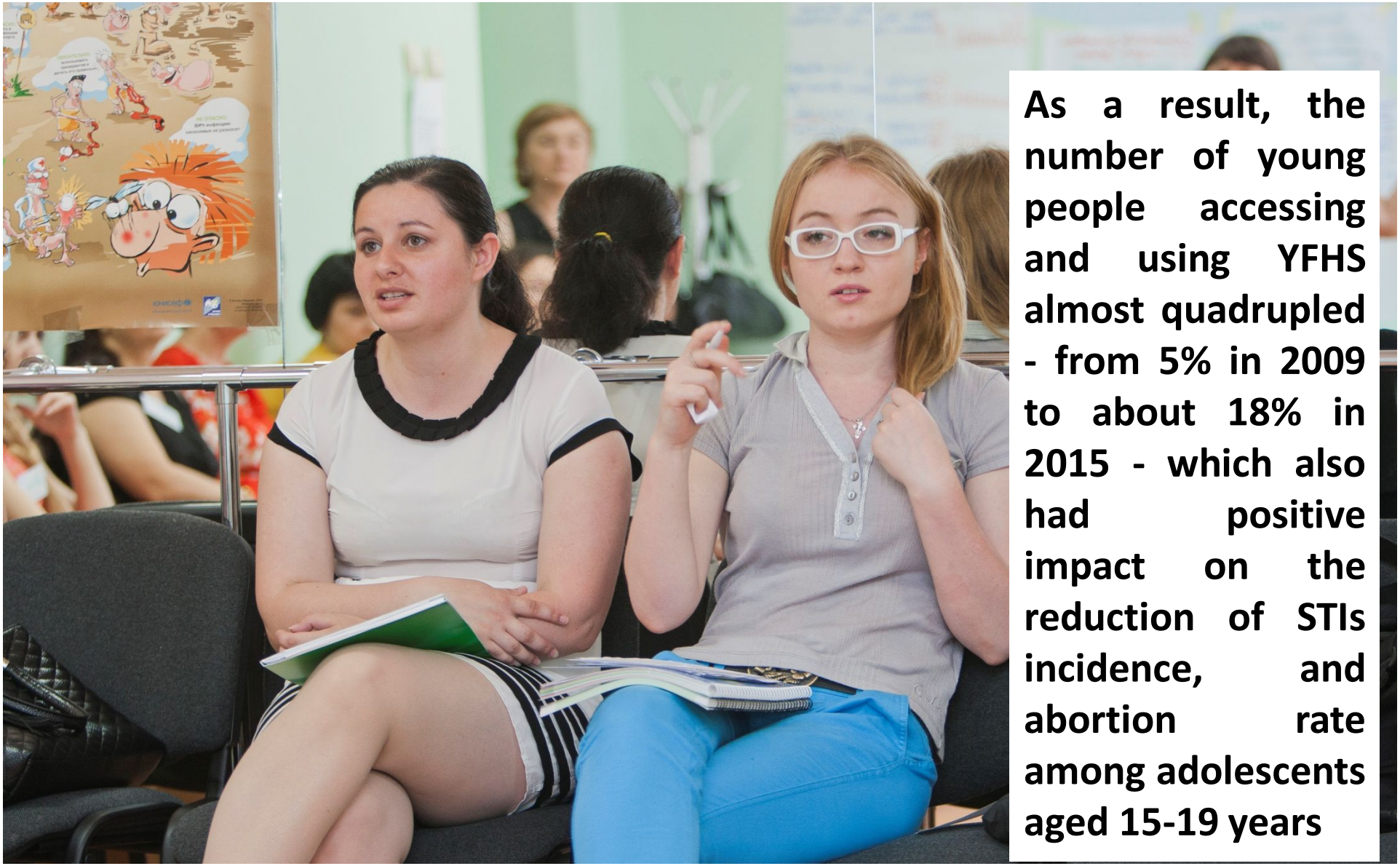
- **Systemic**, building on MoH strong **commitment**, **intersectoral** cooperation, **rights-based**.
- Setting up **YFHS/YFHCs nationwide**: counselling on SRH, pre- and postnatal education, provision of qualified medical, psychological and social assistance. 250'000 people benefit from YFHS/year.
- The project focuses on **4** strategic interventions:
  - **Improve legal, policy** and **regulatory framework** in order to remove legal barriers for adolescent to access YFHS
  - **Strengthening managerial** and **technical capacities of YFHS** staff
  - Harmonisation and **strengthening of inter-sectorial cooperation** in adolescent health and development
  - Social change in adolescent health and development through **communication** and **community mobilisation**.

YFHCs provide the following services:

1. **Information** on STIs prevention (HIV included), contraception, early pregnancy, substance abuse, nutrition, mental health problems, violence related health problems, health lifestyle, through training, discussions, distribution of educational material, TV&press campaigns, videos.
2. **Counselling:** consultations (incl. online) on mental health problems and psychological wellbeing, pre- and post HIV test, contraception, abortion, substance abuse, nutrition, legal, violence.
3. **Medical, psychosocial and social services:** distribution of condoms, syringes, pregnancy tests, tests and treatments for STIs, safe abortion, identification of psychosocial, nutrition and development disorders, medical and social support for victimes of violence.
4. **Referral:** lab tests, specialized medical consultations, legal support.

Results

- **37 YFHCs** have been set up (nationwide) and are fully functional.
- **Legal** and **regulatory framework** for YFHS has been revised (i.e. Law on Reproductive Health), YFHCs operate according to regulatory YFHCs norms and quality standards signed by MoH; YFHCs have been contracted by NHIC and receive public funding.
- YFHCs staff (family doctors, nurses, community resource persons) received basic **training** to provide the basic package of YFHS. Adolescent health care issues have been included in the medical university curriculum (undergraduate and postgraduate).
- **100% schools** in 24 (70%) districts have a functional resource to promote adolescent health and development.
- **Capacity building**, **communication** and **promotion** resources (i.e. parents' guide) have been developed: website, publications for specialists (Job Aid Guide, Guide for community resource persons).



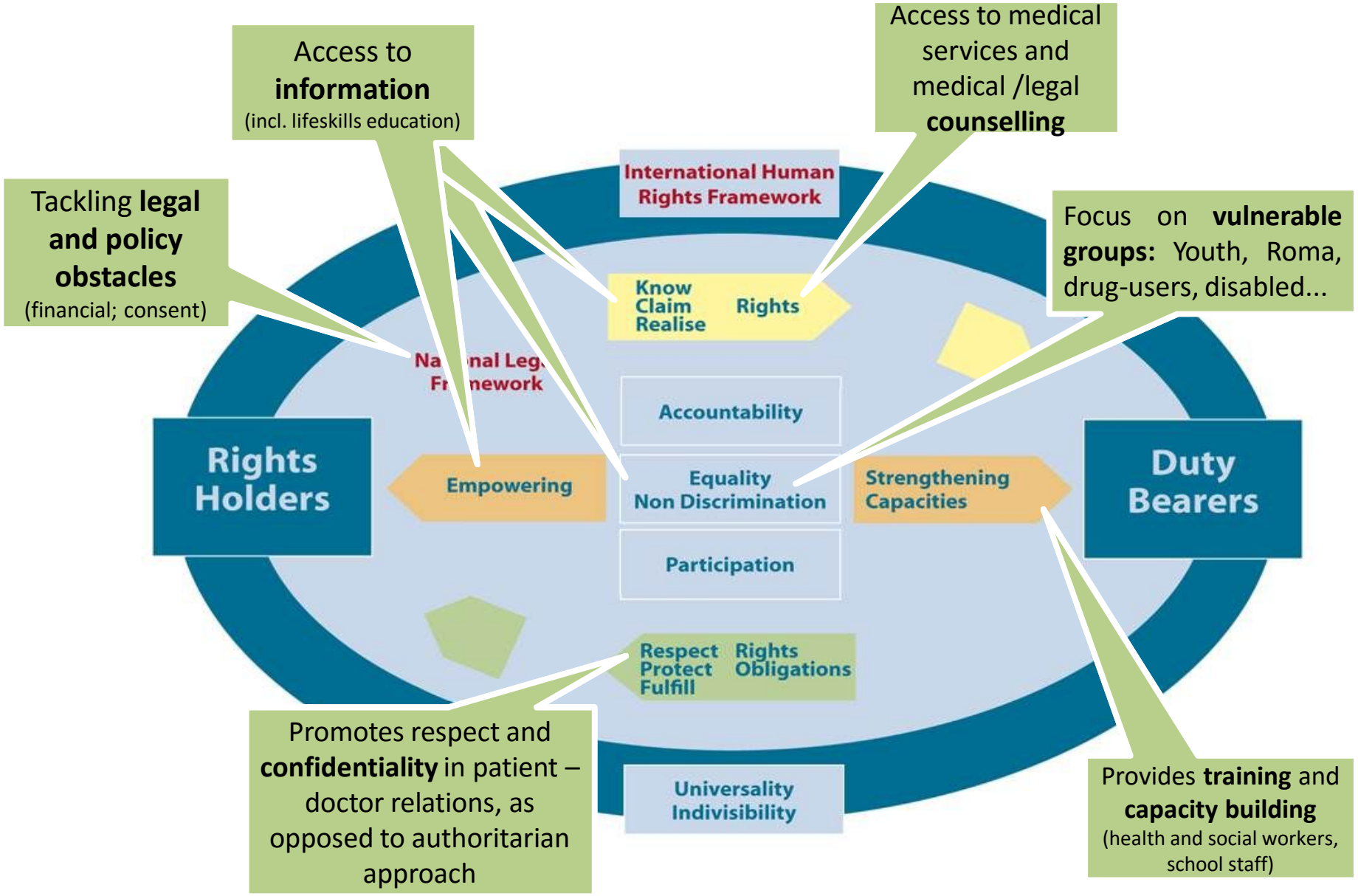
As a result, the number of young people accessing and using YFHS almost quadrupled - from 5% in 2009 to about 18% in 2015 - which also had positive impact on the reduction of STIs incidence, and abortion rate among adolescents aged 15-19 years

What is a human rights-based approach to SRH and how to implement it?

«A human rights-based approach to health aims at realizing the right to health and other health-related human rights. Health policy making and programming are to be guided by human rights standards and principles and aim at **developing capacity of duty bearers to meet their obligations and empowering rights-holders to effectively claim their reproductive health rights**».

WHO, OHCHR

HBRA – Sexual & Reproductive Health Rights Moldova



Ensuring a HRBA approach by promoting:

- **Right to health:** in YFHCs, adolescents have equal access to the means and services to enable them to maintain and restore health.
- **Reproductive rights:** adolescents using YFHS benefit from affordable, high-quality SRH services (education and information on contraception, prevention of STIs; access to family planning methods and to appropriate health-care services enabling safe pregnancy and childbirth.
- **Right to education and information:** young Moldovans have access to adequate and age-appropriate education and information to enable them to decide freely and responsibly on issues of reproduction and sexuality. Introduction of mandatory health promotion curricula in schools, with appropriate sexual and **life skills education**.

Ensuring a HRBA approach by promoting:

- **Right to non-discrimination and equality:** adolescents have access to quality YFHS, regardless of sex, race, marital, or health status.
- **Right to privacy and confidentiality:** YFHS safeguard the rights of young people to **privacy**, **confidentiality**, **respect** and **informed consent**. The location of YFHCs is appropriate (close to the community and separated enough from other services to allow for privacy). YFHCs offer confidential consultation rooms, discreet entrance, online consultations. Capacity development for YFHC staff aims at changing the paradigm in the **relation patient-caregiver** by promoting respect and confidentiality in this relation, as opposed to the authoritarian approach prevailing before.
- **Right to life:** preventing maternal mortality through adequate access to antenatal and obstetric care and life-threatening STIs (HIV/AIDS).

Best Practices/ensuring HRBA approach by

- Taking a **whole-system, holistic and intersectoral** approach. Removing all kind of barriers faced by young people in accessing information and health services (legal/policy, economic, cultural).
- Ensuring an **enabling legal** and **policy framework** is in place: improving national legal, policy (ensuring accountability of duty-bearers throughout the policy cycle) and **regulatory framework** for YFHS, in order to remove legal (parental consent is required to see a doctor for adolescents under the age of 18) and economic barriers (universal access to YFHS for adolescents).
- Focusing on **capacity development** of **duty bearers** to **meet their obligations** (building and strengthening capacities of health authorities and policy-makers, medical staff, social workers, school staff) and **right-holders** (young people) to **claim their rights**.

Ensuring a HRBA approach by

- **Putting in place** complaint mechanisms (discrimination, disrespect and abuse by health personnel, lack of respect for the right to privacy and confidentiality, failure to obtain informed consent, illicit fees) and ensuring **follow-up and redress.**
- **Putting a strong focus on** social and legal counselling: **social** support services and **legal services** are crucial in order to ensure rights and safety of young people.
- **Prioritization** of marginalized and disadvantaged groups: strong focus on inclusion of most **vulnerable groups** (Roma, drug-users, disabled, migrants' children).

Challenges

- **Legislative barriers:** YFHCs are not mandated to carry out medical interventions such as HIV testing and STI diagnosis and treatment, and other treatments. Adolescents trying to access YFHCs have to be referred to the HIV/AIDS program and other specialists respectively, to obtain diagnosis and treatment. YHFCs should be mandated to provide the comprehensive package of services as defined by MoH.
- **Parental consent** is required for HIV testing in adolescents under the age of 18. Parental consent can be waved if parents are abroad or otherwise not available.
- Ensuring a **comprehensive approach** by addressing the **social determinants** of adolescents' health and **linking accross sectors** is very difficult (i.e. education, water&sanitation).

Challenges

- Low acceptance, negative attitudes and **resistance** from **parents** and **conservative** religious **circles** towards sexual education in schools. It is very difficult to engage parents and religious leaders in decision-making. This represents serious impediments for the achievement of positive changes in adolescent sexual behavior.
- Adolescents tend to be reluctant to access advice and support on **pregnancy** or **safe abortion** or on **mental health,** due to fear of family disapproval and community stigmatization.
- Breaking **attitudinal barriers** of **health professionals** about the right of young people to make decisions related to their sexuality and reproduction. Some adolescents perceive that health workers “judge” them negatively (i.e. pregnant adolescents). **Cultural shift** away from judgemental attitudes takes time.

Challenges

- Although YFHCs are included in the National Health Insurance Scheme, there is to date no system in place that ensures the **complete package** of services can be accessed free of charge. In some cases, costs related to consumables, examination tools, and medications need to be borne by the patient. This represents a serious **barrier** for people with limited resources (in a country where 20% of citizen remain uninsured and OOPs amount to 40%).
- Civil society, community and users (right-holders) **involvement and participation** in strategy development and decision-making in youth health is currently sporadic.
- Beyond political commitments, enabling **active social mobilization** around adolescents health and right to health is crucial to hold government **accountable.**

Challenges

- **Ensuring transparency and access to information:** society and end-users have limited access to the information necessary to evaluate government progress (public policies, plans and budgets), thus making it difficult for them to claim their rights.
- **Family planning** tend to be **female-oriented**, making them less attractive to young men.
- **Addressing inequalities:** difficulties in identifying **vulnerable groups** and providing adequate support (no single definition of «vulnerability» and limited disaggregated data in HIS).
- Difficulties to use judicial and administrative **remedies** to ensure rights are realized, or to respond to accountability claims. Court rulings, constitutional reviews, national human rights commissions or ombudspersons not in place or dysfunctional.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