



**CENTRAL AND EASTERN EUROPEAN WOMEN'S NETWORK FOR SEXUAL
AND REPRODUCTIVE HEALTH AND RIGHTS**

**Report on Reproductive Health (RH) Supplies
in ASTRA Countries**

Warsaw, Poland
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Present report constitutes part of a project Reproductive Health (RH) Supplies, realized by the ASTRA Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights, financed from the funding provided by Population Action International. The aim of the survey conducted among ASTRA partner organizations in respective countries was to obtain as detailed knowledge as possible on the RH Supplies' accessibility in Central and Eastern European (CEE) and Commonwealth of Independent States (CIS) countries. It is important to note RH Supplies data is often difficult to access and monitor because of lack of relevant statistics and poor quality of gender-based research.

The following ASTRA members have participated in the project:

Albania - Albanian Family Planning for Population and Development/ Tirana
Armenia - Women's Right Center/Yerevan
Azerbaijan - Center "Women and Modern World"/Baku
Georgia - Women's Center/ Tbilisi
Macedonia - Shelter Centar/Skopje,
Poland - Federation for Women and Family Planning/Warsaw
Russia - Novgorod Gender Center
Ukraine - Women Health and Family Planning/Kiev

The concept of reproductive health (RH) Supplies is understood here as factual access to contraceptives, condoms, safe motherhood supplies, supplies needed for safe abortion, HIV/AIDS prevention and treatment supplies, i.e. HIV testing kits as well as information regarding family planning, sexuality education and HIV/AIDS prevention.

The main aim of this project was to gather information on the quality and real access to sexual and reproductive health services and products in the Central and Eastern Europe, with particular regard to ASTRA Network member countries. The detailed surveys were sent to partner organizations in respective countries. The aim of the survey was to obtain as detailed knowledge as possible on the RH Supplies' accessibility in Central and Eastern European (CEE) and Commonwealth of Independent States (CIS) countries.

In order to assess the accessibility of RH services, questions about governments', non-governmental organizations' and private institutions' participation in the RH services market, and questions about legal status of RH services' accessibility and RH-related policy making were included into the survey. Granting access to safe, legal and accessible reproductive health services (including abortion and contraception), as well as providing relevant information policies, programs and campaigns is an obligation imposed on governments as it concerns respecting, protecting and fulfilling human rights.

Access to RH Supplies

♣ RHS' providers

The region of Central and Eastern Europe faces many barriers in accessing satisfactory reproductive health services. Governments lack commitment to recognize RH supplies as important component of public health and human rights, and the issue of RH supplies is not prioritized in their policies. The references to SRHR are only included in general public health or drug regulations (or, like in

Poland, in the anti-abortion law). With the exception of the Armenian “Law on Reproductive Health and Reproductive Rights of Humans”, no documents are even using the concept “reproductive”. Moreover, CEE & CIS inhabitants have limited access to information regarding rights and supplies the access to which they have guaranteed even by national law.

Two main reasons for the general neglecting of RH issues by legislative bodies is either strong influence of religion (Georgia, Macedonia, Poland) or prevalence of strong nationalist discourse (Poland, Macedonia), both drawing on demographic crisis in order to discipline populations. Albania seems to be the only of the surveyed countries, where the policy to increase the level of contraceptive use exists.

It is important to underline that there are NGOs in the region active in the field of RH supplies and they are filling the gap in this area especially in education and counseling services. In majority of researched countries the governments are not making enough efforts to educate citizens about sexual and reproductive health issues. Furthermore, in countries like Poland, where the Catholic Church has a very strong influence on the national policy and private life of citizens and the government is mostly conservative - the financial support for family planning related activities can be hardly raised. NGOs activities are run mostly without any financial support from the government (Poland), most of the non governmental organizations’ programs are covered by foreign funds.

Some organizations from the private sector have subsidized contraceptives in the region (pills, condoms, injections). NESMARK used to carry out such activity in Albania, currently UNFPA has a limited stock of such supplies but the area of its influence is small. In Georgia, only UNFPA provided the free distribution of two types of oral contraceptives (Ovidon and Rigevidon) and one type of condoms. Also Depo-Provera and Norplant have been provided. In all researched countries the possibility of receiving subsidized or free contraception was defined as hard. Private companies are often not allowed to offer free supplies, except condoms.

♣ Main problems

Most of ASTRA member countries have only recently moved from centralized system of health-care funding and delivery to a range of institutional and financial arrangements. The different paths chosen have implied different results in terms of available resources, internal efficiency, health-care inequality, and the corresponding incidence of public expenditures. Nevertheless, based on the survey, health systems of all countries involved in the project fail to provide their citizens with access to safe family planning methods, safe pregnancy supplies (prenatal tests), HIV/AIDS prevention and treatment supplies (HIV VCT and ARVT).

In Armenia, Armenia there is no obligatory Health Insurance at all, so a lot of Armenians have to pay for all medical services except obstetrics (motherhood and childhood) - these services are included in the special package of services of Ministry of Health of Armenia, which covers all medical services for people on poor social-economical conditions. Ukraine has no Health Insurance either and private companies cover less that 1 per cent of the population. In other countries, Health Insurance does not cover costs of contraception. In fact, it is only in Poland, where 4 types of contraceptives are included in the list of refunded drugs that are subsidized by Health Insurance¹.

¹ The only reason why these 4 kinds of contraceptive medicines have been included is because their main indication is preventing or curing other illnesses, not because of their contraceptive effect: Diane 35 (payment 50%), Rigevidon (payment 30%), Stediril 30 (payment 30%), and Microgynon 21 (payment 30%).

Apart from uneven distribution of responsibility among RH supplies' providers and predominant negligence of governments towards insufficient RH supplies in the region, lack of information (lack of comprehensive sexual education, family planning services, information regarding HIV/AIDS prevention, effective information dissemination techniques, qualified professionals, facilities), ineffective health systems (although each country is at a different stage of implementing its health care system's reforms they are general problems like contraceptives not being included into refunded drugs' lists), fastly spreading HIV/AIDS epidemic, low level of contraceptive use, high abortion rate, high prices of condoms and contraceptives, and unequal distribution of RH services and supplies among rural and urban areas are the main problems related to the issue of RH according to the results of ASTRA's survey.

♣ RH Supplies and services

1. Access to information- sexuality education and family planning

Lack of adequate sexuality education and low awareness of citizens, especially minors, have been pinpointed by all informants. In most of the ASTRA project partners' countries there is no universal and reliable sexuality education programs (except Albania). NGOs provide some education services - mostly as pilot projects, but the area of their influence is very limited (programs focused on sexuality education are led by Shelter Centar/Macedonia, Federation for Women and Family Planning/Poland, Women's Center/Georgia in very limited numbers of schools).

Additionally, official educational programs, such as "Preparation for family life" in Poland, do not meet the standards of modern scientifically-sound curricula. The content of textbooks for this program is full of ideology based on catholic teaching, and educational material contains false information (about the harmful influence of hormonal contraception and the ineffectiveness of condoms) and promotes patriarchal model of family (the main role of the woman is motherhood and family). Natural methods of family planning, faithfulness and sexual abstinence, sex within marriage only are depicted as preferred methods of "contraception". Moreover, the subject is facultative for students, parents need to sign a permission form for them to participate.

In Albania, the sexuality education classes in schools are obligatory, but they do not instruct about all accessible contraceptives methods, in fact any besides condoms - they are on the very basic information level.

As a general rule, classes on sexuality education provided by school, are not taught by professionals (Poland, Armenia). Information centers or actions provided by NGOs are located mostly in big cities or take place in a limited numbers of schools - other places and people, especially from the rural areas are totally deprived of information and services, also because of the lack of youth friendly centers in their areas of residence.

Provision of family planning (FP) services (counseling and services) is one of the most important preconditions for reproductive health of citizens and should be available through a range of health professionals, including not only obstetricians and gynecologists, but also family doctors, general practitioners, pediatricians and nurse/midwives. According to the survey, one of the most important barriers for ASTRA countries is the lack of a good information system about possible contraceptive methods and about system how to get them - all project partners mentioned that the awareness about contraceptives is poor. Women from CEE & CIS are not familiar with accessible contraceptives, doctors often do not recommend them in public hospitals. Women's Center from Georgia and Women Health and Family Planning from Ukraine find the information barrier as the

most important obstacle in receiving contraceptives supplies – health providers from this country are not sufficiently educated in the area of family planning methods.

Based on the information provided by respondents, very few awareness-raising campaigns are being held in order to improve level of citizen's knowledge regarding reproductive health or improve their behavioral patterns. There is also need to hold campaigns focusing on high-risk groups, including injecting drug users, sex workers and their clients

The informants agree that, implementation of comprehensive sexuality education, provision of family planning services, and sexual health promotion (including HIV/AIDS prevention) must be complemented with efforts by the relevant authorities, according to their own responsibilities and attributions.

2. HIV VCT and ARVT

The CEE-CIS Region is experiencing the world's fastest-growing HIV/AIDS epidemic. The annual number of newly reported HIV diagnoses is rising in Azerbaijan, Georgia, the Russian Federation and Ukraine. Nearly 90% of newly reported HIV diagnoses in the region of Eastern Europe and Central Asia were reported in Russian Federation (66%) and Ukraine (21%)². Ukraine has the highest adult HIV prevalence of any country in Europe or Central Asia. The annual numbers of newly reported HIV diagnoses are also rising in Azerbaijan and Georgia. The epidemics are concentrated mainly among IDUs (62%) and 37% (this proportion is increasing steadily since the late 1990s) is ascribed to unprotected heterosexual intercourse. About 40% of newly registered HIV cases in Eastern Europe and Central Asia in 2006 were among women³. Although the overall reported incidence for HIV/AIDS in some countries (Azerbaijan, Georgia, and Macedonia) may seem relatively low it is due to lack of information, especially data concerning most vulnerable groups in society (Roma in Macedonia, illegal immigrants in Poland).

The transmission patterns of the epidemic in several countries are changing, with sexually transmitted HIV cases comprising a growing share of new diagnoses. In 2004, 30% of all newly reported HIV infections in Ukraine were due to unprotected sex. Increasing numbers of women are being infected, many of them acquiring HIV from male partners who became infected by injecting drugs. Until recently there was no evidence of HIV being spread to any significant extent among men who have sex with men (Downs & Hamers 2003), but recent evidence from the Russian Federation and Ukraine does document what might have been a hidden epidemic in a high-risk group, due to the social vulnerability of, and hence, secrecy adopted by homosexual and bisexual men (UNAIDS & WHO 2006).

According to data submitted by ASTRA member countries, there is general access to free HIV VCT (voluntary counseling and testing) in urban areas. It is more limited in rural areas, especially of Azerbaijan, Albania, Georgia, and Russia according to the report. In most countries, pregnant women are particularly encouraged to take HIV test (Armenia, Georgia, Macedonia, Poland, Russia, Ukraine). In Ukraine; antiretroviral prophylaxis was given to 93% of HIV-positive pregnant women. Concerning the fact that Ukraine has the highest HIV prevalence rate among pregnant women in Europe (est.0,33%), it is very important step towards reduction of mother-to-child transmission rate. According to the survey, although the ARV (anti-retro viral) treatment's costs should be covered for

² Source: http://data.unaids.org/pub/Report/2008/jc1529_epibriefs_europe_casia_en.pdf, last visited 06.10.2008.

³ EuroHIV, 2007

all citizens, sometimes it does not mean that patients have actual access to the therapy, as there are difficulties in accessing the therapy in rural areas (Albania, Georgia). Unfortunately the respondents from Azerbaijan and Ukraine were unable to provide sufficient data on availability of availability of medical (ARV) and psychological care for PLWHA.

The respondents from all the countries agree that there is no good preventive policy in the area of HIV/AIDS and other STIs, the tests are mostly suggested by doctors when pathological symptoms have already occurred. Apart from providing HIV and STI's testing it is necessary to create system of comprehensive awareness-raising campaigns and improve access to condoms in order to curb the spread of HIV infections. It is also important to introduce harm-reduction programmes (needle and syringe exchange projects, treatment with opioid substitutes, recovery establishments for IDUs). All informants claim that there is not enough HIV/AIDS prevention programmes at schools. It is essential to organize programmes directed on declining the level of risky behaviours and improving the availability of information and counseling based on direct contact with individual recipients (especially minors and hard to reach groups- IDUs, MSMs, SWs, prisoners) in all countries participating in the survey. Although it is especially important to provide education to vulnerable groups, the only such initiative was reported by Macedonian respondent (Youth Educational Center organizes programmes for vulnerable groups in Macedonia).

3. Condoms

Condoms are widely available in the surveyed countries. They are accessible in pharmacies, drug stores and shops. Condom advertisement is legal but not very common in the surveyed countries. There are no condom-use promoting campaigns held on regular basis in any of the participating countries. Condoms are mostly used as a contraception method and their STI's preventive role is often neglected.

The cost of condoms is relatively high in CEE & CIS and access to subsidized or free condoms is very limited - in Poland only few organizations are providing people with such supplies, but even they only reach out to certain target groups, such as men who have sex with men and sex workers. In Poland a limited number of condoms can be accessed on request for educational and promotional campaigns from private companies. In Georgia only NGO Tanadgoma distributes condoms to sex workers. In Armenia, association of medical students SAMSA provides sexual education courses and condoms to school pupils, and condoms are subsidized by the UNFPA.

As a general rule, due to low access to sexuality education, condoms are very often underestimated as an effective STI's prevention method. The issue of condoms is mostly addressed within sexuality education programs. It is important to note that in Poland condoms are not recognized as the only good way to protect against HIV during sexual intercourse. The HIV prevention campaigns are mostly focused on abstinence and faithfulness rather than on protection against risky sexual behaviors which are social fact. Better campaigns promoting condoms directly are run in Albania or Ukraine.

4. Hormonal Contraceptives

Prevalence of modern contraceptive methods in CEE is 36% as compared to 71% prevalence rate in Western European Countries⁴. Most of the countries which took part in the project mention very low

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<http://209.85.175.104/search?q=cache:ZJAPTpK6kQUJ:www.europarl.europa.eu/document/activities/cont/200801/20080129ATT19959/20080129ATT19959EN.pdf+contraception+CEE&hl=pl&ct=clnk&cd=7>

contraceptive use and lack of current research and reliable data on the issue. Only 1 percent of Albanian married women use hormonal contraceptives. Moreover, about 70 percent of them use withdrawal. Only 5 percent of Macedonian women use hormonal contraceptives and 24 percent use condoms. About 7 percent of Armenian women decide to use hormonal contraceptives. According to the Georgian report, only 25 percent of women aged 15-44 (41 percent of surveyed women were married) are currently using any method. Half of these users use modern methods like IUD or condoms, but the other half chooses traditional methods like withdrawal and rhythm. The prevalence of modern methods has been increasing but very slowly. Regarding Poland, about 26.9 per cent of Polish women are using hormonal contraceptives, 25.9 per cent still choose natural methods.

There are restrictions regarding channels of distribution of contraceptives, that's why they are available mostly in drug stores and health clinics and very rarely from family planning organizations - this is the reason why NGOs in the region do not often have the possibility of distributing hormonal contraceptives to women in need. Hormonal contraceptives come under the drug law, which means that they can be distributed only under specific regulations. Except for condoms and IUDs, all other contraceptives are considered as medications. In Poland all contraceptives (except for condoms) are distributed by pharmacies, on similar rules as medications. There are no organizations and family planning centers where such resources would be available for a lower price or for free. In Georgia one medical clinic (supported by Georgian Church) not only does not perform abortions because of religious reason, but also cannot offer any contraceptives to the patients - doctors of this clinic do not have the right to do so.

In countries like Georgia, and Albania women can get contraceptives without prescription, which is a big advantage. In some countries women need prescriptions to buy contraceptive pills according to the law, but in practice women can get them in the pharmacies even without prescription. From the researched countries, only in Poland, and Macedonia women need prescription to get hormonal contraceptives. Moreover, doctors in these two countries have the right to refuse a prescription on moral grounds. Especially in Poland doctors in public hospitals exercise this right and refuse prescriptions and/or reliable information on modern contraceptives. The access to modern contraceptives is limited by medical providers (Poland), who often refuse to issue the prescription for hormonal contraceptives on conscientious objection grounds. Therefore, the need of having the prescription to get contraceptives is a major barrier in Poland. Additionally, Polish women have to regularly visit a doctor and very often to pay for a visit in private clinics and to realize the prescription within 30 days from the date when it was issued. It is impossible to receive prescriptions for contraceptives for more than 6 months of treatment. Some drug stores are breaking the law by not providing emergency contraception on religious grounds since this kind of contraceptive is still treated as medical abortion by many people. Polish Federation for Women and Family Planning is receiving this kind of information from clients.

Emergency contraception is available on the markets of all researched countries. Although in most of the countries more than one emergency contraceptive is available (Postinor, Escapel, Ovistin, Pharmatex), the factual access to this type of contraception is limited due to the price, need of prescription or lack of information. The access to emergency contraception is much more restricted than to other family planning methods. The problem is the lack of information, price, or, like in Poland, the fact that contraception has become a very controversial issue - oral emergency contraceptives are confused with the medical abortion pill and many doctors refuse to issue prescriptions for them. Except the UNFPA in Armenia, there is no organization providing emergency contraception free of charge in any of the ASTRA countries.

In almost all researched countries hormonal contraceptives are not included on the Refunded Drug

List covered by Health Insurance (or other governmental funds), which means that modern contraceptives cannot be afforded by most people. Except the attempts of Macedonian, Polish and Russian NGOs to start a dialogue about including contraceptives in refunded drug list with legislative bodies (it was rejected), there are no efforts for bringing this issue into the political agenda in the surveyed countries.

Women of the CEE region often live in poor social-economical conditions, which are represented by the level of average salaries (see below). Many women of the region are unemployed (like 30 per cent of Macedonian women) and live in very poor life conditions. It is emphasized in the Macedonian report that women, especially those from rural areas, are facing serious financial obstacles regarding access to contraception. As a general rule, ASTRA organizations find the financial barrier is a major obstacle to access to contraceptives in their countries.

This barrier is mostly visible when we compare the average salary (with keeping in mind that the real situation is much worse, many people do not receive average salary and a significant percentage of women are unemployed).

Albania:

Abortion - 37\$, contraceptives pills - 5-13\$, condoms - 0,5-2\$, emergency contraception - 2\$, average salary - 150\$

Armenia:

Abortion (public hospital)- 20\$, contraceptives pills - 2-22\$, condoms - 1-5\$, emergency contraception - 8\$, average salary - 170\$

Azerbaijan: (no data)

Abortion (public hospital)- \$, contraceptives pills - \$, condoms - \$, emergency contraception - \$, average salary - 150-200\$

Georgia:

Abortion - 25\$, contraceptive pills - 7\$, condoms - 3\$, emergency contraception- 5-7\$, salary from - 50\$

Macedonia:

Abortion - 190\$, contraceptive pills - 13\$, condoms - 2\$, emergency contraception- 13\$, average salary -260\$

Poland:

Abortion - 500-1000\$ (illegally), contraceptive pills - 3-10\$, condoms - 2-3\$, emergency contraception - 20\$, average salary - 800\$

Ukraine: (no data)

Abortion -\$, contraceptive pills -\$, emergency contraception-\$, condoms -\$, salary - from \$

5. Sterilization

Sterilization is a legal method of contraception in all surveyed countries except Poland. It is easily accessible in Albania and Macedonia. According to Armenian informant, the price of the procedure in Armenia - 100 000 AMD /350\$ is too high to make it generally accessible method. In Georgia and Russia, sterilization is performed after submission of written application of citizen having at least 2 children and older than 35 years.

6. Abortion

In most of ASTRA countries, abortion is still widely practiced as a primary birth control method. In neither of the countries has there been a major shift from abortion to contraception as main form of

birth control – the common pattern in Western Europe. In most surveyed countries, and especially in Russia and Ukraine, the prevalence of abortion is still high above the rest of the world. In 2004, the estimated abortion ratio in Russia was about five times higher than the rate in an average western European country such as Norway: 130 versus 25 abortions per 100 live births.

Although in theory abortion is available on request during the first trimester in ASTRA countries (with the exception of Poland), there are various restrictions in law and in practice, which make abortion services inaccessible. The most important problems are price (for example, it costs 50\$ in Georgia), and low standard of medical service. According to respondents from Georgia, Macedonia, Armenia – most popular abortion method is dilation and curettage (D&C) and conditions under which the abortion is performed are very bad, which, in turn, very often leads to post abortion complications like infections, which can cause infertility. In the Russian Federation, for example, around a quarter of maternal deaths are abortion related, and some estimates suggest that up to two thirds of abortion-related deaths there are due to procedures carried out illegally, raising questions about access to a service that is, in theory, legal and widely available.

There is no research on post abortion complications and no information about governmental initiatives to improve the quality of abortion services by legalizing medical abortion or running trainings for doctors on the vacuum aspiration method (VAM). Only Women’s Center from Georgia and Women’s Rights Center from Armenia are in a dialog with governments to implement medical abortion in their countries.

In Poland abortion is legal only for three reasons: when the pregnancy constitutes a threat to the life or to the health of the pregnant woman, which is confirmed by the doctor other than that involved in the abortion, prenatal examinations indicate heavy, irreversible damage of the embryo or incurable illness threatening the life, there is justified suspicion, confirmed by a prosecutor, that the pregnancy is the result of an illegal act. But anti-abortion law in practice is much more restrictive than the written word. Women who are entitled to abortion for the reasons mentioned in the law cannot exercise their right because doctors refuse to perform the procedure, on the basis of the “conscience clause”.

7. Prenatal tests

Regarding safe pregnancy, there is a very big problem with access to prenatal tests in CEE & CIS countries. The number of performed tests is very limited, this situation is mostly caused by financial barriers. Doctors in public hospitals very rarely suggest such tests even if there are indications to perform them – the reasons can be ideological ones (like in Poland, where these kinds of tests are often feared by doctors to be the first step leading to an abortion) or financial, because the cost of the tests is high. In CEE & CIS countries there are different insurance systems, in some of them they are obligatory and subsidized, in others they need to be paid for by the woman.

Shelter Center from Macedonia suggests that doctors in public clinics have an ignorant attitude to this kind of tests and patients are often not aware of the need of performing them.

Only researchers from Armenia and Ukraine do not find problems in the field of prenatal tests. Post-delivery care in the filled questionnaires is assessed as poor, especially in rural areas. In big cities the delivery care is much more better but also more expensive.

Conclusion

The results of the survey confirm that access to RH supplies is very limited in CEE & CIS countries. The region of Central and Eastern Europe faces many barriers in accessing satisfactory reproductive

health services. It is important to underline that access to RH supplies is key not only to guarantee observance of human rights, including the right to information, but also to curtail the HIV/AIDS pandemic.

Current research aimed at assessing the access to RH Supplies in CEE&CIS countries is the first step in the long-term strategy of improving SRHR in our region. Most project partners during roundtable meetings with policy-makers, governments and health providers discussed these issues and succeeded in raising awareness about the needs of strengthening state policies in this area.

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