

Approved  
by Government Decision  
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## **NATIONAL STRATEGY**

### **on Reproductive Health**

#### **1. INTRODUCTION**

At the international level the reproductive health is regarded as one of the most important components for an appropriate human development. It determines the general health of the population, the prosperity and development of all countries. A healthy reproductive behavior ensures a positive impact on the future generations.

An efficient family planning reduces the number of unwanted pregnancies and unsafe abortions, prevents the mortality and pregnancy-induced morbidity, reduces the incidence of sexually transmitted infections, including the HIV/AIDS infection, protects the teenagers' health and is one of the most cost-efficient means of improving the health and well-being of women, men, young people and the entire community.

Over the past years a series of measures have been taken in the Republic of Moldova in order to improve the reproductive health. The legislative basis on reproductive health was developed, and several national programs were launched. Thanks to the international assistance, collaboration and partnership of the civil society and public organizations, the reproductive health care providers were trained, and several informative and educational programs aimed at ensuring a safe and responsible sexual-reproductive behavior were carried out.

However, the reproductive health in Moldova is still much below the current possibilities and demands. The maternal, perinatal and infant mortality exceeds the level of the developed countries. The population's access to family planning services is limited. The incidence of sexually transmitted infections has reached alarming levels. With the intensification of the emigration process and an increasing infertility level as a background, the birth rate has severely decreased. Teenagers' right to education and reproductive health services is not fully provided. Abortion is still used pretty often as a family planning method, often being accompanied by high risks that worsen the reproductive health even more. The consequences of domestic violence, sexual abuse and trafficking in human beings are still not fully estimated. The level of the genital and breast cancer is continuously increasing, turning into a huge medical and social problem. The sexual problems of men and the elderly are disregarded.

The present Strategy initiates for the first time a set of long-term measures, designed to substantially improve the reproductive health within the country. With the development and approval of the present Strategy, Moldova lines up to the reproductive health recommendations of World Health Organization and United Nations.

The present Strategy has been developed in full agreement with the existent national concepts, strategies, programs, and projects on public health, social assistance, education, youth, human rights, fighting domestic violence, sexual abuse and trafficking in human beings.

#### **2. INTERNATIONAL AND EUROPEAN CONTEXT**

The reproductive and sexual health is of special interest to the European states and specifically to Eastern Europe. It is a priority field for the World Health Organization, which in 2001 developed the European Strategy on Sexual and Reproductive Health and called all the 51 member states of the European Council to formulate similar strategy papers, based on the national specific character. This priority is stipulated in the UN's recommendations, as well as in the provisions of the international forums and conferences that took place in the past few years: The International Conference on Population and Development (Cairo, 1994); XXI session of UN General Assembly (New-York, 1999); European Population Forum (Geneva, 2004) and WHO Executive Board session (Geneva, May, 2004).

The present Strategy has been developed in strict agreement with the provisions of the WHO European Strategy for the Promotion of Sexual and Reproductive Health and Rights, and the documents adopted through international consensus:

Program of the International Conference on Population and Development and the Cairo+5 Action Plan;

Millennium Development Goals;

Global Strategy on Reproductive Health;

UN Declaration of Commitment on HIV/AIDS;

Platform for Action of the World Conference for Women Beijing;

Convention on Eliminating All Forms of Discrimination against Women;

UN Declaration on Eliminating Violence against Women;

UN Convention on the Rights of the Child.

### 3. PRIORITARY CONCEPTS AND TRENDS

Over the past several years the definitions of reproductive health, sexual health and safe motherhood have been adopted through an international consensus.

The following relevant areas for Moldovan reproductive health have been identified during the strategic planning process and consultation with diverse national experts:

**family planning** – the right to carry out the reproductive function. Contraceptive options;

**safe motherhood** – preconception care. Prenatal diagnosis and care. Prevention of newborns with congenital anomalies;

**teenagers and youth** – reproductive and sexual health of teenagers and youth. School education for development of life skills;

**infections of the reproductive tract** – prevention and management of the sexually transmitted infections and the HIV/AIDS infection. Diagnosis and treatment services;

**abortion** – safe abortion. Pregnancy termination services. Post-abortion counseling;

**sterility** – infertility prevention. Sterility diagnosis and treatment services;

**domestic violence and sexual abuse** – domestic violence and sexual abuse prevention and management;

**trafficking in human beings** – prevention of trafficking in human beings;

**genital and breast cancer** – early diagnosis and management;

**the elderly** – sexual health of the elderly. Counseling services;

**men** – men's sexual and reproductive health.

**Reproductive health** is a state of complete physical, mental and social welfare that can not be defined only by the absence of disease or infirmity and is related to everything connected to the reproductive system, its functions and the processes that take place during the entire life. The reproductive health involves the possibility of people to be responsible, have and enjoy safe sex, as well as to reproduce and have the freedom to decide if, when and how often to do it. This condition implies the women's and men's right to be informed and to have free access to safe, cheap and acceptable family planning methods, just as well to other fertility control methods, at the same time it implies free access to health services that would ensure the safety for women during pregnancy and delivery, providing the couples with the best chances of having healthy children.

The constitutive parts of the reproductive health definition are: sexual health (responsible, enjoyable and safe sexual life), family planning (freedom of reproduction, access to information, methods and services) and safe motherhood (pregnancy and delivery in safe conditions, healthy children).

**Sexual health** represents a state of physical, emotional, mental and social welfare in sexuality and it doesn't only consist of the absence of disease, dysfunctions or infirmity. Sexual health allows achieving a joyful sexual life in safe conditions. It is based on a positive and respectful approach to sexuality and sexual relations, without coercion, discrimination or violence (WHO/EUR, WHO/HQ, Geneva and the World Organization for Sexology, November, 2002).

**Safe motherhood** implies: evaluation, care and elimination of preconception risks; prevention of unwanted or high-risk pregnancies; avoiding illegal or unsafe abortions; decreasing the maternal death rate and morbidity and improving the newborns' health; access to information and qualified assistance during the gestation, intranatal, and postnatal periods (WHO, 1994).

#### **4. CURRENT SITUATION OF REPRODUCTIVE HEALTH IN MOLDOVA**

The reproductive health is a priority of increasing interest to Moldova. The measures taken in the past few years on a governmental level are oriented towards reproductive health improvement and ensure the citizens of the Republic of Moldova with the possibility to accomplish their sexual and reproductive function, in order to get to a healthy sexual development and maturation and have safe sexual intercourses, to have the wanted number of children in safe and healthy conditions; to avoid the sexuality and reproduction related diseases, to benefit from quality services in case of reproductive and sexual function disorders; in order to avoid violence and other abusive practice related to sexuality and reproduction.

In 1998 the health care in family planning was provided at three levels: level 1 – the family doctor; level 2 – the family planning office of the regional hospital, and level 3 - the National Scientific and Practical Center of Reproductive Health, Medical Genetics and Family Planning.

The participation of the local public organizations and volunteer groups in the educational and informative process on the reproductive health protection subject is very welcomed. With support from the international organizations there have been organized national and local training seminars on reproductive health for the health personnel.

Thanks to the international assistance the socially-vulnerable groups have been provided with contraceptives, the health personnel has been trained in family planning and multilateral development of the informational-educational-communicational element.

As a result of the undertaken measures the reproductive health indicators have improved. The use of the hormonal contraception is in continuous growth. Both the populations' access to quality reproductive health services and their information level on reproductive health protection have increased.

It is worth mentioning that, though there have been achieved certain positive results, there are still several problems to be settled. In 2003, in 37.5 % of the cases, the maternal mortality was induced by abortion complications. Although the perinatal mortality has a general decreasing trend, we are worried by the high level of perinatal mortality of infants with a weight above 2500 g and congenital anomalies, deformations and chromosomal aberrations.

As a peculiarity of family planning in Moldova we should mention the insufficient use of modern contraceptive methods, such as hormonal contraception and surgical sterilization. At the same time, the exaggerate use of the intrauterine devise is ungrounded, considering the high level of sexually transmitted infections and iron deficiency which is currently established to be present in many women of this country.

The access of young people to medical specialized services, in conformity with the friendly health services' principles, is very low, especially in the rural environment. Young people are provided sexual and reproductive health services within the family planning offices (free counseling, partially free contraceptives, paid abortion); limited quality access (non-observed confidentiality and anonymity, low level of health/sanitary culture of the population), especially in rural environment. There is no national conception on youth-friendly clinics, related to reproductive health youth care quality standards and protocols. The legislative and normative framework regarding the teenager's reproductive health is imperfect (the parents' consent to abortion, respecting confidentiality and anonymity, especially when speaking about sexually transmitted infections and abortion). More and more young persons become victims of violence and trafficking in human beings. In the same time, the existing services pay insufficient attention to psychological and medical counseling of the victims.

The epidemical situation of the HIV/AIDS situation continues to be tense. It is regrettable the fact that the information, education and communication in the field of sexually transmitted infections and the HIV infection does not have a mass character, most of the times doesn't reach the population, is not promoted and supported by the mass-media.

The social-economical decline, increased incidence of the sexually transmitted infections, the tendency to a belated set-up of a family makes the infertility in marriage to take proportions. Taking into consideration the decrease of the birthrate, with growing emigration as background, this is becoming more and more alarming.

The genital and breast cancer has a high enough frequency and puts women of reproductive age under considerable risk. The sexual problems of elderly persons remain disregarded. The health services do not pay proper attention to solving men's sexual and reproductive problems.

Resulting from the above mentioned, and in order to offer the couples and individuals possibilities to meet their reproductive needs, to prevent unwanted and high-risk pregnancies, to have an abortion in safe conditions, as well as to have access to quality services that would contribute to solving the sexual and reproductive problems the implementation of the present Strategy is needed.

## **5. MAIN PRINCIPLES**

The present Strategy has the following basic principles of development:

health as a fundamental human right. Anyone has the right to the highest standard of physical and mental health, including sexual and reproductive health;

ensure gender equality in access to sexual and reproductive health services;

adjust the legal and normative framework on sexual and reproductive health to the standards set by the international bodies and institutions;

integrate the reproductive health services in the primary health care sector, in order to make them as accessible to the population as possible;

develop reproductive health services in compliance with the demands of the contemporary science;

respect the ethical values and cultural traditions of the population, in accordance with the universal human rights;

promote and support the initiatives of individuals, communities, non-government and public organizations in protecting and maintaining the highest standards of sexual and reproductive health;

coordinate the present Strategy with all the national programs and strategies in progress.

### **Strategic directions**

In order to have tangible results in this field, the following strategic directions have been established:

create an appropriate environment through advocacy and social mobilization, with the involvement of community, authorities and service providers;

promote a healthy sexual behavior;

improve the relationship between providers and customers by using the best practices;

promote access to quality medical reproductive health services;

ensure the possibilities of training through seminars and other skill-improving activities;

collaborate with similar national and foreign organizations and institutions;

use evidence-based practices, develop the researches and disseminate the information.

## **6. GOALS AND OBJECTIVES**

### **Main goal**

The main goal is to guarantee the rights of Moldovan citizens to accomplish their sexual and reproductive function in order to:

achieve a healthy sexual development and maturity and be able to enjoy and safe sex;

have the wanted number of children in healthy and safe conditions;

avoid sexuality and reproduction related diseases;  
 benefit by quality health services in case of reproductive and sexual function disorders;  
 not be affected by and subject to violence and other abusive reproduction and sexuality related practices.

### **General objectives**

The general objectives are:

- support the couples and individuals in accomplishing their reproduction goals;
- prevent unwanted or high-risk pregnancies;
- provide access to legal and safe abortion;
- decrease the maternal and perinatal morbidity and mortality;
- prevent sexually transmitted infections and HIV/AIDS;
- improve the sexual and reproductive health of teenagers and youth;
- encourage the active participation of men in family planning and reproductive health protection;
- prevent and manage efficiently the infertility;
- provide protection from violence and other abusive reproduction and sexuality related practices;
- provide quality, accessible, acceptable and convenient medical reproductive health services to everyone;
- improve the quality of consultation, information, education and communication on sexuality and reproduction issues.

### **6.1. Family planning**

**Goal:** educate a responsible and safe attitude of the population towards sexual behavior, prevent unwanted or high-risk pregnancies.

#### **Objectives:**

- ensure optimal conditions for the couples and individuals to accomplish their reproductive function;
- achieve the ideal – “each pregnancy has to be wanted and planned”;
- decrease the role of abortion as a birth control method by providing modern contraceptive methods;
- increase the level of the population’s knowledge on advantages and benefits of the family planning;
- increase the access to and affordability of qualified family planning and reproductive health services;
- enhance the active and aware participation of women, men and youth in regarding reproductive options decision-making;
- optimize the monitoring, evaluation and report system in family planning.

## **6.2. Safe motherhood**

**Goal:** decrease maternal, perinatal and neonatal morbidity and mortality in the Republic of Moldova by improving the quality and accessibility of health care services.

**Objectives:**

ensure full access to and social equality in perinatal care;  
educate healthy perinatal care attitudes and habits in population.

## **6.3. Sexual and reproductive health of teenagers and youth**

**Goal:** improve the sexual and reproductive health of teenagers and youth.

**Objectives:**

inform and educate teenagers in sexual and reproductive health, in order to develop responsible and healthy habits and behaviors;

provide teenagers with free access to youth-friendly health services, with no discrimination, in order to fulfill their reproductive needs taking into consideration the right to privacy, confidentiality and informed consent;

reduce the pregnancy, abortion and sexually transmitted infections rate among teenagers and youth.

## **6.4 Infections of the Reproductive Tract**

**Goal:** prevent the sexually transmitted infections and HIV/AIDS among the sexually active population.

**Objectives:**

improve the diagnosis of sexually transmitted infections and HIV/AIDS within reproductive health clinics;

improve the quality of consulting and management of patients infected with sexually transmitted infections and HIV/AIDS;

increase the access of population to the prophylaxis, diagnosis and treatment of sexually transmitted infections and HIV/AIDS;

increase the information and education level of the population on the diagnosis possibilities and methods of sexually transmitted infections and HIV/AIDS.

## **6.5. Abortion and pregnancy termination services**

**Goal:** reduce the use of abortion as a birth control method and provide safe abortion services, if needed.

**Objectives:**

Reduce the morbidity and mortality induced by post-abortion complications;

reduce the rate of total abortions and repeated abortions;

improve the quality of pregnancy termination services by implementing the cost-efficient technologies recommended by WHO and integrate them with other reproductive health services;

increase the access of population to safe pregnancy termination services;

strategic approach, as recommended by WHO, to the improvement of functioning of pregnancy termination system;

strategic evaluation of the abortion services in the country.

## **6.6 Sterility Prevention and Management**

**Goal:** ensure full access of the population to quality health care services related to sterility.

### **Objectives:**

revise the normative framework regarding sterility management;

develop national regulations and standards on sterile couples' behavior;

strengthen the institutional capacities of diagnosis and treatment of sterile couples;

increase the access to specialized medical sterility diagnosis and treatment services;

accomplish the practical-scientific evaluation study of the multiple sterility aspects in the country;

increase the population's level of information and education in sterility prevention.

## **6.7. Domestic Violence and Sexual Abuse Prevention and Management**

**Goal:** reduce domestic violence and sexual abuse.

### **Objectives:**

ensure the legislative and normative framework related to domestic violence and sexual abuse prevention;

provide specific services to victims of domestic violence and sexual abuse;

increase the population's level of information and education in domestic violence and sexual abuse;

set up social assistance services for families that fail to comply with their responsibilities towards children;

implement psychological rehabilitation services for children who have been victims of violence or its witnesses;

provide counseling services to abusers.

## **6.8. Prevention of Trafficking in Human Beings**

**Goal:** prevent and reduce trafficking in human beings

### **Objectives:**

ensure the appropriate legal framework for fighting the trafficking in human beings and providing health and social assistance for the victims;

provide victims with specific services related to trafficking in human beings;

increase the population's level of information and education in the field of trafficking in human beings.

### **6.9. Early Diagnosis and Management of Genital and Breast Cancer**

**Goal:** improve the early diagnosis and management of genital and breast cancer.

**Objectives:**

improve the legal framework in the field of early diagnosis of breast and cervical cancer;

finalize the development and approval of the National Program on fighting oncological diseases for 2005-2010;

increase the access of population to genital and breast cancer diagnosis and prophylaxis services;

cytological screening to trace out pre-cancer processes and cervical cancer;

train the health services providers in early diagnosis of breast and cervical cancer;

train obstetricians-gynecologists and midwives from rural places in correct collection of smears from the cervix and cervical canal for the cytological investigation;

develop the modern concept of information and education of population in genital and breast cancer;

promote the primary and secondary prophylaxis of female genital cancer through mass-media;

publish brochures and hand-outs on early diagnosis of cervical and breast cancer methods;

involve large sections of people in actively fighting cervical and breast cancer.

### **6.10. Sexual Health of the Elderly**

**Goal:** improve sexual health of elderly women and men.

**Objectives:**

increase the elderly persons' access to sexual health services;

increase the elderly persons' level of information and education in the field of sexual health.

### **6.11. Sexual and Reproductive Health of Men**

**Goal:** improve sexual and reproductive health of men and encourage their active participation in family planning.

**Objectives:**

increase men's level of knowledge on family planning and reproductive health protection;

increase men's access to qualified family planning and reproductive health services;

encourage the active participation of men in family planning decision-making.

## **7. EXPECTED RESULTS**

### **General:**

improvement of the legal framework on the functioning of the reproductive health service;

the reproductive health subject included in the undergraduate and graduate studies curriculum;

qualified, comprehensive and integrate reproductive health services organized in every district and city;

the regulations on health care in family planning adjusted to the international requirements;

the family planning record, monitoring and evaluation system developed;

sexual education implemented in the education system as well;

the local information, education and communication system developed.

### **7.1. Related to family planning:**

the prevalence of modern contraception will exceed 50%. Hormonal contraception will exceed 10%, and voluntary surgical sterilization will exceed 5%;

consultation in choosing the optimal contraceptive method will become a constitutive part of the primary health care system;

the population's information and education level in family planning will exceed 75%;

the level of the population's access to family planning services will increase.

### **7.2. Related to safe motherhood:**

The following rates will decrease:

the rate of maternal mortality, under 20 per 100 thousand live births;

the rate of perinatal mortality, under 10 per 1000 live and still births;

the rate of early neonatal mortality, under 5 per 1000 live births;

the rate of early neonatal morbidity, under 200 per 1000 live births;

equal access of women to perinatal care regardless of the place of living and social status;

during the antenatal health care the pregnant women will be offered at least six visits, including one in the first quarter of the pregnancy period;

the target population will have healthy perinatal care attitudes and habits.

### **7.3. Related to the sexual and reproductive health of teenagers and young people:**

sexual education will be implemented in at least 80 % of the schools of the country;

the teenager's and youth's information and education level in sexual and reproductive health will exceed 80%;

every locality of the country will be provided with youth-friendly health services;

the following decreases will be observed:

teenage pregnancy – by 30%;

syphilis incidence in teenagers – by 20%.

**7.4. Related to the prevention and management of reproductive tract infections:**

the counseling of patients infected with sexually transmitted infections will be integrated with the family planning and family doctor service;

the information and education level of the population of reproductive age in sexually transmitted infections and HIV/AIDS will exceed 75%;

the extent of the participation of population of reproductive age in risky behavior decision-making will increase;

the HIV/AIDS incidence will stay at the level of the year 2004. The frequency of mother-to-child transition of HIV will decrease to less than 1%.

**7.5. Related to abortion and pregnancy termination services:**

the population's level of information and education in abortion issues will increase;

abortion rate will not exceed 15 from 1000 women of reproductive age;

the frequency of post-abortion complications will decrease;

the maternal mortality from post-abortion complications will be avoided;

more than 70% of the patients after an abortion will leave the medical institution with a well selected contraceptive method.

**7.6. Related to Sterility Prevention and Management:**

the number of visits and access of the sterile couples to qualified health services will increase;

the level of information and education of the population of reproductive health in infertility prophylaxis issues will increase.

**7.7. Related to domestic violence and sexual abuse prevention and management:**

the population's level of information and education in domestic violence and sexual abuse will increase;

the number of domestic violence and sexual abuse cases will decrease.

**7.8. Related to the prevention of trafficking in human beings:**

the population's level of information and education in the trafficking in human beings phenomenon and its consequences will increase;

the number of trafficked persons will decrease.

**7.9. Related to the early diagnosis and management of breast and genital cancer:**

the population's level of information and education in fighting genital and breast cancer issues will meet the European standards;

the percentage of diagnosis of cervical cancer in stage 0 will exceed 25, and in stages I-II – 45.

#### **7.10. Related to sexual health of elderly persons:**

The level on information and education of elderly persons in sexual health will exceed 60%;

every locality of Moldova will develop counseling services for elderly persons with sexual problems.

#### **7.11. Sexual and reproductive health of men:**

men's level of information on sexual and reproductive health protection will exceed 70%;

all of the family planning services in the country will grant counseling to men on sexual and reproduction issues.

### **8. IMPLEMENTATION FRAMEWORK**

#### **Reform of the Reproductive Health System:**

develop the national concept of the reproductive health services;

develop the reproductive health services within each district and city of the country;

integrate the reproductive health services into the system of the primary health care;

organize the full and comprehensive service of reproductive health care and family planning;

set up the mechanism and terms of reference for the patients with the reproductive function disorders;

develop regulations on family planning and reproductive health.

#### **Access to and quality of services:**

provide reproductive health services within the system of the primary health care;

increase the capacities of the family planning consulting offices and of the National Scientific Practical Center of Reproductive Health, medical genetics and the family planning in the counseling, prophylaxis, diagnosis and management of the patients with sexual and reproductive problems;

develop and implement methodological and instructive guidelines and standards of the reproductive medical assistance.

#### **Training the health services providers:**

Develop the university and post university studies curricular in the reproductive health for the family doctors and obstetricians gynecologists;

introduce reproductive health topics into the university and post university study programs;

develop methodological and instructive guidelines, standards of practical knowledge and skills for the reproductive health services providers;

train the specialists of the family planning consulting offices, in accordance with the modules that would cover all the aspects of the reproductive health;

run ongoing instructive seminars for the family doctors, obstetricians gynecologists, dermatologists venerologists and of the nurses in the reproductive health.

**Information, education, and communication:**

create a system of education for the health and family life within educational institutions;

set up an informative, educational, communication system of reproductive health for people of reproductive age.

**Gender equality:**

assure equal provision of information and access to the reproductive health services for both women and men.

**Research, monitoring, and evaluation:**

pass and promote definitions and classifications of the reproductive health accepted at the international level;

set up a managerial and informational system of the reproductive health;

develop record-keeping and monitoring documents in the family planning;

develop annual report indicators in the reproductive health;

Promote qualitative services management in the reproductive health;

set up within the National Scientific and Practical Center of Reproduction Health, Medical Genetics and Family Planning of a methodological center for coordination, registration, analysis and reporting in the reproductive health field;

carry out a complex study of health care evaluation in the reproductive health;

conduct periodic public studies in the health reproduction.

**8.1. Family Planning**

**Improvement of the legal and normative framework:**

develop the family planning services in each family doctors centre, health centre, the family doctor office;

Introduce the family planning service into the primary health care services;

Create some mechanisms as to provide the underprivileged groups with modern contraceptives free of charge or at an affordable price.

**Access to and quality of services:**

develop health care standards for the national service of family planning;

Integrate the contraceptive services within other services of the reproductive health;

provide within the family planning services of the pre-conceptual advice, after the birth and abortion, to teenagers and young people, to sterile couples, to victims of violence and trafficking;

Involve family doctors into the family planning and the reproductive health protection;

provide free access to all the contraceptive methods, including the modern hormonal contraception and voluntary surgical sterilization.

**Training of health services providers:**

introduce the family planning topics into the university and postgraduate study programs;

develop methodological and instructive guidelines, standards of practical knowledge in the reproductive health and skills for the providers of the family planning services;

Run ongoing instructive seminars on reproductive health including at the working place of the family doctors, obstetricians gynecologists, dermatologists venerologists and the nurses.

provide complex training to doctors of the family planning offices, obstetricians gynecologists, family doctors in all the relevant fields of the reproductive health: family planning, safe motherhood, the health of young people, the diseases of the reproductive organs, the abortion, the infertility, the violence, the trafficking, the genital and breast cancer, menopause, the sexual and reproductive health of men.

**Information, education, and communication:**

promote education in the family planning at high schools, universities and other educational institutions;

Organize formation sessions in the family life education for the didactical and health personnel from schools;

publish and disseminate among the population informative material on family planning;

involve social associations and the civil society in the informative, educational and communicational activity in the family planning;

the mass-media participation in educational and informative campaigns of family planning;

involve the family doctors in the contraceptive education;

develop the concept of communication between men and women in the family planning field.

**Gender equality:**

inform men and women about the right to choose in the field of family planning;

orient the curricular and extracurricular education in the field of family planning to the same extent both for boys and girls;

promote public education in the reproductive health, both for women and men;

provide access to the contraceptive methods for women and men;

provide equal access to family planning services both for men and women.

**Research, monitoring, and evaluation:**

create an informational system in the family planning;  
 create a national registration, monitoring and evaluation system in the family planning;  
 carry out complex evaluation studies of the assistance in the family planning.

## **8.2. Safe Motherhood**

### **Improvement of the legal and normative framework:**

adjust the prenatal health care standards, approved under the compulsory health insurance system to evidence-based health principles clinical guidelines in force;

improve the criteria for the accreditation of health facilities involved in the provision of perinatal health care in accordance with the initiative „Making Pregnancy Safer”;

set up protection mechanisms for the vulnerable social strata.

### **Availability, use and quality of services:**

Promote concept „Family-friendly perinatal services” – an instrument of quality provision;

improve the definitions and indicators of the perinatal health care system and train the personnel involved in the collecting and processing of the database on a continuous basis.

### **Training of health services providers:**

continue the posgraduate studies of the health personnel of the perinatal service in the priority fields: the principles of the perinatal services planning; the total quality management; evidence-based medicine; the essential care in obstetrics and neonatology; the prevention of the mother-to-child transmission of HIV;

identify the training needs of the health personnel.

### **Capacities of women, families and communities:**

evaluate the level of knowledge, behavior skills and consumers’ satisfaction by the perinatal services;

develop the national policy of family and community interaction in prenatal health care;

develop the partnership between the perinatal services and the community;

establish a mechanism as to encourage the active participation of mothers and community representatives, aimed at improving the perinatal care quality;

strengthen the interpersonal and intercultural communication capacities and the skills of the health personnel from the system of mother and child health care.

### **Equal chances for women and men:**

Involve both future parents in the preconceptive, antenatal, intranatal and postnatal periods;

plan and implement interventions to identify and settle the problems related violence during the pregnancy.

### **Research, monitoring, and evaluation**

complete the development, approval and implementation of the guidelines on perinatal care indicators;

improve and complete the existing instruments perinatal services assessment;

carry out operational studies with the direct impact on the maternal and perinatal mortality and morbidity;

establish the risk factors in the fulfillment of the reproductive function.

### **8.3. Sexual and reproductive health of teenagers and young people**

#### **Improvement of the legal and normative framework:**

develop the national concept on Youth-Friendly Health Services;

organize the Youth-Friendly Health Services in every district and town;

implement the family life education within the high school study program.

#### **Access to and quality of services:**

provide youth-friendly services for the effective satisfaction of the sexual-reproductive necessities, including:

information and education in the reproductive health;

advice teenagers on inter-gender relations and equality;

promote a responsible sexual behavior;

prevent the violence against the teenagers;

prepare for the family life, the responsible planning of a child's birth and avoid the unwanted pregnancies and sexually transmitted and HIV infection.

These services will provide and guarantee the privacy right of the teenagers, confidentiality and informed consent;

Inform, advice and provide reproductive health services, prevent and treat sexually transmitted infections among the sexually active teenagers;

Provide special support on the part of the family, the services providers and community to\for the pregnant teenagers during the pregnancy, birth and postnatal periods;

pay special attention to vulnerable and disadvantaged young people;

integrate within the youth-friendly health services the prophylactic, counseling, diagnosis, treatment, informative, educational and communication activities.

#### **Training of health services providers:**

develop the instructive and methodological guidelines concerning the sexual and reproductive health of the teenagers and young people;

organize ongoing instructive seminars for family doctors, obstetricians and gynecologists, dermatologists-venerologists and nurses in the sexual reproductive health of the teenagers and young people.

**Information, education and, communication:**

involve and train those who are able to offer support to the teenagers in the responsible sexual and reproductive behavior, especially, parents and families, as well as the communities, schools, mass-media and teachers\trainers.

**School Education:**

promote sexual education in schools, universities and other educational institutions;

introduce the education in the problems dealing with responsible sexual behavior, inter gender relationships, the violence towards teenagers, the practices of responsible family planning, family life, the prevention of sexually transmitted infections and HIV/AIDS infection in the programs at all educational levels.

**Parents' involvement:**

promote the programs directed to parents' education to supply the children with the necessary information referring to the sexual and reproductive health.

**Youth for youth:**

promote „youth for youth” programs which will include seminars, team discussions, artistic activities, press and radio advertising and programs.

**Involvement of young people:**

involve young people in the planning, implementation, and evaluation of the informational-educational-communicative activities;

involve teenagers and young people in the planning and implementation of the youth-friendly health services.

**Health services providers:**

involve the family doctors and health personnel of the family planning offices in the sexual and reproductive education of the teenagers and young people.

**Mass-media:**

develop and distribute the up-to-date material with the help of the public campaigns and programs to inform the young people about the sexual and reproductive health.

**Educational materials:**

publish and the distribute educational and informative materials for teenagers and young people.

**Community involvement:**

involve the social associations and civil society in the informative, educational and communication activity with the teenagers and young people.

**Gender equality:**

develop informative and educational programs concerning the sexual and reproductive health both for boys and girls. Support the educational and advisory mechanisms targeted at teenagers as to develop fair relations between genders.

**Investigation, monitoring, and evaluation:**

integrate the data concerning the sexual and reproductive health of the teenagers and young people into the national managerial and informative system of the reproductive health;

conduct an assessment study of the teenagers and young people's needs;

carry out periodical studies on the sexual and reproductive health of teenagers and young people.

**8.4. Prevention and management of the reproductive tract infections:**

implement the diagnosis and treatment of sexually transmitted infections and HIV/AIDS infections within the family planning services;

combine the family planning and primary health care system efforts in the early prevention and diagnosis of the sexually transmitted infections and HIV/AIDS infections;

improve the legal framework concerning the prevention and management of the sexually transmitted infections and HIV/AIDS infections in accordance with the WHO recommendations;

pass and implement the international classifications and definitions regarding the diagnosis and treatment of the sexually transmitted infections and HIV/AIDS infections;

**Access to and quality of services:**

improve the reproductive age public access to the preventive services, diagnosis and treatment of the sexually transmitted infections and HIV/AIDS infections;

develop health care protocols for patients who suffer from the sexually transmitted infections and HIV/AIDS;

improve the counseling of patients who suffer from sexually transmitted infections and HIV/AIDS infections.

**Training of health services providers:**

develop instructive and methodological health care guidelines of the of the patients who suffer from the sexually transmitted infections and HIV/AIDS infections;

organize instructive seminars for the health personnel who provide preventive services, diagnosis and treatment of the sexually transmitted infections and HIV/AIDS infections;

**Information, education, and communication:**

publish and distribute informative materials for people of reproductive age concerning the protection from the sexually transmitted diseases and HIV/AIDS infections;

involve the family doctors in the counseling of the patients who suffer from the sexually transmitted infections and HIV/AIDS infections;

**Research, monitoring, and evaluation:**

carrying out periodic studies concerning the spreading among the population of the reproductive age of the sexually transmitted infections and HIV/AIDS infections;

complex evaluation of the preventive services, diagnosis and treatment of the sexually transmitted infections and HIV/AIDS infections;

## **8.5. Abortion and pregnancy termination services**

### **Improvement of the legislative and normative framework:**

improve the regulations regarding the pregnancy termination;  
 develop clinical guidelines, standards and the protocols on abortion care;  
 use manual vacuum aspiration and medical abortion as the main methods of abortion;  
 develop and implement the accreditation and licensing methodologies and criteria for specialists and medical institutions that provide pregnancy termination services.

### **Access to and quality of services:**

increase the access to safe and qualified services of pregnancy termination, by means of:

development of quality standards, depending on the level of the medical assistance, for the medical institutions which provide abortion services;

implementation in all the institutes of the country of the manual and electric vacuum aspiration method for pregnancy termination in the first trimester;

implementation of the medical abortion in the pregnancy termination services;

use of the modern methods recommended by WHO for the pregnancy termination in the second gestation trimester;

implementation within the abortion services of the „patient oriented system” concept;

use of the pain control methods, recommended by WHO: the psychological and verbal support before and during the procedure; lidocaine paracervical block in the abortion from the first trimester of the pregnancy;

development of preventive services, diagnostic, treatment and referral standards for female patients with post-abort complications;

training and involvement of the family doctors in the pre- and postabortion counseling.

### **Training of health services providers:**

create and implement an continuous training system for abortion service providers;

train the health personnel of the family planning services and primary health care system in the pre- and postabortion counseling.

### **Information, education, and communication:**

organize and conduct the periodic campaigns of ongoing education of the population in the abortion problem and the risks of unsafe abortions;

publish and distribute informative materials about abortion among people of reproductive age.

### **Research, monitoring, and evaluation:**

conduct a strategic evaluation of the abortion services;

create the monitoring and evaluation system of the pregnancy termination;

carry out periodic studies on abortion and its consequences.

develop and implement a monitoring and evaluation system for the patients' opinions regarding the pregnancy prevention services.

### **8.6. Sterility prevention and management**

#### **Improvement of the legal and normative framework:**

improve the legal framework regarding sterility;

the standards development of the sterile couple;

increase the capacity of the National Scientific and Practical Center of Reproductive Health, Medical Genetics and Family Planning in the diagnosis and treatment of the sterile couples.

#### **Access to and quality of services:**

increase the access of the sterile couples to the family planning services;

implement the modern technologies in the diagnosis and treatment of the sterile couple.

#### **Training of health services providers:**

develop clinical guidelines and standards for the sterility-related services providers;

instructive seminars in the field of sterility for the health services providers.

#### **Information, education, and communication:**

publish and distribute the informative materials for the population about the sterility problems;

organization educational and informative campaigns for the population regarding sterility.

#### **Research, monitoring, and evaluation:**

carry out of periodic studies in the field of sterility;

monitor and evaluate of the sterility phenomenon at the public level;

develop a database in the field of sterility.

### **8.7. Prevention and Management of Domestic Violence and Sexual Abuse**

#### **Improvement of the legal and normative framework:**

improve the legislation on family violence and sexual abuse prevention and the protection of the victims' interests;

develop a partnership between the state structures and the civil society.

#### **Access to and quality of services:**

create some specialized centers in the counseling of the victims of family violence and sexual abuse;

involve the family planning service in the counseling of the victims of family violence and sexual abuse.

**Training of services providers:**

develop the instructive and methodological guidelines concerning the counseling of the family violence and sexual abuse victims;

organize seminars for the family planning office doctors and family doctors and the training of the specialists from the multidisciplinary equipments (policemen, social assistants, teachers) concerning the counseling and the conduct of the family violence and sexual abuse victims. Develop the postgraduate curricula in counseling and assistance for the family violence and sexual abuse victims.

**Information, education, and communication:**

publish and distribute the informative materials for the population concerning the family violence and sexual abuse;

organize educational and informative campaigns for the population regarding the phenomenon of the family violence and sexual abuse;

**Gender equality:**

provide equal conditions and chances both for men and women within the informative and educational campaigns;

provide equal access for men and women to counseling and care for the family violence and sexual abuse victims.

**Research, monitoring, and evaluation:**

carry out studies about the family violence and sexual abuse problems;

monitor and evaluate the family violence and sexual abuse phenomenon;

create a database and develop relevant indicators in this field.

**8.8. Prevention of Trafficking in Human Beings****Improvement of the legal and normative framework:**

improve the normative acts regarding the fight against the trafficking in human beings and the assistance of its victims;

develop the partnership between the state structures and the civil society.

**Access to and quality of services:**

develop specialized centers for trafficked victims;

involve the family planning office doctors, family doctors, and social assistants in the counseling and assistance of the trafficked victims.

**Training of health and social services providers:**

develop instructive and methodological guidelines in the counseling and assistance of the trafficked victims;

organize seminars for the family planning office doctors and family doctors in the counseling of the trafficked victims;

develop the postgraduate instructive curricular for the doctors in the counseling and assistance of the trafficked victims.

**Information, education, and communication:**

publish and distribute informative materials among the different social strata on the fight against the trafficking in human beings;

organize and conduct informative campaigns for the population regarding the trafficking in human beings phenomenon;

**Gender equality:**

provide equal access of men and women to the informative and educational process, aimed at fighting the trafficking in human beings;

provide equal access of trafficked men and women to the respective assistance services.

**Research, monitoring, and evaluation:**

carrying out the periodic studies in the field of trafficking in human beings;

evaluate and monitor the trafficking in human beings phenomenon at the national level;

create a database and develop relevant indicators on trafficking in human beings.

**8.9. Early Diagnosis of the Genital and breast cancer****Improvement of the legal and normative framework:**

develop the national concept on the early diagnosis of the genital and breast cancer;

organize the cervical cancer screening.

**Access to and quality of services:**

perform the women's screening for the genital and breast cancer within the system of primary medical care;

involve the family planning office doctors in the early diagnosis of the genital and breast cancer.

**Training of the health services providers:**

develop the instructive and methodological guidelines on the diagnosis of the genital and breast cancer;

organize seminars for the family planning office doctors and family doctors in the counseling, early revealing and the patients behavior with genital and breast cancer.

**Information, education, and communication:**

publish and distribute informative materials among the population on the prevention of genital and breast cancer;

organize and conduct the informative campaigns among the population on the prevention of genital and breast cancer.

**Research, monitoring, and evaluation:**

improve the national register of the genitery and breast cancer;

carry out periodical investigation studies of the genitery and breast cancer problems.

### **8.10. Sexual health of the Elderly**

#### **Improvement of the legal and normative framework:**

develop and adopt regulations on health care for elderly people in the sexual health problems;

introduce the sexual health care for the elderly people into the health reproductive services.

#### **Access to and quality of services:**

improve the elderly people access to the health reproductive services;

involve the family planning office doctors and the family doctors in the counseling of the elderly people with sexual health problems.

develop the health care standards in the endocrine and sexual disorders of the elderly people.

#### **Training of health services providers:**

develop instructive and methodological guidelines in the behavior of the elderly people with endocrinal and sexual disorders;

organize instructive seminars for the health personnel who provide services for the elderly people with sexual health problems;

#### **Information, education, and communication:**

publish and distribute informative materials about the sexual health for the elderly people;

organize and conduct the informative campaigns among the population concerning the sexual health of the elderly people.

#### **Research, monitoring, and evaluation:**

carry out of the periodic studies in the field of the sexual health of the elderly people.

### **8.11. Sexual and Reproductive Health of Men**

#### **Improvement of the legal and normative framework:**

restructure the family planning service so that it offers advice to men as well;

develop men counseling standards within the family planning offices.

#### **Access to and quality of services:**

provide men with medical-friendly services, available and addressed to the unsatisfied necessities.

The men-oriented services will include:

prevention, screening and treatment of the sexually transmitted diseases, including HIV/AIDS;

counseling concerning the family planning and contraceptive methods;

diagnosis and treatment of sterility;

counseling and the treatment of the sexual disorders;

screening of the male genital-urinary cancer;

facilitation of the men participation at contraceptive counseling of the couple;

Implement the vasectomy as an elected method of contraception for the couples who fulfilled the reproductive necessities;

promote the boys' education and counseling within the youth-friendly health services.

**Training of the health services providers:**

develop the instructive and methodological guidelines of counseling and communication with men, for the family planning services providers;

train the family planning office and the youth health clinics' personnel in the men counseling;

organize instructive seminars for the family doctors, obstetricians and gynecologists, dermatologists-venerologists and nurses in the men counseling.

**Information, education, and communication:**

publish and distribute informative materials (brochures, posters) for men in the field of the family planning;

involve the social associations and mass-media in the sexual education of men;

organize the informative and educational campaigns oriented to the:

encouragement of the communication within the couple;

common decision taking regarding the reproductive option and family planning;

increase of the men's role in prevent the sexually transmitted infections and unwanted pregnancies;

increase of the role and responsibility of men during the pregnancy and after the child's birth;

prevention and the reduction of the male violence in the family.

**Research, monitoring, and evaluation:**

assess the knowledge, attitudes and practices of the men in the reproductive health;

develop a monitoring and evaluation system of male contraception and the men's reproductive health.

**9. NEEDS**

Human, financial and technical resources are necessary in order to successfully implement the present strategy.

The human resources will be constituted of the medical personnel, teachers, people who activate in social organizations and international funds.

The financial resources will come from budgetary allocations, the National Company of Health Insurance funds, the contribution of public associations, private sector donations and those of the Charity International Organizations.

The technical resources comprise the total needs for the sexual and reproductive health programs and projects management.

## **10. LIABILITIES**

### **Government Sector**

#### **Ministry of Health and Social Protection will:**

coordinate the implementation of the present strategy, the development and execution of the assistance programs in the reproductive health;

coordinate the implementation of the programs of material stimulation of birth rate and of the socio-community support to the woman during the preconceptional, ante-, intra-, and postnatal periods with the social assistance and family protection services;

be responsible for the implementation of the programs on gender equality.

#### **Ministry of Education, Youth and Sports will:**

coordinate the implementation of the educational programs in the field of family life preparation, gender equality, sexual and reproductive health in the general schools, high schools, colleges and universities;

participate in the development the informative, educational and communicative materials and will provide the teachers' training.

### **Social Sector**

The social associations represent the key element in provide logistic personnel for promote the measures intended in this Strategy. They will work in partnership with the governmental organizations and carry out informative, educational and communicative programs and projects with the population according to the objectives of the Strategy.

### **Private Sector**

The private sector will be an important provider of services in the reproductive health, especially, in the fields uncovered by the obligatory health care insurance.

## **11. INTERNATIONAL COLLABORATION**

The International bodies are important partners in the implementation of the programs and projects promoted within the present Strategy.

## **12. MONITORING AND EVALUATION**

To supervise the way in which the objectives of the present Strategy will be met:

The following will be developed:

annual performance reports, with monitoring and evaluation of the efficiency of the human, financial, and technological resources use.

Trimestrial and annual reports of the family planning services, which will provide data on: the number and the characteristics of the consulted patients, including men and male young people, the use of the modern and traditional methods of contraception, cases of the sexually transmitted infections, the level of contraception and consumables provision;

Questionnaires and forms to evaluate the access to and the quality of services, the level of knowledge and of practical skills of the health services providers in the reproductive health;

The following will be carried out:

strategic evaluation of the reproductive health services;

audit of maternities and reproductive health clinics;

surveys to determine the Strategy's impact on the population's health.