Introduction
Each year, 47,000 women die worldwide due to complications of unsafe abortions, with even more suffering major health complications (1). Evidence indicates that access to legal abortion determines the level of unsafe abortions, as well as the incidence of death caused by unsafe abortions. It also confirms that women will obtain abortions regardless of the legal status of the procedure and/or availability of safe services and that restricting access to abortion simply leads women to resort to clandestine and/or unsafe abortion (2). The provision of safe and quality abortion services can reduce maternal mortality. It is recognized that almost all the deaths and complications from unsafe abortion are preventable. Procedures and techniques for early-induced abortion are simple and safe. When performed by trained health care providers with proper equipment, correct technique and sanitary standards, abortion is one of the safest medical procedures (3). International and regional human rights bodies have specifically stated that where abortion is legal, it should be safe and available, a principle to which States originally agreed to at the International Conference on Population and Development Programme of Action (ICPD) in 1994 and its five year follow-up conference.

The situation in the Republic of Moldova
Abortion was legalized in Moldova in 1955. Today, very little has been modified from the original law, which allows women to have a pregnancy termination up to 12 weeks upon request. After 12 weeks gestation abortion is regulated by the Ministry of Health (MoH). It is permitted only after 12 weeks and up to 21 weeks based on a large list of medical indications and nine social indications (age under 18 and more than 40; divorce or death of the spouse during pregnancy; pregnancy as a result of rape, incest or human trafficking; pregnant women, with 5 and more children, or if she is taking care of a child that is less than 2 years old; poverty; and homeless women). There was an attempt to restrict access to abortion in 2011 by a member of parliament, but, due to the mobilization of civil society and the negative reaction of the MoH and UN Human Rights representatives in the country, the proposal was rejected. The 2012 approved Reproductive Health Law clearly states, “In Moldova women have the right to safe abortion” (4).

During the time between the 1960s and 1990s, abortion was the primary means to regulate fertility, due to the lack of family planning knowledge among the population and poor access to services. Abortion rates were high (up to 20 per 1000 reproductive age women), reflecting the continuing unmet need for contraception, especially for vulnerable groups, for women from rural areas and adolescents. The quality of abortion services was poor and relied on outdated methods. Precarious equipment, lack of consistent training of abortion providers and of evidence-based guidelines and protocols contributed to a high level of post-abortion complications. The percentage of maternal deaths caused by abortion in the general context of maternal mortality was very high accounting for 30.3% of all deaths during the period of 1996-2005 (5).

Recognizing the importance of the issue, abortion was included among 11 priority areas in the National Strategy for Reproductive Health 2005-2015 approved by the government. The Strategy aimed to reduce the use of abortion as a method of birth control and ensure its provision in safe conditions. The expected results of the Strategy were: the rate of abortions will not exceed 15 per 1000 women of reproductive age; over 70% of women will have a chosen method of contraception post-abortion when leaving the facility; and there will be a decrease in the post-abortion complication rate and the maternal deaths caused by post-abortion complications.

In order to comply with the provisions of the Strategy, the MoH adopted the WHO Strategic Approach to strengthening sexual and reproductive health policies and programmes, with the goal to strengthen national abortion policies and improve the quality of service delivery.

The first step taken was the Strategic Assessment of quality and access to contraception and pregnancy termination services, conducted in 2005. The MoH delegated the NGO the Reproductive Health Training Centre (RHTC) the coordination of the assessment and the implementation of other related activities within the Reproductive Health Strategy.

The strategic assessment resulted in recommendations for interventions related to abortion policies and service delivery including: development of national standards and guidelines for comprehensive abortion care (CAC); revision of the national training curriculum; development and introduction of the CAC model for outpatient services; upgrading of the health management information system for abortion; and registration of Medabon® (a combi pack of mifepristone and misoprostol for pregnancy termination).

With the support provided by the WHO and other international organizations, between 2007 and 2011 the RHTC team developed the National Safe Abortion Standards, based on WHO recommendations and approved by the MoH in 2011. They also reviewed and approved the abortion training curriculum and upgraded and institutionalized the system for statistical data collection to reflect not only the quantity but also the quality of pregnancy termination services.

The model of outpatient CAC was developed and tested in six model-centres and scaled-up nationally. According to the National Centre for Health Statistics, about one third of all terminations of pregnancy in the country are performed in outpatient settings within these 6 facilities using WHO recommended methods such as vacuum aspiration and medical abortion. The registration of Medabon® in 2014 has also contributed to better access to medical abortion drugs for all women.

In 2012 an assessment of the quality of pregnancy termination services in model-centres showed a very low proportion of abortion complications, higher user...
satisfaction (both patients and providers) with service setup and a greater proportion of women adopting a post-abortion contraceptive method. Given the extremely positive experience of model-centres, the MoH recommended that CAC be implemented in other relevant healthcare facilities in the country as per the national regulations and standards in effect. As a result, several healthcare facilities reorganized their abortion care services to align with MoH recommendations and national standards by using vacuum aspiration and medical abortion instead of dilation and curettage.

The abortion rate dropped down to 15 per 1000 reproductive age women in 2015 (6). Today, three quarters of all abortions in the country are performed with WHO recommended methods: manual or electrical vacuum aspiration (70%) or medical abortion with mifepristone and misoprostol (15.4%), compared to three quarters of procedures performed with dilatation and sharp curettage when programme strengthening efforts began in 2005 (see Figure 1).

Other quality of care indicators, collected as part of national abortion statistics, also show positive results: local paracervical anaesthesia is replacing general anaesthesia and is used in 70% of aspiration abortions; misoprostol is used for cervical priming in 20% of women prior to surgical abortion; post abortion contraception is offered up to 66.7% of women before leaving the facilities; and the rate of post-abortion complications is very low at 0.6% (6). The level of maternal mortality has also declined and the last case of abortion-related death was registered in 2010.

What the future holds

The MoH is keen to see all abortions performed in outpatient services with WHO recommended methods in the near future. Future plans also include expanding medical abortion services in the country’s network of youth-friendly services clinics and expansion of CAC in strategically selected Reproductive Health Offices. The RHTC team is also committed to working with the MoH to develop and implement a national CAC facility accreditation system and a system for monitoring the quality of abortion services. This should further encourage all centres currently providing abortion care to strengthen their services, in line with national standards, resulting in higher standards of care nationwide. Finally, the project team will support the MoH in updating the national standards to ensure that they continue to reflect the latest WHO recommendations for clinical care and provision of rights-based services. Based on achievements to date, continued positive improvements in access to and quality of abortion services for all women in the Republic of Moldova will be possible and attainable.

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References