

CESCR Secretariat  
Office of the High Commissioner for Human Rights  
8-14 Avenue de la PAix  
CH-1201 Geneva 10  
Switzerland

March 26<sup>th</sup>, 2014

**Re: Supplementary information on Romania scheduled for review by the Committee on Economic, Social and Cultural Rights during its Pre-Sessional Working Group Meeting, May 26<sup>th</sup> to 30<sup>th</sup>, 2014.**

Dear Honourable Committee Members:

The Society for Education on Contraception and Sexuality, an independent Romanian nongovernmental organization Romania wishes to assist the Pre-Sessional Working Group of the Committee on Economic, Social and Cultural Rights (the Committee) with the formulation of the list of issues regarding its forthcoming review of Romania's compliance with the International Covenant on Economic, Social and Cultural Rights (ICESCR).

This letter is intended to supplement the periodic report submitted by the government of Romania and respectfully proposes questions that we hope the Committee will raise in the list of issues in relation to its review of Romania's compliance with the ICESCR. This letter highlights a number of serious concerns about the lack of compliance of the Romanian government with human rights standards with regard to sexual and reproductive health and education services.

Society for Education on Contraception and Sexuality (SECS)

The Society for Education on Contraception and Sexuality (SECS) is a Romanian nongovernmental organization founded in 1990. The main focus of work is to ensure access to quality information, education and services regarding sexual and reproductive health and rights. SECS developed family planning/contraception training programs for health care providers and has provided postgraduate training of 8,000 doctors and nurses in the area of family planning. SECS supported the Romanian Ministry of Health to develop and operate its Logistic Management Information System regarding free contraceptives and implemented major campaigns for the general population promoting family planning and the use of modern contraceptives. SECS advocates for ensuring access to comprehensive sexuality education in schools and develops innovative activities to sustain such programs.

## **The Right to Reproductive Health Services (Articles 2(2), 3, 10(2), and 12(1) of the ICESCR)**

Reproductive rights are fundamental to women's health and social equality, and are part of the mandate of the Committee under the ICESCR. Article 12(1) recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." In its General Comment 14, the Committee has defined this right to "include the right to control one's health and body, including sexual and reproductive freedom".

General Comment 14 makes clear that the right to health implies "the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health." The Committee defines reproductive health as including "the freedom to decide if and when to reproduce and the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning...services that will, for example, enable women to go safely through pregnancy and childbirth."

General Comment 14 clarifies lack of access to health care services, information and supplies is a violation of the right to health; states' obligations under the CESCRR include the requirement to take measures to fulfil the right to health and the removal of barriers to the exercise of the right. States' obligations include the requirement to take measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information.

Further, the Committee has highlighted that realization of women's right to health requires the removal of barriers that interfere with access to health services, education and information, including in the area of sexual and reproductive health.

The Committee interprets the right to health as an inclusive right extending not only to timely and appropriate health care but also to, inter alia, access to health-related education and information, including on sexual and reproductive health. In repeated Concluding Observations, the Committee has urged states parties to adopt and implement national sexual and reproductive health programs, to take measures to ensure access to comprehensive sexuality education and to ensure that pregnant adolescents are able to continue their education.

The Committee has highlighted in General Comment 14 that while the Covenant provides for progressive realization and acknowledges the constraints due to the limits of available resources, it also imposes on States parties various obligations which are of immediate effect. States parties have immediate obligations in relation to the right to health, such as the guarantee that the right will be exercised without discrimination of any kind (art. 2.2) and the obligation to take steps (art. 2.1) towards the full realization of article 12. Such steps must be deliberate, concrete and targeted towards the full realization of the right to health. Progressive realization means that States parties have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realization of article 12. Moreover, there is a strong presumption that retrogressive measures taken in relation to the right to health are not permissible.

The Human Rights Committee and the Committee on the Elimination of Discrimination Against Women in concluding observations in 1999 and 2000, respectively, have expressed concern in relation to discrimination against women in Romania and have highlighted that reproductive health services fall short of the requirements under the Covenant. The Committee on the Rights of the Child (CRC) in its 2009 Concluding Observations expressed concerns related to inequalities in access to health services, especially in rural areas and for vulnerable groups, especially Roma.<sup>i</sup> The CRC further expressed concerns related to high levels of pregnancy and abortion among teenagers.<sup>ii</sup> The CRC recommended that Romania address inequalities in access to health services through a coordinated approach across all government departments and ensure greater coordination between health policies and those aimed at reducing income inequality and poverty.

During its Universal Periodic Review in 2012, the Government of Romania accepted a number of recommendations in relation to sexual and reproductive health and rights, including: 109.111. to “adopt a national strategy on sexual and reproductive health and rights” and recommendation 109.110. to “increase the annual budget allocations for health section in order to provide for quality healthcare as well as adequate education, training and salaries for medical and paramedical staff”; and 109.112 to “provide comprehensive and age-appropriate sexuality education, including on prevention of unwanted pregnancies”.<sup>iii</sup>

## **I. Access to Affordable Modern Contraceptives**

All aspects of access to contraception, including access to information and education, access to services and access to contraceptive products changed fundamentally after the political changes that took place in Romania from 1989. By contrast with the previous systematic negative propaganda regarding modern contraceptive methods among health professionals and the general public and the lack of contraception services and products, from 1990 substantial resources were invested in increasing access to modern contraceptives. Until 1997, Romania was in receipt of significant support from international development agencies. With coordinated initiatives by public and nongovernmental sectors, a spectacular increase in the modern contraceptive prevalence rate from 14% in 1993 to 38% in 2004 was achieved.<sup>iv</sup>

A network of family planning service delivery clinics located in urban areas was established in 1994 by Ministry of Health Order No.136/1994. Integration of family planning service delivery into primary health clinics from rural areas began in 1997. By 2007, around 65% of family doctors working in rural areas were trained in family planning and provided modern contraceptive methods under the Romanian National Family Planning Program<sup>v</sup>. By law, large segments of the population have access to contraceptives free of charge (students, persons in unemployment, persons living in rural areas, persons declaring not having income to buy contraceptives, women who have had an abortion).

Since becoming an EU member state in 2008, Romania no longer benefits from international development aid. Policy level and financial support for the National Family Planning Program diminished substantially. The national Reproductive Health Strategy ended in 2007 and no new strategy has been put in place. In the absence of a new strategy, the Romanian government continued to support the procurement of contraceptives for free distribution for some years. However, the government did not continue to expand access to contraceptive

services in rural areas. No national standards for contraceptive service delivery have been put in place.

Since 2008, no further training programs in sexual and reproductive health for family doctors and nurses have been supported, nor was any investment in ensuring good quality contraceptive services made. There are currently no continuous professional development programmes in place for providers of contraceptive services. In the absence of appropriate training programs, doctors and nurses who leave public family planning clinics have not been replaced and, consequently, a significant number of these clinics have ceased operation.

Levels of knowledge on the part of health care providers of the law protecting patients' rights are poor; such rights are not widely respected; and there are no mechanisms to enforce this law or to sanction non-conformity with the law.<sup>vi</sup> Lack of professional development disproportionately affects persons belonging to vulnerable groups, due to lack of awareness on the part of health care providers of the specific needs of these groups.

Moreover, since 2007 no information or public education campaigns regarding modern contraceptive have been implemented, resulting in the continuation of reluctance to use modern methods of contraception by the general population, especially young people, due to fears of side effects. Young persons are particularly affected. Research indicates that Romania has one of the highest pregnancy rates in the EU.<sup>vii</sup>

In 2013, the situation worsened significantly, as the Ministry of Health failed to allocate a budget for procuring contraceptive methods for free distribution.<sup>viii</sup> As result, access to free contraceptives is limited to the existing stocks of family planning service providing clinics and these clinics cannot be resupplied in the absence of a budget allocation for new procurements. The situation disproportionately affects people living in rural areas, where there is far less availability of pharmacies so that when reserves stocks run out, women do not have the option of trying another pharmacy.

The situation in Romania gives rise to serious concern about the State's commitment to the progressive realisation of article 12. The government is failing both to adequately resource programmes aimed at fulfilling sexual and reproductive health rights and to renew political commitments. In this context, women in Romania are experiencing a regression in access to services, information and supplies.

## **II. Comprehensive sexuality education**

Access to sexuality education in Romania is an area of serious and urgent concern in Romania. Law No. 272/2004 **regarding rights of the child** explicitly mentions the obligation of schools to ensure access to age appropriate sexuality education. However, according to the National School Curriculum, health education, including sexuality education, is part of the optional rather than the mandatory school curriculum. Optional disciplines are chosen by each school, every semester, at the discretion of the school principal. Sexuality education is still provided only in a minority of schools. Furthermore, the sexuality education component of the National School Curriculum omits significant aspects of sexuality education, such as sexual orientation, gender identity, access to safe abortion.

The Ministry of Education does not have accurate and reliable data regarding the provision of sexuality education in schools, no sound studies regarding provision of sexuality education in schools have been published. Significant financial support from the Global Fund against HIV/AIDS, TB and malaria, EU structural funds, bilateral funds from SEE, Switzerland etc. has been invested in teacher training to ensure the provision of sexuality education within the teaching hours given to the health education option. However, SECS is aware from informal discussion held by our Association with teachers and students hours that **only a minority of schools provides** health education under the optional school curriculum.

The low take up of the health education option is of great concern. Best international practice is that young people receive age appropriate sexuality education from early childhood. Children and young people in Romania may receive no or little sexuality education in school, mostly in grades 11 or 12. Such instruction as they do receive is likely to be irregular, inconsistent and lacking in sufficient content to have a significant impact and to fulfil young people's rights under the Covenant in this regard.

The result of almost no access to sexuality education and contraceptive services is the constantly high rate of teenage pregnancy, as shown by health statistics and recent studies. According to national statics, every year more than 25,000 girls below 19 years of age give birth, of whom approximately 4,000 do so for the second time. Existing legislation guarantees their right to continue their education, but there are no studies regarding the proportion actually doing so. Anecdotal data from NGOs providing services for teenage mothers indicate that most teenage mothers never return to formal education, such cessation of education having negative consequences regarding personal and professional development, employment and entrepreneurship.

## **Recommendation**

We respectfully recommend that the Committee include the following in its list of issues:

What measures is the government taking to introduce a national strategy for the realisation of sexual and reproductive health and rights and what consultation process and timeline are envisaged for the publication of such a strategy?

What measures is the government taking to ensure that unemployed women, students, women living in poverty, rural women and women who have had abortions have access to affordable modern contraceptives?

What plans does the government have to initiate public awareness and education programmes in relation to modern contraceptives, which have not been in place since 2008?

What measures is the government taking to reverse regressive trends such as lack of training programmes in sexual and reproductive health for primary care providers, closures of family planning centres and defunding of free contraceptives?

What measures is the government taking to ensure that all children and young people have access to comprehensive, evidence based, age-appropriate sexuality education?

We hope that this information is useful during the Committee's adoption of list of issues on Romania. If you have any questions, or would like further information, please do not hesitate to contact us.

Sincerely,



Dr. Borbala Koo  
Executive Director

This letter is endorsed by the following organisations:

- ACCEPT Association, Romanian non-governmental organization that defends and promotes the rights of LGBTs, <http://accept-romania.ro/en/despre-noi/asociatia-accept/>
- Foundation for an Open Society, <http://www.opensocietyfoundations.org/about/offices-foundations/soros-foundation-romania>
- CPE Centre for Partnership for Equality <http://www.cpe.ro/>
- Family Planning Association from Romania, <http://www.planificarefamiliala.ro/index.php?lang=en>

<sup>i</sup> CRC/C/ROM/CO/4, paras. 62, 63 and 64

<sup>ii</sup> CRC/C/ROM/CO/4, para. 68.

<sup>iii</sup> Human Rights Council, Twenty-third session, Agenda item 6, Universal Periodic Review Report of the Working Group on the Universal Periodic Review, Romania, United Nations, A/HRC/23/5

<sup>iv</sup> Ministry of Health, Studiul Sanatatii Reproductive (Reproductive Health Survey in Romania, May 2005 available at [http://www.unicef.org/romania/ro/Studiul\\_Sanatatii\\_Reproductive.pdf](http://www.unicef.org/romania/ro/Studiul_Sanatatii_Reproductive.pdf)

<sup>v</sup> Unpublished training reports of the Society for Education on Contraception and Sexuality, USAID and UNFPA implementing partner for training primary health care providers in family planning

<sup>vi</sup> Law nr.46/2003 regarding patients' rights

<sup>vii</sup> Institutul National de Statistica, Anuarul Statistic al Romaniei, 2011 available at

[http://www.insse.ro/cms/files/Anuar%20statistic/02/02%20Populatie\\_ro.pdf](http://www.insse.ro/cms/files/Anuar%20statistic/02/02%20Populatie_ro.pdf); UNFPA, Adolescent pregnancy in Eastern Europe and Central Asia, 2013 available at

<http://unfpa.org/webdav/site/eeca/shared/documents/swop2013/Regional%20brief%20on%20teenage%20pregnancy.pdf>;

Eurostat, *Live births by mother's age at last birthday and legal marital status*, Available at:

<http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do> (last visited March 21, 2014)

<sup>viii</sup> Ministry of Health, Order No.1549/2013 on the amendment of Annex 1 of the Technical norms for the implementation of national health programs for the years 2013 and 2014, approved by the Ministry of Health Order No.422/2013