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Removing the roadblocks: Policies to improve access to long-acting reversible contraceptives (LARCs)

Country Profile: Romania

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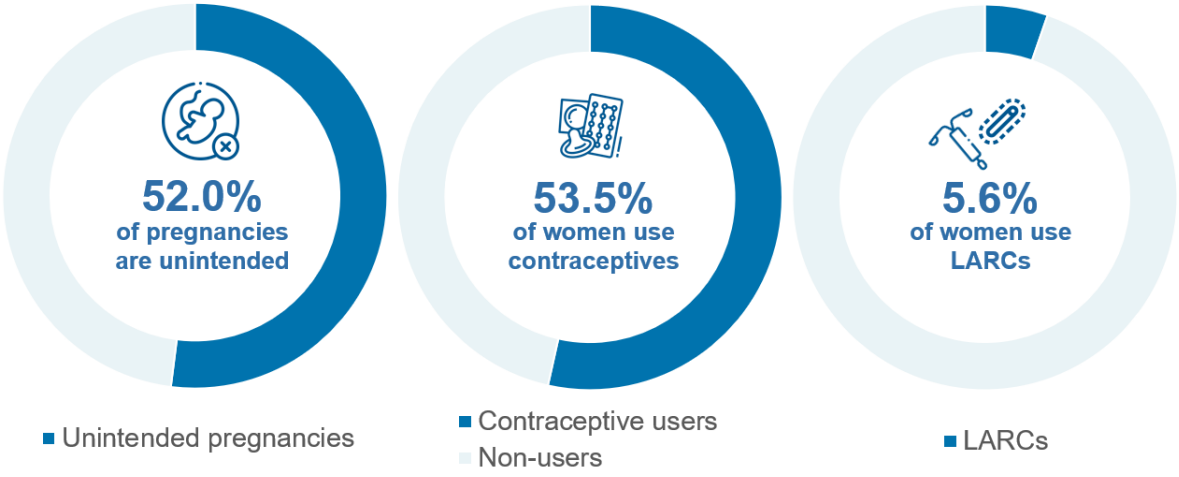
1. Introduction

According to the European Contraception Policy Atlas 2024, Romania demonstrates a comparatively low level of overall access to contraception, ranking 29th among other European countries.[1] Data from 2019 further show that 53.5% of women of reproductive age use contraception (Figure 1), which is below the European average.[2] The impact of this is evidenced by the relatively high number of unintended pregnancies. Between 2015 and 2019, Romania experienced an average of 200,000 unintended pregnancies each year, which represents 52% of total pregnancies.[3] Among them, 71% ended in abortion. As unintended pregnancies are associated with a large socioeconomic burden for the woman, these data raise concerns.

Among women who do use contraception, one contributing factor to the high rate of unintended pregnancies observed may be the relatively low use of long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs), contraceptive injections, and contraceptive implants. According to the World Health Organization, LARCs are among the most effective methods of preventing unintended pregnancies, with a failure rate of less than 1%.[4] However, in Romania, the uptake of these methods remains below the European average of 9%.[2] Based on data collected by the United Nations in 2019, only 5.6% of Romanian women use LARCs.[2]

Figure 1: Key statistics on contraceptive use and unintended pregnancies



Source: United Nations (2019)[2], Guttmacher Institute (2019)[3]

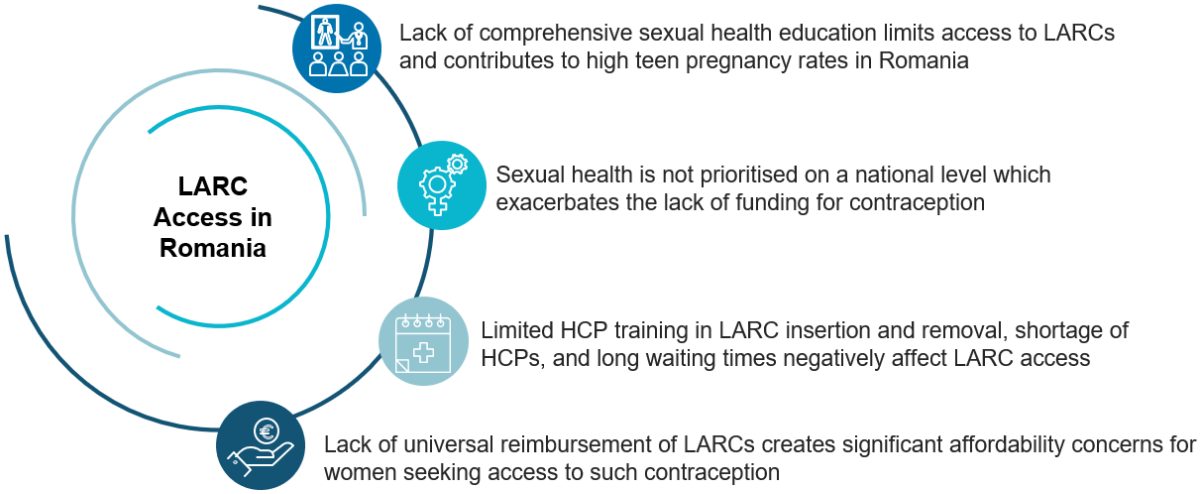
Note: LARC use estimates include implant users, contraceptive injection users, and IUD users among women aged 15–49 years

The rate of unintended pregnancies remains high in Romania, while LARC use remains limited,[3] and therefore it is important to assess if there are barriers preventing women from accessing LARCs. Our study focused on identifying these barriers through a review of recent literature, validation of gained insights with a Romania-based leading health care professional (HCP) and co-developing actionable policy recommendations to address these challenges with an expert forum that included HCPs from nine countries, including Romania. Below, we cover the challenges that are most prominent in Romania, how they manifest, and what policy recommendations could help to address them. We also noted that there is some debate over which contraceptive methods qualify as LARCs.[5,6] While some sources include contraceptive injections, others exclude them because their effects are not as quickly reversible as those of IUDs and implants.[7] For this reason, not all the available evidence covers contraceptive injections. Therefore, we will mostly focus on IUDs and implants and mention contraceptive injections explicitly when available data permit.

2. Challenges impacting access to LARCs

Insights from the extensive review of recent literature and conversations with expert participants of the Policy Forum revealed that women in Romania face a range of challenges when seeking access to LARCs. To guide targeted and effective policy action, in this paper we describe the five most significant barriers to LARC access in Romania (Figure 2).

Figure 2: Significant challenges in Romania



Source: CRA analysis

Lack of comprehensive sexual health education limits access to LARCs and contributes to high teen pregnancy rates in Romania

In Romania, the absence of structured, comprehensive sexual health education significantly impacts the extent to which young women have sufficient information on their contraceptive options, including LARCs. Health education, a school subject that encompasses sexual health topics, was introduced as an optional discipline in 2004.[8] However, participation rates have dropped significantly over time, with only 6% of students enrolled in it between 2014 and 2017, which is two times fewer students than in 2011–2012.[8] This decline reflects both a lack of emphasis on sexual health education within the curriculum and a broader societal reluctance to address these topics openly.

A contributing factor to the lack of sexual health education is political and societal resistance, with many stakeholders opposing its provision. Currently, secondary school students are only permitted to attend sexuality education classes with explicit parental or guardian consent.[9] As a result, students who lack access to comprehensive sexual health education are left with a limited understanding of their contraceptive options, including LARCs, which hinders their ability to make informed choices about their sexual health.

The consequences of limited sexual health education are apparent in Romania's high rates of teenage pregnancies, which are the highest in the European Union (EU). According to Eurostat data from 2015, 12.3% of first children in Romania were born to teenage mothers, the highest percentage in the EU, followed closely by Bulgaria.[10,11] This is a worrying statistic, as pregnancy at this age is associated with a higher risk of maternal mortality.[10]

As a result of the lack of formal education, adolescents receive most of their information about contraception from their families, friends and social media. Based on a recent survey conducted among Romanian adolescents, only 5.6% of respondents had received information on LARCs from

school, and 33.1% learned about LARCs from their family and friends. As a result, misconceptions about contraception, including LARCs, are highly prevalent in in the country.[11]

Sexual health is not prioritised on a national level which exacerbates the lack of funding for LARCs

An overview of current government policies and initiatives related to sexual and reproductive health and rights (SRHR) in Romania reveals that, while the country has basic laws in place to protect reproductive rights and provide access to reproductive health services, significant challenges remain.[11] Over the past decade, funding for these services has become increasingly scarce, resulting in reduced access to previously public-funded services. This decline in support has limited the availability of critical reproductive health resources, particularly affecting low-income populations who rely on public funding for SRHR services.[11] This has especially affected the provision of reimbursed contraception, such as LARCs; because such methods require a higher up-front cost than short-acting reversible contraceptives (SARCs), the lack of funding has a stronger impact on women wishing to receive LARCs.

Limited HCP training in LARC insertion and removal, shortage of HCPs, and long waiting times negatively affect LARC access

Based on conversations with the Romania-based expert, a significant barrier to LARC access in Romania is the limited training HCPs receive on LARC insertion and removal. While training is provided during the medical education of gynaecologists and family doctors, HCPs require ongoing training and support to maintain their skills and confidence in LARC insertion. In the absence of educational opportunities, HCPs have lower awareness of LARCs than short-acting forms of contraception and therefore are less likely to prescribe them to women.[8] In addition, due to the limited training, HCPs may operate based on misconceptions on LARCs. For example, testimonials of young women demonstrate that HCPs are frequently hesitant to prescribe such contraceptives to them.[8]

Accessing health care services to obtain LARCs is a significant challenge in Romania, particularly in rural areas where there are fewer HCPs. With over half of the country's HCPs concentrated in university cities like Bucharest, Dolj, Timiş, Cluj, Mureş and Iasi, rural areas lack sufficient access to HCPs who can discuss and provide LARC access.[12] Available evidence suggests that there are not enough family planning clinics and family doctors which provide LARC services.[8,13] This limited availability is exacerbated by the fact that only gynaecologists and family doctors can insert LARCs, putting significant strain on such HCPs. As a result, there are lengthy wait times—often stretching up to a month—which add to the uncertainty and difficulty for women seeking LARCs.[11]

An additional challenge relates to the compensation of HCPs for their work. The expert shared that there is often not enough time to dedicate to LARC counselling, insertion and removal. HCPs must see as many patients as possible in a given day to ensure they are not creating unnecessary delays, and they are not separately compensated for inserting a LARC. In this funding model, prescribing SARCs is easier as it requires less time.

Lack of universal reimbursement of LARCs creates significant affordability concerns for women seeking access to such contraception

While most contraception methods, such as copper and hormonal IUDs and the oral contraceptive pill,[17] should be covered by the Romanian national health insurance, according to civil organisations representing women's rights, the Ministry of Health has not allocated the necessary funds to support universal access to contraception.[11] Specifically, the government has not provided appropriate funding for free contraception since 2013.[11] During the Policy Forum, the Romania-based expert

shared that women are therefore often hesitant to select LARCs as their preferred method of contraception as they require a high up-front cost, which some cannot cover out of pocket.

Further, the contraceptive implant is not reimbursed under the Romania national health system, which means that it is even more challenging for women to access it.[14]

3. Key policy recommendations

Based on our analysis of the identified challenges in Romania, and in close collaboration with HCPs in the field, we have developed a set of targeted policy recommendations designed to address these issues comprehensively (Table 1).

Table 1: Key policy recommendations for Romania

Policy challenges	Policy recommendations
Lack of comprehensive sexual health education limits access to LARCs and contributes to high teen pregnancy rates in Romania	• Comprehensive sexual health education should be encouraged by policymakers and offered in all schools across the country • Reputable academic and medical societies should publish online information on different types of contraception, including LARCs, to help dispel misconceptions and uncertainties
Sexual health is not prioritised on a national level which exacerbates the lack of funding for contraception	• Sexual and reproductive health should be nationally prioritised, and strategies and/or plans outlining key actions to increase contraception use and decrease unintended pregnancies should be published
Limited HCP training in LARC insertion and removal, shortage of HCPs, and long waiting times negatively affect LARC access	• Courses for HCPs to train in LARC insertion and removal should be consistently provided throughout their careers to ensure that they have the necessary skills to provide such services • Other HCP disciplines should be involved in providing LARCs to mitigate workforce shortages • HCPs should be fairly compensated for all LARC-related services, including counselling, insertion, and removal, to ensure that they have the necessary resources to provide them
Lack of universal and full reimbursement of LARCs creates significant affordability concerns for women seeking access to such contraception	• LARCs should be fully reimbursed for women of all ages to remove any affordability barriers for accessing preferred methods of contraception

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