



30 August, 2021

**Re: Supplementary Information on Romania Scheduled for Review by the Committee on Economic, Social and Cultural Rights**

Distinguished Committee Members:

This letter is intended to supplement the 6th periodic reports submitted by Romania covering the period 2014-2019, which are scheduled to be reviewed by the Committee on Economic, Social and Cultural Rights (the Committee or ESCR Committee) during its session.

ACCEPT Association and ECPI - Euroregional Center for Public Initiatives, supported by SECS - Society for Education on Contraception and Sexuality (Romania), are independent non-profit organizations hoping to assist the Committee by providing independent information concerning the implementation of the rights protected in the International Covenant on Economic, Social and Cultural Rights (the ICESCR). We hope that the Committee's review will cover several areas of concern related to the status of reproductive health and rights in Romania.

## **Key Reproductive Rights Issues in Romania (Arts. 2(2), 3, 12, 13(1) of the ICESCR)**

This letter highlights the following key concerns that violate a number of human rights obligations under ICESCR: **(1) discrimination on the basis of HIV/AIDS status, (2) the absence of mandatory comprehensive sexuality education based on evidence and human rights standards, (3) the barriers in accessing contraceptive services and information, (4) the state's failure to ensure access to safe and legal abortion services and the wide-spread and inadequately regulated practice of conscientious objection, and (5) barriers in the access to trans specific healthcare for transgender people.**

### **1. Discrimination on the basis of HIV/AIDS status**

Over the past 15 years, Romania has failed to address the needs of populations vulnerable to HIV/AIDS through its National HIV Program, adding new burdens to the reality of discrimination and stigmatization they face. The absence of a National HIV Strategy or even a National HIV Plan leads to a lack of programming and budgeting in the field of HIV/AIDS prevention, with a considerable impact on vulnerable populations.

The civil society has repeatedly requested the Ministry of Health to comply with Law no. 585/2002 (HIV/AIDS law) by adopting the National Strategy in this field, according to art. 1, (2) of the law. Starting with 2007, the suspension of the activity of the National Commission for surveillance, control, and prevention of cases of HIV/AIDS infection/National AIDS Commission (an intersectoral/inter-ministerial mechanism stated by art. 4 of the law) leads to non-compliance with the law. In the absence of this Commission, the Ministry of Health does not comply with its legal obligations to adopt the National HIV/AIDS Strategy and to fund prevention programs at national level.

The current National HIV Program is primarily focused on ARV treatment and does not provide resources for HIV/AIDS prevention. New and effective approaches to HIV prevention (PREP, PEP, test and treatment as prevention) are not implemented. At the same time, despite increasing financial allocations through the National HIV Program, the people living with HIV in Romania, including those infected with HIV as children in Romanian hospitals and orphanages are at least yearly confronted with stockouts and interruptions to vital medications thus compromising long term viral suppression and its benefits.

### Recommended Questions

1. Please explain what measures the state has taken to re-establish the National HIV/AIDS Commission as a preliminary step for adopting and budgeting HIV/AIDS Strategy.
2. What governmental efforts are being made to increase access to prevention for vulnerable and key populations, including testing and treatment as effective HIV prevention?
3. What governmental efforts are being made to restructure the mechanism of purchase and distribution of medication to prevent frequent treatment interruptions for people living with HIV?

## **2. Absence of Comprehensive Sexuality Education Based on Evidence and Human Rights Standards**

Sexuality education is not a mandatory subject in schools in Romania. *Education for Health* was introduced in the national curricula for public education in 2004 as an optional discipline and addresses only a few topics related to sexuality education. Issues such as sexual orientation, gender norms, gender identity, prevention of unwanted pregnancies and safe and legal abortion are not discussed. The number of pupils enrolled in *Education for Health* decreased sharply, from 12% in 2011-2012 to below 6% in the 2014-2014<sup>1</sup>. Schools and parents are not encouraged

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<sup>1</sup> Report available on the site of the Romanian Presidency, [https://www.presidency.ro/files/userfiles/Raport\\_educatie\\_pentru\\_sanatate\\_19\\_ian\\_2016.pdf](https://www.presidency.ro/files/userfiles/Raport_educatie_pentru_sanatate_19_ian_2016.pdf)

by the Ministries of Education, Health or the Ministry of Youth to access this form of education. The teachers continue to have no access to specific training essential in obtaining skills for teaching issues related to sexuality education, and are particularly reluctant to discuss issues related to puberty and sexuality. The information pupils receive is not rights-based nor age-appropriate.

The endemic lack of comprehensive, evidence-based sexuality education is one of the contributors to the high rates of teenage pregnancies in Romania. According to data published by EUROSTAT, Romania recorded the highest shares of births of first children to teenage mothers (with 12.3% of total births of first children in 2015).<sup>2</sup> Despite the Final Observations of 13 July 2017 of the Committee on the Rights of Child, in which it urged Romania to extend the scope of the National Program on Sexual and Reproductive Health (2013-2017) to provide comprehensive, age-appropriate health and sexuality education (CRC / C / ROU / CO / 5, para. 36 (d)), the situation in Romania has not improved. On the contrary, the Romanian Parliament in 2020 voted the Law for amending and supplementing Law no. 272/2004 on the protection and promotion of children's rights, replacing sexuality education with the so-called sanitary education. The replacement of sex education with “sanitary education” does not correspond to the purpose provided by law (art. 46 paragraph (3) letter i) of Law no. 272/2004 on the prevention of "sexually transmitted diseases and the pregnancy of minors"). At the same time, the elimination of the phrase "at least once a semester" of sex education from the law affects the interests and rights of pupils to regularly receive relevant information with an impact on their overall health, including sexual and reproductive health and rights.

### Recommended Questions

1. Please explain what measures the state has taken to establish comprehensive, rights- and evidence-based and age-appropriate sexuality education as a mandatory subject in the national school curricula.
2. Please explain what measures the state has taken to ensure that teachers of *Education for Health* are properly trained to address issues related to sexuality education such as sexual

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<sup>2</sup><https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20170808-1>

orientation, gender norms, gender identity and expression, STIs prevention, prevention of unwanted pregnancies and safe and legal abortion.

### **3. Barriers in Accessing Contraceptive Services and Information**

For almost 18 years, Romania has not adopted a National Sexual and Reproductive Health Strategy. The current National Program for Women and Children implemented by the Ministry of Health cannot in any way compensate for the lack of public policies in this specific healthcare area. As a result, the network of family planning centers created in the 1990s for accessing reproductive health information and subsidized contraceptives has collapsed, creating a significant negative impact especially among vulnerable women (unemployed women, teenagers and students, poor women, women living in rural areas, etc). The number of these family planning centers were reduced by more than 50% since withdrawal of funding, their existence being possible only in state hospitals and limited to consultations and medical advice. Without the possibility for these centers to offer free or subsidized contraceptives, they risk becoming irrelevant to their beneficiaries. No training was available for the personnel of these family planning units. At the same time, adolescent friendly services are not available in Romania. The lack of access to contraception and to accurate information about sexual and reproductive health and rights is systematically fueling the high rate of teenage pregnancy in Romania.

The government's failure to adopt a National Strategy on Sexual and Reproductive Health for a period of 18 years and allocate funds to continue providing free contraceptives and to ensure sufficient number of family planning centers demonstrates its lack of commitment to sexual and reproductive health and rights. This lack of commitment is also demonstrated by the fact that the state does not collect systematic data on contraceptive use and indicators related to sexual and reproductive health services. The latest official data available from 2016 did not follow the national report made available in 2004, a situation that led to a series of missing or inconsistent data.

### Recommended Questions

1. What governmental efforts are being made to increase access to a wide range of modern contraceptive methods by making them accessible for vulnerable and marginalized women, given the recent lack of funds allocation to the program on free contraceptives?
2. Please explain what measures have been adopted by health authorities to ensure collection, on a systematic basis, of comprehensive data on reproductive health.
3. Please indicate what steps the government is taking to adopt, allocate funds and implement the National Strategy on Sexual and Reproductive Health.

#### **4. Barriers in the Access to Safe and Legal Abortion Services**

The right of women to decide on whether to have a child or not is codified in the Law 46/2003 on Patient's Rights, article 28. Abortion is considered unlawful in the article 201 from the Penal Code when it is performed outside the health care units specially authorized to provide abortion; when it is provided without a woman's consent; or when the pregnancy is over 14 weeks, except in cases of therapeutic reasons. Despite this legislation, women's access to safe and legal abortion is obstructed by the practice of conscientious objection among individual health professionals and sometimes by entire medical units.

Abortion on request is not subsidized, while over 30% of public hospitals are refusing legal abortions in accordance with the 2019 study conducted in this area by the Romanian NGOs FILIA and ECPI.<sup>3</sup> Given the financial shortage the women may face, the lack of information about the medical procedure for termination of pregnancy, the refusal of state medical units to fulfill their legal obligations to perform medical intervention in accordance with the law, and the lack of access to emergency contraception, women in Romania continue to resort to illegal

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<sup>3</sup> Research report „Refusal to perform abortion on request in Romania” (2019), available in Romanian at <https://centrulfilia.ro/new/wp-content/uploads/2021/01/Raport-avort-2019.pdf>

and unsafe abortions, and the situation has worsened since the beginning of the COVID pandemic. The Romanian state has failed to adopt legislation banning institutions from invoking conscientious objection that can lead to between unsafe, illegal abortions, maternal mortality and morbidity, in particular in the rural areas.

### Recommended Questions

1. Please provide information on measures taken by the government to ensure that women have access to accurate information about the availability of legal and safe abortion, including low-income women, women living in rural areas, and adolescents. In that regard, please provide information on measures that the government is taking to improve access to emergency contraception and medical abortion.

2. Please provide the measures that the government is taking to ensure that the exercise of conscientious objection does not jeopardize women's access to lawful abortion services, especially for women living in rural areas, adolescent girls and other disadvantaged groups.

## **5. Barriers in the access to health services for transgender people**

There are no official medical protocols adopted in Romania to serve this minority group or specialized training for professionals on providing healthcare services for transgender persons. Therefore, trans community is lacking access to healthcare services that are specialized in supporting medical transition, while discrimination in accessing ordinary healthcare services is rampant. Aside from hindering access to healthcare, the lack of expertise in this specific health area is directly affecting their access to legal gender recognition because judges require a mandatory medical evaluation.

Access to various trans-specific healthcare services is obstructed by mistrust in health specialists and the financial costs, because the health insurance covers only a fraction of these services, if at all. For specialized services (psychologist, psychiatrist, endocrinologist, etc.), the financial effort falls mostly on the shoulders of the transgender beneficiary. An ACCEPT study focusing on the needs of transgender population in Romania revealed these realities that often

function as real barriers for transgender people. ” Mistrust in the unsupportive or unprofessional attitude of some of the specialists, the high costs of tests, treatments and interventions, as well as the limited access to viable solutions lead to situations of partial or total avoidance of the health system. Some transgender people choose *unsafe, sometimes risky options, such as self-medication with hormones ordered from the Internet (often from steroid sites), on the advice of people they know more or less*. This fact, which causes many to turn to black market products (ordered online), is also caused by the frequent lack of suitable substances in Romanian pharmacies”.<sup>4</sup>

### Recommended Questions

1. Please provide information about the Government's initiatives to introduce topics related to transgender health care in the curricula developed for medical providers as a way of improving medical students' and residents' training and awareness.
2. Please provide information on access to sexual and reproductive health services for transgender people. Please highlight the measures the government is taking to ensure the access of transgender people to such services and to eliminate discrimination based on gender identity within the health care system.

## **6. Suggested Recommendations**

We respectfully suggest that the Committee consider issuing the following recommendations to the Government of Romania:

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<sup>4</sup> Report made available by ACCEPT Association in November 2020, available at [https://transinromania.ro/wp-content/uploads/Trans-in-Romania\\_EN.pdf](https://transinromania.ro/wp-content/uploads/Trans-in-Romania_EN.pdf), p.86.



- Establish comprehensive, rights- and evidence-based and age-appropriate sexuality education as a mandatory subject in the national school curricula and equip teachers with the necessary skills to teach the subject.
- Adopt the National Strategy on Sexual and Reproductive Health and increase access to free contraceptives for vulnerable women. Improve knowledge of contraceptive methods by organizing and supporting awareness-raising campaigns on contraception that provide accurate and non-judgmental information on use and effectiveness
- Remove barriers in the access to safe and legal abortion services and ensure access to affordable abortion services by including the cost of abortion on request in the public health insurance scheme.
- Ensure that access to reproductive health services is offered by every specialized medical clinic and is not limited by health professionals' exercise of conscientious objection by adopting necessary regulations and putting in place effective oversight and monitoring mechanisms. Ensure that the health care institutions do not use conscientious objection as an excuse for not providing legal abortion services.
- Reinstate the National HIV/AIDS Commission, adopt and fund the National HIV/AIDS Strategy with a focus on prevention among vulnerable groups and key populations at increased risk of HIV and treatment for people infected with HIV.
- Adopt medical protocols and implement training for professionals on providing healthcare services for transgender persons.
- Adopt and implement in Romania the WHO standards of depathologization of gender identity (ICD 11).
- Ensure that essential trans-specific healthcare services (access to endocrinologist supervising hormonal transition, hormone panels blood tests) and essential hormones (estrogens, testosterone, progesterones) part of the WHO essential medicine list are available free of charge for transgender persons as part of National Health Insurance schemes.

There remains a significant gap between the provisions of the International Covenant on Economic, Social and Cultural Rights and the reality of women's reproductive lives in Romania. We appreciate the active interest that the Committee has taken in the reproductive rights of women in the past, stressing that governments are under an obligation to ensure the realization of these rights.

Sincerely,

Teodora Roseti Ion Rotaru  
Executive Director  
ACCEPT Association



Florin Buhuceanu  
Executive President  
Euroregional Center for Public Initiatives

A handwritten signature in blue ink, appearing to read "Buhuceanu".