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**Romania profile of the sexual and reproductive health services available at primary care level**

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## Assignment

Design your country profile of sexual and reproductive health services available at primary care level ([The role of primary care in enhancing sexual and reproductive health – Laura Guarenti](#)).

### SRH services offered in Romania

The Romanian health system is a social insurance type, aiming to provide equitable and undiscriminatory access to a baseline service pack for those insured. Thus, accessibility to medical services constitutes a continuous preoccupation of the Ministry of Public Health.

Determining factors which influence the degree of accessibility of population to health services are generally represented by the level of poverty, unemployment, occupation, residency, insurance status in the social insurance health systems, degree of medical personnel coverage.

The activity displayed for promoting the reproductive health policy is included in a legal border represented by the following national programmes:

- The pilot programme Health Caravans aims at facilitating access to health services of populations from isolated areas, where other means of providing healthcare services cannot be ensured. By introducing this system evaluation of the health status of the population becomes possible, early diagnosis and correct treatment of transmissible diseases, as well as improvement of the degree of education for health of the population.
- The surveillance and control of sexually transmitted infections programme.
- The national strategy for surveillance, control and prevention of HIV/AIDS infection cases.
- The national community assistance and actions for health programmes implementation.<sup>1,2,3</sup>

### SRH services which are not provided at PC level

In Romania, the primary healthcare network, as well as the national family-planning practices network succeed to offer both medical services and general information for patients concerning reproductive health issues. Even though, the Ministry of Public Health designed several strategic lines for the improvement of medical proficiency in this field:

- Increased accessibility to medical services.
- Reducing the impact of major impact transmissible diseases on public health (HIV, tuberculosis, sexually transmitted infectious diseases, nosocomial infections), as well as that of chronic diseases. Focussing preventive actions and providing baseline services to populations at increased risk.
- Shifting accent towards preventive healthcare services and increasing the level of education for health of the population, with regards to adopting healthy lifestyles.
- Development, upgrade of medical services providers infrastructure and facilitation thereof with medical equipment and specific means of transportation.
- Development of human resources according to population needs.

- Identifying new flexible ways to provide healthcare services in isolated and economically underdeveloped areas.<sup>4,5</sup>

## **Human resources who provide the SRH services**

Medical staff involved in SRH services is represented by physicians from the primary health network, as well as family-planning practices. There are also different non-profit governmental organisations that offer free consultancy in this domain.

## **The competencies of the staff who provide the SRH services**

Qualified medical staff providing services in this field presents the „Reproductive Health and Contraception” competence. This competence is obtained after attending a course held in several university centres throughout the country, with an exam for knowledge evaluation at the end.

## **Barriers to access the SRH services in Romania**

Accessibility of medical healthcare services is determined by the convergence of offer and request of such services, or, otherwise said, the real availability of healthcare facilities compared to the request based on the real need for health. Disparities in access to healthcare appear for at least four reasons: ethnical or racial; economic, including here the direct expenses supported by the population (co-payment, costs related to treatment and hospitalisation) as well as indirect (transportation costs, awaiting time); inadequate geographic placement of healthcare facilities; unequal quality of services of the same type.

In Romania, all types of inequities in access to healthcare services are distinguishable, which will determine inequity in the health status of different population subgroups, of communities from different geographic areas and economically underdeveloped groups. These disparities manifest through a modest level of baseline indicators for health status (life expectancy at birth, infantile mortality, general mortality due to avoidable death causes, degree of morbidity, years of healthy life) and also by the low level of awareness regarding risk and protective factors of health.<sup>6</sup>

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