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Access to emergency contraception in some countries of the Balkans, Eastern Europe and Central Asia

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Emergency contraception (EC) methods are available in most countries of the Balkans, Eastern Europe and Central Asia sub-regions. However, information on equality of access to EC methods within these sub-regions has not been assessed or described.

In 2014-2015, the European Consortium for Emergency Contraception (ECEC) conducted a survey to gain knowledge about EC accessibility in non-European Union countries from the Balkans, Eastern Europe and Central Asia; ECEC uses the World Health Organization (WHO) definition of European region. The expert-based survey assessed the availability and legal status of different EC methods; prescribers and places of delivery; costs and reimbursement policies; availability of data on estimated frequency of use and of clinical and service delivery guidelines; and common practices at the country level.

This factsheet summarizes the main findings of this survey as of October 2015, and includes data from the 15 countries we succeeded in collecting data from: **Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Georgia, Kazakhstan, Republic of Moldova***, Russian Federation, Serbia, Tajikistan, Turkey, Ukraine and Uzbekistan.

No information was obtained from Kirgizstan and Turkmenistan. If subnational policies apply for specific sub-regions or autonomous territories of a given country, these may not have necessarily been captured in this factsheet. For more detailed information on each country or for information on EC access in other European countries, please visit the **Country-by-Country Information** section of our website (www.ec-ec.org). If you believe that information presented here is inaccurate or outdated, please contact us at info@ec-ec.org. This factsheet can be found at: www.ec-ec.org/resources/publications.

..... **What is emergency contraception?**

Emergency contraception (EC), also known as *postcoital contraception* or more casually, *the morning-after pill*, refers to contraceptive methods that women can use to prevent pregnancy after unprotected or inadequately protected sexual intercourse. EC is an essential component of women's reproductive health and rights.

Currently, there are four main types of EC methods available and used in these sub-regions: three different types of EC pills (ECPs) and the emergency insertion of a copper intrauterine device (Cu-IUD). The types of ECPs are:

*Excluding the Transnistrian region.

- Emergency contraceptive pills with 1,5 mg of **levonorgestrel** (LNG ECPs), a well-known progestin, commercialized under names such as *Escapelle*, *Escinor*, *NorLevo*, *Ned72*, *Postinor*, *Postinor-2*, *Rely-X* or *Vikela*, among others.
- Emergency contraceptive pills with 30 mg of **ulipristal acetate** (UPA ECPs), the new generation of Selective Progesterone Receptors Modulator (SPRM), and commercialized under the names of *Dvella* or *ellaOne*.
- Emergency contraceptive pills with 10 mg of **mifepristone** (Mife ECPs), a well-known SPRM, and commercialized mostly under the brand *Gynepriston* (or *Gynepristone*).

An older ECPs regime, called Yuzpe, consists of a higher dose of regular combined progestin and estrogen contraceptive pills. The use of this regimen seems to be more marginal since more effective methods have become readily available, although it is still used in some countries, such as the former Yugoslav Republic of Macedonia, where a prescription is required to buy the regular combined oral contraceptives needed to make the EC doses.

Since 2015, LNG ECPs are included in the 19th WHO Model List of Essential Medicines (EML), which presents a list of minimum medicine needs for a basic healthcare system, listing the most efficacious, safe and cost-effective medicines for priority conditions.¹ As of June 2016, LNG ECPs are included in the national EMLs of at least Armenia, Georgia, Republic of Moldova, the Russian Federation, Serbia, Tajikistan and Ukraine.²

Where is EC available?

- **LNG ECPs** are available in all 15 countries under different commercial names.
- As of October 2015, **UPA ECPs** are registered in all countries except for Albania, Azerbaijan, the former Yugoslav Republic of Macedonia, Georgia, the Russian Federation and Uzbekistan.
- **Mife ECPs** are found in the markets of four countries: Armenia, Republic of Moldova and Ukraine.
- While data on the use of **Cu-IUDs as emergency contraceptives** has not been collected, we found that in six countries, this EC method is included in the reference guide: Armenia, Azerbaijan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.
- In five countries, local guidelines still include recommendations about the **Yuzpe method for EC**. Those countries include: Belarus, the former Yugoslav Republic of Macedonia, Republic of Moldova, Ukraine and Uzbekistan.

1. WHO. *19th WHO Model List of Essential Medicines (April 2015)*. Annex 1. Available at:

http://www.who.int/medicines/publications/essentialmedicines/EML2015_8-May-15.pdf. Accessed 4 November 2016

2. International Consortium for Emergency Contraception (ICEC). *Emergency Contraception in National Essential Medicines Lists*. June 2016. Available at http://www.cecinfo.org/custom-content/uploads/2016/07/ICEC_EC-in-EMLs_June-2016.pdf. Accessed 15 September 2016.

Prescription requirements for EC pills

- LNG ECPs can be obtained directly from a pharmacy without a doctor’s prescription in all countries except for Albania, Bosnia and Herzegovina, Kazakhstan, Ukraine and the Russian Federation, where officially these pills are registered as a prescription-only drug.
- As of October 2015, UPA ECPs are registered as prescription-only products in the nine countries where they are available.
- Mife ECPs are registered as a prescription-only drug in Armenia, the Russian Federation and Ukraine, and sold behind the counter in the Republic of Moldova.

However, anecdotal data suggests that, despite the regulations and the official status under which different ECPs are registered, both LNG and UPA ECPs can often be bought without a prescription from pharmacies in Albania, Bosnia and Herzegovina, Kazakhstan, Serbia, the Russian Federation and Ukraine. Additionally, and despite not being registered locally, in the Russian Federation, it appears that UPA EC can be obtained from neighbouring countries via the Internet. In Uzbekistan, from 2013 until May 2015, the status of one brand of LNG EC was changed from Over-The-Counter to prescription-only, but this has since been reversed and it is now available directly from pharmacies again.

TABLE 1. LEGAL STATUS OF ECPs

COUNTRY	LNG ECPs	UPA ECPs	Mife ECPs
ALBANIA	Prescription	-	-
ARMENIA	Behind the counter	Prescription	Prescription
AZERBAIJAN	Behind the counter	-	-
BELARUS	Behind the counter	Prescription	-
BOSNIA AND HERZEGOVINA	Prescription	Prescription	-
FYR MACEDONIA	Behind the counter	-	-
GEORGIA	Behind the counter	-	-
KAZAKHSTAN	Prescription	Prescription	-
REPUBLIC OF MOLDOVA	Behind the counter	Behind the counter	BTC
RUSSIAN FEDERATION	Prescription	-	Prescription
SERBIA	Behind the counter	Prescription	-
TAJIKISTAN	Behind the counter	Behind the counter	-
TURKEY	Behind the counter	Prescription	-
UKRAINE	Prescription	Prescription	Prescription
UZBEKISTAN	Behind and over the counter	-	-

Over-The-Counter vs. Behind-The-Counter

Where LNG ECPs can be obtained from pharmacies and without a prescription, they are generally stored *Behind-The-Counter* (BTC), meaning they are not displayed on the pharmacy shelf and the customer needs to ask the pharmacist for the product. The only country where LNG ECPs can be bought without interacting with the pharmacist (*Over-The-Counter*, or OTC) is Uzbekistan, where the pill blisters are also found stored directly on the retailers' shelves.

Where can ECPs be obtained?

In all of the countries listed, ECPs are available in pharmacies. In the Russian Federation and Tajikistan, ECPs can also be obtained at family planning clinics and public hospitals. In parts of Tajikistan, ECPs are distributed as humanitarian aid. In Armenia, ECPs can be obtained in Public Women's Health Centers and some outpatient departments of public hospitals. In the Republic of Moldova, EC can also be obtained at Youth Friendly Health Centers and Reproductive Health Offices.

Who can prescribe EC?

In all of the countries, physicians are allowed to prescribe ECPs. In the former Yugoslav Republic of Macedonia, gynaecologists are the sole health care professionals who are authorized to prescribe or provide LNG EC as well as the regular combined oral contraceptives that make up the Yuzpe method. At the moment, gynaecologists are also the sole cadre of health care providers authorized to prescribe LNG ECPs and UPA ECPs in Bosnia and Herzegovina. However, efforts are underway to develop a new family planning curriculum for family physicians, based on the WHO's *4 Cornerstones of Family Planning Guidance*. Gynaecologists and family doctors are the most common contraception prescribers in the Republic of Moldova and Ukraine. In Belarus, physicians, midwives, nurses, and pharmacists can prescribe or provide LNG EC.

Cost and reimbursement policies

There are large differences in the price of ECPs across the countries analysed.

- In general, Mife ECPs are priced the lowest, followed by LNG ECPs (except in the Russian Federation, where Mife ECPs are slightly more expensive than LNG ECPs).

- The lowest average price of LNG ECPs is found in Albania (4.1 €). In Azerbaijan, Georgia, Kazakhstan, Tajikistan and Turkey, LNG ECPs cost between 5 and 6 €. In the former Yugoslav Republic of Macedonia, Republic of Moldova, Armenia and Serbia, LNG ECPs cost between 8 and 9 €. In Belarus, Ukraine and Uzbekistan, the price of LNG ECPs range between 9 and 14 €, and the highest price is paid in Bosnia and Herzegovina at more than 18 €.
- Tajikistan has the lowest priced UPA ECPs at 5,3 €. In Kazakhstan, Turkey and Ukraine, the price of UPA ECPs range from 13 to 15.7 €. In Belarus, Rep. of Moldova and Armenia, prices range from 17 to 19.5 €. In Serbia, UPA ECPs cost as much as 24 €, and in Bosnia and Herzegovina they cost almost 28 €.
- The average price of LNG ECPs across the 15 countries is 8.2 €; for UPA ECPs across the nine countries where it is available, the average price is 17.2 €; and the average price of Mife ECPs is 6.2 €.

TABLE 2. AVERAGE PRICE OF ECPs

COUNTRY	Average price of LNG ECPs (2015)	Average price of UPA ECPs (2015)	Average price of Mife ECPs (2015)
ALBANIA	4.1	-	-
ARMENIA	8.5	19.5	6
AZERBAIJAN	5	-	-
BELARUS	9.5	17	-
BOSNIA AND HERZEGOVINA	18.5	27.6	-
fYR MACEDONIA	8	-	-
GEORGIA	5.4	-	-
KAZAKHSTAN	5.5	15.1	-
REPUBLIC OF MOLDOVA	8	17	4.4
RUSSIAN FEDERATION	7.5	-	8,5
SERBIA	8.8	24	-
TAJIKISTAN	5.8	5.3	-
TURKEY	5.1	15.7	-
UKRAINE	10.2	13.7	6.1
UZBEKISTAN	11.9	-	-

Generally, no reimbursement mechanisms are in place in the countries analysed, and the full cost of EC comes directly from the user's pocket. In Armenia in 2015 the government pledged to procure free contraceptives, including EC, for certain populations. Only in three countries is EC provided free of charge to specific population groups:

- In Kazakhstan, EC is distributed for free by family planning clinics and youth clinics in regions of the country where the local health department procures EC.
- In the Republic of Moldova, EC is provided free of charge to women under 21 years and to women from low-income settings.
- In the Republika Srpska, one of the entities of Bosnia and Herzegovina, the cost of LNG EC and UPA EC is fully subsidized when procured with a prescription; in the rest of the country, though, the cost of EC is not reimbursed or covered by social security.

Knowledge of EC

Six countries have some data on EC knowledge among women: Armenia, Azerbaijan, Bosnia and Herzegovina, Republic of Moldova, Tajikistan and Ukraine. In general, the level of knowledge of EC among all women aged 15-49 years is low, although it ranges from 7% in Azerbaijan to 62.8% in the Republic of Moldova.

TABLE 3. KNOWLEDGE OF EC

COUNTRY	All women aged 15-49 (%)	Married women (%)	Among women not married or in union (%)
ARMENIA	26.8 (2010)	33.3 (2010)	-
AZERBAIJAN	7 (2011)	9.4 (2011)	-
BOSNIA AND HERZEGOVINA	61.8 (2011-2012)	58.9 (2011-2012)	86.1 (2011-2012)
REPUBLIC OF MOLDOVA	62.8 (2012)	64.1 (2012)	74.1 (2012)
TAJIKISTAN	16.5 (2012)	21.5 (2012)	-
UKRAINE	51.1 (2012)	52.6 (2012)	61.4 (2012)

Estimated use of EC

All countries assessed have some statistics on use of modern contraceptive methods and can be divided into three groups:

- Use of modern contraceptive methods is less than 20% in Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, Georgia, Serbia and Tajikistan.
- Use of modern contraceptive methods is between 20% and 50% in Armenia, Turkey and Ukraine.
- Use of modern contraceptive methods is higher than 50% in Azerbaijan, Belarus, Kazakhstan, Republic of Moldova, the Russian Federation and Uzbekistan.

Only four countries have data, which is rather old, about ever use of EC:

- 0.1 – 0.6% in Azerbaijan (2011)
- 0.3% in Georgia (2010)
- 2.2% in Kazakhstan (1999)
- 2.3% in Turkey (2008)

These figures are at least 10 times lower than European Union member states where on average, 20% of women of reproductive age have ever used EC (from 13% in Germany, up to 61% in the United Kingdom). There is no data about EC use during the past 12 months or repeated use of EC during the past year in the countries assessed.

Common practices

Health personnel do not provide general information about EC during regular consultations, and *rarely or only sometimes* prescribe EC in advance of need. In practice, pregnancy tests or pelvic exams are generally not required before providing ECPs, except in Georgia and Tajikistan where health care providers are more prone to run these tests routinely. In the remaining countries, they are conducted only under specific circumstances, such as when a pregnancy is suspected.

Summary and recommendations

Accessibility to different EC methods varies significantly within the group of countries assessed, indicating a lack of an evidence-based approach in the design of policies. Anecdotal data also suggest that the implementation of such policies is not closely followed, as revealed

in the gap between the official accessibility status of different EC methods and the way in which these methods are actually obtained. Data on EC knowledge is scarce and outdated, and it points to a substantial lack of familiarity with post-coital contraceptive methods, especially in the Central Asia sub-region. Information on EC use is lacking, and the very limited and outdated data available point to very low use of this method. Costs vary widely and may also be an important barrier for access, as only in three of the countries is EC available free of charge in specific cases. The price of LNG and UPA ECPs may be a deterrent for use, although further analysis is needed. The fact that pregnancy tests are occasionally required prior to providing EC pills may also indicate that knowledge about EC methods among healthcare providers is limited.

With post-coital contraceptive choices expanding in this region, women would benefit from receiving up-to-date and evidence-based information on the options they have, ahead of their need. Support should be given to health providers and pharmacists in order to help them update their knowledge on these methods so that they can provide the best counselling possible. Gratu-ity provision mechanisms should be promoted so that cost is not a barrier and all women in need of post-coital contraception can actually use it.

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The European Consortium for Emergency Contraception is a network of individuals and organizations that aim to increase **knowledge** and **access** to emergency contraception in Europe. ECEC is hosted by the East European Institute for Reproductive Health (1 Moldovei St, 540493 Tirgu Mures, Romania).

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