

THIS IS THE  
FUTURE OF  
ABORTION:  
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THE TEST, TAKE  
THE PILLS, AND  
WE, PROVIDERS,  
WILL NOT EVEN  
KNOW THAT THEY  
HAVE HAD AN  
ABORTION.

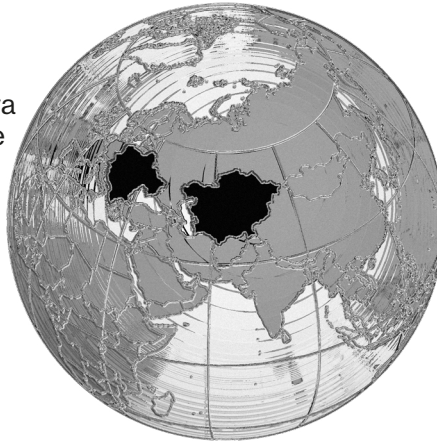
Rodica Comendant  
( Reproductive Health  
Training Center – RHTC)

**This interview was made on Friday,  
the 16th of June 2023, at 2:30 pm.**

**by Alexandra Ivanciu and Jolanta Nowaczyk**

## Could you please introduce yourself?

I am Rodica Comendant. I am an Obstetrician-gynaecologist. I live in Moldova and all my life I have lived in Moldova. Since 1998 we have created the NGO called Reproductive Health Training Center and I've been the director. I am also teaching at the Medical University in Moldova. I am an international trainer on safe abortion methods, comprehensive abortion care, and family planning, certified trainer on Family planning from WHO and the European Society on Contraception. As an NGO, we are ASTRA members, members of the International Campaign for Women's Right to Safe Abortion, and also in 2016 we've been nominated by UNFPA<sup>1</sup> as a regional training center on the development of evidence-based protocols and guidelines on sexual and reproductive health for Eastern Europe and Central Asia.



## What are the main activities and current programs of the RHTC at the moment?

At the moment we are having two regional projects, one sponsored by Safe Abortion Action Fund, and another - sponsored by GCC Options Initiative from Canada. Both projects are dedicated to the promotion of self-managed medical abortion or abortion via telemedicine as an alternative way of service delivery, to improve access, quality of services, women's autonomy, and the respect of women's rights to have safe abortion services. In the post-conflict area of Moldova, we also have a project sponsored by the Safe Abortion Action Fund where we are scaling up our experience of using telemedicine for medical abortion. We have just started in Transnistria, but

also in Kyrgyzstan the pilot studies on using telemedicine for medical abortion. But it's not only about this, it's also about involving the Ministry of Health in increasing the level of understanding, of knowledge on what self-managed abortion means and using telemedicine for abortion care, promoting the WHO recommendations on quality abortion services and also post-abortion contraception, how this is related to women's rights and general human rights.

In Moldova, we just finished a very interesting project financed by the Finland Embassy in Bucharest. This is the second time they have given us the grant. We are working on improving the quality and access to reproductive services for people with disabilities, different types of disabilities. We have just finished another project sponsored by the Swedish Institute, a very interesting project. We involved students from the 6th year of Medicine University and trained them on how to transmit information in a more friendly manner on sex education. And after that, they conducted training themselves for the students from the first and second years of study. We also asked them to conduct a similar training in Transnistria, for 25 NGO representatives, working in the field of adolescent health, women's rights, sexual reproductive health, and rights.

In Moldova, we also have just started a project with the WHO country office, intending to promote the latest WHO recommendation on safe abortion and also to update the national standards and align them as much as possible to the latest WHO recommendations.

We are involved with the UNFPA, as a consultant to include the area of sexual and reproductive rights and health for people with disabilities within the program

<sup>1</sup>United Nations Population Fund

which is the stage of development by the Ministry of Social Protection on Social Inclusion of People with Disabilities.

**It really sounds amazing. We already knew before that you are the model for telemedicine in Europe and not only. How did you manage to start this so fast and efficiently in Moldova?**

It worked very well because I think for the right people at the right moment, the pandemic served as a catalyst agent. We conceived this project long before the pandemic. When the pandemic started, by coincidence, we were ready to start. But I don't believe in coincidences, I believe in good and strong strategies, courage, and enthusiasm!

So in March 2020, when everything got closed, we were ready to launch the project and instead of 200 women, in 2 months we enrolled almost 500. We were the only way for women to access safe abortion. And it was a big request for the services from women. It went very well, the efficacy was high, with a low level of complications, or situations when women needed to come for a visit in person. But you should understand that it does not come from anywhere. The good outcomes were based on a very good knowledge of the medical abortion method, we have worked with medical abortion since 2001, and we conducted a lot of introductory studies in Moldova and in the region. Besides this since 2001-2002, there was a good development, in the field of safe abortion: the introduction of medical abortion in the University and post-graduate curriculum and in the national protocol; we at RHTC are trainers so we know very well how to transmit the information. Besides

this, here in Moldova, the SRI-approved combi pack of Mifepristone and Misoprostol was registered and available... We are a good team, we benefited from the support of the Ministry of Health. The pandemic also helped, as I said.

In March we started the project. In April WHO published a report on maintaining essential services in COVID time and abortion was mentioned as an essential service and there was a very clear recommendation on using telemedicine. In the middle of the project, when our national protocol was in the process of updating, we addressed the Ministry with the request and they did introduce the chapter on "Medical Abortion via Telemedicine," in the policy document. Since then, RHTC has continued to provide MA services using telemedicine for people abroad and in the country.

**So to which countries is this service available?**

It's very interesting. Medical abortion is available in the majority of European countries. But I'm not sure where it is available via Telemedicine...Recently colleagues invited me to Zagreb to speak about medical abortion and I discovered that in Croatia there is no access at all to medical abortion. A colleague from Italy came and she also said that it is impossible to get it in Italy!

So we have had Moldovan women, who don't have official permission from Germany, Italy, the UK, Ireland, France, and even Poland, accessing our services. Their relatives or friends manage to send them the packages by buses, then we consult and support them through the process.

**Let's talk a bit about the organization. It seems like you are so active. How are you organized? How many volunteers do you have?**

We don't have volunteers. We used to have, but in Moldova, we really face the problem of lack of people. The young generation prefers to go abroad, study abroad, and work abroad, so it is difficult. So when we have a new project, we have to think carefully because we are a small organization, with 5 to 7 people and external consultants.

Three years ago we moved to another office to make it accessible for women with disabilities, we renovated it completely to create full accessibility for them and we started to officially provide services, which was very good from the point of view of organizational sustainability. So we have a team: doctors, an ultrasound specialist, and a nurse.

We provide abortion services and are learning at the same time. You cannot stand in front of a group of providers teaching them how good it is to provide abortion via telemedicine and not do this yourself, so you need to practice, you need to keep being an abortion provider to have the right to insist on something.

We are always looking for funding like every NGO and we are lucky to have help for the second time from GCC Canada and also from SAAF and another partner providing us a flexible grant. These donors are not like traditional donors, they are real partners. They help you, they invest in your capacity, they support us and they are very keen to share our success. I was very impressed about this support because this region is not so interesting for donors: we don't have high mortality due

**you cannot retire from a cause**

to abortion, abortion is legal, provided in public and private institutions. In fact, it is a good region when it comes to reproductive health services and respect for women's rights. So the fact that they are offering us the third and fourth grants it's because we are creative, brave, and trustful. When you go to another country for example (we are working in five countries) and stand in front of the Ministry of Health, you need to be trustful, have a good experience, knowledge, and the power of convincing others. Then step by step you change the discourse, you change how people talk about abortion! When you come the first time it's "No, no, let's call it pregnancy termination, let's say we are not promoting abortion", like we are doing this and we need to be sorry we are doing this!

The discourse is changing, people are becoming brave, and they start understanding that it's about women's rights and health. It's not easy, but it's very interesting, engaging with great enthusiasm in this topic.

This is the cause of my life! This is why at 60 I am not staying at home and I am still doing these projects! I once met a nice lady at an international conference in India. She was from the Philippines, at 75, and still present with speeches at the conference and very active. When I asked her "Why don't you retire?", she said, "You cannot retire from a cause!". Since then this is my motto too! And I am glad when I see young people like you who are following our paths. This means that what we've done, me and my generation, is not for nothing, We left some very good achievements.

**Yes! And models!**

**And speaking of models and access to abortion, I saw on your website that you also provide a help desk for people who have some questions regarding the process of taking pills.**

**What kind of obstacles are people facing, and what are the most common reasons they are calling?**

**And what kind of help is your organization providing?**

Well, there are many myths about abortion, you know!

And this myth regarding the fact that abortion will lead to infertility and destroy your health. These are the main reasons why people are calling and the first question is “Are you going to provide me a safe service? Will it be ok for me?” Also, the stigma still exists even in Moldova, when they want the service to be confidential. When we asked our patients “What did you like the most in the telemedicine abortion service?”, even during the pandemic the answer was “Confidentiality and commodity”, so they felt comfortable, not risk to get infected or other risks, but confidentiality and comfort. Less and less we have calls from women who are having late, like 13 to 20 weeks pregnancy, because we have good access. During these 20 years of working, we managed to create good access to services in the entire country. So we don't have very serious problems like in other countries. For example, for adolescents and young women under 24, the services are free of charge in the network of Youth friendly clinics. So it's not comparable to other countries where abortion is illegal, but the stigma still exists, the fear of being blamed or accused. So we provide the answers to their concerns and we provide a very friendly abortion service.

**When we were reading on your website about the Helpline, it was mentioned at some point buying Metabon from the pharmacy, so I just wanted to clarify, is Metabon accessible in the pharmacy?**

Yes, it was also part of our activity, we insisted that all the drugs for medical abortion should be found in the pharmacies. And it is said it is prescription based, but in fact, if you really want to purchase it over the counter, you can get Metabon even without a prescription.

And of course, we would like them to have easy access, but on the other side, we want them to feel supported, safe, to be informed. So, we say, if you bought it and you want us to help you, just let us know!

**And how much does it cost?**

It was around 10-12 dollars.

**And until what week is it used?**

Until the 12th week. And after 12 weeks on a long list of social and medical indications, in the hospitals.

**Amazing!**

What country are you from? You are from Romania. And you?

**Poland. Jolanta is part of Ciocia Czesia.**

Oh my God! Yes, we've had patients from Poland, and Moldovan women addressed to us, meaning that it is possible to get medical abortion in Poland.

**Yes, and it is easier to get abortion pills in Poland than in the Czech Republic for example, because**

**they are really not well known and doctors are not happy to use them. They usually just offer vacuum.**

Let us know, maybe we can help you, I am also consulting for WHW.

**Yes, we are in contact with WHW and sometimes they send pills to the Czech Republic or Slovakia for example.**

Yes, me and my colleague are the doctors who provide consultations for the help desk and some training and information. It's another way how I became so courageous, from my experience assisting WHW. So you see, I am not a very traditional doctor. On one hand, I am still an OBGYN and I respect the medical system, but on the other side I understand that this is the future of abortion: women will do the test, take the pills, and we, providers, will not even know that they have had an abortion. I accept this and I accepted this from the very beginning by comparison to my colleagues who are very resistant and don't want to delegate, to empower women in the abortion process\*. People are smart enough to understand, they only need good information and a good pill!

**We always have one question at the end about how people can contribute to your organization.**

Yes, if you look at the website, there is a place called "Please support us!". Thank you, that would be useful! We are now having a so-called flexible grant from Equality Fund, it's how we procure Metabon and how we can offer free-of-charge services. If you can promote us a little bit, we would be grateful!

We have free-of-charge services for adolescents and refugees from Ukraine... Thank you!

**Thank you very much for participating!**

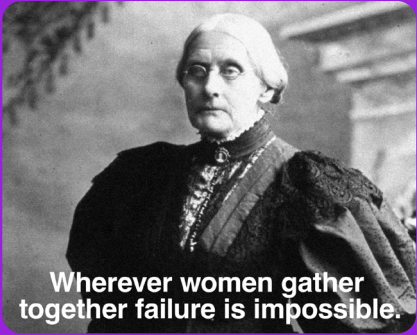
Library of  
Collective  
Disobedience



Support or  
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Wherever women gather together failure is impossible.

Susan B. Anthony

abortion = inferiority  
**abortion is**  
abortion = bad health

