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Disparities in women's access to reproductive healthcare

Abstract
The health system characteristics sometimes can respond the needs of some population groups more widely than others. Women are more disadvantaged than men in some points of access to healthcare. Reproductive healthcare, as an important aspect of every woman's life is sometimes more difficult to access due to geographical, financial, cultural and social barriers, moral stigmas and prejudices. The chapter provides an insight into diversities, benefits, good practice and successful program implementations related to access to reproductive healthcare in four-member states of European Union: Croatia, Germany, Poland and Slovenia. Different solutions are offered according to the scope and severity of the problem in each country. Countries are trying to overcome existing obstacles at the state, local and institutional levels by drafting instructions and guidelines in comparison to current regulations. The desire to progress and overcome disparities in women's access to reproductive healthcare was recognized in all observed countries while the development of telemedicine was most prominent in the COVID-19 pandemic.

1. Introduction

Being in good health is an advantage. As a major determinant of quality of life, well-being and social inclusion, good health also contributes to both, social and economic growth. However, many factors affect the health status of one population and can be addressed by regional or national health policies. Obstacles in access to healthcare services include expenses, distance, waiting times, lack of cultural sensitivity and discrimination leading to inequalities in healthcare

which ultimately represent a burden on individual's health and a loss of productivity and costs associated with social protection systems.[1] Weaknesses and benefits of health systems are country-specific.[2] Doričić et al. investigated diversity competency as well as access to healthcare in four states, Croatia, Germany, Poland and Slovenia.[3] Despite the fact that all four are EU members, selected countries have different health organization. Differences in socio-cultural demography as well as variety in economic developments also contribute these diversities. The authors studied hospital internal documents on improving access to healthcare for minorities and estimated there is a need for advancement in application of specific hospital policies.

By observing four states, Croatia, Germany, Poland and Slovenia, according to Eurostat data from 2014, most common reasons for unmet healthcare needs were long waiting lists, followed by high cost and distance or transportation.[4] A key component of person's fundamental right to health is access to healthcare and all citizens must be provided accessible, proper and effective services.[5] There are significant differences in women and men considering health and disease.[6] Because they are more aware of their health status, women use healthcare services more frequently. On the other hand, men are often more covered by private insurance than women what is a

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1 Eurostat: Unmet health care needs statistics: Statistics Explained (2021). https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Unmet_health_care_needs_statistics (accessed on 7.2.2023).

2 Rita Baeten, Slavina Spasova, Bart Vanhercke and Stéphanie Coster: Inequalities in access to healthcare. A study of national policies. Brussels 2018.

3 Robert Doričić, Marcin Orzechowski, Marianne Nowak, Ivana Tutić Grokša, Katarzyna Bielińska, Anna Chowaniec, Mojca Ramšak, Paweł Łuków, Amir Muzur, Zvonka Zupanič-Slavec, Florian Steger: Diversity competency and access to healthcare in hospitals in Croatia, Germany, Poland, and Slovenia. In: International Journal of Environmental Research and Public Health 18 (2021), https://doi.org/10.3390/ijerph182211847.

4 Eurostat: Unmet health (Note 1).

5 European Union Fundamental Rights Agency: Inequalities and multiple discrimination in access to and quality of healthcare. Publications Office of the European Union 2013. https://fra.europa.eu/sites/default/files/inequalities-discrimination-healthcare_en.pdf (accessed on 7.2.2023).

6 Franziska Prütz, Birte Hintzpeter, Laura Krause, Anke-Christine Saß: How are the women in Germany? The Women's Health Report of German Federal Health Reporting. European Journal of Public Health 30 Supplement 5 (2020), https://doi.org/10.1093/eurpub/ckaa166.1313.

financial obstacle in access to healthcare.[7] Furthermore, by observing the access to reproductive healthcare in selected countries, common problems can be detected. The states face those challenges differently. Referring to main obstacles, positive and successful examples of their reduction are discussed below.

2. Method

The research was based on scanning the literature and analyzing currently available secondary data, collected in order to gain insight into the differences, advantages and successful implementation of programs and ideas of access to reproductive healthcare in four selected European countries, members of the European Union, Croatia, Germany, Poland and Slovenia. To extract required information, the databases Web of Science, PubMed, Google Scholar as well as major search engines related to European and national legislation were used. The inclusion criteria covered all available literature according to the topic with search terms »disparities in access to healthcare«, »inequality in access to healthcare«, »women access to healthcare«, »minorities access to healthcare«, »good practice in access to reproductive healthcare«, »successful implementation in access to reproductive healthcare«. All search terms included every observed country individually. The targeted population were all women in need of reproductive healthcare living in selected countries. Due to differences in the severity of each issue and better overview of good practice, the chapters are divided according to countries.

3. Differences in health systems

The purpose of every health system is to preserve and improve health. However, funding of those health systems can vary considerably between countries.[8] Before pointing out the differences in access to reproductive healthcare in selected countries, the principles of their health systems should be recalled.

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[7] European Union Fundamental Rights Agency: Inequalities (Note 5).

[8] Martina Sopta, Marko Bešker: Funding health system in Croatia. 20th International Scientific Conference »Economic and Social Development« Prague, 27–28.4.2017.

The Croatian healthcare system refers to a combination of Bismarck and Beveridge financing model which is based on solidarity. The health needs of the entire population are financed from separate income of those who are employed. Insured people can select additional insurance for a number of free services. Primary healthcare is most commonly used care which includes women's health.[9] The mandatory health insurance in Croatia provides access to primary and specialist inpatient and outpatient care as well as access to medicines.[10] Germany healthcare system refers to Bismarck financing model and is observed globally as one of the best healthcare systems.[11] It offers a wide number of health services especially in hospital and ambulatory care with short waiting times.[12] Everybody is obligated to have statutory health insurance which is funded through insurance premiums. It includes principle of solidarity and self-governance.[13] Poland faced many reforms in post-communist era and after 2015 polish healthcare sector included program for better coordination between primary and specialist care, ambulatory and inpatient care as well as formation of health needs maps. Polish government's aim to increase public health financing by 2024 is also one other opportunity to improve healthcare system. Yet there are still ongoing problems that could be solved by holistic approach and a good strategy.[14] There have been important organizational changes in Slovenia's health system. As a state with highest per capita Gross Domestic Product (GDP) in the region of central and eastern Europe, Slovenia implemented

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9 Sopta, Bešker: Funding health (Note 8).

10 Aleksandar Džakula, Dorja Vočanec, Maja Banadinović, Maja Vajagić, Karmen Lončarek, Iva Lukačević Lovrenčić, Dagmar Radin, Bernd Rechel: Croatia health system review. In: Health systems in transition 23 (2021). https://apps.who.int/iris/handle/10665/348070 (accessed on 7.2.2023).

11 Reinhard Busse, Miriam Blümel, Franz Knieps, Till Bärnighausen: Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-governance, and competition. In: The Lancet 390 (2017), pp. 882–897.

12 Miriam Blümel, Anne Spranger, Katharina Achstetter, Anna Maresso, Reinhard Busse: Germany health system review. In: Health systems in Transition 22 (2020). https://eurohealthobservatory.who.int/publications/i/germany-health-system-review-2020 (accessed on 7.2.2023).

13 Institute for Quality and Efficiency in Health Care (IQWiG): Health care in Germany: The German health care system. (6.5.2015, updated 8.2.2018). https://www.ncbi.nlm.nih.gov/books/NBK298834/ (accessed on 7.2.2023).

14 Christoph Sowada, Anna Sagan, Iwona Kowalska-Bobko: Poland: health system review. In: Health Systems in Transition 21 (2019). https://apps.who.int/iris/handle/10665/325143 (accessed on 7.2.2023).

statutory health insurance and provided almost universal health coverage with co-payments. The access to services is generally good.[15]

In 2011, the Council of Europe Committee of Ministers adopted the »Istanbul Convention on Preventing and Combating Violence against Women and domestic violence«. Croatia signed the Convention in 2013 and ratified 5 years later, in 2018. Germany signed earlier, in 2011 and ratified 6 years later, in 2017. Poland signed the Convention in 2012. and declared its »in accordance with the principles and the provisions of the Constitution of the Republic of Poland«. They ratified the Convention in 2015.[16] Slovenia signed the Convention in 2011 and ratified it in 2015.[17]

4. Overcoming disparities in women access to reproductive healthcare

4.1. Croatia

According to the »National Development Strategy 2030« developed in 2018, Croatia could become »competitive, innovative and secure country of recognizable identity and culture, a country of preserved resources, quality living conditions and equal opportunities for all«. The Strategy includes strengthening the position of Croatian minorities, the unity of homeland and emigrant Croatia as future goals. It also includes the improvement of healthcare by development of quality and affordable healthcare for vulnerable groups. Demographic revitalization and a better position of the family are also highlighted as relevant goals in the Strategy. In the last few decades, Croatia has been accompanied by negative demographic trends, which is one of its biggest challenges. Accordingly, Croatia has decided to continue

15 Tit Albreht, Katherine Polin, Radivoje Pribaković Brinovec, Marjeta Kuhar, Mircha Poldrugovac, Petra Ogrin Rehberger, Valentina Prevolnik Rupel, Pia Vracko: Slovenia health system review. In: Health System in Transition 23 (2021). https://apps.who.int/iris/handle/10665/330245 (accessed on 7.2.2023).

16 Balogh Lídia: The Ratification Status of the Council of Europe's Istanbul Convention Among EU Member States. In: MTA Working Papers 7 (2020), pp. 1–22.

17 Council of Europe Portal: Grevio – The first report by the Republic of Slovenia on the implementation of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). https://rm.coe.int/grevio-inf-2019-15-eng/pdfa/1680989a54 (accessed on 7.2.2023).

to improve the situation of families, children and youth as well as the consistent implementation of women's and mothers' rights to early childhood security. Demographic policy includes increasing fertility rates, return and arrival of young people with families. Regarding to horizontal priorities, Croatia will develop a society without discrimination based on race, ethnicity, religion, gender, sexual orientation, national or social origin and disability, where all citizens have equal status and equal opportunities to exercise their rights and benefits.[18] One other example of good practice is the co-financing of medically assisted insemination in the city of Osijek[19] and in city of Makarska in 2022[20]. Almost all European countries, except Belarus, Ireland and Switzerland, provide some kind of financial assistance for assisted reproductive technology (ART). From all observed countries Slovenia is the only one that fully financially covers treatments and has the highest ART utilization rates.[21]

One of the most important public health problems in Croatia is cervical cancer. Therefore, in 2007 Croatia introduced HPV vaccination, in 2012 a »nation-wide screening program for cervical cancer« and in 2016 a »nation-wide HPV vaccination program« led by the Croatian National Institute of Public Health.[22] Vaccination against HPV infection is free and optional until the age of 25.[23] As

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18 Republic of Croatia: National Development Strategy 2030. In: Official gazette 13 (2021). https://narodne-novine.nn.hr/clanci/sluzbeni/2021_02_13_230.html (accessed on 7.2.2023).

19 City of Osijek Osijek-Baranja County Republic of Croatia. https://www.osijek.hr/postupak-isplate-novcanog-iznosa-sufinanciranja-troskova-medicinski-pomognute-oplodnje/ (accessed on 7.2.2023).

20 City of Makarska Split-Dalmatia county. https://makarska.hr/novosti/grad-makarska-od-1-sijecnja-sufinancira-troskove-medicinski-pomognute-oplodnje (accessed on 7.2.2023).

21 Patrick Präg, Melinda C. Mills: Assisted reproductive technology in Europe: usage and regulation in the context of cross-border reproductive care. In: Michaela Kreyenfeld, Dirk Konietzka (Eds.): Childlessness in Europe: Contexts, causes, and consequences. Cham 2017, pp. 289–309.

22 Ivan Sabol, Nina Milutin Gašperov, Mihaela Matovina, Ksenija Božinović, Goran Grubišić, Ivan Fistonić, Dragan Belci, Laia Alemany, Sonja Džebro, Mara Dominis, Mario Šekerija, Sara Tous, Silvia de Sanjosé, Magdalena Grce: Cervical HPV type-specific pre-vaccination prevalence and age distribution in Croatia. In: PLoS One 12 (2017), https://doi.org/10.1371/journal.pone.0180480.

23 The Croatian Institute of Public Health: Vaccination against human papilloma virus (24.11.2021). https://www.hzjz.hr/aktualnosti/cijepljenje-protiv-humanog-papiloma-virusa-hpv-2018-2019/ (accessed on 7.2.2023).

a part of the EU project »Live Hello« in Croatia, a summer public health campaign »No cuddling without attention« is held every year across the country as part of sexual health education.[24] Furthermore, Croatia participates every year in the World AIDS Day with public health activities such as »I love health«.[25] The HIV epidemic in Croatia is at a relatively low level and since 2015 it has been also declining. There are successful community testing programs with a developed network of voluntary and anonymous testing centers and a sexually transmitted disease testing project at the »Afternoon Clinic« for vulnerable populations.[26]

A woman can legally request an abortion in Croatia. Demographic indicators show a steady trend of depopulation and declining fertility rates. Accordingly, the number of abortions is also in constant decline. Abortions in Croatia are performed by health professionals in authorized health institutions in accordance with the rules of the profession. Likewise, data on abortions outside authorized institutions are not known.[27] The practice of conscientious objection by providers in reproductive healthcare services include abortion, contraceptive prescriptions and prenatal tests. Not only as a part of laws, conscientious objection is also globally included in medical ethical standards which scope vary from country to country.[28] Conscientious objection is a part of the Croatia national legislation and health professionals are entitled to inform patients on their decision as well as give

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24 The Croatian Institute of Public Health: Sexual health – summer campaign »No cuddling without attention« (14.7.2021). https://www.hzjz.hr/sluzba-promicanje-zdravlja/spolno-zdravlje-ljetna-kampanja-nema-mazenja-bez-pazenja-2/ (accessed on 7.2.2023).

25 The Croatian Institute of Public Health: World AIDS Day 2021 Campaign (1.12.2021). https://www.hzjz.hr/aktualnosti/kampanja-povodom-svjetskog-dana-aids-a-2021/ (accessed on 7.2.2023); The Croatian Institute of Public Health: I love health. https://huhiv.hr/volim-zdravlje/ (accessed 7.2.2023).

26 Josip Begovac: Ending HIV epidemic in Croatia. In: Infektološki glasnik 39 (2019), pp. 48–49; Tatjana Nemeth Blažić, Jasmina Pavlić: Epidemiologija HIV/AIDS-a u Hrvatskoj i rad centara za besplatno i anonimno savjetovanje i testiranje na HIV [Epidemiology of HIV/AIDS in Croatia and the work of centers for free and anonymous HIV counseling and testing]. In: Infektološki glasnik 33 (2013), pp. 27–33.

27 Ina Starčević, Darko Ropac: Abortion Statistical Data in Croatia--Some Characteristics and Comparison. In: Društvena istraživanja, 27 (2018), pp. 345–362.

28 Christina Zampas, Ximena Andión-Ibanez: Conscientious objection to sexual and reproductive health services: international human rights standards and European law and practice. In: European Journal of Health Law 19 (2012), pp. 231–256.

them information and refer them to another health professional.[29] A surgical and medical abortion are both legal in Croatia.[30] By using the IT tool »Smart Health«, Croatian Health Insurance Fund gives an overview of institutions in the Republic of Croatia that provide abortion services.[31] In 23 European countries including Croatia, Germany, Poland and Slovenia, purchases behind-the-counter for emergency contraception are allowed from 2013.[32] Among others, Croatia has developed several prevention programs such as: »Croatian National Program for prevention of HIV/AIDS 2011–2015«, »Program to promote breastfeeding in Croatia« and the »National Program for Roma«.[33] In general, Roma population have significantly lower health status in all European countries. Among other barriers, they are facing disparities in access to sexual health and reproductive health services.[34] The example of good practice was also seen in »Health Education of Roma in Osijek-Baranya County« implemented by the Ministry of Health and Social Welfare in cooperation with local authorities to educate and raise awareness of Roma people about reproductive health, safe motherhood and family planning.[35] One of important activities in fight against Roma poverty was to improve their access to healthcare through health campaigns, information and more frequent presence of health workers in Roma settlements. The

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29 Ana Borovečki, Sanja Babić-Bosanac: Discourse, ethics, public health, abortion, and conscientious objection in Croatia. In: Croatian medical journal 58 (2017), pp. 316–321.

30 Natalija Vuletić, Jelena Ivandić, Nataša Smajla, Marko Klarić, Herman Haller: Medical termination of unplanned pregnancy. In: Liječnički Vijesnik 142 (2020), pp. 222–229.

31 Croatia Health Insurance Fund: Search engine for contracted health care contents in the Republic of Croatia. https://hzzo.hr/zdravstvena-zastita/zdravstvena-zastita-pokrivena-obveznim-zdravstvenim-osiguranjem/trazilica (accessed on 7.2.2023).

32 Chelsey Yang: The inequity of conscientious objection: Refusal of emergency contraception. In: Nursing Ethics 27 (2020), pp. 1408–1417.

33 Sopta, Bešker: Funding health (Note 8).

34 Robert Doričić, Marcin Orzechowski, Marianne Nowak: International Conference Healthcare as a Public Space: Social Integration and Social Diversity in the Context of Access to Healthcare in Europe: September 5th and 6th 2019, Rijeka, Croatia. In: Jahr – European Journal of Bioethics 11 (2020), pp. 283–286.

35 Niall Crowley, Angela Genova, Silvia Sansonetti: Country Report on Croatia: Empowerment of Romani Women within the European Framework of National Roma Inclusion Strategies (2013). https://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/493020/IPOL-FEMM_ET(2013)493020_EN.pdf (accessed on 7.2.2023).

Roma health should constantly be monitored due greater exposure to some diseases related to their living conditions. Roma life expectancy is about one third shorter than other populations and by improving the awareness of reproductive health and access of Roma women to education would greatly enhance their health.[36] Roma women in Croatia have a low frequency of gynecological examinations with an emphasis on adolescent pregnancies and a high abortion rate, which are primarily spontaneous. One of the specific goals in the »Croatian National Plan for Roma Inclusion (2021–2027)« is to improve Roma health with effective, equal access of Roma to quality health services especially access to reproductive healthcare. The activities will promote and improve access to examinations and consultations related to sexual and reproductive health services. Furthermore, the project »Equality, inclusion, participation and integration of Roma through health care – JUPI ZDRAV (2023–2027)« aims to improve the reproductive health of Roma women.[37] As concerning refugee-migration crisis in 2015/2016, international organizations such as International Red Cross gave big effort to assist migrants with access to healthcare.[38] Croatia and Germany are also among 11 European Union countries as a member of the UN LGBTI Core Group.[39] The overview of main challenges regarding disparities in women access to reproductive healthcare in Croatia as well as most important solutions and interventions are provided in Table 1.

[36] Maja Štambuk: How do Croatian Roma live. Zagreb 2005.

[37] Croatian Government Office for Human Rights and the Rights of National Minorities: National Roma Inclusion Plan for the period from 2021 to 2027.

[38] Sunčana Roksandić Vidlička: Criminal offences against people's health. In: Leo Cvitanović, Davor Derenčinović, Ksenija Turković, Maja Munivrana Vajda, Marta Dragičević Prtenjača, Aleksandar Maršavelski, Sunčana Roksandić Vidlička (Eds.): Kazneno pravo posebni dio [Criminal law special part]. Zagreb 2018.

[39] United Nations LGBTI Core Group. https://unlgbticoregroup.org/members/ (accessed on 7.2.2023).

	Challenges	Solutions and interventions
Croatia	Gaps in health-care for vulnerable groups	National Development Strategy 2030
	Negative demographic trends	Co-financing medically assisted insemination (Osijek, Makarska) Financial assistance for ART
	Breastfeeding and pumping	All baby-friendly maternity hospitals, Program to promote breastfeeding in Croatia
	Gaps in maternal and newborn health-care	International Project IMAgiNE EURO
	Cervical cancer – public health problem	HPV vaccination (introduced in 2007)
		Nation-wide screening program for cervical cancer (2012)
		Nation-wide HPV vaccination program (2016)
		Health campaign: »No cuddling without attention« – sexual education (part of EU project Live Hello)
	HIV problem	Public health activities »I love health« – World AIDS Day
		Prevention program: Croatian National Program for prevention of HIV/AIDS 2011–2015
		»Afternoon Clinic« – voluntary and anonymous testing centers
	Conscientious objection in case of abortion	Surgical and medical abortion are legal
		IT tool »Smart Health« – an overview of institutions providing abortion services
		Emergency contraception purchase behind-the-counter allowed in 2013

		Health professionals with conscientious objection must refer patients to another health professional
	Health and reproductive health of Roma women	National Programme for Roma
		Health Education of Roma in Osijek-Baranya County and health campaigns
		Croatian National Plan for Roma Inclusion (2021–2027)
		Equality, inclusion, participation and integration of Roma through health care – JUPI ZDRAV (2023–2027)
	Women with disabilities	National Strategy of Equalization of Opportunities for Persons with Disabilities (2017–2020)
	Access to healthcare for migrants	International Red Cross actions
	Reporting undocumented migrants for treatment	Full access to maternal care, screening, midwifery and curative services

Table 1. An overview of main challenges and interventions regarding inequalities in women's access to reproductive healthcare in Croatia

4.2. Germany

As considered a liberal state, German women have the right to abortion. Nevertheless, the number of professionals who perform the procedure is declining due to conservative and religious views. As Polish women go to Germany for abortions due to fear of strict Polish law, German women on the other hand seek help in Netherlands.[40] Vulnerable groups of women in Germany such as adolescents, undocumented immigrants or women with lower socioeconomic status, sometimes address to telemedicine abortion outside of formal health

[40] Céline Miani, Oliver Razum: The fragility of abortion access in Europe: a public health crisis in the making. In: Lancet 398 (2021), p. 485.

sector due to empowerment or disempowerment.[41] Although they have free access to contraception as German women, refugee women have high family planning needs.[42] All regular immigrants in Germany have access to healthcare equal to other citizens that is guaranteed by law. A study conducted on 6702 immigrant women confirmed that there are no health inequalities in obstetric and perinatal health outcomes compared to native Germans, while by observing their educational status there is a difference.[43] Furthermore, all migrant women in Germany have access to maternal care, screening, midwifery and curative services. Healthcare providers can treat undocumented migrants but have an obligation to report them latter to the Immigration Office. In practice, this type of procedure deters migrants and other vulnerable women from accessing services due to fear of deportation or stigma.[44] Reporting of undocumented migrant women is required by health professionals in Croatia, Germany and Slovenia, while in some countries it includes the discretion of health providers.[45] The Robert Koch Institute has been involved since 2021 as a national and international partner of the WHO in the fight against viral hepatitis and the elimination of hepatitis (especially hepatitis B and C)

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41 Kristina Killinger, Sophie Günther, Rebecca Gomperts, Hazal Atay, Margit Endler: Why women choose abortion through telemedicine outside the formal health sector in Germany: a mixed-methods study. In: BMJ Sexual and Reproductive Health 48 (2022), pp. 6–12.

42 Melisa G. Inci, Nadja Kutschke, Sara Nasser, Sara Alavi, Ingar Abels, Christine Kurmeyer, Jalid Sehouli: Unmet family planning needs among female refugees and asylum seekers in Germany – is free access to family planning services enough? Results of a cross-sectional study. In: Reproductive Health 17 (2020), https://doi.org/10.1186/s12978-020-00962-3.

43 Matthias David, Theda Borde, Silke Brenne, Babett Ramsauer, Wolfgang Henrich, Jürgen Breckenkamp, Oliver Razum: Obstetric and perinatal outcomes among immigrant and non-immigrant women in Berlin, Germany. In: Archives Gynecology and Obstetrics 296 (2017), pp. 745–762.

44 Veronika Flegar, María Dalli, Brigit Toebes: Access to Preventive Health Care for Undocumented Migrants: A Comparative Study of Germany, The Netherlands and Spain from a Human Rights Perspective. In: Laws 5 (2016), https://doi.org/10.3390/laws5010009.

45 Konstantina Davaki: Access to maternal health and midwifery for vulnerable groups in the EU. European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs (2019). https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf (accessed on 7.2.2023).

as well as the containment of HIV.[46] It is a strategy that contributes 2030 Agenda for Sustainable Development.[47] The report »Health Situation of Women in Germany« prepared by Federal Health Reporting together with many experts from Robert Koch Institute, gives up-to-date information on women health status, health behavior and healthcare. Furthermore, the »German Prevention Act (PrävG)« from 2015 explains how health promotion and health prevention could help reducing social and gender inequalities in health. It regulates for the first time that statutory health insurance services should take gender-specific characteristics into account.[48] The overview of main challenges regarding disparities in women access to reproductive healthcare in Germany as well as most important solutions and interventions are provided in Table 2.

	Challenges	Solutions and interventions
Germany	Incidence of bacterial sexual transmitted infections	The Center for Sexual Health Freiburg (CSHF) established[49] (Feiburg, Bochum, Berlin, Frankfurt am Main
	Family planning	Financial assistance for ART
	Gaps in maternal and newborn healthcare	International Project IMAgiNE EURO
	Migrant women – unmet family planning needs	Telemedicine

[46] Robert Koch Institute: WHO Collaborating Center for viral hepatitis and HIV (25.5.2021). https://www.rki.de/EN/Content/Institute/International/WHO_CC_viral-hepatitis_HIV/WHO_CC_viral-hepatitis_HIV_node.html;jsessionid=68F0688C844565FA63638A2C650219D9.internet112 (accessed on 7.2.2023).

[47] World Health Organization: Global Health sector strategy on viral hepatitis 2016–2021. https://www.emcdda.europa.eu/system/files/attachments/9478/WHO-HIV-2016.06-eng.pdf (accessed on 7.2.2023).

[48] Robert Koch Institute: Health Situation of Women in Germany: Summary and conclusion. Berlin 2020.

[49] Matthias C. Müller, Susanne Usadel, Stefan Zimmermann, Andreas Fahrhöfer, Winfried C. Kern, Ulrike Hoffmeister, Siegbert Rieg: Closing Sexual Health Service Gaps with a New Service Model in Germany: Performance of an on-Site Integrated, Cross-Sectoral, Low Threshold Sexually Transmitted Infections/HIV Counseling and Treatment Service. In: Frontiers in Public Health 10 (2022), https://doi.org/10.3389/fpubh.2022.793609.

		Complementary family planning services – free of charge
	Reporting undocumented migrants for treatment	Full access to maternal care, screening, midwifery and curative services
	Viral hepatitis and HIV	WHO: Global Health sector strategy on viral hepatitis 2016–2021 – Robert Koch Institute
	Health Situation of Women in Germany	the report up-to-date information on women health
	Social and gender inequalities in health	German Prevention Act (PrävG) 2015.
	Women with disabilities	National Action Plan to Implement the UN Convention on the Rights of Persons with Disabilities (2011–2021)
	Declining health professionals performing abortion	Emergency contraception purchase behind-the-counter allowed in 2013
		Free contraception
		Telemedicine abortion

Table 2. An overview of main challenges and interventions regarding inequalities in women's access to reproductive healthcare in Germany

4.3. Poland

Development of health policy programs in Poland arise in 2010 and several, that included women's reproductive health, were evaluated positively in 2016 and 2017. Programs included infectious diseases (detection and vaccination against HPV and hepatitis C detection), reproductive health (infertility, in vitro and perinatal and mother and child care and reproductive health education), neoplasms in

women (cervix, breast) and birth defects.[50] Lack of reproductive health education, which is an important aspect of public health, can lead to risky sexual behavior. A survey on reproductive knowledge on more than 20,000 Polish women showed satisfying knowledge but lower knowledge among women with lower educational status and living in small centers. Nowadays, reproductive health education is crucial due to personal protection and early sexually active adolescents, depending on the country. There are no special trainings in Poland for this age group and education in Polish schools are not always held by trained professionals.[51] The Health Programme under the Norwegian Financial Mechanism 2014–2021 with its objective »Improved prevention and reduced inequalities in health« included the reduction of inequalities in health, implementation of certain health services by telemedicine and e-health as well as education on healthier lifestyle.[52] Poland was the second country after the Soviet Union to legalize abortion in the event of endangering the pregnant women's life, incest or rape in 1932. The Law was expanded in 1956 and included medical and social reasons. Changes took place in 1990 with the arrival of democracy. The woman had the right to choose and, in most cases the reasons were »difficult living conditions«. The consent of three medical experts has been introduced. In 1993, abortions could no longer be performed on social grounds.[53] Today, Poland's law on abortion is one of the most rigorous across Europe.[54] The frequency of abortion performance is mostly related to culture, economic sta-

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50 Patrycja Kurowska, Anna Królak, Wojciech Giermaziak: Health policy programs realised in Poland in 2016–2017. In: Roczniki Państwowego Zakładu Higieny 69 (2018), pp. 209–217.

51 Damian Warzecha, Iwona Szymusik, Bronislawa Pietrzak, Katarzyna Kosinska-Kaczynska, Janusz Sierdzinski, Nicole Sochacki-Wojcicka, Miroslaw Wielgos: Sex education in Poland – a cross-sectional study evaluating over twenty thousand polish women's knowledge of reproductive health issues and contraceptive methods. In: BMC public health 19 (2019), https://doi.org/10.1186/s12889-019-7046-0.

52 The Norwegian Ministry of Foreign Affairs: PL-Health- Norwegian Financial Mechanism 2014–2021. https://zdrowie.gov.pl/uploads/pub/pages/page_973/text_images/Programme%20Agreement%20PL-HEALTH.pdf (accessed on 7.2.2023).

53 United Nations: Abortion policies: a global review. https://www.un.org/en/development/desa/population/theme/policy/AbortionPoliciesAGlobalReview2002_Vol3.PDF (accessed on 7.2.2023).

54 Julia Hussein, Jane Cottingham, Wanda Nowicka, Eszter Kismodi: Abortion in Poland: politics, progression and regression. In: Reproductive Health Matters 26 (2018), pp. 11–14.

tus, religion and law in each country.[55] In 2020, due to the Polish Constitutional Tribunal decision, abortion is allowed only if woman's life is endangered or in case of rape.[56] The physicians in Poland hesitate to perform an abortion due to legal responsibility, fear of real indication or unemployment because their contracts often depend on conservative hospital policy. They refuse to provide abortions in public hospitals and offer the same service private. Older physicians have sometimes more decision-making power than younger ones.[57] Women from countries with strict abortion laws, such as Poland, that have no access to medical abortion, sometimes purchase such drugs online from foreign countries. Due to lack of sexual education in schools, telemedicine became a possible alternative for informing patients. Some polish organizations help to facilitate contact with clinics in foreign countries which again is limiting for women with lower income.[58] Women with disabilities as high-risk group sometimes face challenges in access to healthcare services.[59] »Polish Strategy for Persons with Disabilities 2018–2030« is a comprehensive national policy framework emphasizing family before all. The Polish Government also introduced »Program for People with Disabilities and their Integration with the Society«. »National Action Program for Equal Treatment 2013–2016« considered activities in all areas including access to healthcare.[60] Croatia also introduced »National Strategy of Equalization of Opportunities for Persons with Disabilities

[55] Bojana Pinter: Medico-legal aspects of abortion in Europe. In: The European Journal of Contraception and Reproductive Health Care 7 (2002), pp. 15–19.

[56] Kornelia Zaręba, Krzysztof Herman, Ewelina Kołb-Sielecka, Grzegorz Jakiel: Abortion in Countries with Restrictive Abortion Laws—Possible Directions and Solutions from the Perspective of Poland. In: Healthcare 9 (2021), https://doi.org/10.3390/healthcare9111594.

[57] Atina Krajewska: Revisiting Polish Abortion Law: Doctors and Institutions in a Restrictive Regime. In: Social and Legal Studies 31 (2021), pp. 409–438.

[58] Zaręba, Herman, Kołb-Sielecka, Jakiel: Abortion in Countries (Note 56).

[59] Agnieszka Wołowicz, Magdalena Kocejko, Kamila Ferenc: Women with disabilities and access to gynaecological services in Poland. In: Disability and Society 37 (2020), pp. 386–405; Agnieszka Wołowicz-Ruszkowska: How Polish Women with Disabilities Challenge the Meaning of Motherhood. In: Psychology of Women Quarterly 40 (2015), pp.80 – 95.

[60] United Nations Department of Economic and Social Affairs Disability: Disability Strategies and Action Plans by Country/Area. https://www.un.org/development/desa/disabilities/strategies.html (accessed on 7.2.2023).

(2017–2020)«,[61] Germany presented their »National Action Plan to Implement the UN Convention on the Rights of Persons with Disabilities (2011–2021)«,[62] and Slovenia their »Action Programme for Persons with Disabilities 2014–2021«[63]. Polish Ministry of Health additionally helped in the reduction of health inequalities by following the examples of other EU states and created maps of health needs that provide crucial information in healthcare.[64] The overview of main challenges regarding disparities in women access to reproductive healthcare in Poland as well as most important solutions and interventions are provided in Table 3.

	Challenges	Solutions and Interventions	
Poland	HPV	Detection and vaccination	Health policy programs in 2016–2017
	Hepatitis C	detection	
	Reproductive health	Infertility, in vitro Perinatal care and mother and child care	

[61] The Government of the Republic of Croatia: National Strategy for Equalization of Opportunities for Persons with Disabilities 2017–2020. https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Croatia_National-Strategy-of-Equalization-of-Opportunities-for-Persons-with-Disabilities.pdf (accessed 7.2.2023).

[62] Bundesministerium für Arbeit und Soziales: »Our path to an inclusive society« The National Action Plan 2.0 of Germany's Federal Government for the UN Convention on the Rights of Persons with Disabilities (UNCRPD). https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2021/12/NAP-2.0_English.pdf (accessed 7.2.2023).

[63] Republika Slovenija Ministarstvo za delo, družino, socialne zadeve in enake možnosti: Akcijski program za invalide 2014–2021 [Action program for the disabled persons 2014–2021]. https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Slovenia_Action-Programme-for-Persons-with-Disabilities-2014-2021.pdf (accessed 7.2.2023).

[64] Tomasz Holecki, Piotr Romaniuk, Joanna Woźniak-Holecka, Adam R. Szromek, Magdalena Syrkiewicz-Świtała: Mapping Health Needs to Support Health System Management in Poland. In: Frontiers in Public Health 6 (2018), https://doi.org/10.3389/fpubh.2018.00082; Jan Olminski, Milena Koziol, Kinga Bartolik, Maps of Health Needs and their use for policy making. In: European Journal of Public Health 30 (2020), https://doi.org/10.1093/eurpub/ckaa166.1275.

		Reproductive health education	
	Neoplasms in women	cervix, breast	
	Birth defects	In general	
	Family planning	Financial assistance for ART	
	Gaps in maternal and newborn healthcare	International Project IMAgiNE EURO	
	Risky sexual behavior in rural areas due to low knowledge	The Health Programme under the Norwegian Financial Mechanism 2014–2021 Telemedicine and e-health	
	Reduction of health inequalities	Maps of health needs with health information	
		Improved prevention and reduced inequalities in health	
	Rigorous abortion law – only if life-threatening or rape	Polish organizations help patients to build contacts in foreign countries	
		Emergency contraception purchase behind-the-counter allowed in 2013	
	Woman with disabilities Communication: health professional – patient with disabilities	Polish Strategy for Persons with Disabilities 2018–2030	
		Program for People with Disabilities and their Integration with the Society	
		National Action Program for Equal Treatment 2013–2016, 2022–2030	

Table 3. An overview of main challenges and interventions regarding inequalities in women's access to reproductive healthcare in Poland

4.4. Slovenia

After conducting an analysis of the health system in 2015, Slovenia decided to reorganize the primary healthcare which resulted with

several models of good practice.[65] Various health examinations related to reproductive care such as visits to a gynecologist, cervical cancer screening, prenatal care and family planning are part of primary healthcare. Slovenia has made progress in terms of service and population coverage as well as financial protection. Unmet needs for medical services in Slovenia like diagnostic examinations due to financial reasons are the lowest in the European Union. It is the result of good strategic policies and political commitment.[66] There are several documents regulating equal treatment in Slovenian healthcare. However, there are still sensitive groups and minorities with difficult access to the health system, such as illegal residents, asylum seekers, temporary workers, Roma and especially Roma women.[67] Health of Roma population, as the largest ethnic minority in Slovenia, primarily depends on their way of life. Additionally, their way of life varies on the region in which they live.[68] Due to many obstacles within their minority, such as family position, lower education, unemployment, poverty and communication with health professionals, Roma women are vulnerable group above all. They have equal access to public healthcare system as well as other inhabitants. Despite those equal rights with even elements of positive discrimination, they do not use them enough in practice. Several actions have been taken to increase health literacy and empowerment related to the access of Roma women to healthcare in Slovenia. »The National Conference on the Health of Roma People« in 2009 discussed the health of Roma women. They addressed on better information of Roma women on reproductive health, the importance of preventive gynecological examinations, different approach and health promotion of Roma women in relation to their culture. Regardless their free access to healthcare, which is defined by law, Roma women rarely cooperate

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65 Vesna Kerstin Petric, Pia Vracko: Primary healthcare reform in Slovenia – focus on changing population needs. In: European Journal of Public Health 27 (2017), https://doi.org/10.1093/eurpub/ckx186.098.

66 World Health Organization: Integrated, person-centerd primary health care produces results: case study from Slovenia. https://apps.who.int/iris/bitstream/handle/10665/336184/9789289055284-eng.pdf (accessed on 7.2.2023).

67 Mojca Ramšak: Equal treatment in healthcare irrespective of racial or ethnic origin in the EU and Slovenia. In: Medicine, Law and Society 13 (2020), pp. 67–92.

68 Victoria Zakrajšek, Tatjana Krajnc-Nikolić: Use of health services by Roma in the health care system of Slovenia. In: European Journal of Public Health 28 (2018), https://doi.org/10.1093/eurpub/cky218.174.

with prevention programs and rarely come to gynecologists after childbirth. Good practice was implemented in Trebnje Health Centre where medical staff established positive communication with local Roma people.[69]

Small regional hospitals in Slovenia offered a wide range of specialist services, rarely performed due to demand. It has been proposed to reduce the number of hospitals that offer such services or even shut down certain departments. In order to ensure the quality and safety of such complicated medical procedures, mandatory ones are determined, while hospitals took additional steps through networking in relation to specialization and regionalization, individually. The exchange of specialists at primary and secondary levels was included. A Slovenian prevention program »Together for health« identifies barriers to access to healthcare, reduces health inequalities and acts on integration of vulnerable populations.[70] In the second half of the 20th century, a strong women's and feminist movement was expressed in Slovenia, protecting the pro-choice, including the right to abortion. The Slovenian public health system is well-developed and protects vulnerable groups such as women and children. Vulnerable groups are provided to direct access to gynecologists, health and sexual education in schools as well as access to contraception. As a result, Slovenia has a low abortion rate.[71] Through the Program »Metabolic and congenital factors of reproductive health, childbirth III« (2014–2019)«, Slovenia strengthen and promoted the holistic health of the whole family in the prenatal period. The »CARE project (2014–2020) «, coordinated by the National Institute for Health, Migration and Poverty in Rome, together with partners from Croatia, Slovenia, Italy, Greece and Malta, aimed to improve the health of migrants through networking of experts. Main project goals included identifying best practices for enhancement of migrant health literacy and reduction of health inequalities. Project »MOST (2017–2020)« gave a community-based approach to health promotion and reduction of

[69] Marjeta Logar, Danica Rotar Pavlič, Alem Maksuti: Standpoints of Roma women regarding reproductive health. In: BMC Women's Health 38 (2015), https://doi.org/10.1186/s12905-015-0195-0.

[70] Valentina Prevolnik Rupel: Thematic Report on Inequalities in access to healthcare: Slovenia. https://ec.europa.eu/social/BlobServlet?docId=20347&langId=en to promote (accessed on 7.2.2023).

[71] Mirjana Ule: Social inequalities in women's health in Slovenia. In: Slovenian Journal of Public Health 51 (2013), pp. 72–74.

health disparities in local communities. Slovenian national survey on lifestyle, attitudes, health and sexuality provided insight in sexual behavior, education attitudes and health in Slovenia. International project in collaboration with 15 states »IMAgiNE EURO: Improving MAternal and Newborn carE in European Region« included all observed countries, Croatia, Germany, Poland and Slovenia. The results discovered gaps that were later used for better coordination and improvement of quality care.[72] The overview of main challenges regarding disparities in women access to reproductive healthcare in Slovenia as well as most important solutions and interventions are provided in Table 4.

	Challenges	Solutions and Interventions
Slovenia	Unmet needs for medical services	Reorganization of primary healthcare in 2015
	Barriers to access to healthcare	Prevention program »Together for health«
	Specialist services shut down in small regional hospitals	The exchange of specialists at primary and secondary level
	Negative demographic trends	Full financial assistance for ART
	Roma women – health literacy	Trebnje Health Centre – positive communication of medical staff with Roma people
	Women with disabilities	Action Programme for Persons with Disabilities 2014–2021
	Access to abortion	Health and sexual education in schools
		Access to contraception
		Emergency contraception purchase behind-the-counter allowed in 2013

72 National Institute of Public Health: Programs. https://www.nijz.si/sl/programi-in-projekti (accessed on 7.2.2023); Universidade Europeia: Project: IMAGINE EURO https://www.europeia.pt/content/files/improving_maternal_newborn_care_in_the_euro_region_(imagine_euro).pdf (accessed on 7.2.2023).

Help women in prenatal period	Program »Metabolic and congenital factors of reproductive health, childbirth III« (2014–2019)
Migrant women health literacy and inequalities	CARE project (2014–2020) – networking of experts
Reporting undocumented migrants for treatment	Full access to maternal care, screening, midwifery and curative services
Health disparities in local communities	Project MOST (2017–2020) – community-based approach to health promotion
Gaps in maternal and newborn healthcare	International Project IMAgiNE EURO

Table 4. An overview of main challenges and interventions regarding inequalities in women's access to reproductive healthcare in Slovenia

5. Access to reproductive healthcare during COVID-19 pandemic

The onset of the COVID-19 pandemic led to changes in access to healthcare such as access to maternity provision, access to contraception and abortion. Many states have decided to switch to telemedicine in order to reduce the risk of transmitting COVID-19. It was a disadvantage for those who do not speak the language or do not have IT sources. Restrictions mostly affected vulnerable groups such as poor women, women with disabilities, Roma women, undocumented migrants, adolescents, trans and non-binary people, and women at risk of domestic violence. It is familiar how government policies on abortion differ from state to state.[73] The new restrictions included delays or denial of abortion for women living with people having COVID-19 symptoms. Germany and Slovenia delayed abortions

[73] Clare Wenham: The gendered impact of the COVID-19 crisis and post-crisis period. http://www.europarl.europa.eu/supporting-analyses (accessed on 7.2.2023).

for symptomatic women or women tested positive. Some countries expanded counselling and medical abortion through telemedicine, e.g. Germany, but most abortions are rather performed surgically.[74] Polish women used to travel to Slovakia and Germany for abortion procedure, due to strict Polish law. Since pandemic outbreak and closed borders, increased demands for medical abortion pills were noticed.[75]

Health professionals used different practice recommendations and guidelines on reproductive health service provision to reorganize the health service in COVID-19 pandemic what mostly referred to utilizing telemedicine, community/home based or self-care.[76]

6. Conclusion

In order to prevent diseases and secure the quality of life, it is necessary to provide everyone good and prompt healthcare. By examining the disparities in access to reproductive healthcare in four observed countries, similar problems were detected. Access to abortion, emergency contraception and access to reproductive healthcare for vulnerable and minority women were the main issues, specific to each country. It was noticed how each observed country makes efforts to overcome the existing obstacles most easily. With the arrival of the COVID-19 pandemic, different telemedicine services were developed, which most countries accepted to some extent. Implementation of reproductive health education as well as specific guidelines, projects and national programs led by professionals serve positively as a bridge to proper reproductive healthcare access.

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74 Caroline Moreau, Mridula Shankar, Anna Glasier, Sharon Cameron, Kristina Gemzell-Danielsson: Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses. In: BMJ Sexual and Reproductive Health 47 (2021), https://doi.org/10.1136/bmjsrh-2020-200724.

75 Robert Koch Institute: Health Situation (Note 48).

76 Lemi B. Tolu, Garumma Tolu Feyissa, Wondimu Gudu Jeldu: Guidelines and best practice recommendations on reproductive health services provision amid COVID-19 pandemic: scoping review. In: BMC Public Health 21 (2021), https://doi.org/10.1186/s12889-021-10346-2.