



CEE Bulletin on Sexual and Reproductive Health and Rights

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BURNING ISSUE

MEPs concerned by a backlash in women's rights in some member states

- Concerns regarding the rise of gender-based violence in the EU
- Women's health and reproductive rights are being undermined in some member states
- Women's rights organisations should be granted access to funding
- MEPs worried about the recent intensification of sexist and LGBTI-phobic hate speech

The EP expressed its concerns regarding the offensive against women's rights and gender equality in some member states, in a resolution adopted on Wednesday, February 13th. This decade is witnessing a visible and organised offensive against gender equality and women's rights, including in the EU and particularly in some member states, says the non-legislative resolution adopted by 395 votes in favour, 157 against and 62 abstentions.

MEPs note that the nature, intensity and effects of the backlash against women's rights vary among member states, in some cases remaining at the level of rhetoric, but sometimes turning into concrete measures.

MEPs' concerns cover a large number of areas, notably:

- Gender-based and domestic violence: MEPs highlight the increasing number of women experiencing domestic violence in the EU and call on the Council to fully implement the [Istanbul Convention](#) and to advocate for all member states to ratify it;
- Access to justice: MEPs note that victims of gender-based violence still often have limited access to justice and proper protection. They thus call on member states to ensure that all victims receive gender-sensitive legal assistance in order to put an end to impunity and to improve the reporting of such crimes;
- Women's health and reproductive rights: MEPs express concern that those opposed to reproductive rights and women's autonomy have significantly influenced some national laws and policies, seeking to undermine women's rights and restrict access to contraception and abortion. They call on the Commission to include the promotion and improvement of sexual and reproductive health and rights in the next Public Health Strategy;
- Access to funding: MEPs are worried that the resources available to women's rights organisations and women's shelters are being reduced in many member states. They call on member states to provide sufficient financial resources and insist that access to funds must be less bureaucratic and should not be discriminatory with regard to the objectives and activities of the organisations;
- NGOs: MEPs point out the tendency in some member states to establish a parallel NGO landscape consisting of pro-government organisations. They underline the importance of a critical, diverse NGO landscape for women's rights and gender equality; and
- Hate speech: the Parliament is concerned that this form of violence has recently intensified, especially sexist and LGBTI-phobic hate speech. To set an example, it calls on its members to demonstrate a zero-tolerance policy towards sexist hate speech during Parliament's sessions by amending the EP's rules of procedure to include a ban on such speech.

In conclusion, MEPs, who quizzed the Commission during a debate on the subject on Tuesday, call for the development of a coherent and comprehensive roadmap to achieve gender equality and protect equal rights for women, including the elimination of all forms of violence against women.

Further information

[The adopted text will be published here \(13.02.2019\)](#)

[Free photos, video and audio material](#)

Source: [European Parliament](#)

REGIONAL UPDATES

Croatia must act now to end violence and abuse against women in reproductive health procedures, say UN experts

Croatia must act now to stop violations of women's sexual and reproductive health rights, adopt measures to prevent them from occurring again and hold those responsible to account, say a group of UN human rights experts*. "We are appalled by the testimonies given by women, following the launch of the campaign #BreakTheSilence in October 2018, which showed a pattern of abuse and violence against women undertaking medical procedures related to their reproductive health," the experts added. The violence ranged from surgical treatments carried out without anaesthesia to humiliation, verbal abuse and the refusal to give painkilling medication.

"We are deeply concerned about women being subjected to painful treatments without anaesthesia, including surgical miscarriage procedures, uterine scrapes, removal of placenta, stitching after birth, episiotomies being conducted against their will and disrespectful treatment of women by health personnel," the experts stressed.

In only two and half days after the launch of the campaign #BreakTheSilence, over 400 testimonies were submitted by women who had experienced violence and abuse at the hands of health personnel in Croatian public hospitals. Some women reported that their legs and arms had been tied to the bed during treatments; others said they had been humiliated by healthcare staff. One woman said her uterus was torn after she had undergone a uterine scrape without anaesthesia in a public hospital.

In spite of the testimonies, some politicians and heads of health institutions have denied the allegations, questioning the credibility of the women's stories and their perception of pain. At times, even women's intelligence was questioned. "A woman who is receiving reproductive health care, including giving birth, accessing medically assisted reproduction services and undergoing surgical miscarriage procedures, must have her rights respected.

"Health personnel should apply the highest standards of professionalism and ethical codes in delivering reproductive health care, and they must respect the dignity, privacy, autonomy, integrity and security of women," the experts emphasized.

"We encourage the Government of Croatia to conduct an independent investigation into those allegations, to publish its results and to elaborate a national action plan for women's health," the experts concluded.

(*) The UN experts: Ms. Dubravka Šimonovic (Croatia), [Special Rapporteur on violence against women, its causes and consequences](#); Ms. Ivana Radačić (Croatia), Chair-rapporteur of the [Working Group on Discrimination against Women in Law and Practice](#); Mr. Dainus Pūras (Lithuania) the Special Rapporteur on the [right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#)

Source: [OHCHR](#)

Hungary should address many interconnected human rights protection challenges including civil society space, gender equality, refugee protection and independence of the judiciary

“Hungary faces many interconnected human rights challenges,” said today Dunja Mijatović, Council of Europe Commissioner for Human Rights, after her five-day visit to Hungary last week. “The space for the work of NGOs, human rights defenders and journalists critical of the government has become very narrow and restricted.”

Human rights defenders and civil society organisations have been subjected to smear campaigns and targeted legislation on foreign funding, the promotion of migration and punitive taxes, to curtail their activities. “Taken as a whole, the legislative package reducing NGO space exercises a continuous chilling effect on the human rights work of civil society organisations and discourages them from carrying out their regular activities,” the Commissioner points out. “The government should reverse its worrying course affecting the human rights protection system in the country, repeal the harmful legislation, and restore an enabling environment conducive to the valuable work of human rights defenders, NGOs and independent media as necessary in democratic societies,” she says.

The Commissioner also noted the backsliding in women’s rights and gender equality in Hungary. Only 12.6% of members of the Parliament are women and Hungary holds the second last place in the 2017 Gender Equality Index of the European Institute for Gender Equality. “Hungary should take positive measures to improve gender equality and increase women’s participation in decision-making in all sectors.”

Hungary has not yet ratified the Istanbul Convention on combating violence against women although it is in the process of extending the network of support services addressing the problem. 28% of women aged 15 or over in Hungary have experienced physical or sexual violence. While in Budapest, the Commissioner visited a shelter for women victims of violence and talked with its residents and staff. “There is an urgent need to raise awareness of violence against women in Hungary. The ratification of the Istanbul Convention would be an essential step towards a comprehensive response to violence against women and girls.”

The Commissioner’s report on her visit to Hungary is forthcoming.

Source: [Council of Europe](#)

A Milestone for Intersex Rights: The European Parliament adopts landmark resolution on the rights of intersex people

On 14 February 2019, the European Parliament has adopted a landmark Resolution on the Rights of Intersex People. By adopting this resolution, the European Parliament sets a clear standard within the European Union for the protection of intersex people’s bodily integrity and human rights. The resolution complements the ground-breaking 2017 intersex resolution ‘Promoting the human rights of and eliminating discrimination against intersex people’ adopted by the Parliamentary Assembly of the Council of Europe.

Source: [ILGA Europe](#)

Council adopts conclusions on EU priorities in UN human rights fora in 2019 committing to the Beijing Platform for Action and the Programme of Action of the ICPD

The Council of the EU adopted conclusions on EU priorities in UN human rights fora in 2019. It reaffirms the EU's commitment to promoting and protecting human rights, democracy and the rule of law, which also play a key role in ensuring peace and sustainable security.

The EU will continue to denounce human rights violations and abuses wherever they are committed, to call on states and non-state actors to prevent them and bring them to an immediate end, as well as to seek justice and accountability.

The EU will use all available tools and fora to fulfil its commitments to human rights and promote human rights globally, including in the framework of the United Nations Human Rights Council, the United Nations General Assembly, the United Nations Security Council and any other relevant fora, consistent with the EU Treaty and the UN Charter.

The EU reiterates that all human rights are to be realised worldwide, whether they are civil and political rights, or economic, social and cultural rights, and that there is no hierarchy of human rights.

Paragraph 11 is devoted to gender equality and sexual and reproductive health and rights: “The EU will remain actively engaged in international efforts to achieve gender equality, the full enjoyment of all human rights by all women and girls and their empowerment as a matter of priority. It will continue to ensure the integration of the gender perspective throughout the work of the Human Rights Council, the General Assembly and other human rights fora. Recalling the European Consensus on Development, the Council remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the ICPD and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights, in this context. Preventing, combatting and prosecuting all forms of gender-based violence, including harmful practices and discrimination against women and girls, and ensuring their physical and psychological integrity will be at the very centre of EU action, also during conflict and post-conflict situations. The EU will continue to pursue efforts to implement effectively UN Security Council resolution 1325 and subsequent resolutions on Women, Peace, and Security, consistent with the 2018 Council Conclusions on the implementation of the Gender Action Plan and the new EU Strategic Approach on Women, Peace and Security.”

Council conclusions on EU priorities at UN human rights fora are adopted on a yearly basis.

[Read the full text of the Council conclusions](#)

[Protection and promotion of human rights](#)

Source: [Europa.eu](http://europa.eu)

Belgian Minister to take Brussels Declaration “Right to abortion” to the 63rd UN Commission on the Status of Women

Rudy Demotte, Minister-President of the Wallonia-Brussels Federation, is due to go to New York for the UN Commission on the Status of Women in New York, 10-14 March. Demotte’s message is clear:

a woman's right to abortion is a right and belongs to her only. The trip is with a view to taking the Brussels Declaration, which is calling for legalising abortion, his department reported.

The Declaration gathered more than 2,500 signatures last year (www.droitavortement.com), and champions treating abortion as healthcare, and the removal of the "conscience clause". Unhindered access to information on reproductive and sexual health are also advocated. Furthermore, it demands the implementation of programmes of sexuality education.

The text was introduced at the end of June by the Minister-President and the previous Minister for Women's Rights, Isabelle Simonis: "Let us, once again reassert that free and informed consent to pregnancy is a fundamental human right. Let us reassert the freedom of choice and self-determination of women as to whether or not to continue with a pregnancy. On the brink of the European elections, in some EU countries we are experiencing an upsurge in conservative movements, severely threatening the right to abortion. We cannot lose our focus or decrease our efforts in this respect. The right to abortion is a priority for every one of us," she said. Her ministerial responsibilities within the Wallonia-Brussels Federation government presently include women's rights.

Source: [International Campaign for Women's Right to Safe Abortion](#)

From ASTRA members

Fighting drastic anti-choice banners. Case study: Poland

The anti-choice organizations in Poland are becoming more and more visible in the public sphere with their manipulative and drastic images which instrumentalize dismembered fetuses to distort the truth about abortion. The Right to Life Foundation has been presenting its manipulative exhibition since 2005, but it was not until the elections in 2015 that they could extend its scope of action. The Right to Life Foundation and The Life and Family Foundation were given a green light by the authorities to misinform the public debate, and to frighten vulnerable persons. Bloody posters, trucks and billboards commonly pop up in front of hospitals, schools and kindergartens in many cities and towns all over Poland.

In Poland many actors, including The Federation for Women and Family Planning, are engaged in diverse countermeasures which were listed and discussed [here](#). In order to boost exchange of best practices we encourage you to share experiences of your local organization in the battle against bloody, anti-abortion banners. Please send your lessons learnt via e-mail at federacja@federa.org.pl. Upon your consent, we will post descriptions of your action online, so as to inform and inspire people facing similar challenges.

Source and full article: [Federation for Women and Family Planning](#)

Hate Interrupter Teams: Bulgarian youth counteracting hate speech towards migrants and minorities

Gender Alternatives Foundation is proud to participate in an international project - HIT – Hate Interrupter Teams: Youth counteracting hate speech towards migrants and minorities through participatory and creative campaigning. The project emerged from the need to explore and establish innovative ways to empower young people (aged 14-19) to tackle racism, xenophobia and discrimination aimed at migrants. Hate Interrupter Teams (HITs) will address the perpetrators of hate speech and behaviour (HSBM) through creative digital media-based ‘showcases’, imaginative role play and artistic techniques. The project prioritises and explores creative strategies on raising awareness on HSBM, and on empowering young people to counteract hate speech.

The project’s aims are in line with the objectives of the Rights, Equality and Citizenship Work Programme 2017 and the Justice Work Programme 2017, specifically through its focus on best practice identification and production to counteract racism and xenophobia with a focus on HSBM through counter-narratives. It does so by being pivoted upon the development and interaction of the HITs and Stakeholder Boards (SBs) at both country and transnational level, centring upon the empowerment of communities of youth and community leaders via a holistic approach, using artistic and creative digital expression to foster social cohesion and stimulate a sense of inclusion.

HIT comprises nine organisations, from seven EU countries (Cyprus, Greece, Italy, Spain, Germany, Bulgaria and the UK), with extensive experience in working with young people facing social exclusion. These are - Collage Arts, Rinova: UK; Mulab : Italy; Gender Alternatives Foundation: Bulgaria; The Smile of the Child: Greece; MetropolisNet: Germany; CEPS: Spain; Frederick University: Cyprus; “Hope For Children” CRC Policy Center: Cyprus. This strategic partnership brings together diverse, complementary knowledge and expertise for successfully empowering young people and creating innovative strategies to combat hate speech and behaviour.

Source: [Gender Alternatives Foundation](#)

Barriers to Accessing Safe Abortion Services for Women of Reproductive Age in Georgia. New Research by Association HERA XXI

The Georgian law enables legal abortion up to 12 weeks of gestation, yet Georgian women continue to face significant challenges in terms of availability and accessibility of safe abortion information and services, especially those living in rural areas. To analyse the situation Association HERA XXI, ASTRA member from Tbilisi, pursued a qualitative study of the existing barriers to the availability of abortion in 7 regions of Georgia.

The survey aimed to identify the barriers to safe abortion services using the technique of in-depth interviewing and real life experiences. It covered the experiences of respondents in the context of induced abortions over the past decade.

The results of the survey helped identify the following barriers to accessibility to safe abortion services in Georgia:

- Barriers regarding geographical availability – especially faced by women living in rural areas far from a regional center and/or women living in the mountainous regions of the country. This barrier is closely associated with economic factors;
- Lack of financial affordability of abortion services – because of the high costs of abortion services women often have to borrow funds from a bank or resort to illegal abortion.
- Lack of psychological support – main negative experience women speak out about is the lack of psychological support from family, society as well as lack of psychological and support interventions in medical institutions.
- Pre-abortion counselling service gaps – majority of the women participating in the survey had not undergone appropriate pre abortion counseling.
- Biased Counseling in a non-confidential environment and widespread conscientious objection among medical doctors - Research reveals widely usage of conscientious objection by medical doctors and not referring patients to alternative doctor or service providers. Doctors attempt to dissuade patients from undergoing abortion.
- The five-day mandatory waiting period is considered inefficient by many women participating in the survey, based on the argument that women make decision to have an abortion after considering too many factors and do not easily change their decisions. Delays in the provision of the abortion service: a) put a strain on the psychological state of women; b) create additional logistical barriers for women living in rural areas far from a regional centre and/or women living in the mountainous regions of the country.
- Gaps in post-abortion care – as in the case of a pre-abortion counselling service, patients are not fully informed about the components of post-abortion care, modern contraceptive methods and in most cases the service remains completely unavailable.
- Lack of information - Low level of awareness of issues concerning family planning and reproductive and sexual health among the respondents is noticeable: part of the respondents had never heard of contraception and some associate contraception only with medicines. The level of awareness of emergency contraception among the respondents is even lower.

Women in need for abortion services in Georgia encounter accessibility and availability barriers that strongly impede the quality of the services and wellbeing of women. Limited number of abortion providers, service and travel expenses, biased counseling in a non-confidential environment, weak referral mechanism lead to unsafe and/or self-induced abortions and negatively influence women's health.

Source: [HERA XXI](#)

Sexual Health at All Ages campaign in Armenia

On 11th to 15th February "Women's Resource Center" NGO joined an international awareness week of sexual and reproductive health. This year's theme was "Sexual Health at All Ages", which aims to emphasize that sexual and reproductive health is important for all ages. "Women's Resource Center" NGO organized events around issues of sexual health of adolescents, youth, middle aged and adults. Online articles were published using # Sexual Health Hashtag, organized a live video on Facebook on sexual health, as well as a live radio talk show dedicated to the importance of sexual education.

[My Body-My Right Facebook page](#)

Source: [Women's Resource Center](#)

GLOBAL UPDATES

2018 Sexual Rights Highlights

Throughout 2018 the UN human rights system continued to be an important space for the development of global sexual rights norms and standards as well as providing critical accountability mechanisms for national laws and policies impacting human rights related to sexuality, reproduction and gender. From the establishment of new human rights standards on abortion to the explicit recognition of harms caused and perpetuated by patriarchy, sexual rights advocates flexed their collective muscles in 2018 to demand States do better and do more to fulfill their obligations under international human rights law. To recap last year and learn about the gains in sexual rights check out this thorough summary by the Sexual Rights Initiative online [here](#).

Source: [Sexual Rights Initiative](#)

RESOURCES

2019 Contraception Atlas Launched at the European Parliament

All European governments need to do more to meet SDGs for universal access to contraception

- Hat-trick for Belgium, France and UK as they take top spot for third year running
- Poland and Hungary worst performing EU countries

The Contraception Atlas – a map that scores 46 countries throughout geographical Europe on access to modern contraception, launched its third annual edition at the European Parliament, continuing to reveal a very uneven picture across Europe.

The Atlas stratifies countries by colour according to their access to contraceptive supplies, family planning counselling and online information: green, light green, yellow, orange, red and dark red. The red and dark red categories indicate extremely poor performance and have been attributed to 12 countries this year, compared with 14 last year.

“The Atlas serves as a useful indicator of the extent to which governments prioritise people having autonomy over their reproductive lives. Every country ranked can do more to increase access to contraception and will reap the benefits, as provision of sexual and reproductive health services leads to a country’s social and economic progress,” said host MEP Ernest Urtasun.

Highlights of this year’s Atlas include policy changes in Finland and Andorra to make contraception more accessible by providing reimbursement for young people and contraception without prescription.

“We’re happy to report that across the board, the standard of online information about contraception is improving. However, these improvements are oftentimes thanks to NGO’s and other organisation’s websites. There are still only 11 countries that have government-supported websites rated as very good or excellent. We really encourage governments to make this small and cost-effective effort to provide accurate information to their citizens,” said Neil Datta, EPF Secretary.

Despite these successes, many countries across Europe fail to provide any reimbursement for contraception and online information is often lacking. In Poland, emergency contraception is no longer available without prescription, catapulting it to the bottom of the rankings by far.

Sen. Petra De Sutter, EPF President, defended the need to improve contraception access: “If you compare the Atlas to population growth statistics, you’ll see that the top scorers correlate, so contraception isn’t a threat to population growth, but rather a means of letting people decide when they want to have children.”

Thanks to successes in presenting the Contraception Atlas around Europe over the past two years, Italy and Spain have already begun plans to launch their own national atlases highlighting regional discrepancies to tackle domestic access issues.

In just two years, the Contraception Atlas has become an acknowledged tool of reference for information on contraception in Europe, which is reflected in the Atlas results as more governments and organisations volunteer information, rendering the 2019 Atlas more precise than ever before.

Highlights

- 17 countries scored higher than in 2018
- 14 countries scored lower than in 2018
- Albania, Andorra, Finland and Greece most improved countries since 2018
- Kosovo and Poland most declined countries since 2018

For more information, visit the [Contraception Info website](#)

[Event photo album](#)

About the Atlas: Now in its third year, the Atlas has been produced by the European Parliamentary Forum on Population & Development (EPF) while experts in sexual and reproductive health and rights designed the methodology. EPF benefitted from the financial support of MSD to undertake original and independent research which is presented in the Atlas. EPF is grateful to numerous expert

national organisations and individuals who contributed to gathering the data presented in the Atlas. The scope and content of the European Contraception Atlas is the sole responsibility of EPF.

Source: [EPF](#), [European Parliamentary Forum](#)

Reproductive Health Matters became Sexual and Reproductive Health Matters

This February 2019, Reproductive Health Matters (RHM) becomes Sexual and Reproductive Health Matters (SRHM), as it continues to build on 25 years of gender and rights-based research, policy, political analysis and advocacy on sexual and reproductive health and rights.

We wish our name and our organisation to fully embody a comprehensive understanding of sexual and reproductive health and rights that includes sexuality, sexual health, reproductive health, gender and gender diversity and human rights; an understanding that encompasses health services and health systems, economics and politics, as well as social determinants and norms, laws, and policies.

Our name represents our vision: a world in which sexual and reproductive health and rights are recognized as fundamental human rights and matters of social justice; and in which the sexual and reproductive health needs and rights of people are fully respected, protected and fulfilled, regardless of age, gender, gender expression, sexual orientation, geographical residence, race, colour, language, social status or other social, political or personal attributes.

Read more: [Sexual and Reproductive Health Matters – What’s in a name?](#).

Sexual and Reproductive Health Matters: Open issue 2019 new papers

[Sexual and Reproductive Health Matters – What’s in a name?](#)

[Confronting racism in family planning: a critical ethnography of Roma health mediation](#)

[Influences on the decision to use contraception among Sarawakian women with diabetes: a qualitative exploration](#)

[Prevalence, attitudes and knowledge of misoprostol for self-induction of abortion in women presenting for abortion at Midwestern reproductive health clinics](#)

[“You must first save her life”: community perceptions towards induced abortion and post-abortion care in North and South Kivu, Democratic Republic of the Congo](#)

Source: www.srhm.org

UPCOMING EVENTS

UN Commission on the Status of Women 2019

The sixty-third session of the Commission on the Status of Women will take place at the United Nations Headquarters in New York from 11 to 22 March 2019. Representatives of Member States, UN entities, and ECOSOC-accredited non-governmental organizations (NGOs) from all regions of the world are expected to attend the session.

Themes

Priority theme: *Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls;*

Review theme: *Women's empowerment and the link to sustainable development (agreed conclusions of the sixtieth session);*

[Access ASTRA statement for 63rd session of CSW here](#)

Full information about NGO participation can be found [here](#).

Source: www.unwomen.org/en/csw/csw63-2019

Commission on Population and Development fifty-second session

52nd session of the UN CPD will take place on April 1-5, 2019 in New York with the theme of *Review and appraisal of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development.*

The appointed Chairperson is H.E. Mr. Courtenay Rattray, designate (Jamaica) - Latin American and Caribbean Group (GRULAC) and Vice-Chairpersons are as follows: Ms. Yuliana Angelova (Bulgaria) - Eastern-European Group; Mr. René Lauer (Luxembourg) - Western European and Others Group (WEOG); Mr. Saidu Nallo, designate (Sierra Leone) - African Group; TBD () - Asia-Pacific Group.

Information for NGOs is available [here](#).

Source: [UN](#)

ASTRA Network Members: Albania - Albanian Family Planning Association; Armenia - Society Without Violence; Armenia - Women's Resource Center; Armenia - Women's Rights Center; Azerbaijan - Center "Women and Modern World"; Belarus - Women's Independent Democratic Movement of Belarus; Bulgaria - Bulgarian Family Planning and Sexual Health Association; Bulgaria - Bulgarian Gender Research Foundation; Bulgaria - Gender Education, Research and Technologies; Bulgaria - Demetra Association; Bulgaria - Gender Alternatives Foundation; Bosnia and Herzegovina – Sarajevo Open Center; Croatia - B.a.b.e.; Croatia – CESI; Croatia - Women's Room; Georgia – HERA XXI; Georgia – Real People, Real Vision; Georgia - Women's Center; Hungary – PATENT; Kazakhstan - The Legal Center for Women's Initiatives "Sana Sezim"; Lithuania - Family Planning and Sexual Health Association; Latvia - Latvia's Association for Family Planning And Sexual Health; Macedonia - Association for emancipation, solidarity and equality of women; Macedonia – H.E.R.A.; Macedonia – Shelter Center; Moldova – Family Planning Association; Moldova - Reproductive Health Training Center; Poland - Federation for Women and Family Planning; Romania - A.L.E.G.; Romania - AnA: Society for Feminist Analysis; Romania - Euroregional Center for Public Initiatives; Romania - The East European Institute of Reproductive Health; Russia - Novogorod Gender Center; Russia – Russian Association for Population and Development; Slovakia – Pro Choice; Tajikistan – Gender and Development; Ukraine - Women Health and Family Planning; Ukraine - Charitable SALUS Foundation; Uzbekistan - Future Generation

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