



## CEE Bulletin on Sexual and Reproductive Health and Rights

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### BURNING ISSUE

#### **Feminist leadership delivers on women’s human rights at the UN Commission on the Status of Women**

*March 25, 2019* — Feminist persistence at the UN Commission on the Status of Women (CSW) has delivered new international standards on women’s human rights to social protection systems, access to public services, and sustainable infrastructure. These gains were achieved in spite of the increasingly polarised political environment at the UN’s biggest annual gathering on women’s rights.

“In the face of extreme pressure and cyber-bullying, the majority of delegations stood strong in defence of women’s human rights. What we’ve seen at the UN in the past two weeks is a mirror to the world: attacks on both the human rights of women and the principles of multilateral diplomacy,” said Jessica Stern, executive director at [OutRight Action International](#). “However, CSW’s outcome shows that when feminist movements, both within the institutions and outside, come together to hold governments accountable, progress is unstoppable.”

Governments, for the first time, recognised the right to social security—including universal access to social protection—and that women’s access to social protection is often restricted when tied to formal employment. The Agreed Conclusions acknowledged that budget cuts and austerity measures undermine women’s access to social protection, public services, and sustainable infrastructure, particularly in the areas of health and education. They also recognised the link between gender-responsive social protection and the prevention of gender-based violence. And, crucially, committed to providing public sector workers with living wages.

The Agreed Conclusions, also for the first time, recognised the diverse gendered impacts of sustainable infrastructure.

“This is a seismic shift in how infrastructure is connected to the lives of women and girls,” said Dr Caroline Lambert, director of research, policy, and advocacy at the [International Women’s Development Agency](#). “The Agreed Conclusions assert the importance of institutional mechanisms for integrated gender-based impact assessments in infrastructure projects and planning.”

The Agreed Conclusions included women and girls as users, producers, and leaders in the sector at all scales, from community energy systems and water and sanitation facilities to larger infrastructure projects. Governments additionally pledged to improve health care infrastructure, and acknowledged its role in addressing maternal mortality.

In the first week of the CSW, young people across the world marched and rallied for climate justice, including outside the United Nations Headquarters. Feminist activists at the CSW stood with the students in solidarity.

“The Agreed Conclusions have a strong focus on climate change and its impact on sustainable infrastructure, social protection and public services,” said Viva Tatawaqa, incoming political adviser at [DIVA for Equality](#) (Fiji).

However, the reality of climate change damage means that a stronger focus on gender justice, social services, social protection, and infrastructure that is designed, implemented, and monitored by and with grassroots communities, women’s rights activists, and environmental defenders is required. It is concerning that the Agreed Conclusions do not reflect the urgency of just transitions from fossil fuels to renewable safe energy.

In addition to the thematic achievements, the Agreed Conclusions reaffirmed prior agreements on universal health coverage, sexual and reproductive health and rights, education, gender-based violence, the need for policies that address the diverse needs of families, and the responsibility of the state to protect women human rights defenders.

These victories have even greater significance given the unprecedented attacks on women’s human rights and autonomy led by Member States such as the United States, Russia, Saudi Arabia, and Bahrain, with support from the Holy See, a permanent observer to the UN.

Despite our significant gains, challenges remain to realise the full human rights of women, in all their diversity. Of significant concern was the removal of service provisions for survivors of violence—a development out of step with the growing realisation of the prevalence and consequences of gender-based violence. Member States also failed to commit to integrating sexual orientation, gender identity, and expression into the design of social protection, public services, and infrastructure systems. Governments and civil society continued to use trafficking as a means to advance anti-sex work arguments. The Agreed Conclusions also demonstrated the unwillingness of governments to regulate and hold the private sector accountable for its responsibility to uphold women’s human rights.

“Governments reaffirmed that women’s human rights are universal, indivisible, and interrelated, but too many still want to pick and choose which rights, and whose rights, to uphold,” said Shannon Kowalski, director of advocacy and policy at the [International Women’s Health Coalition](#). “Feminists will continue push to ensure that the rights of all women and gender diverse people, everywhere, are realized.”

This is of heightened importance as we approach the 25<sup>th</sup> anniversary of the Beijing Declaration and Platform for Action—the milestone conference that declared women’s rights are human rights—the 75<sup>th</sup> anniversary of the UN, the 20<sup>th</sup> anniversary of resolution 1325 on women, peace, and security, and the 5<sup>th</sup> anniversary of the Sustainable Development Goals. These milestones provide opportunities for the feminist movement to continue leadership in national and regional reviews, and in turn inform the global recommitment to Beijing and beyond.

In that context, we stand with many governments who took the floor to condemn cyber-bullying of the CSW facilitator, Her Excellency Koki Muli.

“Around the world, every day, women human rights defenders are targeted for their defence of human and women’s rights. We stand together with Her Excellency and all the other women human rights defenders who face intimidation for the work they do to advance gender-related rights,” said Sanam Amin, programme officer at the [Asia Pacific Forum on Women, Law and Development](#).

At this critical moment, CSW must continue to involve the vital voice of civil society in their deliberations and strengthen the ability of negotiations to continue the practice of consensus-based advancement of human rights. We remain committed to the practice of effective multilateralism and look forward to strong and constructive discussions at CSW64 to ensure that the CSW continues to uphold the advancement of women’s human rights.

## REGIONAL UPDATES

### **Macedonian Parliament has passed new abortion legislation: report from HERA**

On 14 March 2019, the Macedonian Parliament adopted new abortion legislation which fully respects women's rights and choice for pregnancy termination. HERA (Health Education and Research Association) and other civil society organisations (CSOs) were members of the Ministry of Health working group for drafting the new law. Some 90% of the clauses proposed by CSOs were included in the final text, meaning this law is indeed a great win for all women and women/gender organisations in Macedonia.

The former restrictive law, adopted in 2013, has now been replaced after six years of a continuous fight by Macedonian CSOs and a change in the political environment in 2017 with the election of the social democrats. There will be no more mandatory or biased counselling and no three-day waiting period. Any information provided to those asking for an abortion will be objective and evidence-based (according to WHO standards). Moreover, the woman will now have the right to refuse any abortion-related information under the law on patients' rights. Abortion on request has been extended from 10 to 12 weeks of gestation.

Abortion from 12-22 weeks is now permitted for socio-economic reasons, fetal malformation, rape and incest, and medical indications. Approval from a hospital commission is no longer required. The doctor can ask for a second opinion from another specialist if necessary. The woman's free will to have an abortion from 12-22 weeks is now guaranteed by law, regardless of the opinion of the doctor/s and the reason for the abortion; she just needs to sign a statement to state her reasons for abortion, upon which the hospital is obliged to provide it within three days. Supporting documentation from the Public Prosecutor will no longer be needed in cases of rape, which is in line with the Istanbul Convention. The statement of the woman will be sufficient.

The new legislation also introduces medical abortion pills as an option alongside the surgical method. The Ministry of Health is obliged to draft new clinical guidance for abortion care in the next three months, in which medical abortion pills will be included as part of comprehensive abortion care. In addition to ob-gyn clinics in hospitals, medical abortion pills can also be provided in primary health care ob-gyn clinics up to nine weeks of pregnancy. This will increase access to abortion services for women living in semi-urban and rural areas.

The new law also significantly reduces the penalties and fines for doctors (from € 30,000 to € 3,000) which is in line with the broader penalties for malpractice in healthcare.

A Commission for approval of abortion after 22 weeks of pregnancy will be established by the Ministry of Health and will include one member with significant gender expertise (five years) to ensure that decisions made by the Commission really reflect the needs of the woman.

Source: [Safe Abortion Women's Rights](#)

## **First Maltese Pro-Choice Movement**

Voice for Choice, Malta's first ever pro-choice movement is set to launch this weekend to campaign for the legalisation of abortion. The Women's Rights Foundation and Moviment Graffiti have been sharing an invitation to the upcoming launch on social media:

"We are a group of civil society organisations and individuals that together want to work for reproductive rights and justice in Malta. We are grassroots organisations that represent various sectors of our society, as well as individuals that are passionate about reproductive health and rights. Abortion continues to remain criminalised in Malta in all circumstances. We know that the reality is that women in Malta are still seeking and having abortions. However, this comes at both a financial and a social cost as these women continue to live in fear, stigma and shame in our society. Malta is a compassionate country that has over the decades ensured full inclusivity. It is time that the laws related to abortion follow suit so as to reflect the reality of people's lives. We are here to ensure that all pregnant persons, irrespective of their gender, ethnicity, beliefs or age are supported, respected and protected whatever their choices."

While no politicians from two of the main parties is openly willing to discuss law reform, debate is taking place in others, with Alternattiva Demokratika MEP candidate Mina Tolu calling for a civilised discussion and Partit Demokratiku MEP candidate Cami Appelgren coming out as pro-choice.

Source: [Safe Abortion Women's Right](#)

## **Council of Europe Commissioner for Human Rights on Poland**

After a 5-day long visit in Poland, the Council of Europe Commissioner for Human Rights, Dunja Mijatović, has published preliminary conclusions on recommendations for Polish authorities.

Addressing the issue of domestic violence and violence against women, the Commissioner commended Poland for ratifying the Istanbul Convention in 2015. "Poland's authorities should now act forcefully to make the effective application of the Istanbul Convention a reality", urged the Commissioner, stressing that "the law on domestic violence should be applied consistently across the entire country". Commissioner Mijatović in particular recommended that the government ensure the sufficient availability of shelters intended specifically for hosting women victims of violence and their children, especially in cities other than Warsaw. Noting that the current regulations do not provide for the possibility for promptly removing perpetrators of domestic violence in a manner which would prevent repeated victimisation, the Commissioner was encouraged to hear about the Ministry of Justice's plans to amend the Criminal Procedure Code in this regard.

The Commissioner's visit also addressed women's reproductive rights. "I am very concerned by the repeated and ongoing attempts to make Poland's abortion law – already one of the most restrictive laws in Europe – even stricter", said Commissioner Mijatović. She notes that three key judgments handed down by the European Court of Human Rights in Strasbourg against Poland in cases concerning access to legal abortion and the related care have remained unimplemented for many years and remain so to this day. The Commissioner was particularly concerned by information indicating that many women resort to clandestine abortions or travel abroad to get help, linked to the increasing resort to the so-called "conscience clause" by health care professionals to justify their

refusal to perform abortion care, pre-natal tests, or to prescribe emergency contraception. Noting with concern that there are regions in Poland where access to abortion care is seriously limited, the Commissioner remarks that “women and girls who have the legal right to abortion should not be hindered in any way in obtaining such services and care in their own country. In some cases, inaction or delay creates a real and grave risk to women’s life and health and it might negatively affect society as a whole in the future”, the Commissioner added.

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

Source and full text: [Council of Europe](#)

### **Abortion care in Georgia: women face big disparity between law and reality**

The outlook for women in the country is poorer than for men. Georgia is a patriarchal society with hangovers from Soviet times about the ‘traditional’ roles women should play – namely that they should be the main caregivers of the family. Georgia is also a religious country, with 83.4% of the population identifying as Orthodox Christian, and there is a lot of stigma surrounding abortion. The country has a long way to go when it comes to women’s reproductive freedom.

Although Georgia’s legislation requires abortion care to be available to women who need it, in reality there are a number of barriers that harm women by making it difficult if not impossible for them to access compassionate, quality care.

These include the limited number of care providers, high costs, biased and non-confidential counselling and mandatory waiting periods. When it comes to family planning, in a country-wide assessment of women’s sexual and reproductive health rights, IPPF’s Georgian member [HERA XXI](#) estimates that only 17% of women in the country have received family planning information from professional sources.

The obstacles and barriers which prevent women from accessing compassionate abortion care in Georgia are part of a broader trend. Across Europe and in countries which are strongly influenced by ultraconservative, patriarchal values in neighbouring Russia, coordinated actions by reproductive bullies result in regressive pressures and policies.

With little government support, HERA XXI is working to ensure sexual and reproductive health care and sexuality education for women and young people across the country. The organisation carries out political advocacy to encourage decision-makers to improve women’s access to care. They work with clinics to support the introduction of safer abortion methods, and thanks to a partnership with UNFPA, enable them to provide some contraceptive care free of charge. They also run a peer-to-peer sexuality education scheme, enabling young people to support their friends in developing crucial life skills needed to navigate relationships and sexuality.

However, with limited funding, HERA XXI alone cannot meet the need. In Akhaltsikhe, a small city in the southwest of Georgia with high levels of poverty and unemployment, for example, they are one of the few organisations providing sexual and reproductive health care and education. Yet they are only able to cover a relatively small part of the region, according to Youth Leader Marine Sudadze. “If we had more funding we would scale up and enter more villages. Large areas of the community are still not being reached,” she says.

Source: [IPPF](#)

## **An update on sexual education in Poland**

Sexual education has always been a controversial subject in mostly conservative and catholic Poland. The compulsory “Upbringing to Life in Family” lessons are definitely not answering youth’s needs, more so after the curriculum has been changed dramatically and does not even include the word “sex” at all. Demand for groups and organisations providing comprehensive sexed in schools has tamped down right after Law and Justice party won the election in 2015. Now, however, the situation has changed. It seems that the polish government has sparked too much outrage lately with their actions aimed against any liberal ideas or communities. As a response the public opinion has been shifting in favour of progressive movements. Experts’ views on children’s needs in terms of sexual education seem to be more and more influencing parents and teachers who recognise the dangers of no sex education in schools.

Not many months ago, photos of textbooks went viral online, starting a vast debate on sexism and homophobia present in materials given to children in schools. Passages from those textbooks contained advices for women facing sexual harassment from bosses or teachers like: “First of all, treat him with respect and make sure to show him your appreciation for his interest in you”. Children would also read that: “Homosexual orientation is the result of psychosexual development disorder”. These scandalous fragments stoked public outrage and made one of the conservative sexed providers recall books they were handing out and apologise. The dwindling amount of reposts of those pictures, as well as comments generally dismissing the mentioned passages are both surprising and lifting up.

A couple of weeks ago Warsaw’s major Rafał Trzaskowski signed a so called “LGBT+ card”, a straightforward yet powerful document including promises like reactivating a hostel for LGBT+ people, monitoring cases of harassment, equality clauses in agreements and contracts signed by the town, and educating youth on LGBT+ issues in schools. Education is to be based on WHO’s guidelines on sexed, present since 2012. Trzaskowski, his supporters, as well as NGOs and organisations concerned with sexed received a major backlash as a result; in most cases people were confusing the new “LGBT+ card” and WHO standards. Moreover, right-wing politicians deliberately repeated false allegations about homosexuals being introduced to preschools to teach children masturbation. The rail against LGBT people in Poland does not taper off. Jarosław Kaczyński, chairman of the ruling conservative party, brutishly shouted “Hands off of our children” during Law and Justice’s last convention. So far though the major of Warsaw has not budged and stands by both the WHO standards and the “LGBT+ card”. In a following statement he has defended both documents in an attempt to clamp down on attacks against him and LGBT+ people. Warsaw’s queer community as well as SRHR providers see a glimmer of hope.

In the meantime the right-wing and conservative group Ordo Iuris has not lost steam and published a “textbook” on how to defend children from sexual educators, comparing the latter to paedophiles. The leaflet contains an enormous amount of lies, manipulation, and misinterpretations. It seems though that this publication has not gained much attention. As mentioned before, interest in the services of sexed providers is ratcheting. Ponton, member of ASTRA and the most known sexed

provider, has noted an uptick in demand too high to meet the needs of all schools they've been contacted by.

All in all it seems that the notion of sexed being extremely vital, necessary and safe is more and more present in mainstream media. Thanks not only to Anja Rubik but mostly to the hard everyday work of pedagogues and experts, SRHR remains much-touted as a topic to be treated with all due seriousness. Even though the polish government tries to halt any progress and turns a blind eye to hate crime resulting from its vitriol and disdain, SRHR becomes for many intrinsic to their lives, making it intractable for right-wing politicians. And well so.

Source: [Ponton Group of Sex Educators](#)

## FROM ASTRA MEMBERS

### **Workshops for young women**

The Women's Resource Center Armenia continues its awareness raising workshops for young women on the topics of sexual health and rights. The aim of these meetings is to provide rights based and comprehensive information about the anatomy and functionality of sexual and reproductive organs, personal hygiene and the menstrual cycle, safe sexual relations, sexually transmitted infections and contraceptive methods, as well as information about abortion. The aim of these workshops is also to empower young women to understand their rights and make their voices heard so that they will be a part of the demand for protection of their sexual and reproductive rights when retrogressive policies are introduced by the state.

### **The survey on "Position of main decision makers and opinion makers on sexual orientation and gender identity in Armenia" was launched**

The survey on "Position of main decision makers and opinion makers on sexual orientation and gender identity in Armenia" was conducted by the Women's Resource Center and Pink Armenia NGOs as part of the "Promoting Human Rights in LGBTI Persons in Armenian Society" project. The project was funded by the the US Agency for International Development (USAID).

In the scope of the interviews with the decision makers we discovered their positions on gender equality, sexuality, sexual orientation and gender identity, as well as implemented focus group discussions with members of the LGBT community about the problems they face with discrimination. Here are key findings of the study:

- Many decision makers did not differentiate between sexual orientation and gender identity. They often identified gender identity and sexual orientation as the same, and even asked the interviewer what the difference was between them.
- Many of the decision makers agreed that there exists discrimination towards LGBT people but believed that if a person would not disclose their sexual orientation or gender identity then they would not face discrimination.



Overall the decision and opinion makers were not sensitive towards sexual orientation and gender identity issues. These individuals exert considerable influence on Armenian society, and their views and attitudes about sexual orientation and gender significantly affect the legislation and policy they develop.

The report is available in Armenian: [http://www.ysu.am/files/WRC\\_Research.pdf](http://www.ysu.am/files/WRC_Research.pdf)

Source: [WRCA](#)

### **New study on Georgian situation**

On 22 March 2019, Public Defender Office in Georgia presented a national study on reproductive and sexual health and rights, which was prepared with the support of the United Nations Population Fund (UNFPA). HERA XXI has provided its input during focus groups discussion with expert groups and CSOs, which have been reflected in the study.

Key findings of the national study are related to the quality and availability of maternal health and family planning services, systemic problems in terms of quality and accessibility of services, which lead to unaffordability of services, social barriers and lack of information. All of this has particular impact on the rights situation of ethnic minorities, persons with disabilities, women and girls in rural areas; there is no systemic approach to post-delivery services; children do not have complex education or full information about their body or reproductive health, which increases the risk of hazardous behavior as well as complex education about human sexuality.

Source: [HERA XXI](#)

### **BASE Project – empowering refugee and migrant women to become cultural advisors in their communities**

Gender Alternatives Foundation - Bulgaria starts its partnership in the European project BASE (REC-AG-2017/REC-RDAP-GBV-AG-2017). The project addresses the need to counteract gender-based violence (GBV) by empowering refugee and migrant women to become cultural advisors in their communities.

To this aim, the international team will develop strategies to nurture inclusive communication and a culture of trust between support service professionals, victims, families and communities, thus preventing victim re-traumatisation and encouraging reporting of GBV. Violence against women and young girls knows no cultural, geographical or ethnic barriers, several studies have identified that some groups are particularly vulnerable - migrant and ethnic minority women, female asylum seekers, refugees are among those.

Objectives:

To contribute to the development and sustainability of inclusive support services in cases of gender based violence against girls by:

1. Empowering migrant/refugee women as cultural advisors;

2. Building the capacity of professionals to communicate and address the needs of migrant/refugee girls and their families;
3. Supporting and promoting intersectional, cross-country cooperation;
4. Raising awareness on the problem; its consequences; and the provision of support.

Duration of the project is 24 months (January 2019 – January 2021). Nine organizations form the European consortium. The leader is Hope For Children CRC Policy Center (CY), while partners are Abif (AT), CESIE (IT), Portuguesa Conversas de Psicologia - APCdP (PT), Gender Alternatives Foundation (BG), Family and Childcare Centre – KMOP (GR), Rinova Ltd (UK), Science and Research Centre Koper – SRK (SI).

The project is funded under the Rights, Equality and Citizenship of the European Commission.

Source: [Gender Alternatives Foundation](#)

## **Saving lives of women from Cervical Cancer in Albania. Approval of the National cervical screening program**

### **I. Country Context**

Current estimates indicate that every year 93 women are diagnosed with cervical cancer and 35 die from the disease. Cervical cancer ranks as the 8th most frequent cancer among women in Albania and the 3rd most frequent cancer among women between 15 and 44 years of age. Data is not yet available on the HPV burden in the general population of Albania. However, in Southern Europe, where Albanian region belongs to, about 3.2% of women in the general population are estimated to harbour cervical HPV-16/18 infection at a given time, and 68.0% of invasive cervical cancers are attributed to HPVs 16 or 18.

There is a National Cancer Control Program in place, developed based on a consultative process with various stakeholders under the principles of the WHO and European standards. The National Cancer Control Program has a 10-year action plan (2011–2020), and includes four key components: prevention, early detection, diagnosis and treatment, and palliative care. This national plan has been developed to integrate early detection of cervical cancer into primary health care activities but yet there is an organized national screening plan in place.

### **I. 2016-2018 interventions of ACPD**

In 2016, to bridge the gap and achieve health equity the Albanian Center for Population and Development (ACPD) initiated a series of activities to promote the utilization of an alternative cost-effective cervical cancer screening tool in rural Albania. ACPD introduced visual inspection with acetic acid (VIA) and cryotherapy for the first time as a pilot study, which has been considered as a feasible screening tool in low-resource settings by the Albanian Ministry of Health and Social Protection (MoHSP). The ACPD's goal is to introduce VIA and cryotherapy in rural areas as a health priority to strengthen the existing national screening programme through advocacy with the MoHSP.

112,110 people were made aware on Cervical Cancer prevention and control through videos, social medias; awareness raising campaigns; educational seminars; 72 gynecologist and midwives on VIA and cryotherapy were trained; 3,274 women were screened; Follow up with mobile technology was applied; collaborative partnerships were established with key stakeholders including health facilities for referral; medical evidences was provided to the government with regards to effectiveness of VIA and it was considered as a feasible tool. VIA was piloted by trained service providers in public health facilities.

ACPD has organized regular briefing meetings with the MoHSP and Institute of Public Health, emphasizing the substantial contribution VIA and cryotherapy could bring to the health of women living in rural areas. Advocacy strategies employed by ACPD have been effective in ensuring the institutional support for advancing effort towards CC care in Albania.

After many years of advocacy the guidelines on CC are expected to be endorsed by the Ministry of Health and Social Protection (MoHSP) in 2019 recognizing HPV test as the main method of screening for cervical cancer prevention. ACPD will continue its advocacy work towards integrating VIAs in the national screening program through involving all its partners including the All Party Parliamentary Group for Population and Development, the SRH coalition and in public events, parliamentary hearing sessions, meetings with decision-makers etc.

## **II. Approval of the national screening program for the cervical cancer with the decision of the Minister of Health and Social Protection, January 30, 2019.**

On 25<sup>th</sup> of January ACPD carried out a national conference on the Cervical Cancer screening and control with focus on National Screening Program and integration of VIA and cryotherapy within the program. The conference gathered 50 people including high level representatives from the Ministry of Health and Social Protection, Institute of Public Health, UNFPA, Regional Authority of Health, managers of health care centers, service providers and other key stakeholders

On 30<sup>th</sup> January the Minister of Health and Social protection approved through an order the National Screening Program for Cervical Cancer Prevention and Control defining as the main method of screening the HPV test.

This program target for 2019 is to screen with the HPV self-sampling a total of 14.000 women all over Albania. This program will be implemented under the leadership of the Public Health in close collaboration with ACPD.

The entire process is supported by the MoHSP, IPPF EN and UNFPA Country program Albania.

For 2019 ACPD has planned to contribute to: 1) Build capacities of primary health care centers so their professionals can apply new skills and absorb the new services into their basic package of services. 2) Build capacities and structures around public health authorities in the regions, so they can serve as regional screening coordination units; 3) adapt the existing information systems to allow for attachment of the new screening registration and monitoring 5) awareness raising among eligible women for demand generation

Source: [ACPD](#)

## GLOBAL UPDATES

### **Situation of women human rights defenders – a new Report of the Special Rapporteur on the situation of human rights defenders**

A new report from UN Human Rights Council was published. A summary is included below, the full text can be accessed [here](#).

In the present report, the Special Rapporteur on the situation of human rights defenders, Michel Forst, reviews the situation of women human rights defenders, covering the period since the issuance, in 2011, of the last report by the mandate holder on this topic (A/HRC/16/44 and Corr.1). He focuses in particular on the additional gendered risks and obstacles women human rights defenders face and recognizes their important role in the promotion and protection of human rights. The Special Rapporteur refers to the relevant normative framework for the work of women human rights defenders, describes the challenging environments in which they operate and analyses the impact of patriarchy and heteronormativity, gender ideology, fundamentalisms, militarization, globalization and neoliberal policies on the rights of such defenders. He also refers to the situation of specific groups of women human rights defenders.

The report contains recommendations and examples of good practices to support the building of diverse, inclusive and strong movements of women human rights defenders, and recommendations addressed to all stakeholders to ensure that women defenders are supported and strengthened to promote and protect human rights.

Source: [OHCHR](#)

### **Leaders, Senior Officials Discuss Ways to Advance Women’s Leadership**

Head of States, senior government leaders and officials from the UN system, the private sector and civil society discussed advancing women’s leadership during a high-level event hosted by UN General Assembly (UNGA) President María Fernanda Espinosa Garcés. Espinosa remarked that if women and girls, who comprise about half of the global population, are excluded from decision-making processes, the SDGs will not be met. She also noted that a majority of countries have never been governed by a woman, and if current trends continue, it will take 107 years to reach gender parity.

SDG target 5.5 calls for ensuring women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life. Prior to the adoption of the SDGs, the UNGA adopted [resolution 66/130](#) on ‘Women and political participation’ that expresses concern regarding the marginalization of women from the political sphere in every part of the world, and inviting States to exchange experience and best practices on women’s political participation in all phases of the political process.

The UNGA President convened the High-Level [Event](#) ‘Women in Power’ on 12 March 2019, concomitantly with the 63rd session of the Commission on the Status of Women ([CSW63](#)). Among other observations, participants noted that gender equality is a question of power, as the world still lives in a male-dominated culture and most of the current institutions were made by men. They also stressed that: women still face challenges in politics, based on discrimination, social stereotypes and

violence; there are more women than men graduating with doctorates in certain countries, but women's salaries remain lower than men; and women are a fraction of the leadership in most countries.

Participants also remarked that: equality between women and men is a fundamental right; legislation is not enough, and should be accompanied by changes in the structure of power, an enabling environment and a change in mindsets; there is a need to break the stereotype that politics is a "dirty business" and not a place for women; and the "new generation" of boys and girls should be taught about the importance of gender equality.

Source and full text: [SDG Knowledge Hub](#)

### **Call for action from the President of the United Nations General Assembly**

We call on all leaders to the following eight action points for women's participation

in power:

1. Lead by example by mentoring young women to strengthen their capacity to participate in politics;
2. Identify and work with champions all over the world to push for national actions required to empower women and give the opportunity to participate as leaders in politics;
3. Create synergies and strengthen the networks that encourage women to participate in politics and support the sharing of knowledge and experience;
4. Promote legal frameworks including laws and policies to ensure the full participation of women in politics without discrimination;
5. Develop specific measures to address violence against women in politics in all its forms and manifestations;
6. Adopt policies that ensure women's equal participation in the economy and in society at large, including shared parental leave, and access to quality child care as investments that create a better future for all of us;
7. Give priority to girls' education and the economic empowerment of women as key ingredients for women to achieve their full potential;
8. Create an environment where gender equality is respected, and inclusion is part of the organizational culture in all spheres of society;

More than ever we need to join forces, to act fast and to act now, for the benefit of all humanity, We invite Women and Men Leaders to be part of the change, and to Join Us in this Call.

Source: [UN](#)

## **Council of Europe Commissioner for Human Rights Dunja Mijatović releases statement on Sexual and Reproductive Health and Rights**

Ahead of International Women's Day 2019, Council of Europe Commissioner for Human Rights Dunja Mijatović issued the following statement today:

“Women's rights are human rights and gender equality is a fundamental value of our societies, enshrined in human rights treaties. Nevertheless, progress in advancing women's rights has not been straightforward. We need to stand up for gender equality and reverse any stagnation in its implementation.

Past advances in sexual and reproductive health and rights have been closely associated with women's rights, and have enabled women to make autonomous and informed decisions about their bodies, health, sexuality and whether or not to have children. States have an obligation to ensure that women can access affordable, safe and good-quality reproductive health services.

However, many women in Europe continue to face denials and infringements of their sexual and reproductive rights. A few states still maintain highly restrictive legal frameworks which prevent or limit women's access to safe and legal abortion care, and criminalise assistance given to it. In recent years, some countries have also adopted laws and policies rolling back previous provisions by introducing new preconditions for access to abortion care, such as mandatory waiting periods and biased counselling requirements. In addition, there have been attempts, so far unsuccessful, in a few countries to introduce near-total bans on abortion.

Refusals to provide abortion care by medical professionals on grounds of conscience have become a serious barrier in countries in Europe where authorities have failed to regulate this sector or to enforce existing regulation sufficiently to guarantee availability. Too many women also experience violence and abuse during maternal health procedures which is an affront to their human dignity. Women's organisations defending sexual and reproductive rights and health professionals working in this field have been subject to violence, threats and hate speech. The high cost of contraception and lack of comprehensive sexuality education are further problems.

Women have the right to the highest attainable standard of physical and mental health without discrimination under international and European human rights law. Several countries are currently in the process of reforming their legislation on sexual and reproductive health to meet their human rights obligations. I urge all governments to uphold women's right to self-determination about their sexual and reproductive health, and to ensure women's effective access to health care facilities, goods, services and information. Instead of stagnating, we need to move forward on women's sexual and reproductive rights.”

Source: [Council of Europe](#)

## **European Parliament pushes for next EU budget to strongly support sexual and reproductive health and rights**

Today in Brussels, the European Parliament expressed its strong support for sexual and reproductive health and rights, gender equality, and the empowerment of women, youth and children.

[In a binding Committee vote this evening on the EU's future Neighbourhood, Development and International Cooperation Instrument](#), Members of the European Parliament's committees on Foreign Affairs and on Development passed a series of amendments to the proposed regulation. These commit the European Union to promote sexual and reproductive health and rights as part of a human rights-based approach to development assistance. In addition, MEPs supported amendments that called for EU support for access to comprehensive sexual and reproductive health information and sexuality education, and the promotion of research into new and improved tools for sexual and reproductive healthcare and family planning.

**Speaking after the vote, a coalition of civil society groups called on EU member states to take heed of the outcome when they come to negotiate with the European Parliament to finalise the "Neighbourhood, Development and International Cooperation Instrument" (NDICI) in the coming months. The statement was signed by:**

- Cecile Vernant, Head of EU Advocacy, [Deutsche Stiftung Weltbevölkerung \(DSW\)](#)
- Caroline Hickson, Regional Director, [International Planned Parenthood Federation Europe Network \(IPPF EN\)](#)
- Neil Datta, Secretary, [European Parliamentary Forum on Population and Development](#)

They said: "Europe's elected parliamentarians have given a strong signal tonight that they are determined to make the EU live up to its international obligations on sexual and reproductive health and rights. It would be an abrogation of responsibility if EU ministers seek to dilute this position in the coming negotiations on the future of EU development policy.

"We urge them to take up global leadership on this issue, align with the European Parliament, and place themselves on the right side of history – young men and women around the world who want to live free and safe reproductive lives are counting on them."

Source: [IPPF](#)

## RESOURCES

### **A new study: "Abortion and Public Health Ethics" by Dr. Mahmoud Fathalla**

There is an ethical imperative to take public health action to eliminate the global problem of unsafe abortion. The moral obligation is dictated by the magnitude of the problem, the health inequities and social injustices that result from lack of access to safe abortion, the voices of women calling for action, and an international consensus recognizing unsafe abortion as a global health problem. The availability of public health interventions and the cost savings associated with fewer abortion complications reinforce the obligation to address unsafe abortion. Public health actions include reducing the need for abortion through family planning, providing safe abortion to the full extent of the law, managing abortion complications, and providing post-abortion care. These actions intersect with morality, religion, law, justice, and human rights. The public health community has a collective

social and ethical responsibility to stand beside and behind women as they claim their human right to health.

Source: [ReproHealthLaw Blog](#)

### **Abortion by telemedicine in the European Union**

This article explores one set of legal challenges raised by the interplay of two technologies. First, reliance on electronic media opens up the possibility of telemedicine, involving the provision of healthcare services in situations when the health professional and the patient are not in the same location. Second, safe, effective treatment protocols now exist for medical abortion (when a pregnancy is ended using mifepristone and misoprostol—collectively referred to below as ‘abortion pills’). Combined, these two technologies open up the possibility of telemedical abortion services. The clinical issues raised by this possibility have been widely considered,<sup>1, 2</sup> but the regulatory issues far less so.<sup>3</sup> Much discussion of abortion law has, quite properly, been framed within international human rights norms. Here we consider something different and far less well explored. How does transnational trade law apply to the situation when telemedical abortion services cross national boundaries to enable a woman resident in a country where abortion is illegal or highly restricted to end an unwanted pregnancy? Can residents of these countries rely on transnational trade law to assert rights to receive telemedical abortion services? And can health professionals claim a legally protected right to treat them?

While this discussion raises issues that resonate in other regional contexts and other regulatory frameworks, we focus on how these issues might play out within the European Union (EU). The EU has a highly developed set of uniform regulations governing transnational trade and wide variation in domestic abortion laws. While there has been a gradual trend towards more permissive regulation of abortion within Europe, there nonetheless exists significant variation, with termination of pregnancy available on request within specified gestational limits in some countries (including the Netherlands, Sweden, and France), but permitted only in highly restricted circumstances in others (such as Northern Ireland, Malta, and Poland).<sup>4</sup> When legal local abortion services are not available, women will either travel to access services in other countries or end pregnancies outside of formal healthcare settings.<sup>5</sup> Many of these women will seek to have abortion services travel to them, through the online purchase of abortion pills.

Abortion pills are readily available on the internet from a range of suppliers. Some will supply pills without a medical prescription, and some of the pills supplied will not contain the indicated quantity of the active medical ingredient.<sup>6</sup> We do not consider those situations here; rather, we focus on the case in which authentic pills are supplied on prescription by an appropriately accredited doctor based in another EU country. This brings legal issues of free movement of medicines and services into particularly sharp focus. When articulated in the language of EU law, these issues can appear very technical and far removed from the fundamental moral issues that underpin them. This should not conceal what is at stake here: the responsible conduct of medical practice in supporting women’s reproductive health, the proper role of telemedical services in allowing women to escape domestic



criminal prohibitions that reflect religious and moral concerns for the protection of embryonic and fetal life (hereinafter fetal life), and the reach of EU law into sensitive moral matters.

Full text: <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.12738>

## UPCOMING EVENTS

### **10-12 April 2019, reconference held by CREA in Kathmandu, Nepal**

So much of our lives are under threat today. Our bodies. Our thoughts, ideas, speech, images, and expression. These threats emanate from the increasing power and combination of forces known and unknown: corporatization, militarization, ethnonationalism, fundamentalism. Restrictive political environments are posing serious threats to critical thinking, freedom of expression and human rights. States are censoring sexual images and expression and silencing dissent in the name of national security. In this moment of shifting power centers, feminists can no longer count on governance structures or human rights systems to protect or secure women's rights. While technology is bringing many new opportunities and freedoms, it also brings censorship, surveillance and new forms of violence. Media and digital technologies are being used by both progressive and reactionary forces, in increasingly sophisticated ways, to spread their messages, communicate information, and mobilise with unprecedented speed and reach. Technology, data and the Internet are generating new movement opportunities and possibilities.

Movements are gearing up in different ways to meet these unprecedented challenges. Artists are interrupting and disrupting physical and digital domains with their art. Creative thinkers are interjecting alternative discourses that destabilize normative ideas about bodies, gender and sexuality. Women rights movements are addressing issues of inclusion and exclusion. Powerful, self-led movements --disability rights, LGBT rights, sex worker rights -- amongst others continue to challenge stigma, violence, and discrimination. Feminists, activists, artists, allies and policy makers in their own distinct and diverse styles and artistic expressions continue to challenge, provoke, and reimagine another world.

It's time to come together and rebuild our movements in creative ways.

Source: [reconference](#)

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 - Novgorod 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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