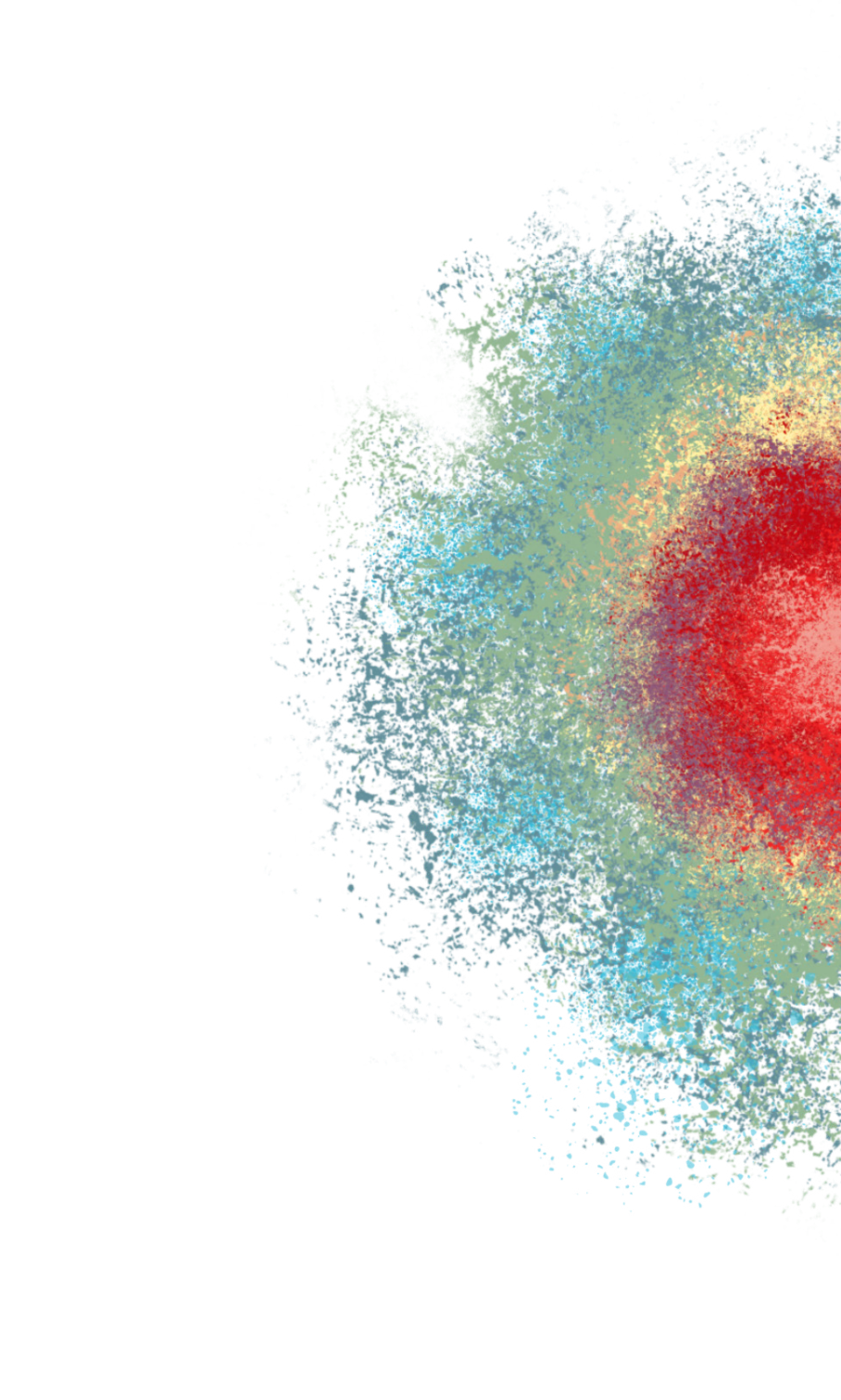




SRHR and COVID-19 in Eastern Europe

- snapshots from the region



SRHR and COVID-19 in Eastern Europe

- snapshots from the region

SRHR in Eastern Europe – snapshots from the region



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About ASTRA Network

ASTRA Network was founded in 1999 by a coalition of non-governmental organisations from Central and Eastern Europe and Central Asia. Today, after 22 years, ASTRA consists of 42 organisations from 21 countries. We remain the biggest informal regional NGO network focusing on sexual and reproductive health and rights, including abortion rights, access to contraception, highest-quality medical care, comprehensive sexuality education and more

We believe it to be essential for policy makers to prioritize SRHR on international, regional and national agendas, in particular in the EU and UN institutions. In order to achieve that and support local communities in the region, we work toward transforming gender power relations in society so that women, girls, men and boys can enjoy their sexual and reproductive rights, and are equal, free and live in dignity.

ASTRA activities include:

1. Advocating for Sexual and Reproductive Health and Rights in the context of international and regional conferences, meetings and public events;
2. ASTRA members participate as experts, speakers and delegates in

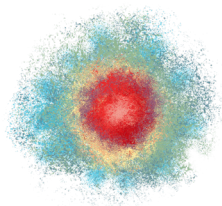
various international conferences and events;

3. Organizing trainings and capacity building workshops for its members and representatives of the region;

4. Preparing open letters and position statements to the EU and UN officials;

5. Publishing reports, factsheets, brochures, leaflets and other advocacy materials;

6. Preparing a monthly bulletin with the latest news and development from the regional and global perspective.



Introduction

COVID-19 pandemic has changed the face of the world as we knew it. The lives of whole societies were put on hold, almost all works halted in order to focus on challenging one of the biggest global health crises in almost a century.

It quickly became obvious that the pandemic will severely affect not only the public health sector, but also influence the market and economy, severely impair education systems, and take a toll on human rights – including sexual and reproductive health and rights.

Overburdened medical professionals and strained healthcare systems were – and still are – forced to focus most of their resources towards saving lives and containing the virus spread. Unfortunately, this scenario left thousands of people left without needed care. Abortion and postabortion care, despite being essential for the well-being of millions all over the world, has become extremely difficult to obtain, so has contraception. We are seeing a rise in the number of reported cases of gender-based and domestic violence. Sexuality education was pushed even further to the margins of school curricula. Gender disproportionalities are deepening due to an uneven impact of the pandemic on women. COVID-19 is affecting us in ways that we have not anticipated before – we need to take

action in order to fully support and protect all persons affected by this global crisis so that we can come out of it together and rebuild the world to be a better place for everyone.

As ASTRA Network, we believe in experience-based policymaking. In this brochure, we will therefore be taking a closer look at some Eastern European countries and the state of SRHR amidst the COVID-19 pandemic, as only understanding the context will allow us to prepare the best solutions for challenges of the post-pandemic era.

General overview

Sexual and reproductive health and rights have always been a neglected topic in Central and Eastern Europe and Central Asia, as it was shown in our report from 2019, [The Fight Hidden in Plain Sight](#). In the publication, we gathered insights from our members from 16 countries of the region, with a focus put on seven aspects of SRHR: abortion and postabortion care, contraception, sexuality education, pre- and antenatal care, LGBT-QI+ rights, and gender-based violence. COVID-19 pandemic has, however, altered that image.

As [Sexuality Policy Watch](#) noted, COVID-19-related restrictions allowed some governments to push through new laws and limit civil rights further than necessary – unfortunately, these legal changes have also affected SRHR. **The most drastic example of violations of reproductive rights in the times of COVID-19 is Polish near-total abortion ban**, thoroughly described in the following part of the brochure.

However, Poland is not the only country suffering from limited access to abortion. **In 2020 Russian activists alerted the general public of a disturbing drop in a number of hospitals performing the procedure in Moscow** – out of 44 facilities that provided patients with terminations in pre-pandemic times, [only 3 upheld that possibility](#) after the first outbreak.

The information is even more disturbing when contrasted with a comment from Anna Rivina, Russian women's rights activist, who estimated that even 150 000 women in Moscow may be at risk of unwanted pregnancy – and possibly botched abortion – due to COVID-19 restrictions.

During the pandemic [Slovakia was also threatened](#) with the possibility of introducing new restrictions to abortion law – a bill, proposed by the leading parliamentary group in July 2020. It proposed a number of amendments to various Slovak laws concerning, among others, reproductive care and social support. The changes included prolongation of the mandatory waiting period from 48 hours to 96 hours, an extension of information to be collected for statistical purposes (to include a reason for having the procedure and detailed description of the domestic situation), a requirement that abortions on health grounds and abortions on the grounds of foetal impairment can only be provided upon obtaining two medical opinions attesting the grounds and introduction of a ban on informing of providing abortion services. Fortunately, Slovak Parliament voted against the bill in October 2020.

Sexuality education became almost non-existent in lockdowns. Schools were forced to switch to the digital and e-learning, leaving hundreds of

thousands of children locked away from virtual classrooms due to digital exclusion. For those who had the opportunity to attend online classes most could not attend CSE, as many schools were not conducting CSE lessons. In some cases NGOs decided to step in – such was the case of Papardes Zeids, ASTRA's Latvian member, when they decided to start translating sexuality education videos to Latvian and posting them online for teenagers to access from home. However, despite being a priceless addition to a joint response to the crisis we are going through, such initiatives will not replace the need for public policies that would systematically solve pandemic-related issues.

On the bright side, it was also during the pandemic when Moldova introduced new National Safe Abortion Standards, including abortion via telemedicine for the first time in history. As it was [reported](#) by our member organisation, Reproductive Health Training Center: “This addition permits the safe and efficient provision of medical abortion, without an ultrasound or pre-abortion vaginal exam, when a patient is medically eligible for the service. It takes into account significant access barriers to safe abortion services in the case of an epidemic, as in-person contact can increase the risk of infection for both patients and medical

personnel. **Medical abortion via telemedicine has been provided in Moldova since March 2020, right at the onset of the local COVID-19 epidemic.** During this time, a number of women and adolescents from rural Moldova have benefited from this service, having experienced limited access to medical institutions, an inability to travel to gynecology departments located in regional centres, and concerns related to confidentiality.”

Finally, the Istanbul Convention. As 2021 marks 10th anniversary of the document, ASTRA Network members have prepared a short overview of its situation in the region – the summary is available on our [website](#). Our analysis proved how different countries approach the document, with **Russia standing out as non-signatory, through Poland's talks of possibly withdrawing from the Convention and Croatian fundamentalists attacking supposed “gender ideology narratives”, to Bosnia and Herzegovina working for the improvement of the implementation of the Convention.**



Snapshots from the region

As ASTRA Network, we take pride in our role as a platform-provider for grassroots and local organisations - the inputs were therefore prepared by our members.

Albania

Albanian Center for Population and Development

Albanian Center for Population and Development (ACPD) continued its work in time of the pandemic. We carried on with a Quality Assessment of utilization of Family Planning Services in Albania - a qualitative study with decision-makers, service providers, and family planning service users.

The aim of the study is to provide a comprehensive and objective summary of the main factors contributing to low contraceptive use in Albania based on a systematic review of the studies and literature and recommendations for programmatic interventions.

Outcomes of the study are even more alarming in times of the pandemic. Lack of skilled professionals, lack of infrastructure, outdated policies and poor education have worsened the situation of women in already gloomy landscape of COVID-19 restrictions. To provide you with more detailed information about the study, key identified barriers to access family planning services identified include:

- Lack of financial support of health's annual budget for the promotion of family planning;
- Concerns about coordination among agencies, staff shortages/movement and limited funds

particularly for field monitoring;

- Lack of skilled health care professionals;
- Poor infrastructure;
- Lack of a well-developed system to collect client's opinion was mentioned by nearly two-third of interviewed people;
- Several barriers where mentioned by study participants where the most common ones were:

- A "climate of fear" about side effects of contraceptive methods
- Lack of fit between available and preferred contraceptive methods (inverse availability)
- Several societal factors, such reliance on withdrawal and partners refusal;
- Affordability and lack of market segmentation.

- Limited copies, the presence of up-to-date national policies, protocols and guidelines for family planning services and counseling were reported by all service providers;
- Couple disagreement of use of family planning was mentioned as a factor that may hinder uptake of modern contraceptive methods among married women;
- For women from rural area where family planning services are limited (the same concern was mentioned for Roma/Egyptian community who resides in urban outskirts and has hard time to travel to the nearest facility) ;
- Lack of youth-friendly services;

- Shortage or reduced variety of preferred methods along with the availability of least desired methods;
- Majority of interviewed women indicated that have been informed and counselled mostly about pregnancy and breast feeding and to a lesser degree on the use of contraceptive methods;
- Doctors recommend using contraceptive methods to regulate the menstrual cycle and not as methods to regulate space births or prevent unintended pregnancies;
- Promotion of family planning services was found low;
- The majority of participants, especially women associated use of modern contraception with several side-effects, such as risk of cancer, dangerous for fertility, black spots, gain weight, etc.

Based on our findings and the context of Albanian culture, the study concludes with the following programmatic recommendations:

- Implement interventions that focus on reducing top barriers to family planning uptake, by improving facility infrastructures and services, strengthening knowledge and skills of health providers, educating communities about benefits of modern contraception and breaking down societal barriers to contraceptive use.
- Dedicate increased national funds and budget lines for

sexual and reproductive health and provision of wide range modern contraceptive methods.

→ Develop tailored, innovative education and long-term behavioural change programs that cover all FP methods, as well as general reproductive and sexual health issues.

→ Strengthen the health information system and integrate data related to sexual and reproductive health issue.

→ Forge inter-sectorial collaboration including public and private institutions.

→ Introduce and pilot the Total Market Approach.

→ Develop Telemedicine and online consultations/counselling platform.

→ Sexuality education for all, including young people in and out of school.

→ Develop and reinforce institutional practices and structures (in the delivery of contraception) that reinforce gender equity and that include groups which are often marginalized and under-served.

ACPD is doing its advocacy work on addressing the study findings and recommendations through meetings with decision-makers or media engagement. As a primary result of the advocacy, a working group was established by the Ministry of Health and Social Protection (MoHSP) to revise clinical protocols.

Secondly, **Albanian Center for Population and Development (ACPD) with support of United Nations Populations Fund in Albania in the frame of the initiative “Strengthening the national preparation and response mechanisms in the provision of Sexual and Reproductive Health services in conditions of emergencies and humanitarian crises with a focus on COVID-19”** has developed some procedures on delivering integrated sexual and reproductive health services in emergencies and humanitarian crisis conditions with focus on COVID-19. Along with that ACPD started training workshops with health care providers and representatives of primary health care units at the national level to help them on delivering SRHR services in pandemic conditions by following these clinical procedures.

ACPD clinical centre in Tirana and Vlora has continued offering online services and consultations on Reproductive and Sexual Health free of charge for the whole community during the pandemic situation caused by COVID – 19. Our medical professionals have been on standby and have welcomed all the concerns of the patients, have advised as well as have provided them with medication in case of need. We also continued with social media campaigns on social media in order to support all women and girls who seek sexual and reproductive health services, including abortion and contraception.

With the support of the United Nations Population Fund in Albania

(UNFPA) and in collaboration with the Ministry of Health and Social Protection, we worked on strengthening the capacity of members of Coordinated Referral Mechanisms in Albania. The Standard Operating Procedures for health workers and social care services were finally approved in late February 2020.

9 online training were carried out on the content and importance of using the approved standard operating procedures. 169 participants from Local Coordinators against Domestic Violence, representatives from health and representatives from social care services at the municipal level and/or state social services took part.

COVID-19 pandemic situation caused an interruption of the cervical cancer screening program between March and May 2020. Kit distribution was a challenge. Institute of Public Health with the support of UNFPA CO and coordination of Albanian Centre for Population and Development during June started the distribution of KITS. At the same time, a group composed of experts of the Institute of Public Health instructed CC Focal Point in each Local Health Care Unit with new recommendations for this year of the program implementation. 14 000 CC kits were distributed. The prevalent of HPV+ among women is 6.3%.

Armenia

Women's Resource Center

As the COVID-19 pandemic continues to spread across the globe – pushing healthcare systems to their limits and compelling governments and healthcare institutions to make difficult and increasingly urgent decisions about how to deliver care while also curbing virus transmission – responses to this crisis must recognize that sexual and reproductive health services are essential, respecting people's rights to make decisions about their bodily autonomy and integrity.

COVID-19 pandemic poses particular threats to poor and marginalized women who face greater difficulty in protecting themselves from transmission due to lack of information, resources, and access to quality health and social services in Armenia. COVID-19 pandemic has created also many challenges for women especially those who are in vulnerable life situations. It was a big challenge for many women to realize their SRH rights during the lockdown, one that was not only related to a lack of access to healthcare services but also in terms of intersectional discrimination which women faced and still face in Armenia. The pandemic situation has led to women who are already vulnerable becoming even more vulnerable, as access to services has been reduced.

The Women's Resource Centre monitored the situation regarding SRHR issues on daily basis from the beginning of lockdown and state of emergency due to the COVID-19 situation in the country. The main findings are:

→ **The Ministry of Health made a decision for all healthcare facilities to postpone all non-essential surgeries for the period of March-July, 2020. No other regulation on SRHR issues was announced for the period of a state of emergency.**

→ Abortion services were provided by many doctors during a state of emergency. Some of them even stated that they do not keep three days mandatory waiting period though according to the law it was a pre-condition for abortion services. Nevertheless, some doctors stated that they continue to follow all requests of the law including three days waiting periods. We consider it a good example of success that many doctors started using medical abortion (which is still a second choice for most Armenian doctors who prefer to conduct surgical abortions) during the COVID-19 crisis and telemedicine for abortion care. **The main challenge in this field was providing access to public transport to get abortion care, especially for women from rural communities who had to travel to the city to get abortion services. The second obstacle was the mandatory three days waiting**

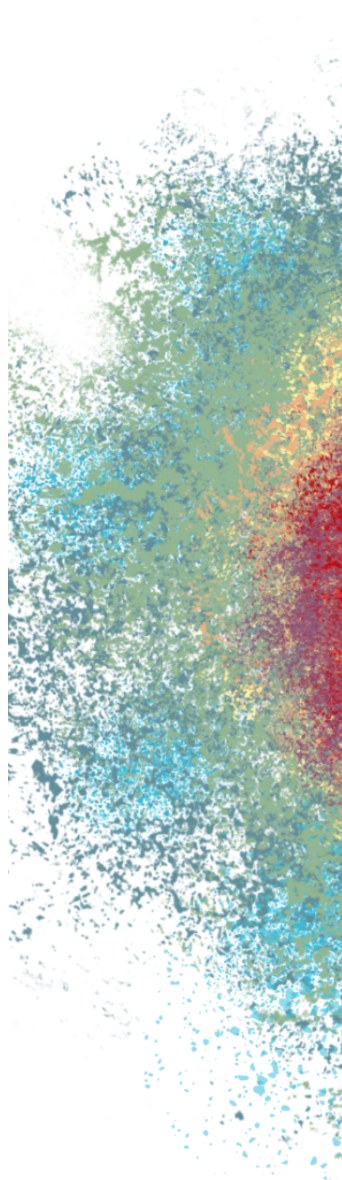
period before the termination of pregnancy. Especially women from rural communities were mostly affected by this decision.

→ **In most pharmacies the contraceptive methods, including condoms, birth control pills, and emergency contraceptives were available.**

→ Most sexual and reproductive health consults conducted in person are those unachievable via telemedicine, such as mandatory pregnancy check-ups or urgent and/or life-threatening cases involving internal trauma. Maternity hospitals operate normally.

→ **According to police data, the number of domestic violence cases in the state of emergency has not increased, while NGOs state that direct reports have increased by around 30-50%. Policymakers do not have special programs or procedures that can be effective in the state of emergency for persons subjected to domestic violence.**

Additional resources have not been allocated either. There is a burning need for a special state policy or a program that would start a GBV awareness-raising campaign that would be carried out as an appropriate response to domestic violence cases in the state of emergency. Domestic violence shelters are run by CSOs and operated during a state of emergency.



Georgia

HERA XXI

According to Association HERA XXI's study of CSO Sector Resources and Needs Under the Condition of COVID-19 pandemic, **the pandemic affected the rural population and vulnerable groups such as the elderly, people with disabilities, people prone to mental disorders, minors, women, LGBTQIA+ people, ethnic minorities, and women who lost their jobs and were left without income, consequently created financial problems for their family members. The most affected group has been transgender persons, who have faced housing, sheltering, and essential living challenges.** Fear of losing a job and becoming socially vulnerable has been outlined among all groups of beneficiaries. In addition, the pandemic worsened the situation of the poor and underserved populations and left people without access to essential SRHR services including contraception and family planning, as SRHR and provision of contraception services are not part of any state or nonstate insurance programs.

Gender-based violence

Information requested from the Ministry of Internal Affairs during the pandemic confirms that one of the main challenges was an increase

in domestic and gender-based violence against women.

The rates of domestic violence have increased during lockdown compared to previous monthly statistics. In addition to increased rates, the implementation of preventive mechanisms had been challenging. According to the study „Impact of COVID-19 on Domestic Violence, Situation of Women Victims and the Access to the Support Services“ (fund “Saukhumi”), the pandemic has significantly aggravated women's situations. It has not only worsened the already dire condition of victims of domestic violence but has also revealed potential abusers. The situation of women who had been able to escape from the abusers and leave the violent environment in the past has also considerably deteriorated due to COVID-19.

The introduction of effective State support programs for victims ensuring their adjustment to independent living still remain topical and urgent.

Despite the crisis, the priority for Georgia was to take appropriate measures against domestic and gender-based violence. For this purpose, the state has developed a communication strategy aiming to create a different narrative around the topic.

The enactment of all these mechanisms has facilitated access to the right to justice.

Abortion

No special measures were undertaken by the government of Georgia to support SRHR during the crisis.

According to the survey conducted by the Association “HERA-XXI” the Government plan was not focused on the specific needs of women and girls and their sexual and reproductive rights including access to abortion. **The pandemic challenged timely access to safe abortion services including surgical and non-surgical methods of termination of pregnancy and post-abortion care, regardless of the legal status of abortion.** On March 21, 2020, due to the pandemic situation in the country, a state of emergency was declared based on a presidential decree, under which rights envisaged by the Constitution of Georgia, restriction of which were directly correlated with the management of the epidemiological situation in the country had been limited for the terms of the state of emergency. Restrictions were imposed to the freedom of movement, transportation restrictions made safe abortion services unavailable for women and fertile aged girls living in rural areas and small towns.

Contraception

The full range of modern contraceptive information and services, including emergency contraception, as well as family planning information and services related to the number, timing,

and spacing of pregnancies and infertility treatments are a challenge for women during the pandemic. No emergency response programs were endorsed to ensure affordability of modern methods of contraception for the most vulnerable groups of population such as youth, socially underserved and the poor, IDPs, women and girls living in rural areas, LGBTQIA+, youth and adolescents in state care, etc. Emergency response to COVID-19 also means that resources for sexual and reproductive health services may be diverted in response to the outbreak, which may lead to an increase in maternal and neonatal mortality, number of unsafe abortions and registered cases of sexually transmitted infections; contraceptive needs can no longer be met on time. Despite these challenges, there has not been any deficit of contraception in the pharmacies operating in Georgia, the main problem has been affordability of them as well as accessibility for persons living in rural areas.

The education system and comprehensive sexuality education

With the introduction of the state of emergency was introduced, schools and universities in Georgia have been closed indefinitely and soon switched to e-learning. As comprehensive sexuality education was not part of the official curriculum of national learning plans, only some aspects of sexuality education have been covered in

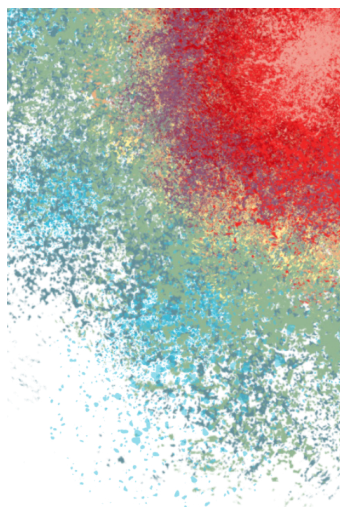
classes like biology, civic education and “me and society”, but due to the sudden and unprepared switch to e-learning, the quality of classes and engagement of pupils proved challenging.

The situation changed in January 2021, when the Ministry of Education and Science of the Republic of North Macedonia has presented a [new concept](#) of primary education reforms which recognizes comprehensive sexuality education (CSE) as an optional subject for students aged 13-14.

As a member association of IPPF, we have been working for more than 10 years on introducing comprehensive sexuality education in the formal system. Most of our past advocacy initiatives were unsuccessful due to the conservative approach of the former Demo-Christian Government which thought that CSE was just an attempt to counter and undermine the traditional and family values of the society. For months HERA and the National Bureau for Development of Education worked together on training teachers to pilot CSE as an optional subject in several elementary schools, after the approval of the Government in [November 2019](#). The results of the pilot will provide further evidence-based argumentation for the creation of school curricula as an optional subject in the 9th grade. The new concept of reforms also recognizes that other age-appropriate topics of CSE will be integrated into the entire educational process for elementary school students, i.e. through humanistic subjects

and in science. The pilot CSE will be launched at the start of the new school year, September 2021.

We have been witnessing distribution of fake news and disinformation regarding CSE pilot program content, particularly on social media. HERA has been under constant attack particularly in the last few days from an anti-gender organization called [From Us to Us](#) and some far-right political parties. By using false images and information from other countries' textbooks, they are condemning HERA as a promotor of “gender transformative ideology and homosexual propaganda” aiming to sexualize children and gain profit from abortion. On 5 February 2021, HERA has issued a [press statement](#) asking for a public apology and the removal of all HERA and CSE-related lies and disinformation.



Poland

Federation for Women and Family Planning

Gender-based violence

Non-governmental organizations and the Commissioner for Human Rights have been witnessing the rise in domestic violence, which is attributable both to top-down stay-at-home orders and the restricted activity of specialized facilities. There are no official statistics illustrating the surge. The Women's Rights Centre (CPK), an NGO that supports victims, [reported a 50% increase](#) in calls to its domestic abuse helpline and observed both escalation of the violence that existed before the outbreak as well as cases of relationships where the violence started after the lockdown. A similar trend was confirmed by the Empowering Children Foundation, which received twice as many calls from children suffering from violence.

[The Ministry of Family, Labour and Social Policy claimed](#) that it instructed local authorities how the aid institutions should operate and which informational actions ought to be taken (i.e. promotion of a mobile app “Your umbrella” that allows for safe documentation of domestic violence and for emergency calls). Provincial offices were called to publish up-to-date databases with information on where violence survivors can turn to for help.

Women's NGOs have been proliferating manuals for people who live with aggressors, as well as providing counselling and helplines.

During the pandemic, a few ministerial representatives announced that Poland might withdraw from the Istanbul Convention. Their arguments stemmed from the “gender ideology” narratives and were accompanied by a smear campaign mounted by fundamentalists from e.g. the Ordo Iuris Institute. The Prime Minister submitted a motion to the (nonsovereign) Constitutional Tribunal to examine whether the Istanbul Convention is [in conformity with the Polish Constitution](#).

Around the same time, in autumn 2020 the Parliament enacted and the President signed the legal amendments giving police officers the power to immediately isolate a perpetrator from a victim of domestic violence if they live in the same flat. Although it seems to be an important step in domestic violence victims' protection, there will be little use of it without proper training for police officers. Now the lack of suitable sensitizing and educational preparation for domestic or gender-based violence cases is one of the main barriers for receiving a legal protection by victims. However, the current government refrains from taking actions in this regard or spending extra funds on such purposes.

In addition to fore-mentioned attacks on Istanbul Convention, **in April 2021 a [citizens' initiative bill](#) (drafted by Ordo Iuris) entitled "Yes to family, no to gender", aiming at the withdrawal from the Convention was forwarded by the Sejm to the expert parliamentary commissions and is to be proceeded further.** The draft law foresees working on the international Convention on the Rights of Family. Ordo Iuris has already drafted such [convention](#) several years ago and has been building an international coalition around the text, which – among other things – introduces a ban on same-sex marriages. It seems realistic though that Polish authorities could provide their support for this document.

Abortion

In the times of COVID-19 but before the infamous ruling of the Constitutional Tribunal that resulted in a ban on abortion, several hospitals have been dedicated to patients with coronavirus only, while some ob-gyn departments were temporarily shut down due to infections among medical personnel. This has worsened the accessibility of legal abortion. Nevertheless, all patients who contacted the Federation for Women and Family Planning were admitted to hospitals.

Abortion Without Borders Initiative (AWB) helped persons in unwanted pregnancies order/use abortion pills or travel abroad, even in the lockdown stage. Due to the closure

of abortion clinics in neighbouring countries many persons had to turn to medical abortion at home (typically in the first trimester), and the continuity of deliveries was maintained. Abortion migration to the Netherlands or Great Britain was chosen mainly by those in the second trimester, as long as they were able to meet challenges such as the ability to travel, undergo 14-day quarantine on arrival, and organize childcare. [AWB assisted people to reach foreign clinics despite cancelled flights](#); except for a few cases when patients were past the cut-off point by the time they arrived at the clinic.

However, on October 22, 2020, Polish Constitutional Tribunal ruled to ban abortion in case of foetal malformations, leaving the procedure legal only in cases of rape, incest and the pregnancy posing a threat to the woman's life or health. Despite lockdown restrictions, the ruling was met with the [biggest protests Poland has seen in decades](#).

A ban on abortion obviously does not mean that Polish women and persons in need of abortion don't access them: few hospitals provided abortions but most were induced by pills or (in cases of later pregnancies) in clinics abroad. However, the burden of providing information, help, resources and access to abortion fell on the NGOs, informal groups and initiatives in Poland or abroad that help Polish women in accessing medical abortion and abortion care abroad. Needless to say, the COVID-19 pan-

demic exacerbates the difficulties relating to access to services abroad for the costs of travel increased by the necessity to do expensive tests.

From 22 October 2020 to 22 April 2021, the Federation for Women and Family Planning has consulted around 2,000 persons. Federation's employees and helplines every day assist women in all kind of reproductive health queries: on access to abortion but also about pregnancy care, contraception (including emergency contraception and access to the intrauterine device), antenatal testing which is performed drastically less since the decision of the illegitimate Tribunal. There are many questions about legal penalties for helping in abortion, ordering pills, legal issues around access to benefits/services after having abortion care in Poland or abroad. The Federation's helpline provides SRHR assistance by gynaecologists, sexuality educators, psychologists, and lawyers. For the lack of any sexuality education provided for youth, sexuality educators at the Federation are stormed with questions regarding basic information on contraception, sexual initiation, and prevention of sexually transmitted diseases.

The very obvious impact of the compromised decision is the chilling effect on doctors who risk up to 3 years of imprisonment for performing abortion outside the legal framework. To lessen the chilling effect, the Federation forges a path for an extensive interpretation of the ground for

abortion which refers to the threat to women's life/health so that it could cover mental health problems related to pregnancy. We are building a coalition of women-friendly network of doctors (gynaecologists, psychiatrists) who are willing to help women in these challenging circumstances.

Abortion Without Borders [announced](#) that during 6 months from issuing the decision by the flawed Tribunal they have assisted 17,000 women in access to abortion, 600 of which left for abortion care to the clinic abroad.

The "ruling" violates very many provisions of Polish law and international treaties Poland is a party to. In particular, it fails to take into account the need to protect the inherent dignity of women and it violates the prohibition of cruel treatment and torture, the right to the protection of private life and the right to health. It is contrary to the Polish Constitution (in particular its Articles 30, 40, 47, 68 and the protection that these standards should provide to women) and to the obligations arising from the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or punishment of 10 December 1984, the UN International Covenant on Civil and Political Rights of 19 December 1966 and the Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms of 4 November 1950. Poland is a party to the above-mentioned conventions and it is unacceptable to lower the standards of human rights

protection expressed therein through the national rules conflicting with them.

Contraception

Poland has the worst accessibility of modern contraception among 46 European countries. Gynaecological healthcare sector is strongly privatized due to an insufficient number of healthcare providers.

The pandemic has severely restricted access to both public and private gynaecological offices. At the beginning of pandemic, many facilities were not prepared to provide telemedicine services like consultations or prescriptions. Moreover, GPs, entitled to write out prescriptions for contraception, tended to send patients to gynaecologists, who were hardly accessible under the lockdown. Consequently, new private web portals emerged that issue prescriptions in return for 15-20 Euro. The only non-profit initiative was the Doctors for Women initiative that provided patients with prescriptions for emergency contraception for free.

The Federation reacted to notifications about shortages of contraception and of hormone replacement therapy in pharmacies by calling on the Ministry of Health and the Chief Pharmaceutical Inspectorate for explanations. Both institutions claim that there are no problems with the accessibility of contraception in drug stores, which contradicts statistics from online databases that inform

where to buy specific medicine.

According to the Ministry of Health, telemedicine remains a preferred method of medical care provision. Nevertheless, patients have the right to demand in-person consultation, if this is required by their condition.

The education system and comprehensive sexuality education

From mid-March until the end of the semester schools operated only in an online mode. The Polish Commissioner for Human Rights observed increased inequalities in access to education e.g. when pupils could not attend online lessons (no computer or Internet) or when teachers were not prepared for a new format.

In Poland there is no proper sexuality education. Conservative SRHR-related narratives are proliferated as part of the school subject "Preparation for family life". There are no indications that these lessons are being covered during the pandemic.

Other developments

COVID-19 pandemic and lockdown-related restrictions created space for enforcing laws unfavoured by the general public and (especially after the introduction of the ban) organis-ing fundamentalist campaigns. Here is a short overview of post-"ruling" developments in Poland:

Campaigns and initiatives of anti-rights organisations

From the end of 2020 cities in the whole of Poland are flooded by the antiabortion and anti-divorce billboards. Only until 1 February, according to the estimates of Media People (relying on data from Kantar Media), the foundation behind the campaign is estimated to [have spent approximately 5,5 mln PLN](#) (1 mln 200 EUR). These billboards, with new designs, keep appearing in the public space and keep spamming our collective perceptions.

In April 2021 the Federation commissioned a [poll](#) with the purpose to find out what the public opinion thinks about this anti-abortion campaign and whether it influences citizens' views on abortion. According to the answers received, 82% of the people who had seen the billboards of the campaign, have not changed their view on abortion. It is however concerning that such significant resources are spent on ineffective campaigns while the money could be spent on so many initiatives that could help women and families in Poland.

Launching of the new citizen's initiative to criminalise women for abortion

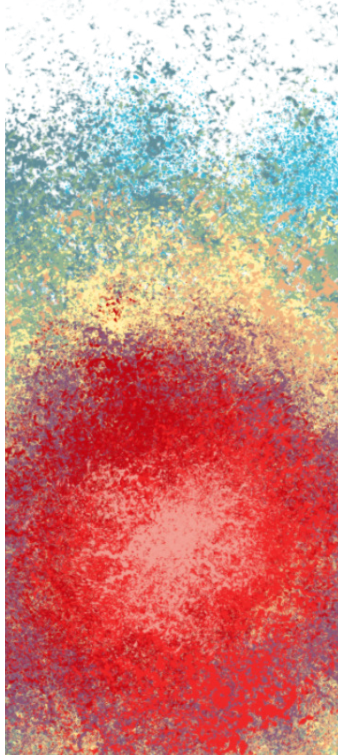
In March 2021 a [new bill criminalising abortion](#) was presented by a citizens' initiative led by an anti-rights group. If adopted, the bill would afford full legal protection to the foetus from the moment of conception and limit the grounds for legal care by banning abortion in cases where pregnancy results from sexual assault or if the health of a pregnant person is at risk, as provided for in the Family Planning Act currently in force. [Abortion would be treated as homicide](#) punishable up to 25 years of imprisonment or even life imprisonment, although the court would have the discretion to issue a more lenient punishment or waive the punishment altogether.

New legislative initiative of Polish conservative MPs

16 Polish MPs aligned with the conservative ruling coalition [have presented](#) another [draft bill](#), which, under the pretext of providing care to pregnant women whose fetuses have a "suspected or diagnosed lethal defect," would require them to be referred to antenatal hospices where their pregnancies would be monitored and their decisions about pregnancy could be influenced.

“Stop abortion crimes” campaign

The anti-rights campaigners launched an action called “Stop abortion crimes” which encourages citizens to lodge criminal complaints against anyone, especially SRHR activists and persons providing help in access to information and SRHR services. Persons supporting women to access medical abortion on the private groups on social media were already reported to the police for the alleged “genocide”.



Romania

 **Input provided by Daniela Draghici, ASTRA Network Advisory Board member**

Romania has always had problems with providing reproductive health services for women – and the pandemic situation has seriously worsened. In 2020, a group of 18 women's rights NGOs and independent activists alerted the Ministry of Health, the Institute of Public Health and the World Health Organization Office for Romania of their opposition to the following COVID-19 related policies:

- suspension of all on-request pregnancy terminations,
- drastic decrease in pregnant women's access to antenatal check-ups, screening, and monitoring,
- separation of women with suspected or confirmed COVID-19 virus post-partum from their newborns, and breastfeeding not permitted (contrary to WHO recommendations), including of hospitalized, premature babies.

Abortion

According to a 2019 report by Filia Center, an NGO that advocates for women's rights, and the Euroregional Center for Public Initiatives, an ASTRA Network member, „pregnancy terminations on request were performed at any time during the legal interval in

40 hospitals in 24 counties, not one in Bucharest. No abortions on demand were performed during religious holidays in 36 hospitals in 19 counties. **No pregnancy terminations on request were performed in 51 hospitals in 29 counties**".

In an independent journalistic endeavor, Lina Vdovii and Michael Bird wrote (in 2019): "For four months, March through July, we contacted 190 medical facilities equipped with the necessary infrastructure for this type of procedure. Of them, 131 responded and 60 officially confirmed that pregnancy termination on demand in their obstetrics-gynecology wards is an inaccessible medical service".

Following the Romanian pro-choice group's advocacy action toward the Ministry of Health, on April 27, 2020 the MOH Ob-gyn commission sent a circular to all District Health Authorities recommending to include abortion among the emergency services provided, accompanied by the related methodology, as follows:

- Women who seek an abortion procedure on demand, within the legal limit, shall have unrestricted access to specialty consultations and medical assistants.
- The procedure shall be conducted only in ambulatory clinics that are separated from hospitals while observing the established separate access circuits.
- The abortion procedure may also be provided via medical abortion, regulated through the Romanian

Obstetrics and Gynecology Guidelines under approval by the MOH.

Despite the fact that, by means of the health minister's statement, the government has explicitly committed to "observe women's rights", and the head of the Obstetrics and Gynecology Society says that "no one can oblige a woman to have a baby", **in reality, public and private hospitals no longer perform abortions on demand. Thus, religious dogma, lack of infrastructure, fear of mal praxis, and now the COVID-19 pandemic are some of the reasons for which pregnancy termination on request was not possible.**

On 21 September 2020, Magdalena Clisaru died of haemorrhage in the Romanian city of Ploiesti. She was 45 years old and 12 weeks pregnant, with no prior medical conditions. The doctor to whom Clisaru went for an abortion, claimed his innocence, but an autopsy confirmed procedure-related haemorrhage to be the cause of death. The local prosecutor's office has charged the doctor with murder and soliciting an illicit payment from a patient at his "private practice". He was prosecuted previously for the latter as well.

In response to Magdalena Clisaru's death, a [Ministry of Health spokeswoman said](#): "We do not encourage these terminations of pregnancy. The Ministry does not assume responsibility for someone's own personal decision (...) A physician has no obligation in cases of abortion on demand. Doctors' obligation is to save the life of a foetus or the mother when a

pregnancy cannot be taken to term. And the Ministry, as I've already told you and I repeat, as maybe you don't understand what I'm saying in Romanian, the Ministry encourages giving birth.... These are Ministry of Health policies. It's up to the doctor to agree or not to perform an abortion procedure. It's not an obligation. In 2020, if you don't want to have any children, there is contraception."

Eleven NGOs wrote to the Minister of Health to protest against the statement, demand that the spokesperson be fired, and request an update on the status of public hospitals offering abortion services.

Since 2019, Romanian women's rights NGOs have documented an increase in the number of public hospitals that no longer provide legal abortions in Romania. In July 2019, they reported that over 30% of hospitals in Romania were [refusing to provide legal abortions](#). In April 2020, they reported that "18 women's rights NGOs and independent activists alerted the Ministry of Health, the Institute of Public Health and the World Health Organization Office for Romania of their opposition to the following Covid-19 related policies: [suspension of all on-request pregnancy terminations](#), which are legal, as well as other pregnancy-related services.

Their [research from May 2020](#) found that only 31 hospitals in the country were still providing abortions, despite the NGO action in April, which had resulted in the Ministry of Health asking District Health Authorities

and public hospitals to secure access to safe abortions on request, as per the law.

Contraception

No contraceptives are available at family planning clinics, except for one in Bucharest. They are available at pharmacies, but they are inaccessible for rural and poor women.

The education system and comprehensive sexuality education

No sexuality education classes are covered because of both recent opposition and lack of time, as class time allocation is shorter.

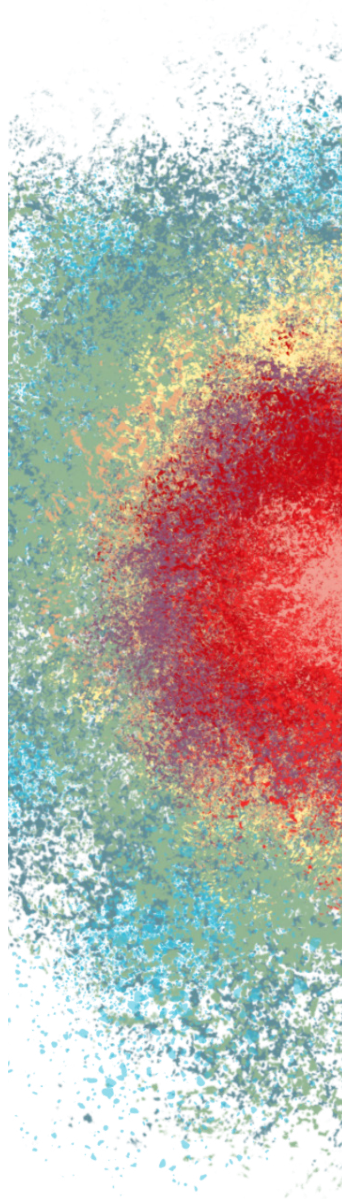
In Romania, less than two months after Romania's president promoted a law stipulating that sexuality education would become compulsory in schools at least once per semester, several parliamentarians joined forces against it and introduced an amendment, whereby parents' written agreement is required and the terminology used would be changed from "sexuality" to "sanitary" education.

It should be mentioned that the amendment was introduced stealthily, as the Law 45/2020 had already been promulgated by the president on April 3, 2020 so the parliamentarians, who are members of the Ecumenical Praying Group in the Romanian Parliament, found an unorthodox manner to counteract it, via a draft law

to modify Law 272/2004 regarding the protection and promotion of children's rights. In essence, the newly voted amendment explicitly reduces school students' access to comprehensive reproductive and sexuality education, as it currently exists as part of the optional health education module that has reached merely 6-7% of the school population.

As a result, pro-choice NGOs kick-started an advocacy action by sending a thoroughly-documented letter to the Chamber of Deputies, requesting the rejection of the mentioned amendments and proposed joint working groups to identify adequate measures apt to increase the access of Romanian citizens of all ages to quality healthy lifestyles education and services.

In February 2021 ASTRA Network [shared the news](#) of rising opposition to sexuality education from parents' side. Specialised NGO's are reportedly struggling to raise funding for social campaigns, the last of which was organised in 2015. Local activists managed to get enough funding to renew their efforts, albeit with much more difficulty in the times of COVID-19 lockdowns. The only entry point for activists is ASTRA Network's member organisation, [SEXUL vs BARZA](#) (SEX vs The STORK).



Recommendations

1. Recognise human rights-based policymaking as the key to rebuilding the world after COVID-19

Pandemic restrictions created a bypass for some governments to abuse their power or cynically play Democracy needs strengthening more than even. Human rights need to be a focal point of new policies and there are no human rights without sexual and reproductive rights. Going back to pre-pandemic reality is not enough – we need to put in the effort to reinforce democratic standards both in the region and globally.

2. Address gendered aspects of COVID-19

According to the WHO, women make up almost 70% of the global health workforce. They are the ones leading the world through the pandemic, and therefore the ones most exposed to it. Moreover, women are more often employed part-time or illegally – lockdowns affected the market and employment tremendously, and so COVID-19 took a huge blow at economic equity, as women were the first to be let go. Women and girls are also the most affected group when it comes to the reported rise in domestic violence cases. We need to recognise these facts and prioritise women and girls as the group that

3. Invest in telemedicine

COVID-19 has taught us the importance of telemedicine services. We need to update national medical

legislations in order for them to fit the recommendations of the World Health Organisation. Previously mentioned Moldovan success with abortion via telemedicine being included in National Safe Abortion Standards may be treated as a leading example of good practices. Putting a focus on telemedicine is crucial not only in order to prepare for future health crises comparable to the COVID-19 pandemic but would also radically decrease the problem of accessibility of medical services in rural areas.

4. Strengthen social support systems

With thousands of women being forced to return home, the pandemic has shown us the dramatic inefficiency of social support systems in the region. It is crucial to develop programs aimed at helping victims of gender-based and domestic violence – lack of shelters, financial support, availability of medical care for victims of abuse are amongst key challenges that regional policymakers need to face.

ASTRA Network Members:

→ **Albania**

Albanian Center for Population and Development;

→ **Armenia**

Society Without Violence;
Women's Resource Center;
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;
Bulgarian Gender Research Foundation;
Gender Education, Research and Technologies;
Demetra Association;
Gender Alternatives Foundation;
Gender Education, Research and Technologies;

→ **Bosnia and Herzegovina**

Sarajevo Open Center;

→ **Croatia**

B.a.b.e.; CESI; Women's Room; PaRiter;

→ **Georgia**

HERA XXI; Real People, Real Vision; Women's Center;

→ **Hungary**

PATENT; BOCS Foundation;

→ **Kazakhstan**

The Legal Center for Women's Initiatives "Sana Sezim";

→ **Latvia**

Family Planning and Sexual Health Association "Papardes Zieds";

→ **Lithuania**

Family Planning and Sexual Health Association;

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Association for emancipation, solidarity and equality of women; H.E.R.A.; Shelter Center;

→ **Moldova**

Family Planning Association; Reproductive Health Training Center;

→ **Poland**

Federation for Women and Family Planning; Ponton Group of Sex Educators;

→ **Romania**

A.L.E.G.; AnA: Society for Feminist Analysis; Euroregional Center for Public Initiatives;
The East European Institute of Reproductive Health;
SEXUL vs BARZA/SEX vs THE STORK;

→ **Russia**

Novgorod Gender Center; Russian Association for Population and Development;

→ **Slovakia**

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Women Health and Family Planning; SALUS Charitable Foundation;

→ **Uzbekistan**

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