

BULLETIN

SRHR NEWS FROM CENTRAL
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Burning issue:

**Telemedicine Medical Abortion
Returns to Moldova's National
Protocol Following Sustained
Advocacy Efforts**

astra
network

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BURNING ISSUE

Telemedicine Medical Abortion Returns to Moldova's National Protocol Following Sustained Advocacy Efforts

On 22 May 2026, the Ministry of Health of the Republic of Moldova approved a new Clinical Protocol on Safe Abortion Care, re-introducing telemedicine medical abortion into national clinical guidance. The decision marks an important advocacy achievement for the Reproductive Health Training Center (RHTC) and its partners, although significant restrictions remain.

Telemedicine medical abortion had been successfully implemented in Moldova since 2020 and was recognized internationally as a safe and effective model of care. However, in January 2025, telemedicine provisions were removed from the national Safe Abortion Standard following concerns raised about the safety of remote service provision.

According to Dr. Rodica Comendant, Director of RHTC, the decision represented a se-

rious setback for women who face barriers to accessing in-person care.

"When telemedicine was removed from the national standard, we understood that access to care for many women was at risk. Our priority was to ensure that discussions remained grounded in scientific evidence, public health principles, and Moldova's own successful experience with telemedicine abortion."

In response, RHTC worked closely with healthcare professionals, civil society organizations, national experts, and international partners including ASTRA Network to advocate for the return of telemedicine medical abortion. Throughout the protocol revision process, RHTC provided scientific evidence, WHO and FIGO recommendations, and data from Moldova and other countries in the re-

gion demonstrating the safety, effectiveness, and acceptability of telemedicine abortion services.

The revised protocol was developed by a Ministry of Health working group that included representatives from the State Medical University “Nicolae Testemițanu”, the Mother and Child Institute, RHTC, and other key stakeholders. Discussions were often challenging, as not all members supported the reintroduction of telemedicine services.

After months of consultations and negotiations, telemedicine medical abortion was reinstated through a compromise. Under the new protocol, telemedicine services may be provided in crisis and exceptional situations, while a separate Standard Operating Procedure will be developed to regulate service provision in the future.

While the restrictions remain significant, telemedicine medical abortion is once again recognized within Moldova’s national clinical guidance, although its use remains limited to crisis and exceptional situations.

“This decision represents progress, but it is not full reinstatement,” said Dr. Comendant. *“Many women continue to face geographic, social, economic, and personal barriers to healthcare. Access should not depend solely on whether a situation is formally recognized as a crisis.”*

For RHTC, the adoption of the protocol marks both the conclusion of an intensive advocacy effort and the beginning of a new phase of work focused on strengthening implementation and expanding access.

“Telemedicine medical abortion is back in Moldova’s national protocol, but the work is far from finished. Our goal remains ensuring that all women who need this service can access it safely, equitably, and without unnecessary barriers.”

Feminist tourist guide: a regional journey promoting women's heritage in the Balkans

**By Albanian Center for Population
and Development (ACPD).**

The Albanian Center for Population and Development (ACPD), within the framework of the project “Uncovering HERstory: Empowering Youth & Preserving Feminist Heritage”, has successfully completed the promotion of the First Feminist Tourist Guide, a regional initiative aimed at highlighting the stories and contributions of women who have made significant impacts on society but have often remained absent from traditional historical narratives.

The promotion of the guide began in Tirana and continued in Skopje and Belgrade, creating a shared regional itinerary that connects the feminist heritage of Albania, North Macedonia, and Serbia. In each partner country, guided tours and promotional events were organized, giving participants the opportunity to discover remarkable women from history and the landmarks associated with their lives and achievements.

The guide features itineraries that showcase monuments, institutions, and public spaces connected to outstanding women in the fields of science, education, culture, arts, and social activism, offering visitors a fresh perspective on the cultural and historical heritage of the participating countries.

In Tirana, the guide presents a ten-stop itinerary linking important historical sites with

the lives and legacies of women who have shaped Albania's history. The route includes the Sabiha Kasimati Museum of Natural Sciences, the “Mother Queen” Institute, the Villa of the Politically Persecuted, the House of Leaves Museum, the Old Parliament, the Women's Museum, the Castle of Tirana, the Tirana International Hotel, the Institute of Sciences, and the “Shqipëria e Re” Film Studio. Through these landmarks, visitors discover the stories and contributions of Sabiha Kasimati, Androniqi Zengo, Musine Kokalari, Qevser Toptani, Valentina Pistoli, Viktori Puzanova, Xhanfize Keko, Bedrie Pipa, Ollga Plumbi, and Praksithe Plumbi, gaining insight into their roles in advancing science, education, culture, the arts, and social emancipation. The guide offers a new way of experiencing the Albanian capital by intertwining its urban heritage with the remarkable stories of women whose contributions deserve greater recognition.

A key component of the project was the active engagement of young people from Albania, North Macedonia, and Serbia. Through a collaborative research process, they identified, documented, and developed the content of the guide. Their work not only contributed to preserving historical memory but also empowered them as advocates for gender equality, intercultural dialogue, and regional cooperation.

As part of the project's closing activities, ACPD organized two youth workshops in Vlora and Shkodra to present the Feminist Tourist Guide and encourage participants to identify, document, and promote additional women whose contributions have shaped the history of their local communities. These

workshops created a platform for discussion on the importance of preserving feminist heritage and marked the first step toward expanding this model to other cities across Albania, inspiring the development of new feminist tourist guides that reflect local history and identity.

The project “Uncovering HERstory: Empowering Youth & Preserving Feminist Heritage” was implemented through a partnership between the Albanian Center for Population and Development (ACPD), HERA (North Macedonia), and CPPSD (Serbia) within the framework of the BOOST Balkans programme, with the support of ALDA – European Association for Local Democracy and French Development Agency (AFD).

Through this guide, we have created a sustainable resource that promotes feminist heritage as an integral part of the region’s cultural identity while contributing to a more inclusive historical narrative, where women’s achievements receive the recognition they deserve throughout the Balkans.



Politicizing reproductive rights: far-right narratives and pre-election mobilization in Armenia

By [WRC Armenia](#)

Ahead of Armenia’s 7 June parliamentary elections, sexual and reproductive health and rights (SRHR), particularly abortion, have become targets of far-right and conservative narratives. Declining birth rates are frequently framed as a national security issue, with women’s reproductive choices presented as matters of demographic policy rather than individual rights. The upcoming elections will be particularly important for the future of SRHR in Armenia. The country’s political landscape is shaped by competing visions of Armenia’s development, with the ruling government generally associated with pro-European reforms and the opposition frequently emphasizing national security threats and traditional values and supported by Russia. At the same time, recent anti-abortion and anti-gender narratives have gained visibility across different political and public platforms, demonstrating that challenges to reproductive rights can emerge from multiple directions. Far-right actors portray gender equality, comprehensive sexuality education, and reproductive rights as “foreign” values that threaten Armenian traditions and family structures. Women’s rights organizations, including the Women’s Resource Center, have been targeted through disinformation campaigns falsely claiming that their work undermines moral values. Such narratives seek to delegitimize human rights advocacy and mobilize conservative constituencies.

RHTC Supports Launch of Medical Abortion Combi-Pack in Azerbaijan

On 23 May 2026, in Baku, Azerbaijan, Dr. Rodica Comendant, Director of the Reproductive Health Training Center (RHTC), delivered a master class on medical abortion and telemedicine at a national training event organized by DKT WomanCare Global, participating as an international expert on abortion care and implementation of WHO recommendations.

The event brought together approximately 100 obstetricians and gynecologists from across Azerbaijan representing both public and private healthcare sectors. It was organized in conjunction with the launch of the **MisoMife-Fem Combo Pack**, a combined mifepristone and misoprostol product for early medical abortion. The introduction of this product marks an important step toward expanding access to modern, evidence-based abortion care in Azerbaijan, where surgical abortion methods continue to predominate.

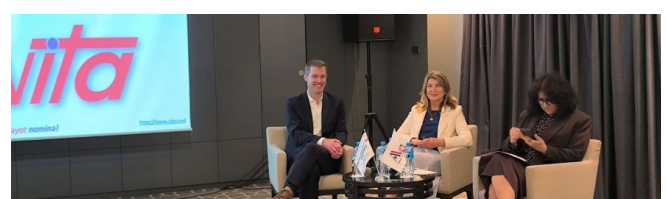
During the event, Dr. Comendant delivered a master class on medical abortion, WHO abortion care recommendations, self-care interventions, and telemedicine as a model of service delivery. Drawing on Moldova's experience, she presented evidence demonstrating the safety, effectiveness, and high patient satisfaction associated with telemedicine medical abortion, highlighting its potential to improve access to care, particularly for women facing geographic or other barriers.

A key component of the presentation focused on the telemedicine medical abortion pilot previously implemented in Azerbaijan in collaboration with national partners, including Dr. Gulnara Rzayeva. The 2023 pilot study demonstrated that telemedicine can be a feasible and acceptable approach when integrated within an appropriate clinical framework. Participants were also reminded that Azerbaijan has already taken important steps to align national abortion guidance with international standards and WHO recommendations.

Healthcare providers demonstrated strong interest in expanding their knowledge of medical abortion and adopting evidence-based practices. At the same time, discussions highlighted ongoing challenges in the implementation of national protocols, including the continued use of unnecessary investigations and surgical procedures in situations where medical abortion could be safely be offered.

Participant engagement was particularly encouraging and underscored the need for continued provider training, implementation of WHO recommendations, and greater awareness of telemedicine.

This visit further reaffirmed the value of collaboration between RHTC, Azerbaijani partners, and DKT WomanCare Global in advancing safe, high-quality, evidence-based abortion care across the region.



Talks at Home: Supporting Parents and Building Support for Comprehensive Sexuality Education in Croatia

In May 2026, CESI launched Talks at Home, a campaign designed to support parents and caregivers in talking with children and young people about bodies and health, consent and boundaries, online safety, protection from violence, emotions, and relationships.

The campaign is part of CESI's broader advocacy efforts to promote comprehensive sexuality education in Croatia. For more than two decades, CESI has advocated for the introduction of comprehensive sexuality education at the national level. As progress at the national level has remained limited, recent advocacy efforts have increasingly focused on local initiatives.

Between 2024 and 2026, CESI implemented advocacy and public awareness campaign in the City of Zagreb, calling for the local introduction of comprehensive sexuality education. Through public campaigning, community outreach, media engagement, and advocacy directed at local decision-makers, the campaign mobilised public support and kept the issue high on the local political agenda.

Following these sustained advocacy efforts, the City of Zagreb decided to develop and implement a Health Education curriculum that will include comprehensive sexuality education. In this context, Talks at Home was developed to strengthen parents' understanding of comprehensive sexuality education, address common misconceptions,

and support conversations with children and young people about health, relationships, consent, safety, and wellbeing.

The campaign is based on a simple message: conversations about health, relationships, sexuality, and safety do not happen in a single "big talk". They develop gradually through many small, age-appropriate conversations that accompany children as they grow. Parents do not need to have all the answers. What matters is being present, honest, and willing to listen and talk.

Through a practical digital guide and a series of educational videos featuring experts, parents, and young people, the campaign provides information and practical advice on how to start conversations, answer children's questions, and create an environment in which children feel comfortable seeking information and support from trusted adults. Particular attention is given to consent and boundaries, healthy relationships, online safety, children's exposure to digital content, and protection from violence.

In the first month of the campaign, the video materials reached almost 50,000 views across social media platforms. The campaign demonstrates that parents are interested in accessible, evidence-based resources that help them navigate conversations about sexuality, relationships, health, and safety, and highlights the important role that civil society can play in building public support for comprehensive sexuality education.

All campaign materials in Croatian are available at razgovorikodkuce.hr.



Beyond Treatment: Persistent SRHR Barriers for People Living with HIV in Georgia Background

By [HERA XXI](#).

In 2025, findings from the national Stigma Index study conducted by the AIDS Center highlighted persistent stigma and discrimination experienced by people living with HIV, including within healthcare settings.

At the same time, legislative changes and the resulting institutional challenges faced by Civil society weakened community support mechanisms, leaving many people living with HIV with fewer opportunities for peer support, collective engagement, and representation.

In response, HERA XXI's adopted a strategic approach is to strengthen support for people living with HIV and amplify community voices. This includes engaging community representatives in program activities includes strengthening communication and self-advocacy skills, and facilitating regular supportive discussions with women and men living with HIV.

Insights gathered through community meetings, individual online consultations, and ongoing communication with women and men living with HIV revealed several recurring barriers affecting the realization of sexual and reproductive health and rights in Georgia.

Confidentiality and discrimination within healthcare services

Community members consistently identify confidentiality and stigma as significant barriers when accessing HIV-related healthcare services. A recurring concern relates to the centralized nature of HIV care in Georgia, where services are primarily provided through the AIDS Center in Tbilisi and affiliated regional units.

Participants report that attending these facilities may inadvertently expose their HIV status. As one woman living with HIV explained during a community discussion, *“Everyone knows that the second floor is for HIV-related services, the third floor is for hepatitis C treatment, and the sixth floor is the inpatient unit.”* For many community members, simply attending a particular floor or service area may lead to assumptions about their health status.

Participants also describe discriminatory and unwelcoming attitudes within healthcare settings, reporting interactions that feel judgmental, dismissive, or lacking empathy.

Limited reproductive autonomy for women living with HIV

Women living with HIV repeatedly raised concerns regarding decision-making during pregnancy, childbirth, and the postpartum period. Participants reported that caesarean section is often presented as the preferred option, while information about alternative childbirth methods and infant feeding options remains limited.

Community members noted that they are rarely informed that, according to international clinical guidelines, including WHO recommendations, women receiving effective antiretroviral treatment and maintaining viral suppression can safely give birth vaginally and that HIV status alone is not an indication for caesarean section. As a result, many women report not receiving sufficient information to make informed choices about childbirth and infant feeding.

Lack of accessible information about antiretroviral medicines

Community members frequently reported receiving antiretroviral medicines without Georgian-language package inserts or patient information leaflets. At same time medical providers are not provided consultation on mentions issues. As a result, many individuals lack access to information about side effects, drug interactions, contraindications, and long-term treatment considerations.

Participants emphasized that limited access to information restricts their ability to make informed decisions and actively participate in managing their own health.

These findings demonstrate that despite significant progress in treatment access, people living with HIV continue to face barriers affecting their dignity, autonomy, informed decision-making, and access to rights-based healthcare services.

Community engagement conducted by HERA XXI shows that access to treatment alone does not guarantee the realization of SRHR for people living with HIV. Concerns

related to confidentiality, stigma, reproductive autonomy, and access to information continue to affect the quality of care and informed decision-making. Addressing these barriers requires a rights-based and person-centred approach that respects the dignity, autonomy, and needs of people living with HIV.

Hungary's New Government and SRHR Commitments

By ASTRA Network.

Hungary's 2026 election marks a major political shift. The new government led by Péter Magyar has presented a program with several constructive commitments relevant to sexual and reproductive health and rights (SRHR), equality, institutional independence, and civil society space. These include pledges to restore key institutional safeguards, improve the operating environment for civil society, address menstrual poverty, and strengthen responses to violence against women.

At the same time, the program remains marked by strategic ambiguity and serious omissions. It does not amount to a coherent SRHR or human rights agenda. Core issues such as contraception, abortion-related barriers, comprehensive sexuality education, LGBTQ+ equality, Roma women's health, and socio-economic barriers to reproductive autonomy are either absent or insufficiently addressed. ASTRA Network welcomes the positive openings in the program, but stresses that these must be translated into explicit guarantees, implementation mechanisms, and protections for those most exposed to discrimination and rights violations.

Constructive Commitments

The pledge to ensure transparent financing for civil society organizations, repeal laws that harass or restrict their activities, and allocate more dedicated resources to CSOs from 2027 is a positive development. If implemented properly, these measures

could help rebuild an enabling environment for independent civil society after years of pressure and stigmatization. However, consultation must go beyond being “heard.” ASTRA Network calls for structured, regular, and transparent mechanisms through which CSOs, especially those working on SRHR, women’s rights, Roma rights, disability rights, and LGBTQ+ equality, can shape policy design, implementation, and monitoring.

The commitment to reinstate the independence of the Equal Opportunities Authority is also significant. A functioning equality body is essential for addressing systemic discrimination, gender-based violence, workplace inequality, and unequal access to services. Similarly, the proposed creation of an independent Health Ministry, patient rights feedback mechanism, and quality assurance supervisory authority could improve health system governance. These institutions should be legally protected, adequately funded, transparent, and empowered to provide effective remedies for rights violations. This broader institutional reform could also build on Hungary’s ombudsperson traditions, including the mandate for future generations, by strengthening independent and adequately resourced mechanisms for long-term, rights-based policymaking.

The program’s recognition of menstrual poverty is one of its most developed SRHR-relevant components. It rightly identifies menstrual poverty as a public health, equality, and social inclusion issue. ASTRA Network welcomes this recognition and calls on the government to move beyond acknowledgement by ensuring budget allocations, access to free or affordable menstrual products, and

measures addressing stigma in education, health, and social policy.

Strategic Ambiguities and Structural Concerns

The program contains several references to demography, birth rates, and the need to increase the number of children born in Hungary. It also acknowledges barriers to gender equality, including the gender wage gap, the glass ceiling, and unequal care responsibilities. These references create openings for reform, but family policy cannot substitute for a comprehensive SRHR framework.

A credible SRHR agenda must protect reproductive autonomy and address access to contraception, abortion-related care, fertility treatment, comprehensive sexuality education, confidential youth-friendly services, informed consent, and bodily autonomy across reproductive health care. Particular attention is needed to the gap between adolescents’ legal age of consent and their ability to access health care independently, which can leave young people without timely and confidential support.

The program’s references to “humane” maternity care and dignified treatment during childbirth are welcome, but its diagnosis remains too narrow. Political support for reinstating “chosen obstetricians” does not amount to structural maternity care reform. Such a model may reassure some women, but it risks reproducing class-based inequalities unless accompanied by systemic change.

Hungary's maternity care crisis is not reducible to provider choice. It is shaped by overmedicalization, hierarchical obstetric culture, weak informed-consent standards, workforce pressures, limited accountability for abusive treatment, and insufficient investment in midwifery-led and community-based care. Meaningful reform requires evidence-based clinical guidelines, mandatory informed consent standards, accountability for obstetric violence and abusive treatment, investment in midwives, reliable data, accessible complaint mechanisms, and supported choices regarding childbirth, including midwife-led services and safe, regulated home birth within the public health system.

The program also recognizes the poor state of infertility treatment and the inaccessibility of IVF services. This is important, particularly as many people are forced to seek care abroad at high personal cost. However, IVF must not eclipse the broader SRHR agenda. A policy framework focused narrowly on supporting childbirth, while neglecting contraception, abortion barriers, sexuality education, and bodily autonomy, cannot be considered comprehensive.

Critical Omissions

The program's silence on LGBTQ+ rights is a major concern. Péter Magyar's statement that "everyone can live with or love whom-ever they want" may be read as a symbolic gesture, but it is not a policy commitment. The program contains no explicit guarantees on anti-discrimination protections, legal recognition, freedom of assembly, protection from hate violence, or equal access

to family-related and health-related rights. In a context where LGBTQ+ communities in Hungary have been targeted by hostile political narratives and restrictions on public visibility, explicit legal and policy protections are essential.

Roma women's and girls' health and SRHR needs are also insufficiently addressed. The Roma inclusion chapter focuses mainly on education, employment, housing, and poverty-related health measures, but does not adequately address intersecting barriers to health care. Roma women and girls experience exclusion shaped by poverty, racism, territorial inequality, and gender-based discrimination. These barriers include discriminatory treatment in health care settings, unequal service quality, geographic isolation, transport obstacles, cost burdens, and the absence of culturally responsive care.

In reproductive and maternal health care, Roma women may also encounter intensified and racialized forms of systemic failure, including degrading communication, differential treatment, neglect, and, in some cases, informal segregation. Access must therefore be understood not only as service availability, but also as safety, dignity, trust, and freedom from mistreatment. Experiences of humiliation, neglect, or discrimination may lead Roma women and girls to delay or avoid care, a "silent exit" from the health care system that contributes to health inequalities.

The program also fails to adequately address how socio-economic inequality limits women's access to health care, contraception, abortion-related care, fertility treatment, and reproductive autonomy. Cost burdens,

transport barriers, regional inequalities, lack of confidential services, and dependence on family or institutional gatekeepers all shape whether rights can be exercised in practice. These barriers disproportionately affect Roma women, single mothers, women in rural or segregated areas, women with disabilities, homeless women, adolescents, and women in state care or child protection systems.

Another significant omission is the absence of an explicit human rights framework. Without such a framework, commitments to equality, health care reform, and inclusion risk remaining fragmented, discretionary, and vulnerable to rollback. Reform should be grounded in autonomy, participation, accountability, non-discrimination, bodily integrity, and substantive equality, rather than in administrative efficiency or demographic policy alone.

The Istanbul Convention as a Credibility Test

ASTRA Network welcomes the government's intention to strengthen legislation against domestic violence and ensure more effective enforcement. A meaningful way to demonstrate this commitment would be the ratification and full implementation of the Istanbul Convention, which provides a comprehensive international framework for preventing and combating violence against women and domestic violence.

In the Hungarian context, ratification would be more than symbolic. It would provide a concrete benchmark for assessing whether the government is willing to advance coherent measures on prevention, protection,

prosecution, and support in line with human rights standards.

Priority Recommendations

ASTRA Network calls on the new Hungarian government to:

- adopt a human rights-based and gender-responsive framework across health, equality, education, social, and family policy;
- establish structured mechanisms for civil society participation in policymaking, implementation, and monitoring;
- ensure that restored and newly created institutions are independent, properly funded, transparent, and empowered to address rights violations;
- publish a roadmap for maternity care reform, including informed consent standards, accountability for abusive treatment, and investment in midwife-led care;
- improve access to contraception, including by making emergency contraception available without prescription, providing free contraception at least for young people, ensuring access to voluntary sterilization for adults without discriminatory age or parity requirements, and guaranteeing confidential youth-friendly services;
- ensure that comprehensive sexuality education is based on professional standards, evidence, and human rights, and is free from ideological restrictions;
- remove legal, administrative, financial, and practical barriers to abortion care, including mandatory and biased counselling, delays, stigma, uneven service availability, and barriers faced by adoles-

cents, Roma women, low-income women, rural women, migrants, and women with disabilities;

- ensure that abortion care is accessible, timely, confidential, non-discriminatory, and provided in line with WHO guidance and human rights standards;
- address socio-economic barriers to SRHR, including costs, transport barriers, regional inequality, and lack of confidential access;
- integrate Roma women's and girls' SRHR and health needs into health, equality, anti-poverty, and anti-discrimination policy;
- introduce explicit protections for LG-BTQ+ people, including anti-discrimination safeguards, protection from violence, freedom of assembly, and equal access to rights and services;
- ratify and fully implement the Istanbul Convention.

Conclusion

The new Hungarian government's program offers a mix of constructive commitments, strategic ambiguity, and serious omissions. Restoring institutional independence, addressing menstrual poverty, and reopening space for civil society are important steps. However, these openings do not yet amount to a coherent rights-based SRHR agenda.

The reform agenda should be judged not by symbolic commitments alone, but by its concrete impact on equality, autonomy, dignity, bodily integrity, and human rights.

Latvia – Papardes zieds: Supporting Better Sexuality Education for All

By Papardes zieds.

In recent months, "Papardes zieds" has been actively engaged in advocacy to advance evidence-based sexual and reproductive health rights. We have strongly opposed attempts by certain opposition groups to popularize the "TeenSTAR" program, while using this election year to lobby political parties for the implementation of a CSE curriculum in schools. "Papardes zieds" is participating in consultations on the next EU budget and collaborating closely with relevant ministries to ensure that the Latvian National-Regional Partnership Plan supports the delivery of quality CSE in schools, as well as training programs for social workers, including those working with people with disabilities. Additionally, we are contributing to policymaker discussions aimed at improving access to contraception and establishing a clear legal definition of consent.

Amidst said advocacy efforts, we are continuing our educational work.

Within our ongoing 4-year project "Runā?!", we have recently expanded our target audience to include young adult clients of the State Probation Service and parents of minors under the Service's supervision.

As schools are inactive during the summer, we have shifted our attention to reaching young people through other platforms, such as festivals, town celebrations, and summer camps, the biggest of which – a large annual

youth event for school teams across Latvia, “Čē Čē Čempionāts”, where we participated both as organizers creating challenges the teams had to complete and with our booth during the event – gathered around 10 000 people. Furthermore, by organizing seminars and workshops, we continue our work with parents, foster families, guardians, teachers, and other professionals who work with children and young people, including those with intellectual developmental disabilities.

First International MARA Forum: Roma Women Shaping Their Stories, Their Rights and Their Future

By EMMA Association.

Roma women, activists, community doulas, researchers and allies came together at the **first International MARA Forum**, held in Budapest on 8–9 May 2026. The event marked the closing of the **three-year MARA Programme**, a joint initiative of two Hungarian civil society organisations – [EMMA Association](#) and [Romaversitas Foundation](#) – working together to strengthen **Roma women’s leadership**, community knowledge and reproductive justice.

A special moment of the Forum was the gathering of all three cohorts of women who have participated in the **MARA Circles** over the past years. For the first time, community doulas, activists, mothers, young women and long-time community leaders stood together in one room, a living testament to the **growing, intergenerational MARA community**.

For many participants, the MARA Circles were far more than a learning process. They created a rare environment of trust, partnership and mutual recognition, where Roma women could speak openly about reproductive health, violence, care and discrimination. As members of [Muri Phen](#) (My Sister Roma Women’s Informal Group) later reflected, the circles became a source of confidence, courage and shared language. One of the clearest signs of this impact is that Muri Phen itself grew out of the MARA Circles: what began as learning together gradu-

ally opened the way towards friendship, solidarity and Roma women's self-organisation.

The Forum featured the presentation of the forthcoming publication "**A Gypsy Girl Doesn't Do That**" – Roma Women's Experiences of Gender Roles, Sexuality and Reproductive Life: Findings from a Participatory Research Project – based on a participatory community research carried out by six MARA participants. Through interviews with Roma mothers, they explored experiences related to sexual and reproductive health. Led by Roma women within their own communities, the research generated unique insights while strengthening participants' roles as knowledge producers and community leaders.

The Forum's second block, "**Activism: Resistance and Hope**," highlighted the programme's core values: **connection, solidarity, and bringing Roma women's experiences into public visibility**. Speakers emphasised that Roma women must continually reflect on a fundamental question: *Who defines our problems, and who shapes the structures in which our voices can appear at all?*

Several participants noted that speaking about these issues carries a cost. There are **material, political and personal consequences** for Roma women who step into public spaces. The MARA Programme's **community-based strength** helps counter this dynamic by enabling Roma women to define their own stories and, in doing so, contributes to the **reconstruction of Roma women's dignity**.

Lilla Eredics, sociologist-anthropologist from the Dalan Fund, underlined the impor-

tance of **knowledge creation** within the programme. She described MARA as a space of dialogic learning, where grassroots experience and community reflection come together: "*We are learning from each other as we speak about things that were previously surrounded by silence and shame.*"

Roma feminist activist **Fanni Iváncsik** ([National Roma Women's Network](#)) delivered a powerful message: "*A Roma woman can be whoever she wants to be.*" She stressed that Roma women should have the freedom to choose their paths – whether in politics, culture, community work or beyond – and that **cross-sector cooperation** is essential for meaningful, systemic change.

The third block presented Roma community initiatives: Réka Makula, a social worker from Nyíregyháza and president of the [National Association of 21st Century Roma Women](#), which runs the *Szirom Women's Circle* in Nyíregyháza, spoke about local, trust-based support as a way to strengthen health awareness, family planning and women's ability to advocate for themselves. Having also taken part in the MARA Circles herself, Réka reflected that the process had given her self-determination. Both personally and as an association leader, it helped her represent her community's needs more consciously, and confirmed that women's own stories can become a powerful source of strength for change.

Activists also spoke openly about the emotional labour of their work. It is easy to lose motivation when tools and resources are scarce. Participants called for **mutual allyship**, emphasising that civil society must

not reproduce oppressive structures internally. Real participation in decision-making requires **access to resources and influence over how those resources are distributed**. The lack of funding for work that truly matters to Roma women is itself a form of oppression. As one speaker put it: *"We need both funding and anger."*

The Forum also highlighted the voices of community doulas. **Viktória Vadász**, mentor doula of the Alsózsoltca Community Doula Service, shared her personal commitment: *"I support every woman who comes to me. I've had moments when I felt I had no strength left, but when I see that help is needed, I must continue. Women give me strength."*

A similar sentiment was echoed by **Agáta Duchoňová** from the Slovak organisation [Poradňa pre občianske a ľudské práva](#). She spoke about moments of exhaustion, but also about the inspiration she draws from the women she works with: *"I meet women living in segregated settlements, in huts without water, in extremely difficult conditions – and they still fight for equal rights. I am proud of them. I have learned so much from them."*

The second day of the International MARA Forum opened the programme to a wider community audience through the exhibition and workshop *"A Gypsy Girl Does Not Do Such Things"*, held at Dajer in Budapest on 9 May 2026.

The event offered a more informal and participatory way for visitors to encounter the world of the MARA Circles and the insights that emerged from them. Through artworks,

personal reflections and interactive elements, the exhibition explored sexual and reproductive health from the perspective of Roma women's lived realities.

Works by Anita Horváth and Vanda Pintér – Pikács Vanda – were also presented, rooted not in external observation but in responses created from within the community itself. As part of the programme, visitors could also take part in Muri Phen's interactive project, which invited them to reflect in a playful and participatory way on the female life cycle, bodily autonomy, personal memories and community-based understanding.

The International MARA Forum demonstrated the transformative power of **community-rooted feminist organising**, and the closing of the three-year programme marks not an end, but a beginning. The knowledge, solidarity and leadership cultivated through MARA will continue to shape Roma women's activism – and the broader struggle for **reproductive justice** – for years to come.



Romania: Midwives Advance Reform Amid a Stalled National SRHR Strategy

Over the past months, the Romanian Midwives Association has continued its advocacy efforts to strengthen sexual and reproductive healthcare services in Romania, improve access to care for women and girls, and advance the recognition of midwives as autonomous healthcare professionals.

National Reproductive Health and Rights Strategy remains blocked

One of the most concerning developments for the SRHR sector in Romania is the continued delay in the adoption of the National Reproductive Health and Rights Strategy.

Despite years of consultations, advocacy efforts, and the recognized need for a coordinated national approach to sexual and reproductive health and rights, the strategy remains blocked at the Ministry of Health. Recent political instability, including changes in government and prolonged uncertainty regarding the formation of a stable governing coalition, has further delayed progress.

The absence of a national strategy has tangible consequences. Romania continues to face challenges related to maternal health, midwifery care, adolescent pregnancy, access to contraception, comprehensive health education, abortion care and unequal access to healthcare services between urban and rural communities. Without a national framework and clear implementation commitments, many of these issues remain addressed only through fragmented initi-



atives led by healthcare professionals and civil society organizations.

As an organization working directly with women, pregnant people, adolescents, and vulnerable communities, we remain concerned about the lack of political prioritization of reproductive health and rights and we will continue to advocate for the adoption of the strategy.

Legislative initiative to strengthen the role of midwives

A significant milestone for our organization has been the launch of a legislative initiative aimed at strengthening the role of midwives within Romania's healthcare system.

In May 2026, together with USR Senator Ruxandra Cibu Deaconu, Secretary of the Senate Health Committee, we organized a parliamentary event titled "*Recognition and Regulation of the Autonomous Role of Midwives in Romania.*" The event brought together representatives of the government, public authorities, healthcare institutions, academia, professional organizations, women's voices, civil society, and international experts.

This debate was organized as the senator has proposed legislative amendments to explicitly recognize midwives as healthcare service providers within the public health system. The proposal would allow midwives to independently provide services reimbursed through Romania's National Unique Health Insurance Fund (FNUASS), the public health insurance fund that finances healthcare services nationwide. It would also support the

establishment of autonomous midwifery practices and strengthen the integration of midwives into primary and community healthcare.

Although the autonomous role of midwives is already recognized under Romanian and European legislation, reproductive healthcare services provided by midwives remain largely inaccessible because reimbursement mechanisms do not exist in practice. The supervision and the signature of an OBGYN doctor for the services provided in hospitals by midwives is needed. This restricts access to comprehensive midwifery care, and contributes to inequities due to improper use of resources in maternity hospitals.

For us, this initiative is about expanding access to care. Romania continues to experience major inequalities in access to maternal and reproductive healthcare, particularly in rural communities and underserved regions. Midwives play a critical role in prevention, continuity of care, community health, and support throughout the reproductive life course.

We hope this initiative will contribute to a broader discussion about investing in preventive care and ensuring that women have access to the full range of healthcare professionals trained to support them.

Link to English press release [here](#).

Investing in the Next Generation of Midwives

On 28 May 2026, we launched the **#Gen2030 Scholarship Programme**, an initiative designed to support future midwives and draw

attention to Romania's growing midwifery workforce crisis.

The scholarship provides financial support of 8,000 RON per year over four years of study (6,000 EUR in total, approximately) to one student admitted to the Midwifery Programme at the University of Medicine and Pharmacy "Carol Davila" in Bucharest.

Romania currently has approximately 700 active licensed midwives, while we need a minimum 7,000 to adequately meet population needs and align with European standards. This shortage directly affects access to maternal, newborn, and reproductive health-care services throughout the country.

The situation is made even more challenging by the fact that, in 2026, the Midwifery Programme at "Carol Davila" University remains the only university programme in Romania admitting new midwifery students.

Through this scholarship programme, we hope not only to provide direct financial support but also to raise awareness about the importance of the profession and encourage more young people to consider a career in midwifery.

Link to English press release [here](#).

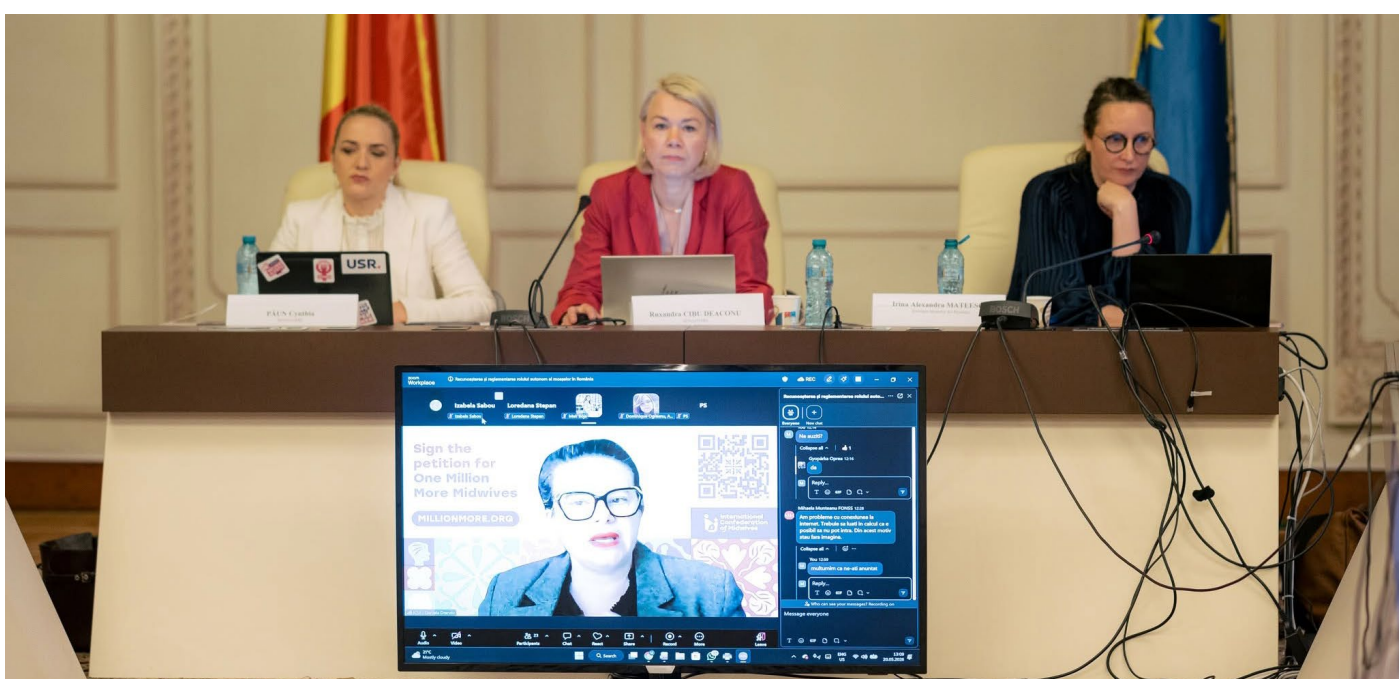
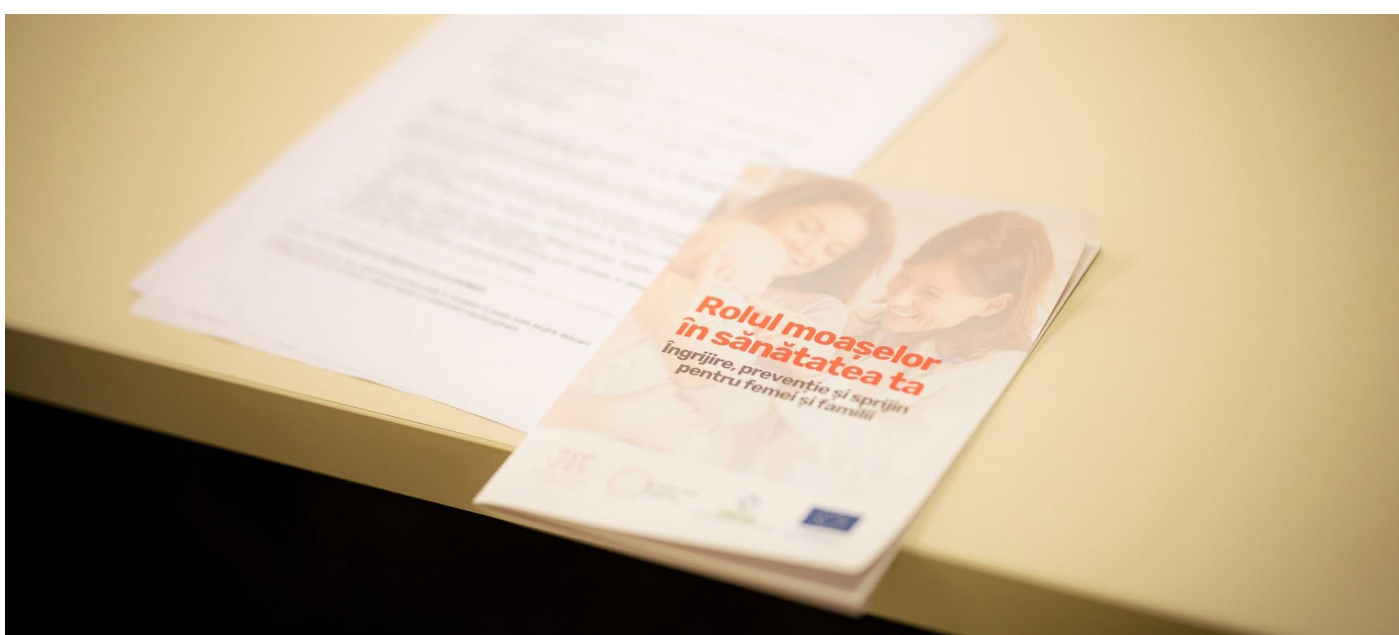
Professional Recognition of Midwives Remains a Challenge

The development of the midwifery profession in Romania continues to face structural barriers. Despite clear European standards, international recommendations, and growing evidence regarding the contribution

of midwives to maternal and reproductive health outcomes, the profession remains underrepresented in healthcare policies and insufficiently integrated into the Romanian health system.

An additional concern has been the relationship with the national regulatory body responsible for nurses and midwives (OAMG-MAMR). Rather than actively supporting the development, visibility and autonomy of the midwifery profession, the institution initiated legal proceedings against the Romanian Midwives Association. The court ultimately dismissed the claims, finding them unfounded, but this came after one year since their court actions, while we were blocked in our activity and we faced enormous challenges due to this harassment.

For us, this case raises broader questions about professional representation and institutional support. Midwives in Romania need leadership, investment, educational opportunities, professional recognition, and supportive structures that enable them to contribute fully to the healthcare system. At a time when Romania faces a severe shortage of midwives and significant maternal and reproductive health challenges, institutional resources should be directed towards strengthening the profession rather than creating additional obstacles for those advocating for its development.



Romania: A.L.E.G. Exchanges Experience with Sirene Festival in Palermo

In June, part of the A.L.E.G. team will participate in the Sirene Festival in Palermo, Italy, organized by Maghweb, a partner organization within the European IRIS project. Now in its third edition, Sirene Festival is a collective space for reflection and dialogue about sexual and reproductive health, self-determination, consent and equal rights. The theme of the 2026 edition is diversity, and the organizers invite participants to a courageous dialogue about rigid norms related to the body, identity and sexuality, through workshops, debates, performances and concerts. Details available [here](#).

"An exchange of experience in organizing festivals that support gender equality and young people's access to reproductive and sexual health and rights is welcome," says Andreea, the new A.L.E.G. volunteer coordinator, who will be in charge of the 2026 Gender Equality Festival. Andreea was part of the A.L.E.G. delegation in Palermo, as the project promotes the connection between youth event organizers from European countries and the transfer of good practices that contribute to the consolidation of a European network of professionals.

IRIS is a project designed by Maghweb in collaboration with ASFAMM, ALEG, Schedia Stin Poli and Associació dels drets sexuals i reproductius, and funded by EACEA under the CERV programme, within the strand Citizens' Engagement and Participation. The project aims to promote scientific, accurate and prejudice-free information on gen-

der-equal Sexual and Reproductive Health and Rights (SRHR), engaging educators, socio-health professionals, communicators and young people across five European countries. You can read more about the project [here](#).

The 2026 A.L.E.G.'s Gender Equality Festival® will take place in Sibiu from October 8-10, with the involvement of the project's partner organizations, as well as other collaborators from Romania and Eastern Europe. If you are interested in the festival, you can write to us at contact@aleg-romania.eu or on FEG instagram.



New Romanian research on masculinity, feminism and democracy

ASTRA member Centrul FILIA, together with the Center for Public Innovation and the Center for Equal Opportunity Policies, has published *Masculinity Today*, a nationally representative study of Romanian men aged 15–29.

The report examines attitudes towards feminism, sexuality and relationships, domestic work, social values, online consumption and democracy. Key findings include:

- Many young men support equality while also expressing anti-feminist views: 44% believe women have more rights than men, and 47% say feminism makes men feel guilty.
- Traditional gender roles remain widespread: 79% believe women need men's protection, while 49% say men should have the final say.
- Controlling behaviour in relationships, including monitoring a partner's movements or phone, is frequently normalised.
- Sexual double standards remain strong, alongside pressure on men to be tough, self-reliant and emotionally silent.
- Manosphere content and social media significantly influence views on masculinity, feminism and relationships.
- Patriarchal attitudes are associated with greater openness to authoritarian politics, while higher education and economic security correlate with more egalitarian views.

The [full report](#) is available in English.



Slovakia: Every woman MP has personal experience with at least two forms of violence

In the second quarter of 2026 Freedom of Choice was focused on the European project **3R: Recognize, Resist, Rise Up: Tackling Gender-Based Violence against Women in Politics**, specifically on finalizing the research report on gender-based violence against women politicians.

The research confirmed that violence against women in politics represents a serious social and structural problem in Slovakia:

- it fundamentally influences and shapes the lives of women politicians and their loved ones and has broader consequences on society as a whole;
- it contributes to women leaving politics prematurely;
- it prevents them from exercising their right to participate in the management of public affairs;
- and, finally, it also threatens democracy itself.

The low participation of women means that we live in a **“democracy with a male face,” in its incomplete and distorted form.**

It is important that we do not tolerate such violence and do not support a culture of silence surrounding it. Women politicians must be able to carry out their duties without violence or coercion. They must have access to protection, the ability to speak out, and the means to report cases of violence, and society must be capable of stopping it and holding those who commit gender-based violence accountable. Such systemic change

requires a combination of tools, including support for equality not only in politics but in all areas of life. In the next chapter of the project, we will prepare a list of necessary measures that Slovakia could implement.

We celebrated our 25th anniversary of Freedom of Choice!

We celebrated this milestone in April, together with our closest supporters. We would like to extend our heartfelt gratitude to everyone who attended the celebration, both in person and online.

Our organization’s anniversary is not just about days in a calendar, but above all about the people who stand by us. Their presence, support, and energy reminded us why our work matters. It was amazing to see so many kindred spirits in one place not only to laugh together, but also to continue the fight for women’s rights and freedom for all.



We continue with the direct support for women

Between March and May 2026, 37 women contacted our helpline and other communication channels; we also provided further consultations to partner organizations—community centres, women’s shelters, and other helplines in Slovakia.

The most common questions concerned obtaining contact information for healthcare facilities and the healthcare process itself: women needed information on prices, time-frames, and the availability of services in their regions. Some women face long waiting periods, and some of them (4) were unable to access free assistance despite having a medical indication for an abortion.

The situation is particularly problematic for homeless women (3) and women living in marginalized communities (2).

Gender education is an essential prerequisite for equal society

We organized three training series in which 49 people participated.

- **Equality in the Workplace** was an accredited program focused on a fair pay, flexible work arrangements, gender discrimination prevention, and fostering a respectful environment. This new type of training was conducted in collaboration with United Resources Business Solutions (the Harmónia initiative).

Participants described the training as two wonderful days filled with inspiring conversations and appreciated the opportunity and time provided for sharing experiences. There was a request for the training to last even longer :)

- **“Alumni” networking training session** was a two-day networking and training event for graduates and partner organizations, aimed at fostering collaboration and deepening expert knowledge.

The participants left with the best possible impressions in every respect. There was a strong sense of gratitude for the enjoyable time spent together, the stimulating discussions, and the new information. The organizing team received great recognition and support for the work they do for the company.

- **Gender equality, reproductive rights, and promoting cooperation among non-governmental organizations** strengthened participant’s gender sensitivity and critical thinking in SRHR topics and made them acquire practical skills to prevent gender discrimination and the influence of stereotypes.

Participants noted that the group’s composition created an ideal environment for building collaborations. Many expressed a strong desire and excitement for future training sessions and joint activities.

Together, we can achieve more

Our joint activities within the Human Rights Coalition are proof of that. We organized a special event for Women’s Day, titled *“Keep the carnation; let’s tear down patriarchy together.”* In Slovakia, the carnation has become a symbol of the empty promises politicians make to women, especially on Women’s Day.

In addition to our campaigns, the coalition also focused on advocacy work. We issued a statement on International Roma Day, in which we noted that this day should not remain merely a symbolic reminder of identity

and traditions. It should also serve as a call to reflect on whether we are truly succeeding in upholding the values of equality, dignity, and human rights for all. The reality is that for many Roma in Slovakia, these are not a daily given. The experience of many Roma families remains marked by **social exclusion, prejudice, and systemic barriers that prevent them from fully realizing their potential and participating with dignity in society.**

We publicly stood up for the Public Defender of Rights and the Chamber of Non-Governmental Organizations, which had come under attack due to statements made by coalition politicians.



ASTRA Network Annual Event 2026: Strengthening Collective Action for SRHR

From 28–29 May 2026, ASTRA Network members gathered in Warsaw for the Annual Event — a space for reflection, strategic discussion and reconnecting as a network.

Across two working days, members shared experiences from across the Network, reflected on key lessons, and discussed how to move forward together with more clarity and collective strength.

The programme included a communication workshop facilitated by Gabriel Brumariu from [SECS](#), focused on staying prepared, coordinated and resilient while protecting SRHR in increasingly hostile contexts. Members also took part in a self-defense workshop facilitated by Daniela Draghici, creating space to reflect on safety, confidence and collective resilience in our movements.

Another important moment was the signing of ASTRA's [manifesto](#) — a shared commitment to stand together, defend sexual and reproductive health and rights, and continue building collective power across the region.

ASTRA leaves Warsaw with clearer next steps, stronger connections and a renewed commitment to collective action.

We thank all members, facilitators and participants who contributed to this important gathering.



New Film Premiere: ASTRA Network — A United Voice for SRHR Across Central and Eastern Europe and Central Asia

ASTRA is proud to premiere its new film, *ASTRA Network: A United Voice for SRHR in Central and Eastern Europe & Central Asia*, a powerful series of interviews with activists, advocates, and changemakers working to defend sexual and reproductive health and rights across Central and Eastern Europe and Central Asia.

The film sheds light on the complex and often difficult realities facing SRHR defenders in the region, including shrinking civic space, stigma, political backlash, barriers to abortion and contraception, gender-based violence, discrimination, and attacks on bodily autonomy.

Through personal testimony and frontline experience, activists and organizations share how these challenges affect people's lives, and how local movements continue to resist, organize, and push for dignity, justice, and rights.

Watch [the film](#) and learn more about ASTRA's work!

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