

BULLETIN

SRHR NEWS FROM CENTRAL
AND EASTERN EUROPE AND
CENTRAL ASIA

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Burning issue:
**My Voice My Choice: Between
EU Commitment and National
Reality on Abortion Access**

astra
network

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BURNING ISSUE

“My Voice My Choice” initiative: Interview with Annelies Coessens, EU Gender Equality Expert

1. What does the European Commission’s response to the My Voice My Choice initiative mean for people in Europe who still cannot access or afford abortion care?

What’s new is not necessarily the creation of new rights, but the clarification of what is already possible. By explicitly stating that Member States can use existing EU funding, particularly the European Social Fund Plus (ESF+), to support access to safe and legal abortion, including for those who need to travel, the Commission is signalling that abortion access can be addressed within EU social and health policy frameworks.

From a public health and health equity perspective, that matters. It recognises that barriers to abortion (cost, distance, legal restrictions) are not just individual problems,

but structural inequalities that can, in principle, be mitigated through EU support.

At the same time, the limits of this approach are very clear. The Commission chose not to propose a new legal instrument or dedicated funding mechanism. Instead, everything depends on whether Member States voluntarily decide to use or reallocate their existing ESF+ resources, and to do so in line with their national laws.

So in practice, this reinforces a familiar pattern: the EU opens a political and legal door, but does not ensure that anyone walks through it.

For me, this reflects a deeper tension in EU policy making, especially on SRHR. The EU can acknowledge inequalities and create

enabling frameworks, but when it comes to implementation, responsibility is pushed back to national level. And in a context where governments fundamentally disagree on bodily autonomy, that risks reproducing the very inequalities the initiative sought to address.

So for people who still cannot access or afford abortion care, the reality hasn't changed yet. The question now is whether Member States will use the tools that are available or whether access will continue to depend on where you live.

2. How is the current progress–backlash dynamic around SRHR in Europe and beyond shaping SRHR and gender equality policies?

I think we're in a moment where both progress and backlash are becoming more structured and more visible.

On the one hand, SRHR is more clearly embedded in EU gender equality frameworks than before. It's increasingly framed not just as a health issue, but as part of equality, rights, and even democratic resilience. That reflects a long-term shift in how these issues are understood at institutional level.

But backlash has also evolved. It is not just reactive; it is organised, well-funded, and increasingly present within mainstream political spaces. And importantly, it doesn't only target abortion; it challenges the broader foundations of gender equality.

What this creates is a form of constrained progress. We do move forward, but often

through cautious, non-binding tools, such as strategies, funding guidance, data commitments, rather than strong legislative change.

And I think we need to be precise here: policy visibility is not the same as policy impact. The presence of SRHR in EU frameworks does not automatically translate into access on the ground.

So the key issue is no longer whether SRHR is recognised, but whether it is implemented and protected in a context where it is actively contested.

3. How can digital platforms strengthen SRHR advocacy?

Digital platforms have fundamentally reshaped SRHR advocacy but their impact depends on how they are structured and governed.

At their best, they reduce barriers to information. For many people, especially young people or those in restrictive environments, online spaces are the first place they access reliable information on abortion, contraception, or consent. That plays a critical role in contexts where offline access is limited or stigmatised.

They also enable scale. Digital tools allow advocacy to move across borders, connect local struggles, and translate public support into political pressure more quickly than traditional channels.

But these platforms are not neutral environments. They are shaped by algorithms and

incentives that often amplify polarisation, disinformation, and harmful content, including anti-rights narratives.

So for me, the question is not only how digital platforms can support SRHR advocacy, but how they shape the conditions in which that advocacy takes place.

Because if online spaces are unsafe or exclusionary, then access to participation becomes unequal, even if information is technically available.

Digital platforms can strengthen SRHR advocacy, but only if they are accompanied by stronger accountability, safer environments, and a recognition that visibility alone is not the same as access or influence.

4. Your work focuses on making EU gender equality policy accessible to wider audiences. Why is this important for feminist and SRHR advocacy?

For me, this comes down to how power operates in policymaking.

EU gender equality and SRHR frameworks are often complex and technical. But they shape very concrete outcomes, such as funding priorities, legal protections, and political direction. When these frameworks are not accessible, there is a gap between those who understand how to navigate them and those who are affected by them.

That gap has real consequences.

It limits accountability, because it becomes harder to track what has been promised and

whether it is delivered. And it limits mobilisation, because people are less able to translate policy into demands or action.

At the same time, anti-rights actors often succeed by doing the opposite, simplifying complex issues into clear, emotionally resonant narratives.

So accessibility is not about simplifying for its own sake. It is about translating policy in a way that maintains its complexity, but connects it to people's realities.

That means showing how EU decisions affect everyday life, clarifying where influence is possible, and making participation feel legitimate and achievable.

Because when people understand policy, they are more likely to question it, engage with it, and ultimately shape it.

5. What currently gives you hope in the SRHR movement?

What gives me hope is the movement's ability to adapt to a more complex and contested environment.

We are seeing a shift towards more interconnected approaches, where SRHR is understood alongside issues like democracy, digital governance, and inequality. That reflects a more accurate reading of the challenges we are facing.

There is also a change in how advocacy is done. Alongside institutional work, there is growing use of digital storytelling, community-building, and new forms of engagement

that bring in voices that were previously less visible.

At the same time, mobilisation is becoming more transnational. Initiatives like My Voice My Choice show that there is both public support and organisational capacity to act across borders, something that is essential in a context where backlash itself operates transnationally.

But I think it's important to stay grounded. Progress is uneven, and in some contexts, rights are clearly being restricted. So for me, hope is not about assuming things will improve, it's about recognising that even in a more difficult environment, people are still organising, connecting, and pushing forward.

And that sustained, adaptive engagement is what makes long-term change possible.

Annelies Coessens is a policy and advocacy professional based in Brussels, currently working as a Policy and Advocacy Officer at DSW, where she contributes to EU advocacy on gender equality and sexual and reproductive health and rights (SRHR). With around five years of experience in EU policy and international advocacy, she specialises in advancing rights-based approaches to gender equality, combating structural inequalities, and promoting inclusive and accountable decision-making processes.

In addition to her policy work, she is the founder of HerVoicEU, a platform dedicated to making gender equality and EU policy more accessible and engaging, by fostering informed and inclusive conversations around equality and rights.

Annelies holds degrees in Political Science, International Development, and Gender Studies, as well as an MSt in Diplomatic Studies from the University of Oxford. She began her professional journey in international hotel management before transitioning into policy and advocacy.



Strengthening Abortion Care in Albania: Training, Dialogue and Breaking the Silence

By Albanian Center for Population and Development (ACPD) | Implementing Partner — SAAF Initiative.

During this time-period, ACPD took significant steps to advance safe and comprehensive abortion care in Albania, working on two fronts simultaneously: equipping healthcare providers with updated clinical knowledge and empowering media professionals to cover the topic with accuracy and sensitivity.

Building Provider Capacity: A National Training That Went Beyond the Curriculum

In a country where abortion is legal but access to standardized, evidence-based care remains uneven, ACPD organized a two-day national training for 25 obstetrician-gynecologists from regions across Albania. Led by a senior specialist and Head of Service at the “Koço Gliozheni” Maternity Hospital, the training reached providers who serve both urban centers and regional populations.

Content was grounded in WHO and IPPF international guidance and covered the full range of abortion care: the legal framework and gestational limits; methods and criteria for method selection; pre- and post-abortion counselling; standard clinical procedures and complication identification and management. The Institute of Public Health and ACPD leadership both participated, reinforcing institutional ownership of the initiative.

What made this training particularly valuable was its interactive format. Through discussion of real clinical cases, participants brought their everyday dilemmas into the room and the results were revealing. Providers openly discussed inconsistencies in legal interpretation, uncertainty around psychological counselling requirements, gaps in pain management protocols, challenges in service provision for minors and uneven implementation of medical review committees.

Most strikingly, participants confirmed that misoprostol and mifepristone, the medicines used in medical abortion, are being prescribed in practice even though they are not yet licensed in Albania. Women are accessing them through informal channels, private market or from abroad. This disclosure underlined an urgent need for regulatory clarity, standardized clinical guidance, and safer, system-based access pathways, issues that extend well beyond training and require policy-level response.

The training was covered by Albanian Public Radio and Television (RTSH), and articles about the event appeared in several national media outlets.

It had been a long time since I had taken part in such a good and well-organized training on abortion. The session was very informative and gave me updated knowledge that I can use in my daily practice. — Training participant.

The training was very helpful, and it showed how important it is to have continuous learning opportunities on this topic. Ongoing training would help us feel more confident

and better prepared in our work. — Training participant.



Changing the Narrative: Media Engagement and Public Awareness

Alongside its clinical work, ACPD invested in reshaping how abortion is discussed in the public sphere. A dedicated meeting was held with 10 journalists from national outlets covering health and social affairs, members of ACPD’s long-established “**National Health Club**” a network of media professionals committed to ethical, rights-based reporting.

The session addressed how media can move beyond controversy to provide contextualized, accurate information; how to report on abortion as a health and rights issue; and how human-centered storytelling can reduce stigma and increase public understanding. The meeting directly contributed to nine online articles and two television appearances on major channels including Top Channel, RTSH, ABC New, and Klan TV, coverage that was notably more factual and sensitive than is typical in Albanian media.

Often, when we interview doctors about sensitive topics like abortion, they are hes-

itant to respond, partly because of pressure or strong reactions from religious groups. — Journalist, National Health Club

This observation captures both the challenge and the opportunity. When civil society actively facilitates the conversation and provides the right support, more honest and complete public discourse becomes possible.



Looking Ahead

The progress of this period reflects the value of multi-level engagement. Working with both providers and media, ACPD has begun to shift the practice environment and the public narrative around abortion care in Albania, at the same time. Yet the findings are equally a call to action. Informal use of unlicensed medications, inconsistent legal interpretation, and uneven service quality across regions point to systemic gaps that require sustained commitment from health authorities, regulators, and civil society alike. ACPD remains dedicated to this work ensuring that every woman in Albania can access safe, dignified, and comprehensive abortion care.

Politicizing Reproductive Rights: Far-Right Narratives Ahead of Armenia’s Parliamentary Elections

By [WRC Armenia](#)

In Armenia, the growing visibility of far-right narratives has become increasingly evident ahead of the June 7 parliamentary elections, where demographic anxiety and nationalist rhetoric are shaping political discourse. Sexual and reproductive rights particularly abortion have emerged as key targets, with far-right actors framing declining birth rates as an existential national security threat.

At the center of this discourse is the politicization of women’s bodies as instruments of demographic policy. Gender equality and reproductive rights are portrayed as “foreign” concepts imposed on Armenian society.

By presenting so-called “Western values” including bodily autonomy, equality, and dignity as incompatible with Armenian traditions, far-right actors also advance broader geopolitical narratives promoting alignment with authoritarian models prioritizing traditionalism over human rights protections. In this context, attacks on abortion rights form part of a wider ideological effort undermining democratic values and reinforcing patriarchal norms.

A recent example illustrating this trend was the Armenian Prayer Breakfast, held in Yerevan on 14–15 November and attended by senior state officials. A session titled “Faith, Family and Values” promoted abortion bans as a solution to demographic challenges.

Speakers included Nerses Isajanyan, author of a failed 2021 abortion-ban initiative, alongside evangelical representatives Jacob and Dow Pursley. Public excerpts frame abortion as murder and advocate prohibition:

[instagram.com/reels/DR1I8V8iAJP](https://www.instagram.com/reels/DR1I8V8iAJP)

[instagram.com/reel/DRKknMuiPLC/](https://www.instagram.com/reel/DRKknMuiPLC/)

Further concerns emerged following statements by U.S.-based evangelical representative Joel Tenney regarding plans to establish organizations and counseling clinics related to abortion in Armenia:

[facebook.com/reel/924313983484456](https://www.facebook.com/reel/924313983484456)

Together, these developments demonstrate how reproductive rights debates are increasingly intertwined with transnational religious networks, demographic nationalism, and pre-election political mobilization raising concerns that abortion rights may become a central battleground affecting Armenia’s democratic and human rights trajectory.

Croatia and Poland advance HPV vaccination policies

Croatia plans to introduce **mandatory HPV vaccination starting next year**, marking an important step toward eliminating cervical cancer and strengthening prevention efforts. In Croatia, hundreds of women are diagnosed with cervical cancer each year, and many still die from a disease that is largely preventable with existing medical tools.

Why this matters: Human papillomavirus (HPV) causes the vast majority of cervical cancer cases. Yet cervical cancer remains one of the most preventable cancers. Vaccination, combined with regular screening, can significantly reduce incidence and mortality while helping address long-standing inequalities in access to preventive care.

Following these developments, **Poland is also preparing to expand its HPV vaccination policy**, with mandatory vaccination for children aged 9–15 planned from **January 2027**. This decision reflects a growing regional commitment to evidence-based public health measures and effective cancer prevention.

By embedding HPV vaccination within national health policy, countries in the region are increasingly recognizing prevention as a collective responsibility. Such steps are essential to improving population health outcomes, reducing inequalities in access to preventive care, and protecting future generations from HPV-related cancers.

With sustained vaccination programmes and effective screening, **cervical cancer could**

become a rare disease. Policies that prioritize prevention are critical to making this goal achievable.

Reproductive Health Services and Management during Crises: HERA XXI Supports Ukrainian Refugees in Georgia

By [HERA XXI](#).

Association HERA XXI, as AMAZE's first creative partner, created five animated videos in English on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Crisis Situations. Videos were also translated into Georgian, Armenian, and Azerbaijani.

Access to Sexual and Reproductive Health services and reliable information is especially crucial during humanitarian crises. Forced displacement, uncertainty, and stressful environments increase health risks, including sexual violence, unintended pregnancies, and information deficits.

Given the growing number of Ukrainian refugees and their specific needs, these resources were translated into Ukrainian and adapted to include sign language, making the information as accessible as possible for internally displaced young people in Georgia.

Videos Topics:

- Crisis Settings: Taking care of your sexual health
- Crisis Settings: Sexual and gender-based violence
- Crisis Settings: Reducing risks
- Crisis Settings: Sexual and reproductive health information
- Crisis Settings: Health services

Videos are available on Association HERA XXI's [YouTube channel](#) and AMAZE's global [Website](#).



Cross-Movement Solidarity for Women's Rights Ahead of 2026 Elections in Hungary

By EMMA Association.

Hungary is approaching its 2026 parliamentary elections at a moment marked by democratic backsliding, shrinking civic space, and an increasingly visible backlash against women's rights. In this environment, we at EMMA Association, a member of the AS-TRA Network, believe that building broad, cross-movement coalitions is essential if we want to keep the voices and lived experiences of women and girls in the public discourse.

The *Women's Minimum* initiative represents a concrete example of such meaningful collaboration: a platform developed by seventeen organizations from diverse fields that succeeded in establishing a shared baseline for understanding and action. The resulting recommendations set out fundamental protections and policy changes grounded in a common conviction that solidarity, fairness, and equal opportunities for women and girls represent the bare minimum.

Summary of the 10-Point Recommendation Package

- **Consent and protection from violence.** Legal recognition of consent-based sexual assault standards ("only yes means yes"), independent criminalization of non-consensual intimate image sharing, and stronger protection for victims of violence.
- **Respectful and safe maternity care.** Official recognition and elimination of obstetric and gynecological violence, full enforcement of patient rights, guaranteed informed consent, and state-funded access to out-of-hospital birth options.
- **Comprehensive sexuality and relationship education.** Mandatory, age-appropriate education on sexuality, consent, and equality starting from the first grade.
- **Affordable access to reproductive health products.** Over-the-counter access to emergency contraception, reduced taxation on contraceptives and menstrual products, and equitable access to modern contraception, including through social support schemes.
- **Reproductive autonomy.** Protection of women's right to make independent decisions about pregnancy; withdrawal of the "heartbeat decree"; elimination of mandatory waiting periods; access to safe and timely abortion (including medication abortion); and equal reproductive rights regardless of relationship status or sexual orientation.
- **Recognition and fair compensation of care work.** Adequate and inflation-adjusted family benefits, financial recognition of caregiving regardless of income or family structure, targeted housing and employment support, and equal adoption rights for single parents and same-sex couples.
- **Closing the gender pay gap.** Effective implementation of pay-transparency rules, labor-market protections for mothers and caregivers, support for flexible work arrangements, and fair taxation that does not disproportionately burden low-income women.
- **Addressing women's poverty.** Compre-

hensive social support for the poorest families, a fair pension system that reflects women's life paths, and expanded housing solutions specifically accessible to women.

- **Meaningful representation in decision-making.** Ensuring women's substantive participation at all levels of policymaking and state-funded research on women's lived realities.
- **Enforcement of existing rights.** Strengthening the implementation and monitoring of current laws, and providing stable state support for professional organizations that safeguard women's rights in practice.

If you want to support this joint women's initiative and stand with women in Hungary, [sign the petition](#) and check out [Instagram](#) and [Facebook](#) pages.

When Evidence Meets Activism: Dr. Rodica Comendant at IWAC 2026 and the Safe Abortion Action Fund SAAF Global Panel

By Reproductive Health Training Center.

In February 2026, Dr. Rodica Comendant, Director of the **Reproductive Health Training Center (Moldova)**, participated in the 5th International Congress on Women's Health and Unsafe Abortion (IWAC 2026) in Bangkok, contributing both scientific expertise and regional feminist perspectives from Eastern Europe and Central Asia (EECA).

Notably, **she was the only representative from the EECA** region presenting within the congress programme – a fact that highlighted both the importance of regional participation and the limited visibility of EECA issues within global abortion debates.

Translating WHO Guidance into Practice in EECA region

Within Theme 4: *Self-Managed Abortion, Telemedicine & Digital Health*, Dr. Comendant presented "WHO Recommendations on Safe Abortion and their implementation in 6 Eastern European and Central Asian countries." The presentation examined how the WHO 2022 Abortion Care Guideline – which recognizes comprehensive abortion care as an essential health service and strongly recommends self-management and telemedicine as legitimate models of care – can be implemented in politically and socially complex environments.

Drawing on Moldova's telemedicine medical abortion (TMA) pilot (2019–2021), she shared concrete evidence of feasibility and impact. Launched at the onset of the COVID-19 lockdown, the model enabled more than 500 women to safely access abortion services remotely, with a 98% success rate and 99% satisfaction.

Nearly 90% enrolled, completed the process without in-person visits. Women cited confidentiality, reduced travel, affordability, and psychological comfort as decisive factors.

However, progress has not been linear. Although telemedicine medical abortion was institutionalized nationally in 2021, it was temporarily banned in early 2025, demonstrating how quickly evidence-based gains can be challenged.

Advocacy efforts are ongoing to restore regulatory clarity. The Moldovan case illustrates a broader regional reality: the barrier is rarely technology or medical evidence – it is political will.

Regional formative research conducted across Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, and Uzbekistan further showed strong interest in telemedicine from women and providers, alongside more cautious attitudes among policymakers. Protocol revisions, pilot projects, and training initiatives are gradually shaping a pathway toward more equitable, WHO-aligned abortion care in the region.

When the State Fails: Feminist Solutions Across Regions

In addition to her scientific contribution, Dr. Comendant participated as a panellist in the Safe Abortion Action Fund (SAAF) session titled: *When the state fails us – how feminist activists are finding their own solutions to ensure safe abortion care for all.*

Chaired by Laura Hurley (SAAF), the panel brought together grantee partners from Africa, Asia, Europe, and Latin America to discuss practical and feminist-led strategies for overcoming barriers to abortion access. Alongside fellow panellists – Phylis Mbeke Ndolo (Women Spaces Africa, Kenya), Chonthita Krairikul (Tamtang Foundation, Thailand), and Daniela Téllez Del Valle (Di RAMONA, Mexico) – Dr. Comendant shared experiences from Moldova and the broader EECA region.

She emphasized:

- the role of professional solidarity and regional collaboration in maintaining access to care;
- the importance of telemedicine and self-managed abortion models as resilient responses to policy restrictions;
- lessons learned from integrating WHO-recommended approaches into national and local health systems;
- the need for global feminist movement-building to sustain safe abortion access in politically complex contexts.

Being the only EECA voice on both the scientific stage and within the panel highlighted an important lesson learned: **the region faces significant challenges, but they remain**

underrepresented in global forums. While legal frameworks in EECA are often formally permissive, implementation gaps, political shifts, and systemic barriers create vulnerabilities that require greater international attention and solidarity. Despite differences in legal frameworks and cultural contexts, panel participants identified shared challenges – stigma, regulatory barriers, funding constraints, and political backlash – as well as shared strategies rooted in trust, autonomy, and community-based support.

IWAC 2026 demonstrated the importance of ensuring that EECA experiences are more consistently present in global abortion discourse. The region is navigating both innovation and backlash – introducing telemedicine models, revising protocols, and building capacity, while also responding to political resistance and regulatory uncertainty.

Increasing the visibility of these dynamics is essential not only for regional support, but for enriching global conversations on abortion care with diverse political and historical contexts.

Throughout the congress, additional sessions addressed key clinical and policy topics, including updated medical abortion regimens, conscientious objection in healthcare, very early medical abortion (VEMA), improving surgical abortion practices, and global legal developments. These discussions reinforced a central message: advancing abortion care requires combining scientific evidence, clinical excellence, and rights-based advocacy.

Dr. Rodica Comendant’s participation at IWAC 2026 strengthened the visibility of

EECA perspectives within global SRHR debates and reinforced collaboration between regional actors and international feminist networks. The congress illustrated that safe abortion care is not only a clinical matter but also a question of equity, resilience, and sustained collective action.



More than 20 women were killed last year in the Republic of Moldova

By [STIRI](#). Translated into English by Elena Sajina, Executive Director, Societatea de Planificare a Familiei din Moldova.

More than 20 cases of femicide were recorded last year in the Republic of Moldova, and approximately 50 acts of violence are reported daily to the 112 Emergency Service. These data are included in the 2025 Activity Report of the National Coordinating Council for the Prevention and Combating of Violence against Women and Domestic Violence.

According to the report, many cases of violence end up having serious consequences due to the lack of early intervention.

Specialists note that in many situations the victims were not protected in time, and family conflicts escalated into tragedies. In some cases, the perpetrators were known to the authorities, but the measures applied were not sufficient to prevent the tragic outcome.

The document also shows that domestic violence is frequently reported, but not all cases are handled effectively. In 2024, the authorities examined 87 severe cases of domestic violence that resulted in deaths or serious injuries. In 42 of these cases, the victims lost their lives, and in 21 cases femicide was confirmed.

The report also highlights that many victims face difficulties in accessing support services, while interinstitutional cooperation re-

mains inadequate in certain situations. The lack of specialists, lengthy case examination periods, and the insufficient number of specialized services affect the effectiveness of interventions and the level of protection provided to victims.

In this context, the report recommends strengthening protection mechanisms and expanding social services for victims. Authorities are urged to improve interinstitutional cooperation, develop the VioData information system, and invest in the continuous training of specialists.

State-Enabled Intimidation: How Anti-Abortion Extremism Is Undermining Legal Health- care in Poland

Poland is experiencing a coordinated and escalating campaign of anti-abortion intimidation and disinformation that directly undermines women's access to lawful healthcare. This campaign is driven by fundamentalist actors and increasingly reinforced by political figures and state institutions that legitimize and amplify these practices. Together, these dynamics create a climate in which legally guaranteed medical services are systematically obstructed through fear, harassment, and institutional pressure.

Abortion Access in Poland: Law and Reality

Poland has one of the most restrictive abortion legislations in Europe. Following politically captured rulings of the Constitutional Tribunal, abortion is now effectively permitted only when a pregnancy poses a threat to a woman's life or health, or when it results from a criminal act.

In practice, even these limited legal grounds are routinely denied. When acting within the lawful exceptions, doctors do not face a genuine risk of criminal liability. However, they are subjected to a deliberate and sustained climate of intimidation. Anti-abortion activists have publicly threatened healthcare providers with future criminal prosecution in the event of political change and further politicization of the prosecution service.

As a result, hospitals frequently refuse care, delay procedures, or impose additional

non-medical requirements. Access to fully lawful abortion care depends on a very small number of doctors and facilities operating under constant political pressure and informal surveillance, despite acting in full compliance with the law.

In practice, disinformation has long been used to narrow the scope of the health exception, particularly by falsely claiming that only immediate physical danger can justify lawful abortion. This narrative has been conclusively challenged. It has been formally confirmed that a serious threat to a woman's mental health constitutes a lawful ground for abortion on equal footing with physical health risks, providing legal certainty for both patients and healthcare providers. This clarification, achieved through sustained legal and institutional advocacy led by FEDERA (Foundation for Women and Family Planning), removes any remaining basis for denying care on psychiatric health grounds—yet intimidation and obstruction persist.

Political Legitimation of Intimidation

The climate of fear surrounding lawful abortion care has been further intensified by the conduct of public officials who have repeatedly targeted doctors and hospitals providing legal services. Through public statements, parliamentary activity, and political interventions, medical professionals are portrayed as criminals, effectively encouraging harassment and legitimizing intimidation. Such actions normalize attacks on healthcare providers and signal institutional acceptance of abuse.

Tactics of Harassment and Obstruction

Fundamentalist groups employ coordinated tactics designed to intimidate patients and obstruct access to lawful healthcare. These tactics include the placement of large-format, graphic banners along highways and major roads, roaming pickets and demonstrations at hospitals, and the mass distribution of anti-abortion propaganda.

These actions deliberately stigmatize women seeking care and interfere with the provision of medical services. Importantly, such campaigns are financed through public fundraising and sustained by networks of private donors, who materially enable and legitimize harassment strategies. Political interventions by public officials further embolden these groups, transforming isolated acts of intimidation into coordinated, nationwide pressure campaigns.

Instrumentalization of State Institutions

State institutions are increasingly being used to exert pressure on hospitals that provide legal abortion services. Prosecutorial actions have included demands for patient medical documentation following complaints filed by fundamentalist actors, despite the procedures in question being fully lawful.

These interventions create a chilling effect. Doctors and hospital management are forced to divert time and resources toward defending patients and staff from harassment rather than providing care. The threat of administrative or criminal scrutiny—regardless of legal merit—functions as a powerful deterrent.

At the same time, anti-abortion demonstrations are increasingly taking place directly on hospital grounds. Patients, including those experiencing pregnancy loss or attempting to maintain wanted pregnancies, are exposed to graphic imagery and verbal abuse. This constitutes a direct threat to patients' mental health, dignity, and safety, and severely disrupts the ability of medical staff to work without interference.

Retaliation Against Doctors

The climate of intimidation is reinforced through professional retaliation against doctors who provide lawful abortion care. Physicians ensuring consistent access to legal services have been removed from hospital positions following recruitment or employment processes marked by serious procedural irregularities, including altered criteria and changing rules during selection.

Although some affected doctors have secured alternative employment, the retaliatory nature of these actions remains evident. The consequences are systemic. Patients from across the country risk losing access to care, while medical professionals acting fully in accordance with the law are subjected to professional exclusion intended to deter others from providing lawful services.

Notably, prosecutorial authorities have confirmed the legality of contested procedures. Despite this, challenges to prosecutorial decisions have been initiated by senior judicial figures whose own appointments are subject to serious legal and constitutional doubts. This illustrates how erosion of the rule of law and politicization of the judiciary directly un-

dermine women’s rights and legal certainty for healthcare providers.

A Broader Anti-Rights Ecosystem

These developments are not isolated incidents. They form part of a broader, increasingly professionalized anti-choice movement operating across Poland. Well-resourced organizations coordinate legal strategies, media campaigns, and political pressure aimed not only at dismantling reproductive rights, but also at weakening protections for LG-BTQ+ people and eroding democratic norms more broadly.

This ecosystem relies on disinformation, institutional capture, and the normalization of intimidation as a legitimate political strategy. The targeting of abortion care functions as both a goal and a testing ground for broader attacks on the rule of law and fundamental rights.

Response and Demands

As FEDERA (Foundation for Women and Family Planning), which hosts the ASTRA Network, we are responding by mobilizing public support, launching petitions to defend doctors and hospitals acting in accordance with Polish law, and calling on city and national authorities to establish safe buffer zones around medical facilities. Polish law already empowers municipalities to ban assemblies that threaten life or health. We demand that these powers be used—urgently—so that women in Poland can access healthcare without fear, intimidation, or psychological violence.

Centrul FILIA joins the ASTRA Network

For over 25 years, **Centrul FILIA** has been a leading voice defending **abortion on request and access to contraception in Romania**, combining rigorous research with strategic advocacy and grassroots mobilization. The organization systematically documents barriers to reproductive health services, monitors anti-rights actors, and intervenes in public debates with evidence-based feminist analysis.

In a context marked by persistent stigma, underfunded services, and institutional resistance, FILIA has remained a consistent advocate for **reproductive autonomy and accountability**. Its work also addresses gender-based violence, feminist policy development, and women’s civic participation, contributing to stronger structural responses to gender inequality.

We are pleased to welcome **Centrul FILIA** to the **ASTRA Network** and look forward to strengthened regional cooperation grounded in solidarity, feminist expertise, and a shared commitment to reproductive justice.



In the (K)now: Reproductive Rights in Romania

SEX vs THE STORK Association (Asociația SEXUL vs BARZA) has launched an online awareness campaign about reproductive rights. The campaign is part of the project „In the (K)now: Reproductive Rights in Romania” which includes the creation of 10 educational videos and a roundtable with journalists.

The videos are published on the most important social media platforms (TikTok, Instagram, YouTube, Facebook) and cover essential subjects such as the right to comprehensive sexuality education, free of charge SRHR services or access to contraception. Their purpose is to educate teenagers and young adults on the importance of reproductive rights and on the ways to defend them, in a landscape of restricted reproductive rights in Romania and of increasingly polarized opinions on gender equality in youths. The first 3 videos have garnered a total of over 27.000 views.

The launching event took place in January in the form of a roundtable which brought together 10 journalists and 10 representatives of Romanian SRHR NGOs. The meeting was an ideal occasion to coalize and share the most recent developments, risks and opportunities regarding SRHR and to identify more efficient ways to collaborate in 2026.

The awareness campaign will continue with both educational social media content and traditional media segments until the end of May.

Civil society calls for abortion and other reproductive health services to be included in the new telemedicine regulations in Romania

By Centrul FILIA.

Members of the Coalition for Gender Equality, together with the Association for Family Planning and Reproductive Health, have called on the Romanian Ministry of Health to ensure that telemedicine regulations explicitly include sexual and reproductive health services. The request was submitted during the public consultation on a draft ordinance regulating telemedicine in Romania. Advocates stress that integrating reproductive healthcare into telemedicine frameworks would help expand safe and timely access to services in Romania.

We launched „V de la Vulvă”, a sexual education book for teenagers, in Romania and Republic of Moldova

Created by Fine Acts, a global creative studio for social impact, the book aims to be an accessible resource, particularly for young people from vulnerable groups. Through clear information and practical advice, it explores topics such as the body, puberty, menstruation, sex, and vaginal health, answering questions many young people may feel uncomfortable asking. We translated the book and published it with the help of Black Button Books, a female-led publishing house. We sent more than 200 books across Romania and the Republic of Moldova, to family planning offices, health specialists, therapists, other NGOs or even book clubs

and public libraries. The electronic version is available to browse online and can be shared with anyone who might benefit from these resources and guidance:

vaginamatters.org/ (EN version)

centrulfilia.ro/campanii-active/campania-v-de-la-vulva/ (RO version)

Training for med students about biases in medicine

We continue to deliver a training session specially designed for medical and pharmacy students, examining how gender bias can affect diagnosis, treatment, and the doctor-patient relationship, particularly in the context of women's health. The training is led by Adina Păun, a midwife and expert in reproductive health and community education. Participants find out about clinical, historical, and pharmacological perspectives on women's health, while discussing how unconscious bias can influence medical decision-making and patient outcomes.

„Sănătate pentru toate campaign”: raising awareness about sexual and reproductive health

10 influencers and 10 members and volunteers from FILIA helped us create a video campaign about sexual and reproductive health. From contraception and abortion to menopause and pregnancy, we are giving answers to the question asked by our community about their reproductive health and rights. We joined forces with midwife Adina Păun to provide the answers and we have more than 400.000 views on the content so far.

Here is the YouTube playlist with the video content posted so far on [Youtube](#).

Empowerment through Self Defense

By Daniela Draghici.

On January 29 ASTRA Advisory Board member and Empowerment through Self Defense all-gender lead instructor Daniela Draghici facilitated a premiere workshop on “Coalition-building for domestic violence case management” for specialists from public institutions with responsibilities in preventing and combating domestic violence, in collaboration with the Satu Mare County Police Inspectorate, as part of the UNITE project – Unseen Aggression Project – Prevent & Combat Domestic Violence Across Borders, in partnership with Szabolcs-Szatmár-Bereg vármegyei rendőrség, funded by the Interreg Romania – Hungary Program.

The initiative brought together 50 professionals from Romania and Hungary, from key areas in preventing and combating gender-based violence and promoting inter-institutional collaboration in support of victims.



That same day, Daniela conducted a special Empowerment through Self Defense workshop for grandparents and teenagers

in Botiz Commune, in collaboration with the Botiz Library, Satu Mare County, Romania. Forty people between the ages of 14 and 83 participated enthusiastically.

The event was organized by the Cutezatorii Muntilor Association, as part of the HiDigital project funded by the Vodafone Romania Foundation and supported by the Botiz Commune Hall.

It was the first and most amazing Empowerment through Self Defense workshop organized in a commune in Daniela’s career of 70 workshops for over 1,300 people. It ended with sarmale (traditional Romanian stuffed cabbage rolls), hora (round dance), and singing & playing the saxophone by the teenagers.



Daniela conducted a last Empowerment through Self Defense workshop as part of the ANAIS Association project, but this time she tested a personal training approach,

which proved to be successful. This may be a new model for further actions as part of projects aimed at empowering girls and women and help them better protect themselves against gender-based violence.



Freedom of Choice Opens Doors to Youth: Our Impact Grows Thanks to Interns

In 2026, Freedom of Choice is fuelled by a new wave of energy. We decided to open our gates to young professionals and welcomed eight interns with diverse areas of expertise. Their tireless work is yielding results across the board: from creating more diverse social media content and accelerating the translation of foreign strategies to assisting with advocacy planning, researching grant opportunities, and innovating gender education.

Their contribution goes far beyond technical support; they bring profound analytical insight to our mission, as evidenced by their latest work:

Matej L. published a critical reflection on the linguistic reality in Slovakia. He raises a fundamental question: Why is our public discourse so gender-unbalanced? Why are women in transport automatically addressed as masculine forms¹? Matej opens a vital debate on how the language we use shapes our perception of women's roles in society.

Samantha translated and summarized a key publication by our Polish partner organization, FEDERA. Her work focuses on the legal instruments the European Union utilizes to protect sexual and reproductive health and rights, which is an increasingly urgent topic in the Central European context.

¹ Slovak language has three genders – feminine, masculine and neuter.

Health Monitoring: The HPV Challenge

Inspired by the planned mandatory HPV vaccination in Poland and Croatia, we have intensified our awareness efforts in Slovakia. Although free vaccination for 12-year-olds has been available since May 2022, the numbers remain alarming. According to data as of August 2025, only one in four insured persons under the age of 18 has been vaccinated. Slovakia falls significantly short of the targets recommended by the WHO and the EU. Given the current government's anti-vax tendencies, we do not expect systemic state support soon, making our independent information campaigns more crucial than ever.

Research on Violence Against Female Politicians

Under the European CERV program, we continue our vital research. We are currently finalizing interviews with members of the National Council of the Slovak Republic regarding their experiences with violence in politics.

During March, we will work on the Slovak version of the report, and in April we will bring a comparative report that compares the situation with violence in the Czech Republic, Hungary, Germany, Ireland and Slovakia. The conclusion of the project will be the proposal of a set of measures to combat violence in individual countries involved in the project.

Ensuring Our Future: New Strategies for Human Rights Advocacy

We are living in a time of profound uncertainty for human rights NGOs, where the future of

civil society is no longer guaranteed. To navigate this challenging landscape, our team is dedicating significant efforts to identifying new grant and project opportunities that will allow our mission to persevere. However, we know that long-term stability requires innovation. That is why we have developed a new strategy focused on professional education and partnerships within the corporate sector. We are thrilled to announce that our pilot educational program for companies officially launches on March 19th. We believe this initiative will open doors to meaningful collaborations, providing a sustainable foundation for our work while fostering human rights values in the workplace.

Strengthening SRHR and Gender Equality in Tajikistan: TFPA in Action

The Tajik Family Planning Association (TFPA) continues to implement a wide range of activities to improve sexual and SRHR, promote gender equality and support the well-being of women, men and young people across Tajikistan.

Through collaboration with government institutions, healthcare providers, and civil society organizations, TFPA works to expand access to quality services, strengthen professional capacities, and increase awareness of reproductive health and family well-being.

GENDER EQUALITY

1. Organized two-day training sessions in Rasht and Kulob for religious leaders (imom-khatibs) and representatives responsible for religious affairs on “Prevention of Domestic Violence and Pre-Marriage Counseling.” The purpose of the training was to increase awareness among religious leaders about domestic violence prevention and to strengthen their role in guiding couples before marriage.
2. Two-day training on “Prevention of Domestic Violence and Pre-Marriage Counseling from an Islamic Perspective” was conducted for religious leaders in the districts of Qubodiyon and Hamadoni. These training sessions emphasized the important role that religious leaders play in promoting peaceful family relationships and preventing violence within communities.





3. Two-day training session for representatives of non-Islamic religious organizations in Khujand on "Family Relations and the Development of Legal Awareness." The training focused on strengthening participants' understanding of legal rights within families, promoting equality between family members, and encouraging religious communities to support healthy family environments.
4. To increase women's awareness and empowerment, a two-day training for active women in the city of Kulob was conducted. The training addressed women's rights, mechanisms to protect them, and practical ways to promote healthy family relationships.
5. Conducted two-day training in Dushanbe for law enforcement officers aimed at improving the professional skills of police officers in identifying, preventing, and investigating cases of gender-based violence. These sessions also emphasized the importance of a survivor-centered approach when responding to domestic violence cases.
6. Specialized training was organized on psychosocial support services, focusing on increasing the preparedness of specialists to provide primary medical and psychosocial assistance to survivors of gender-based violence.
7. Capacity-building activities were conducted for staff working in support rooms and shelters for survivors of GBV, aiming to improve the quality of services provided to survivors and strengthen coordination between service providers.
8. Additional training sessions were organized for staff working in medical and social rehabilitation rooms located in ma-

ternity hospitals and healthcare facilities, to improve the quality of support services provided to survivors of domestic violence.

9. Conducted two three-day trainings on the implementation of the Law of the Republic of Tajikistan “On the Prevention of Domestic Violence” and the Guidelines for Providing Practical Assistance to Survivors by Law Enforcement Officers. These training sessions strengthened the institutional response of law enforcement agencies and improved the protection of survivors.
10. To strengthen cooperation at the local level, six roundtable discussions were organized on “Establishment and Development of Regional Councils for the Prevention of Domestic Violence.” These discussions were held in Khujand, Konibodom, Isfara, Qubodiyon, Hamadoni, and Bokhtar and brought together representatives of local authorities, civil society organizations, healthcare institutions, and law enforcement bodies.
11. Conducted educational seminars on “Healthy Family – Healthy Society” in Dushanbe and several districts of Khatlon and Sughd regions. The seminars focused on strengthening awareness about healthy family relationships, shared responsibilities within families, and peaceful conflict resolution.
12. In Guliston, a roundtable on “Improving the Well-being of Women and Girls.” The event created a platform for dialogue between community representatives, civil society organizations, and local authorities to discuss ways to improve the social and economic status of women and girls.

FAMILY PLANNING

1. A five-day training in Bokhtar was organized for healthcare professionals on voluntary surgical contraception (VSC). The training focused on the minilaparotomy technique, which is considered a minimally invasive surgical procedure with a relatively short recovery period.
2. Conducted a three-day training on postpartum contraception in the Khatlon region, aimed at increasing the knowledge and practical skills of healthcare providers in counseling women on family planning methods after childbirth. The training aimed to improve the quality of maternal healthcare services and support women in making informed reproductive choices.
3. Training sessions were also held in Bokhtar on counseling skills and the use of the injectable hormonal contraceptive Sayana Press.
4. An eight-day training course on insertion and removal of intrauterine devices (IUDs) was also organized in Bokhtar. The training improved the technical skills of healthcare providers and contributed to expanding access to long-acting reversible contraceptive methods.
5. Were conducted two-day training on a new computerized contraceptive supply management system for warehouse managers and responsible staff from reproductive health centers in cities and districts of the Khatlon region. The training introduced participants to digital tools designed to improve the management, monitoring, and distribution of contraceptive commodities, ensuring their continuous availability in healthcare facilities.

6. A mobile health campaign was implemented, providing free professional services to women and girls of reproductive age. Services included family planning counseling, reproductive health consultations, STI prevention, cervical cancer screening, and access to contraceptive methods. This initiative helped bring essential healthcare services closer to communities, particularly in areas with limited access to medical facilities.

SRH/HIV

Within the HIV Project, TFPA conducted training sessions for healthcare professionals on infection prevention and control, and prevention of mother-to-child transmission (PMTCT) of HIV.

These trainings aimed to strengthen the capacity of healthcare providers to deliver high-quality services to pregnant women and ensure the protection of newborns from HIV infection. Participants gained practical knowledge on safe medical practices, counseling of pregnant women, and early detection of HIV.

Additionally, a series of training were organized on prevention of cervical cancer through visual screening, helping healthcare providers improve early detection and referral mechanisms for women at risk. The training sessions were conducted under the guidance of national trainers. They used practical, interactive methods that enabled participants to acquire both theoretical knowledge and practical skills for implementing VIA and VILI.

YOUTH PROJECT

TFPA organized a series of educational seminars for young people on key topics, including reproductive health, gender equality, family planning, preventing gender-based violence, youth rights, and healthy lifestyles.

Also, a three-day leadership training was conducted for youth in the Varzob district, bringing together active youth from different backgrounds. The training focused on developing leadership skills, teamwork, communication abilities, and youth participation in community initiatives. Participants had the opportunity to strengthen their confidence, share experiences, and learn how to organize awareness activities within their communities.

To expand youth engagement, TFPA organized an awareness campaign dedicated to Youth Day, aimed at attracting more young people to participate in the organization's activities and volunteer network.



Sexual and Reproductive Health and Rights in Transnistria

Prepared by: Rodica Comendant, MD, PhD; Director, Reproductive Health Training Center (RHTC), Chişinău, Moldova; Senior SRHR Expert, WHO Consultant on Safe Abortion and Family Planning; Regional Coordinator, Regional Reproductive Health and Rights Coalition (RRHRC); Oksana Ceban, MD, Director Reproductive Health and Family Planning Center, Tiraspol, Transnistria; Catalina Comendant; Project Manager, Reproductive Health Training Center (RHTC), Chişinău, Moldova; Regional Co-coordinator, Regional Reproductive Health and Rights Coalition (RRHRC).

Transnistria is a narrow strip of territory located along the eastern bank of the Nistru (Dniester) River, bordering Ukraine. The region has an estimated population of approximately 350,000–380,000 people and includes the main urban centres of Tiraspol (administrative centre), Bender, and Rîbniţa.

Although internationally recognized as part of the Republic of Moldova, Transnistria has operated under de facto separate governance structures since the early 1990s following the post-Soviet conflict. This contested status shapes nearly every aspect of social policy, including sexual and reproductive health and rights (SRHR). Limited international oversight, restricted engagement with external systems, and reduced access to funding mechanisms create structural challenges for the development, monitoring, and accountability of SRHR services. At the same time, local providers and civil society actors

have managed to build meaningful progress through sustained collaboration with international partners and long-term technical support from the Reproductive Health Training Center in Chisinau.

Within this context, SRHR service provision has gradually evolved toward more evidence-based and rights-oriented care. One of the most significant developments has been the establishment of a coordinated network of five model centres providing medical abortion, post-abortion family planning, and telemedicine-supported services. The Reproductive Health and Family Planning Center (RHFPC) in Tiraspol plays a central coordination and mentoring role, helping maintain continuity and quality of care across the region.

Access to healthcare remains shaped by economic realities. Women in Transnistria face lower average income levels compared to the rest of Moldova, and many reproductive health services are not covered through insurance schemes that exist on the right bank of the Nistru River. These factors increase out-of-pocket costs and can delay care-seeking. Economic constraints may lead to the postponement of medical consultations, reinforcing inequalities in access and highlighting the importance of decentralised and telemedicine-supported pathways.

Telemedicine medical abortion (TMA) has emerged as an important response to geographic and financial barriers, allowing women from smaller towns and rural areas to access safe services without travelling long distances. The model has proven both

feasible and acceptable, with providers increasingly relying on structured counselling, follow-up calls, and digital registration systems to ensure continuity and safety.

The telemedicine pathway follows a clearly defined clinical algorithm aligned with WHO recommendations. It includes eligibility screening (confirmation of gestational age and exclusion of contraindications), comprehensive counselling, documented informed consent, remote supervision of the medication process (mifepristone plus misoprostol), and structured follow-up at defined intervals. Where clinically indicated, referral pathways to inpatient facilities are clearly established. This structured model contributes to both safety and standardisation of care.

During 2025, a total of 329 telemedicine medical abortions were provided across the five model centres, demonstrating not only sustained demand but also the consolidation of provider capacity. Medical abortion services are systematically linked with post-abortion family planning counselling, allowing women to receive modern contraceptive methods immediately after care. Particular emphasis has been placed on expanding access to long-acting reversible contraceptives (LARCs), including intrauterine devices and subdermal implants. Immediate post-abortion initiation of contraception contributes to reducing the risk of repeat unintended pregnancies and aligns with WHO recommendations on post-abortion family planning as a key preventive strategy.

Provider mentorship has played a critical role in maintaining service quality. Experienced clinicians support colleagues in smaller centres through real-time consultation and hands-on supervision. This mentorship model not only strengthens individual competencies but also reduces clinical variability, harmonises service provision across facilities, and contributes to long-term system stability.

At the policy level, important progress has recently been achieved toward institutionalizing evidence-based SRHR care. The revised Family Planning protocols were officially approved in January 2026. Now, both the updated Family Planning standards and the 2024 Safe Abortion protocols, which include (TMA) telemedicine medical abortion as service delivery, are aligned with WHO recommendations. The approval of these protocols enhances legal clarity and professional security for healthcare providers, reduces ambiguity in clinical decision-making, and supports uniform application of standards across institutions. By adapting WHO guidance to local organisational realities, the updated documents contribute to both normative stability and sustainability of services beyond project-based initiatives.

In a broader regional context where SRHR policies are increasingly contested or subject to political debate, the approval of updated protocols aligned with international standards can be seen as a particularly important and positive development. It demonstrates that even within complex political environments, progress toward evidence-based, rights-oriented reproductive healthcare remains possible through sustained profes-

sional collaboration, technical expertise, and long-term commitment to quality of care.

Beyond clinical services, access to accurate information remains a major challenge. Community-based educational activities show that many women still have limited knowledge about modern contraception, telemedicine pathways, and safe abortion care. Trainings facilitated by healthcare professionals, both from Moldova and Transnistria, and NGOs from both banks of the river Nistru have created spaces for open dialogue, allowing participants to ask questions and discuss topics often considered taboo. These sessions also highlighted how reproductive health decisions are shaped by broader social realities, including family dynamics, stigma, and gender-based violence. At the same time, learning and knowledge exchange has not been limited to local activities. Participation of providers from Transnistria in the 3rd Regional Conference on self-care in reproductive health (Chişinău, 2025) created an important opportunity to both share their own implementation experience and learn from colleagues across the Eastern Europe and Central Asia region. Through presentations, discussions, and peer exchange, providers were exposed to regional lessons on telemedicine medical abortion, protocol alignment with WHO recommendations, and strategies for expanding access to rights-based care. This regional dialogue strengthened professional confidence, reinforced evidence-based approaches, and contributed to ongoing learning by allowing local teams to compare their experience with broader regional developments and innovations.

Sexuality education as a formal, structured system remains difficult to assess based on available information. While community sessions provide valuable SRHR knowledge, there is insufficient evidence to evaluate the extent or quality of comprehensive sexuality education within schools or institutional settings. This suggests that many women continue to rely on informal or ad hoc sources of information rather than systematic educational frameworks.

When considering vulnerable groups, the available documentation provides only partial insight. Participants in community trainings, particularly mothers, raised questions about how adolescent girls can safely access reproductive health services, indicating both concern and a need for clearer youth-friendly pathways. However, the current evidence base does not allow for a detailed assessment of adolescents' access or barriers. Similarly, the available materials do not provide sufficient information to analyse the experiences of LGBTQI+ persons in relation to SRHR services. At this stage, the team does not consider itself sufficiently versed in these areas to provide a reliable or comprehensive analysis.

Economic vulnerability and geographic isolation remain more clearly documented factors affecting access. Women living outside major urban centres benefit significantly from decentralised services and telemedicine options, which reduce travel burdens and increase privacy. Nonetheless, awareness of available services remains uneven, indicating that information gaps persist even where services technically exist.

Data availability represents an ongoing challenge. Publicly accessible, systematised and disaggregated SRHR data remain limited. Information on abortion methods distribution, contraceptive prevalence, adolescent pregnancy rates, and maternal morbidity is fragmented and not consistently available in the public domain. While these sources provide valuable insight, they do not necessarily reflect the entire health system, making broader analysis difficult. Much of the current understanding relies on project reporting and NGO-supported initiatives, which, while valuable, do not fully capture system-wide performance.

Overall, the SRHR landscape in Transnistria reflects broader regional dynamics seen across Central and Eastern Europe: shrinking civic space, cautious institutional environments, and ongoing tension between rights-based approaches and conservative or demographic narratives. Yet within these constraints, local providers have demonstrated a strong commitment to maintaining evidence-based, WHO-aligned reproductive health services. The development of telemedicine medical abortion pathways, the integration of modern family planning, and continued regional collaboration illustrate how progress can still occur through professional solidarity and cross-border support networks.

An important contextual element is that, in many areas of healthcare, professional practices and policy thinking in Transnistria are strongly influenced by medical and academic spaces connected to the Russian Federation, where many providers have professional ties, participate in conferences, or

maintain family and professional networks. Against this background, it is particularly notable that, through long-term collaboration, trust-building, and consistent technical support from CIDSR/RHTC and regional partners, local professionals have chosen to implement WHO-aligned approaches in sexual and reproductive health despite different policy directions seen in other medical sectors.

This progress has also taken place in a context marked by reduced engagement of major international actors, including the gradual withdrawal or scaling down of some UN-led projects in the region, and continuing political tensions between the authorities on the two banks of the Nistru River. In this environment, medical and social cooperation projects have played an important bridge-building role, helping maintain dialogue, professional exchange, and shared standards of care. Such collaboration demonstrates how health-focused partnerships can create neutral spaces for trust, learning, and cooperation, ultimately improving access to quality, rights-based services for women and communities.

Graphic source: [Wikipedia](#)

Upcoming events:

[16th International Workshop on Women & HIV](#): April 10–16, 2026. Focused on HIV/AIDS and reproductive health.

[10th International Workshop on Adolescence, SRHR & HIV](#): September 21–23, 2026. Addresses HIV and SRHR for young people.

[ANSER Conference 2026](#): 6 – 8 May 2026 Brussels. Organized by the Ghent University, covering scientific and policy aspects of SRHR.

[9th RHNK Pan-African AYSRHR Scientific Conference](#) The Reproductive Health Network Kenya (RHNK), in partnership with the Ministry of Health – Kenya, will host the 9th Pan-African AYSRHR Scientific Conference.

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