

BULLETIN

SRHR NEWS FROM CENTRAL
AND EASTERN EUROPE AND
CENTRAL ASIA

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Burning issue:
**Reproductive Rights in a
Changing Climate**

astra
network

Table of contents

Interview with Chiara Cosentino and Sevara Khamidova	4	Romania: Level 4 certification in Empowerment through Self Defense with ESD Europe	26
Interview with Sally Dijkerman	9	Romania: New Romanian research on masculinity, feminism and democracy	27
Albania: Responding to Growing Anti-Gender and Anti-Choice Pressures in Albania	12	Romania: International Project 3R: Recognize, Resist, Rise Up: Tackling Gender-Based Violence Against Women in Politics	28
Armenia: Building future health professionals' skills on medical abortion care	13	Tajikistan: SRHR commitments have yet to become equal access	31
Georgia: Good-Practice Case Study: Integrating Boys' Meaningful Participation and Safeguarding into Youth Activism	14		
Hungary: Promising Signs for Public Participation and the Role of Women's Rights Organisations in Hungary	15		
Moldova: RHTC Moldova Strengthens Medical Abortion and Telemedicine Training in Kyrgyzstan	17		
Latvia: Education, Elections and Evidence: Latvia's SRHR Outlook	19		
Macedonia: Health Education and Research Association – Activities on Sexual and Reproductive Health and Gender Based Violence	20		
Romania: New studies on gender-based violence and human trafficking	24		



BURNING ISSUE

Reproductive Rights in a Changing Climate

As part of ASTRA Network's campaign on climate change and sexual and reproductive health and rights, we bring together two conversations exploring what the climate crisis means for SRHR across Central and Eastern Europe and Central Asia – and why reproductive justice must be part of the climate response.

In our first conversation, we speak with **Chiara Cosentino, Coordinator of Countdown 2030 Europe, and Sevara Khamidova, Architect of Cooperation for Central Asia and Georgia at IPPF EN**. They look at how the climate crisis is already affecting sexual and reproductive health and rights, particularly in Central Asia, and examine the role of climate finance in ensuring that feminist, youth-led and grassroots organisations have the resources to respond. They also address an essential question for the SRHR movement:

how reproductive rights can be integrated into climate policy without instrumentalising people's bodies or reproducing population-control narratives.

In our second conversation, **Sally Dijkerman, Associate Director of Program Evidence at Ipas**, brings insights from research on climate change, reproductive health and climate resilience across different regions. She discusses why climate change should be understood not only as an environmental crisis, but also as a health, gender equality and human rights issue, and what this means for the CEECA region. Drawing attention to extreme heat, pressure on healthcare systems, displacement and widening inequalities, she explains why resilient SRHR services and locally led solutions need to be built into climate adaptation from the outset.

Across both interviews, one message is clear: climate change does not affect everyone equally, and neither can our responses to it. Building genuine climate resilience means protecting access to healthcare, bodily autonomy and reproductive rights, addressing the structural inequalities that increase vulnerability, and ensuring that communities most affected by the climate crisis have a meaningful role in shaping the solutions.

Interview with Chiara Cosentino and Sevara Khamidova

As part of ASTRA Network's campaign exploring the connections between climate, health, gender and human rights, we spoke with Chiara Cosentino of Countdown 2030 Europe and Sevara Khamidova of IPPF EN about what a truly rights-based climate response requires.

They explain why climate finance must reach feminist, youth-led and grassroots SRHR organisations, why reproductive health and rights need to be built into climate adaptation and resilience strategies, and why climate action must never come at the expense of bodily autonomy.

Because building resilient communities means funding the people and organisations already working closest to them.

Q: How is the climate crisis affecting access to sexual and reproductive healthcare and rights in Central Asia, particularly for women, young people, displaced people, rural communities and other marginalised groups?

A: The climate crisis is increasingly affecting access to sexual and reproductive health and rights across Central Asia by deepening existing inequalities and creating new barriers for those already most at risk. While its impacts are felt across society, women, young people, displaced people, rural communities and other marginalised groups are disproportionately affected.

The climate crisis increases our exposure to extreme weather events like flooding or

droughts, but communities that rely on agriculture and pastoralism are particularly affected while also forced to rely on a weaker healthcare infrastructure and less income to navigate times of crisis. With livelihoods at risk, climate-related disruptions to transport, and difficulty accessing quality health care, pregnant women and adolescents are those whose safety is most precarious.

Our health is also clearly directly worsened by the climate crisis. In the case of Central Asia, UNFPA research links heat exposure, air pollution and environmental contamination to increased risks of maternal mortality, stillbirths, preterm births, low birth weight and infertility. Exposure to contaminants, heavy metals and endocrine-disrupting chemicals is raising concerns about reproductive health for everyone, including male infertility.

On top, reduced access to clean water also affects menstrual hygiene management, safe pregnancy and childbirth, and infection prevention, with women and girls disproportionately affected because they often bear primary responsibility for water and household care.

Young people's safety, wellbeing and education are also threatened by climate-related environmental degradation. Girls, especially, face greater risks of early marriage, school dropout, limited access to relationships and sexuality education and youth-friendly care, as well as increased instances of gender-based violence during climate-related crises.

Finally, climate-related migration is already increasing, particularly from countries such

as Uzbekistan and Tajikistan, and is expected to grow further. Displaced women and girls are often denied access to contraception care, maternal healthcare and protection from violence, while migrants working in insecure, low-paid sectors may have limited access to healthcare, including HIV vulnerability, and social protection.

But this is not a fight we cannot win. It's a matter of political will and allocating financial resources where they will make a positive change in people's lives.

We need to work towards changing systems that simply don't work for people or even worse, they hurt us all, by making fundamental shifts in the distribution of resources, voice, and opportunity in order to address deeply entrenched inequalities that fuel threats to our planet and to our health and wellbeing. And we need to make sure that climate adaptation policies and funding integrate gender equality and SRHR not only because it's the right thing to do, but because it makes our societies more resilient and enables everyone to fully engage in climate action.

Q: You've also made clear that responding to these inequalities requires political will and resources. Yet Countdown 2030 Europe's research shows that European donors still rarely connect SRHR and climate action in their policies and funding. What needs to change to ensure climate adaptation finance actually reaches feminist, youth-led and grassroots SRHR organisations, especially in underfunded and politically challenging contexts?

A: Across the planet, our lives are interconnected. Because our health is connected to the health of the planet, when our climate is threatened, so is our collective health and well-being.

When services such as access to contraception, safe abortion care, and STI testing and treatment are available to everyone, we ensure that each and every one of us has the power to shape our lives and our communities. To make this a reality, we need climate adaptation financing that reaches the organisations closest to communities, including feminist, youth-led and grassroots SRHR organisations, particularly those working in underfunded and politically challenging contexts.

We can achieve this by ensuring that European donor governments better align policies and investments across SRHR and climate adaptation. This means embedding SRHR in climate strategies, recognising its role in empowering women and marginalised groups as agents of climate resilience, and including civil society, women's rights, indigenous and youth-led organisations in policy dialogues and multilateral climate processes.

At the same time, donors should increase funding for integrated SRHR and climate adaptation approaches, expand support for civil society organisations – especially women-led, indigenous and youth grassroots groups – and promote gender-responsive climate financing while also mainstreaming SRHR and climate resilience across broader development and humanitarian initiatives. European donors should also work with part-

ner countries on financing mechanisms that strengthen domestic resource mobilisation which integrate SRHR into climate policies, Nationally Determined Contributions (NDCs) and adaptation plans, which clearly recognise women as agents of change.

To strengthen these efforts, we also need greater investment in community-based research and evidence generation on the links between SRHR and climate resilience, alongside gender analyses throughout climate planning processes to ensure interventions are inclusive and do no harm. We must value local and Indigenous knowledge systems and redesign how knowledge is produced, moving away from a model where the Global North remains the primary source of knowledge creation.

Finally, strengthening the capacity of European Ministries of Foreign Affairs, particularly staff working on climate action, can improve collaboration with partner countries to ensure that SRHR is systematically integrated into climate policies and programming, with local actors' perspectives meaningfully reflected throughout.

By taking these steps, we can advance more equitable, intersectional climate adaptation efforts that reach those most affected, strengthen community resilience, and improve our collective health, gender equality and climate outcomes.

Q: You've argued that SRHR needs to be recognised as part of climate resilience and that funding should reach the organisations closest to affected communities. But bringing SRHR into climate policy can also carry risks

— particularly when reproductive rights are framed through population or demographic goals. How can SRHR be integrated into climate policies and resilience planning without reinforcing pronatalist or population-control narratives?

A: Sexual and reproductive health and rights are a pre-condition to achieve gender equality and are thus crucial to adapt and build resilience to climate change gendered impacts. People who are healthy, empowered, and able to exercise their bodily autonomy, can become agents of change for collective action and protect both public health and their surrounding environment. Realising SRHR improves education outcomes and subsequently leads to economic empowerment and gender equality. Investing in SRHR is also instrumental for preparedness and risk management of climate-led disasters, as people are equipped and empowered to lead those efforts.

Unfortunately, the link between SRHR and climate action has often led the way towards instrumentalising the provision of contraception in high-fertility rate countries, as a means to reduce fertility and control population growth as a mitigation measure to decrease levels of greenhouse gas emissions. This overall narrative falls dangerously into the neo-Malthusian logic of using population control to reach other objectives, in this case instrumentalising women and girls' bodies to tackle the climate crisis. It also distracts from the responsibility of high-income countries to address the structural drivers of the climate crisis – such as unsustainable patterns of production and consumption – placing the burden on those mostly impacted by it

rather than on those who contributed to creating the problem. Climate solutions must be grounded in reproductive and climate justice.

Instrumentalising women and girls' bodies is a human rights violation. Putting the burden on those who are not part of the problem to solve it is a failing (as well as unethical and unjust) strategy. Modern and voluntary access to contraceptive care, as well as to the whole spectrum of SRHR services, is a crucial, human rights-based, and cost-effective approach to climate change adaptation and resilience building. It empowers people to make their own informed choices, being able to contribute to the collective good, rather than with the aim of curbing population growth.

Meaningful integration of SRHR into climate policies and resilience planning requires recognizing that climate change directly affects people's ability to access SRHR services, exercise bodily autonomy, and live safely and healthily. And that, on the other hand, SRHR can be a crucial solution to climate adaptation and resilience.

By looking at existing European donor programmes we've identified a few key ingredients for meaningful integration of SRHR into climate policies. This requires embedding SRHR in climate adaptation by assessing climate risks to care, especially for adolescents, women, and persons with disabilities. It also means strengthening resilient SRHR systems, building capacity on climate, gender, disability, and SRHR, and integrating climate education into SRHR programmes. Effective approaches are intersectional, communi-

ty-led, and tailored to local contexts, combining environmental protection and SRHR outcomes. They promote gender equality, address gendered power relations and inequalities, support women and girls on the frontlines of climate change, and strengthen women's participation in governance and economic autonomy.

Protecting the planet for ourselves and future generations requires tackling the real drivers of the climate crisis: unsustainable production and consumption, extractive economic models, and the inequitable use of natural resources. Climate adaptation demands systemic change – not scrutiny of women's reproductive choices. Climate policies should focus on transforming these structural drivers while ensuring everyone can exercise their sexual and reproductive rights free from coercion or discrimination.

Answers by IPPF EN (Sevara Khamidova, Architect of Cooperation for Central Asia and Georgia; Chiara Cosentino, Coordinator of Countdown 2030 Europe)



**SEVARA KHAMIDOVA, ARCHITECT
FOR COOPERATION FOR CENTRAL ASIA
AND GEORGIA, IPPF EN**

For about 15 years, Sevara has been working in the field of capacity building for youth, SRHR, media, and gender issues in Eastern Europe and Central Asia. She specializes in

social research, fundraising, project development, and creating educational programs. Sevara holds an MA in Media, Culture, and Society from Lancaster University and an Executive MA in Development Policies and Practices of Central Asia from the Graduate Institute for International Studies and Development in Geneva, Switzerland. She has previously worked with UN agencies such as UNAIDS, UNDP, and UNFPA.



**CHIARA COSENTIN, COORDINATOR
COUNTDOWN 2030 EUROPE**

Chiara Cosentino is a passionate professional who has worked at the International Planned Parenthood Federation – European Network (IPPF EN), as Coordinator of Countdown 2030 Europe since 2021, leading a consortium of 14 NGOs advocating for increased prioritization and investments for access to sexual and reproductive health and rights (SRHR) worldwide. Prior to this, she worked in the human rights, SRHR and gender equality sector both at civil society and UN level for several years. Chiara's areas of interest are bodily autonomy, sexual and reproductive justice, particularly at its intersections with GBV, as well as European and international advocacy.

Interview with Sally Dijkerman

Q: Why is it important for ASTRA Network to address the links between climate change and sexual and reproductive health and rights in Central and Eastern Europe and Central Asia?

Climate change is not just an environmental issue. It is also a health, human rights, and gender equality issue.

I have seen how climate-related shocks can affect people's ability to access sexual and reproductive healthcare, maintain livelihoods, and make decisions about their bodies and futures in multiple countries (see: [lpas](#)). That is why I often say that bodily autonomy is climate resilience. When people can access healthcare, exercise their reproductive rights, stay in school, and participate fully in their communities, they are better equipped to prepare for, respond to, and recover from climate-related shocks. Conversely, when those rights are restricted, resilience is weakened. For ASTRA Network and organizations working on SRHR, the relevance is clear. Climate impacts ripple through households, communities, and public systems at the same time. Strong, accessible health systems help people withstand climate shocks, recover, and adapt with dignity and autonomy. Climate change is already reshaping the social, economic, and health systems that affect SRHR. If we care about reproductive rights and justice, then we need to understand and respond to the broader forces that threaten them.

Q: Climate change may appear less severe or less visible in our region than in some parts of the world. Why can this perception be misleading, and what climate-related risks to SRHR are already emerging in CEECA?

One of the biggest misconceptions about climate change is that it only matters when there is a major disaster. During my research in Bangladesh, women described climate change as a constant source of uncertainty affecting decisions about work, family, migration, and healthcare (see: [Dijkerman et al 2025](#)). I think that lesson is relevant to CEECA as well. Across the region, countries are already experiencing rising temperatures, droughts, floods, and greater climate variability. Central Asia is warming faster than the global average (see: [United Nations ESCAP](#)), while climate-related health risks are increasing across Europe (see: 2026 report of the Lancet Countdown in Europe [here](#)). One climate impact that particularly concerns me is extreme heat, which is linked to increased risks of prematurity, low birthweight, and stillbirth (see: [Bekker et al 2020](#); [Syed et al 2022](#); [Chersich et al 2020](#)). The question is no longer whether climate change is affecting the region, but whether we are adapting quickly enough to protect health and human rights.

Q: How can climate-related crises deepen existing inequalities and create additional barriers to contraception, abortion care, maternal healthcare, comprehensive sexuality education, and other essential SRHR services?

Climate-related crises deepen existing inequalities because they place additional

strain on systems that many people already struggle to access. One consequence is what happens to health systems themselves. Floods, droughts, and other climate-related emergencies disrupt supply chains, transportation networks, and health facilities, making it harder to maintain reliable access to essential SRHR services. Climate emergencies also put significant pressure on local economies and national finances. When governments must divert resources toward disaster response, recovery, and infrastructure repair, health and education budgets are often stretched even further. For communities that already face barriers to SRHR because of poverty, geography, discrimination, or fragile health systems, those impacts can be especially severe. In my research in Kenya, I saw how prolonged drought affected livelihoods and household incomes, forcing families to make difficult decisions about food, healthcare, and education (see: [lpas 2024](#)). When climate emergencies disrupt supply chains, services, and public budgets, existing inequalities widen. That is why protecting SRHR services must be a core part of climate adaptation and disaster preparedness, not an afterthought.

Q: What does a feminist and reproductive justice approach to climate action mean in practice, particularly for marginalized communities, migrants, rural populations, young people, LGBTQI+ people, people with disabilities, and others facing systemic exclusion?

For me, a feminist and reproductive justice approach to climate action begins by asking who is most affected, who holds power, and who gets to shape the solutions. Climate change

does not act in isolation. It intersects with existing inequalities, often placing the greatest burdens on women, girls, migrants, rural communities, LGBTQI+ people, people with disabilities, and others who are already marginalized. A reproductive justice lens helps us understand these interconnected realities while centering lived experience, community leadership, and meaningful participation. But this approach is about more than responding to climate impacts. It is also about transforming the systems of inequality, exclusion, and exploitation that create vulnerability in the first place. That is why cross-movement solidarity is so important. My hope is that climate action not only reduces environmental risks but also helps build more just and inclusive societies where everyone can exercise agency over their bodies, health, and futures.

Q: What should governments, healthcare systems, donors, and civil society organizations in the ASTRA Network region do now to build resilient communities and ensure that climate responses protect rights, dignity, bodily autonomy, and access to care?

The first step is breaking down the artificial divides between climate, gender, and health policy, funding, and practice. Currently, comprehensive SRHR is largely absent from national climate policies (see: [UNFPA & Queen Mary University of London 2023](#)). Governments need to integrate SRHR, gender equality, and human rights into climate adaptation planning, disaster preparedness, and climate financing. Healthcare systems need to invest in resilience, ensuring that services remain available and accessible during climate emergencies (See: [WHO Be-](#)

[lem Health Action Plan 2025](#)). Donors also have an important role to play. One challenge I have repeatedly encountered is that climate funding often overlooks sexual and reproductive health, while health funding often overlooks climate vulnerability. Bridging that gap is essential if we want sustainable solutions. Perhaps most importantly, we should invest in locally led solutions. I have been lucky to witness women and grassroots organizations across multiple regions developing practical strategies to strengthen resilience and maintain access to care (for case studies, see: [Y Labs](#)). Our job as SRHR practitioners is to listen to the communities on the frontlines of climate change, invest in their solutions, and ensure their voices shape policy, funding, and implementation decisions.



Sally Dijkerman is Associate Director of Program Evidence at Ipas where she leads research, monitoring, evaluation, and learning initiatives across the global network. As a global health researcher, she has worked across Africa, Asia, Latin America and the Caribbean, and the United States to generate and use evidence to advance sexual and reproductive health and rights. Her recent work focuses on how the climate crisis, gender equality, and reproductive justice intersect. She serves as a co-convener of the [SRHR & Climate Justice Coalition](#), a global network of more than 100 civil society organizations across over 50 countries

committed to collective action and coordinated advocacy to advance SRHR and gender equality in the context of climate change from an intersectionality and climate justice approach.

Albania: Responding to Growing Anti-Gender and Anti-Choice Pressures in Albania

By Albanian Center for Population and Development (ACPD).

Albania is experiencing a growing presence of anti-gender and anti-choice narratives that increasingly challenge sexual and reproductive health and rights (SRHR), including access to contraception, comprehensive sexuality education, gender equality and safe abortion. These narratives are amplified through public discourse and social media, creating a challenging environment for organizations working to protect and advance SRHR.

In response to this increasingly challenging environment, ACPD has significantly strengthened its visibility and public engagement around sexual and reproductive health and rights (SRHR), safe abortion and gender equality. Throughout the year, ACPD's Executive Director and other representatives, have participated in numerous national television programmes, interviews and other media engagements, using these platforms to provide accurate, evidence-based information, address misinformation and counter stigmatizing narratives around SRHR. Particular attention has been given to keeping safe abortion, access to contraception, gender equality and the right to make informed decisions about one's body and health visible in the public debate. Through its media engagement, ACPD continues to position itself as a credible and evidence-based voice on SRHR, ensuring that complex and often politically sensitive issues are com-

municated clearly to the wider public. At the organizational level, the ACPD Board has convened several times to discuss the evolving anti-gender and anti-choice context, assess potential risks to the organization and its staff, and identify appropriate strategic responses. These discussions have highlighted the importance of strengthening both ACPD's external advocacy and internal preparedness, particularly as public debates around gender, abortion and reproductive rights become increasingly polarized. Building on these discussions, ACPD is currently working towards further strengthening its organizational strategy, risk preparedness and communication approaches, with the aim of ensuring that the organization can continue to advocate effectively for SRHR and respond proactively to emerging challenges.

Security and organizational resilience have become an increasingly important part of ACPD's response to the growing anti-choice and anti-gender environment. Through this IPPF-funded regional initiative, ACPD served as the lead Member Association (MA), coordinating efforts to strengthen security, safety and organizational resilience among six IPPF Member Associations across the Western Balkans. Through this initiative it was developed and adopted a Risk Management Plan and Risk Register for Albania. The initiative also established a Regional Network of Security Focal Points and supported the development and sharing of best practices on organizational safety and security. This work is particularly relevant in the context of increasing anti-choice and anti-gender mobilization, where SRHR organizations and advocates may face growing digital, reputational and operational risks.

For ACPD, this work is directly connected to the need to protect civic space and sustain its public engagement on SRHR, safe abortion and gender equality. By combining stronger organizational preparedness with continued media visibility and advocacy, ACPD is strengthening its ability to respond to emerging anti-choice and anti-gender pressures while ensuring that evidence-based, rights-based SRHR information remains part of Albania's public discourses.



Armenia: Building future health professionals' skills on medical abortion care

By WRC Armenia.

Women's Resource Center held one-day workshop for students specializing in obstetrics and gynecology, focusing on evidence-based medical abortion care and respectful, patient-centred counselling.

The workshop introduced participants to the principles and clinical aspects of medical abortion based on the World Health Organization Abortion Care Guidelines, including accurate information provision, safe care, and appropriate follow-up.

An important part of the workshop focused on sensitive and non-judgmental counselling. Students discussed how to communicate clearly, respect confidentiality and privacy, listen to patients' needs and concerns, and support informed and autonomous decision-making without imposing personal values or beliefs.

The workshop aimed to strengthen the knowledge and practical skills of future obstetricians and gynecologists in Armenia and contribute to a healthcare environment where people seeking abortion care receive safe, respectful, evidence-based and dignified services.

Georgia: Good-Practice Case Study: Integrating Boys' Meaningful Participation and Safe-guarding into Youth Activism

By HERA XXI.

Meaningful youth participation in sexual and reproductive health and rights (SRHR) requires young people to be recognized not only as beneficiaries, but as active partners and leaders. It also requires an environment where their safety, dignity, well-being and rights are protected.

HERA XXI applies an approach that combines equal participation and shared responsibility of girls and boys with safeguarding embedded throughout youth engagement. A recent youth activism camp provided an opportunity to put this approach into practice.

The initiative positioned boys and young men as equal partners in SRHR, rather than treating sexual and reproductive health primarily as a concern for girls and women. This principle was reflected in the camp's leadership structure, where 50% of youth leaders were boys.

Participants explored healthy relationships, contraception, informed decision-making, consent, personal boundaries, and stereotypes and unequal expectations related to the roles of girls and boys. Discussions encouraged participants to reflect on shared responsibility in SRHR and translate this learning into advocacy and communication ideas, including promoting reliable contraception information and challenging myths and stigma around menstruation.

Safeguarding was integrated throughout the entire participation process, not only as a dedicated learning session. Safe-space agreements, informed consent, anonymous feedback mechanisms, voluntary participation in sensitive discussions and respect for personal boundaries were applied across all camp activities.

A dedicated safeguarding session introduced practical tools for ethical decision-making. Through a safeguarding self-assessment questionnaire and an "ethical compass" based on realistic scenarios, participants explored personal and professional boundaries, PSEAH, reporting mechanisms and whistleblowing. They also discussed risks related to youth activism, including cyberbullying, hate speech and emotional stress, alongside self-care and resilience.

The practice highlighted three key results:

- Meaningful engagement of boys in SRHR–Boys participated as active leaders and partners, reinforcing the principle that sexual and reproductive health is a shared responsibility of girls and boys.
- Safeguarding embedded in youth participation– Participants strengthened their understanding of boundaries, risk recognition, reporting mechanisms and safe participation through practical safeguarding tools integrated into the programme.
- Greater preparedness for safe and responsible activism–Young people explored social and digital risks while developing practical skills in self-care and emotional resilience as part of sustainable youth activism.

This approach can be adapted to youth camps, peer education programmes, youth advocacy initiatives and other SRHR activities by integrating its core elements: equal participation and shared responsibility of girls and boys, safe-space principles, informed consent, anonymous feedback, practical safeguarding tools, risk assessment and self-care.

Meaningful youth participation requires both shared responsibility and a safe environment for participation. HERA XXI's experience demonstrates that engaging girls and boys as equal partners while embedding safeguarding throughout youth activism provides a practical foundation for young people to participate, lead and advocate safely and responsibly.

Hungary: Promising Signs for Public Participation and the Role of Women's Rights Organisations in Hungary

By EMMA Association.

Over the past months, Hungary has seen promising developments in public participation and in the meaningful involvement of women's rights organisations in shaping policies related to violence against women (VAW) and sexual and reproductive health and rights (SRHR). Since the new government took office in May, officials have repeatedly emphasized their commitment to strengthening public participation and the engagement of civil society, and there are promising signs that they are really willing to act on this message.

One interesting example came in July, when the Ministry of Health convened a multi-stakeholder meeting on three critical issues: the so-called fetal heartbeat decree, the prescription requirement for emergency contraception (Hungary and Poland remain the only EU countries where it is still prescription-only), and the legal status of medical abortion. Initially, the meeting appeared to be limited to medical professionals. However, following an open letter signed by 18 women's rights organisations, parental advocacy and patient rights groups the Minister extended the invitation to civil society actors working directly with women. This way, EMMA and several of our partner organisations providing frontline support with direct experience on the functioning of reproductive healthcare, were finally able to amplify the voice of the women and girls we work with.

During the meeting, there seemed to be a common understanding among most of the participants:

- the fetal heartbeat decree should be withdrawn,
- emergency contraception should become available over the counter,
- and medical abortion should be introduced as a legal option.

Ministry representatives indicated that the necessary regulatory changes could be expected in the autumn. However religious groups and self-declared pro-life organisations continue to oppose the reforms, framing the mandatory ultrasound and heartbeat listening as part of “informed consent.” In reality, Hungary’s abortion process already involves two mandatory counselling sessions with a waiting period in between, and multiple administrative steps, making the additional ultrasound requirement an unnecessary burden on both women and an overstretched healthcare system.

Another hot topic in Hungary in relation to reproductive health is the alarmingly high number of syphilis cases (in 2026, already 23 babies died due congenital syphilis). EMMA drew the Ministry’s attention to the fact that pregnant women with unresolved social security status are sometimes prevented from or delayed in entering antenatal care, hindering their access to syphilis screening and treatment. Drawing on the experience of our Roma Community Doula Service, we called for clear national guidance to ensure that no woman is excluded from these essential services because of her social or financial situation..

A more recent incident in September also highlighted the need for fundamental changes in maternity care. A prestigious Budapest hospital’s maternity unit published a patronizing and frustrated Facebook post, warning women that their expectations of unmedicalized birth will not be met there. They also stated they would not allow more than one birth companion – this is a long-standing point of tension in Hungarian maternity care, where doulas often face hostility or outright exclusion.

The post sparked public debate. EMMA Association initiated a letter to the Minister of Health, joined by more than 30 civil society organisations and experts, calling for clarification that women’s rights to companionship during birth must be upheld, including the option to have both doula and partner present simultaneously. EMMA’s own community doula service has repeatedly witnessed Roma women and girls being denied their right to a birth companion, with doulas refused entry to labour wards, depriving women of the essential, and also legally guaranteed support.

Civil society organisations are now waiting for the Ministry to follow through on its commitments:

- withdrawing the fetal heartbeat decree,
- reforming emergency contraception access,
- legalizing medical abortion,
- and initiating a systemic reform of maternal and newborn health.

We are also calling for the establishment of an institutionalized framework for civil participation, ensuring that organisations with

direct contact to women, and providing services, support, and evidence, can meaningfully participate in policy-making from the inception phase.

We remain cautiously optimistic and keep standing up for dialogue and transparency so that the needs and lived realities of women and girls genuinely shape the systems meant to serve them.

Moldova: RHTC Moldova Strengthens Medical Abortion and Telemedicine Training in Kyrgyzstan

By RHTC.

On 4 September 2026, the Reproductive Health Training Center (RHTC/CIDSR) from Moldova, together with its long-standing partner, the Family Planning Alliance of Kyrgyzstan, organized a national Training of Trainers (ToT) in Bishkek focused on comprehensive abortion care, modern medical abortion and the use of telemedicine.

The training brought together 24 professors and medical educators representing universities, institutes and medical colleges from across Kyrgyzstan. By working directly with those responsible for educating future doctors, nurses and midwives, RHTC aimed not only to strengthen the knowledge of individual participants, but to support a much wider and more sustainable transfer of evidence-based abortion care into medical education and clinical practice.

The technical programme was led by Dr Rodica Comendant, Director of RHTC/CIDSR Moldova and WHO expert, while Baktygul Bozgorpoeva, Director of the Family Planning Alliance of Kyrgyzstan, provided the national perspective on reproductive health and the local context.

Drawing on RHTC's extensive experience in medical abortion and telemedicine in Moldova and across Eastern Europe and Central Asia, the training translated the 2022 WHO recommendations into practical knowledge

that participants can use both in teaching and in clinical settings. The programme covered medical abortion, clinical assessment, counselling, telemedicine, management of complications, manual vacuum aspiration, post-abortion care and voluntary contraception.

A strong emphasis was placed on telemedicine as a tool for expanding access to safe abortion care, particularly for women living in remote areas. Participants also worked in small groups to identify challenges they encounter in practice, including the legal and organizational aspects of telemedicine, access to medications, management of complications during remote care, the role of ultrasound and coordination between different levels of the health system.

Importantly, the training was designed to produce change beyond the one-day event. Representatives of Kyrgyz medical universities and colleges agreed to review their existing reproductive health curricula and educational materials, with plans to begin updating them and integrating current clinical approaches and recommendations. The ToT model will also allow the knowledge and tools introduced by RHTC to be further disseminated through cascade training to health professionals in different regions of the country.

For RHTC, the Bishkek training represents another step in its broader regional work to strengthen access to evidence-based, high-quality abortion care across Eastern Europe and Central Asia. By combining RHTC's regional technical expertise with the knowledge and networks of strong national partners, the initiative demonstrates how regional

cooperation can translate international recommendations into lasting changes in medical education and practice.



Latvia: Education, Elections and Evidence: Latvia's SRHR Outlook

By Papardes zieds.

For those working in education, September always feels like a “second New Year”. After an eventful and fun summer that has enabled us to gather the energy and drive necessary to start up our regular work again, this school year in particular brings several unique challenges.

First, Latvia is heading to the national election polls on October 3rd, with current party ratings forecasting a gloomy picture of a coalition not inclined to advance evidence-based sexual and reproductive health and rights education. Though a recent party survey conducted by “Papardes zieds” regarding the stances of the parties currently leading the polls on SRHR showed that the parties are aware of the insufficiency of the current education model on these topics, there is no reason to believe that the next Saeima will turn this understanding into effective and evidence-based policy.

Second, though a reshuffling of ministerial posts is likely, the current Minister of Education and Science has laid out a proposal to include “Family Health Education” (“Ģimenes veselības mācība”) in the school curriculum. Though this proposal has not yet taken the shape of a concrete implementation plan or policy framework, there has already been pushback regarding the additional strain this would put on both teaching staff and students if implemented without additional changes to the current curriculum

and structure of education. “Papardes zieds” foresees a need to be concerned about the possible reinforcement of archaic and restrictive values in the SRHR discourse, as well as insufficient emphasis on evidence-based education.

Third, with the validity and necessity of civil society organisations and NGOs still being questioned politically, we are ramping up advocacy efforts to shine a light on the necessity of the work of “Papardes zieds” and other organisations.

We will continue to monitor the situation while, meanwhile, working with schools, parents, and professionals to provide workshops and other events in the new school year.

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Macedonia: Health Education and Research Association – Activities on Sexual and Reproductive Health and Gender Based Violence

By Hera.

Opening of the First Medical Abortion Counselling Centre Outside Skopje, the Second within the Public Healthcare System in North Macedonia

On 13 July, the [first medical abortion counselling centre outside Skopje](#) was officially opened at the PHI Clinical Hospital “Dr. Trifun Panovski” in Bitola, established through a partnership between HERA and the hospital. This represents an important step forward in improving access to safe abortion and a significant milestone in the decentralization of sexual and reproductive health services in North Macedonia.

With the establishment of the counselling centre, for the first time, women from the Pelagonia, Southwestern and Vardar regions have access to a public medical abortion service closer to their place of residence, significantly reducing geographical, financial and logistical barriers to accessing this healthcare right. The counselling centre provides professional counselling before and after the procedure, medical abortion in accordance with national clinical guidelines, as well as contraceptive counselling and access to modern contraceptive methods following completion of the procedure.

The opening of the counselling centre is the result of HERA’s longstanding efforts to im-

prove access to quality sexual and reproductive health services and represents an example of successful cooperation between civil society and public healthcare institutions in providing more accessible and higher-quality healthcare services.

To mark the opening, a [press release](#) was prepared and distributed to the media. It was subsequently republished by 13 online media outlets, ensuring broad media visibility of the event and its significance.

In addition, several posts related to the opening were published on HERA’s social media channels, achieving the highest organic reach recorded to date, with a total of 802 reactions across the posts. As part of the communication campaign, short video statements (Reels) were also published featuring Dr. Velimi Saveski, President of HERA, and Dr. Mihajlo Vangelov, Head of the Gynaecology Department at the PHI Clinical Hospital “Dr. Trifun Panovski” in Bitola. The videos further highlighted the importance of establishing the service and its contribution to improving access to safe and quality reproductive healthcare.





Workshop on Comprehensive Sexuality Education

From 14 to 15 May 2026, a two-day [workshop on comprehensive sexuality education](#) was held at the "I Want to Know" Youth Centre in Shuto Orizari, with the participation of 19 young people.

The workshop was delivered using interactive methods and discussions and covered the following topics: "Ideal Appearance," "Because I Am Male/Female," "Sexually Transmitted Infections, including HIV/AIDS," "Sexual Intercourse as a Matter of Desire and Pleasure," "Sexual Harassment at School," and "Should I Stay or Should I Leave?".

Through these sessions, young people had the opportunity to gain accurate and evi-

dence-based information on sexual and reproductive health, gender roles, prevention of sexually transmitted infections and HIV, recognition of violence, and making informed and responsible decisions regarding their own health and well-being.



Workshop for Young Girls on Premenstrual Syndrome

On 29 July, an [educational workshop](#) on premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) was held at the "I Want to Know" Youth Centre in Shuto Orizari, with the participation of 8 young women.

The workshop was facilitated by a specialist in gynaecology and obstetrics. During the workshop, it was highlighted that approximately 75% of girls and women who men-

struate experience PMS symptoms, emphasizing the importance of recognizing the differences between PMS and PMDD and adopting an individualized approach to their management.

Participants were informed about the causes and symptoms of these conditions, as well as recommended measures for alleviating them, including lifestyle changes, reducing the intake of salt, coffee, alcohol, and foods that cause bloating, regular physical activity, and adequate intake of vitamin D and calcium.

In addition, the importance of understanding the emotional and psychological aspects of each woman's experience was emphasized, with the aim of reducing stigma and empowering girls and women to better cope with changes associated with the menstrual cycle.



Spring European HIV and STI Testing Week at the “I Want to Know” Youth Centre – Vodno

From 1 to 5 June, the Spring European HIV and STI Testing Week was held at the “I Want to Know” Youth Centre in Vodno. A promotional banner was prepared and published on HERA's social media channels, while ad-

ditional promotion was carried out through the Grindr social network. An interview was also given for a morning programme on [TV Telma](#).

Throughout the week, HIV testing shifts were organized every working day from 15:00 to 18:00. A total of 14 clients received HIV testing during the campaign.

As part of the campaign, we promoted free consultations with a dermatologist-venereologist at the “I Want to Know” Youth Centre – Vodno, as well as a free package of STI testing services, including testing for gonorrhoea, syphilis and chlamydia, together with a rapid HIV test.



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Секој ден од 15 - 18 часот

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Expanding Mental Health Support: HERA Opens Second Center for Boys and Men in Kočani

[On 22nd May 2026, HERA has officially opened its second Support and Counseling Center for Boys and Men, situated within the General Hospital in Kočani, North Macedonia. This new center provides a dedicated,](#)

safe and confidential space designed to foster trust, emotional well-being and mental health care for men, boys and other community members.

This launch follows the remarkable success of HERA's pioneer Men and Boys Center established in Skopje in May 2024. Over the past two years, the Skopje center has delivered more than 950 professional psychological and psychotherapy sessions to 135 boys and men, many of whom sought professional help for the very first time. By offering a judgment-free environment to openly discuss stress, emotions, and daily pressures, the initiative has successfully helped participants improve their communication, relationships, and overall quality of life. The necessity of such spaces is underscored by concerning data regarding adolescent mental health. According to the 2022 HBSC study, markers of mental distress among boys increase significantly with age with nearly one in four 15-year-old boys reporting sleep problems, and low moods surging from 13% among 11-year-olds to 26% among 15-year-olds. The center aims to break harmful stereotypes, such as the notion that „men do not cry,” and encourages timely psychological support as a vital step toward preventing gender-based and domestic violence. This center is part of the regional project „Transforming Gender Norms: Preventing Gender-Based Violence through Youth Engagement in Albania and North Macedonia,” supported by the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection. As part of its future expansion, HERA plans to open a similar center in Šuto Orizari later this year, alongside regional collaboration models in Albania.



Romania: New studies on gender-based violence and human trafficking

By Centrul FILIA.

Centrul FILIA released two research reports providing new, highly useful data and information on violence against women and human trafficking in Romania.

“We Want to Be Safe: a monitoring report on violence against women and human trafficking”, featuring an analysis of data from the past five years. The number of police interventions in domestic violence cases doubled over the last five years, rising from 66,398 in 2021 to 138,345 in 2025. More than one in five domestic violence cases involving police intervention was assessed as posing an imminent risk. Of these, victims agreed to the issuance of a provisional protection order in only half the cases (data valid for 2025).

“Gender-Based Violence and Human Trafficking: Professional Perspectives on Training and Intervention”, a qualitative study on the experiences of professionals and survivors of gender-based violence and human trafficking. The report highlights a significant gap between the protection standards Romania has committed to and the actual conditions in which professionals operate: unequal access to training, a marked lack of specialized training regarding human trafficking, insufficient support mechanisms for professionals, and inter-institutional collaborations that often rely on informal relationships and individual effort.

You can find the reports [here](#) and [here](#) (RO).



The second edition of Baldur, a healthy masculinity camp for young boys

Centrul FILIA organized the second edition of the feminist camp for young men, bringing together 15 participants (aged 18 to 22) for a series of workshops and discussions on teamwork, mental health, healthy masculinity, feminism and common myths, consent and sex education, fitness and nutrition, equality and respect, public communication, democracy and civic engagement, substance use and addiction, and respectful interaction.

The program brought together diverse facilitators and perspectives, creating a space for young men to reflect, learn, and develop healthier and more respectful ways of relating to themselves and others.





New campaign for witnesses of gender-based violence and human trafficking

The FILIA Center, in partnership with eLibere are have launched the “I Believe You” (Eu te cred) campaign, an initiative dedicated to preventing and combating violence against and the exploitation of women and girls, and to fostering a culture rooted in empathy, solidarity, and support. The campaign’s first video materials and manifesto have already

been released, and a series of useful resources on how to intervene when witnessing abuse or exploitation will follow.

The campaign stems from a reality that affects us all: the violence and exploitation we witness every day.



Cultural Week in Valea Mare Pravăț: Centrul FILIA's community work

Together with the informal group “Women Change Destinies!”, we organized over 30 workshops for children during the first edition of the *Cultural Week*. The workshops covered everything from carpentry, music, theater, and participatory photography to traditional dance, sports, reading, experiments, and painting. The children discovered various professions through the “Living Library” and envisioned what their ideal village would look like.

The week concluded with the community performance “The Village That Grew Wings”, where the children took the stage alongside the band EYEDROPS; they sang a song they had composed themselves performed in a play, recited poetry, and danced, all in front of their parents, grandparents, and the entire community. Check how it was [here!](#)



Romania: Level 4 certification in Empowerment through Self Defense with ESD Europe

By Daniela Draghici.

Daniela Draghici is thrilled to announce that she has achieved Level 4 certification in Empowerment through Self Defense with ESD Europe, which means she can now conduct Training of Trainers workshops.



Level 4 represents an important milestone in an ESD instructor's professional journey. It reflects not only extensive teaching experience, but also continued learning, engagement with the ESD community, reflection on practice, and a demonstrated ability to teach Empowerment Self-Defense confidently across diverse groups and contexts. This recognition also reflects something much bigger: her sustained commitment to bringing empowerment, violence prevention, confidence, and practical safety skills to women and other groups in our communities. Since 2022, when she became an instructor Daniela has conducted 72 workshops for 1,350 participants: Ukrainian refugees, mothers and their teens, family members, vulnerable, Roma, LGBTI+ groups, police force and community members, institutionalized youth, university students, public officials and private sector partners, and librarians, aged 5-76.





Romania: New Romanian research on masculinity, feminism and democracy

By SEX vs THE STORK.

SEX vs THE STORK Association (Asociația SEXUL vs BARZA) has concluded its 6 month online awareness campaign about reproductive rights, amassing 450.000 views for the informative videos and posts. The campaign also included a media partnership with one of the most well known media outlets in Romania (HotNews), which has resulted in 3 articles about issues concerning reproductive health and rights. At the end of the campaign, a roundtable with 14 influencers was organised in order to inform and encourage content creators to broach topics related to SRHR with their audiences.

SEX vs THE STORK was also part of SVPPS, a project tackling prevention of sexual violence, supported by The Embassy of France in Romania.

Within the project, the organisation involved various institutional actors in order to work on prevention in the county of Călărași: representatives of the child protection and social assistance system, the police and local schools. The staff of the child protection centre benefitted from intensive training in comprehensive sexuality education, while the headteachers and police were informed on the needs of the youth, based on the conclusions of a questionnaire analysing the local teenagers' level of information, support and trust related to prevention of sexual violence. Over 1200 of teenagers from Călărași benefited from an educational material pro-

moting the most important help and support resources in cases of violence.

Another important component of the project involved French–Romanian exchanges between professionals working in centres for survivors of sexual violence which took place in June and July 2026. 2 French forensic doctors representing Maison Freyja – the centre for survivors of sexual violence from Poitiers – presented their best practice model in 2 physical exchanges organised in Târgu Mureş and Bucharest. The first physical exchange included a working visit to the first such centre to be opened within a Romanian Emergency Hospital, while the second consisted in a roundtable with representatives of 7 Romanian county level centres out of the existing 10. Following up on these talks, 2 more exchanges between the French and Romanian professionals were organised online, in order to cover additional procedural details and to answer leftover questions or uncertainties.

Slovakia: International Project 3R: Recognize, Resist, Rise Up: Tackling Gender-Based Violence Against Women in Politics

By Možnosť voľby.

Before summer, we published the first study researching [violence against women](#) politicians in Slovakia. The release of the report was accompanied by a press conference with women lawmakers from both the opposition and the coalition, at which **we jointly took a stand against violence.**

The media interest led to an invitation for our statutory representative, Adriana Mesochoritsová, to appear on the popular and widely listened-to podcast “Ľudskosť,” (humanity) produced by one of Slovakia’s largest media outlets, the daily newspaper SME. We are very thankful that we had the opportunity to discuss research findings and to emphasize to the public that **violence is a negative, yet common phenomenon in politics that we must all play a part in eliminating.** We subsequently developed *Recommendations for the Prevention and Resolution of Gender-Based Violence Against Women in Politics*. The study focuses on recommendations for preventing violence in various spheres and differentiates recommendations for:

- society as a whole;
- representatives of law enforcement and the judiciary;
- online platforms and social media;
- the National Council of the Slovak Republic;
- political parties.

The Recommendations are only available in Slovak language. We have also drafted a [Declaration of zero tolerance for violence against women politicians](#). We are currently calling on all elected officials, political parties, local governments, state institutions, law enforcement agencies, the media, academic institutions, civil society, and the general public to join this initiative and take active measures to eliminate gender-based violence against women politicians.

On June 20, 2026, another woman lost her life in Slovakia.

Another victim who was not killed by a stranger, but by someone who knew her and had been harming and intimidating her for a long time.

Zuzana was killed just a few days after a court granted her abusive husband a conditional suspension of his sentence, having determined that he posed no danger to those around him. And not only that: none of the responsible institutions ensured that the system acted to protect a woman who was afraid. There was no safety plan, and no electronic alarm devices were used.

This case of a clear failure on the part of Slovak institutions sparked a wave of outrage among some politicians, nonprofit organizations, and the public. A public petition signed by more than 11,000 people called on the government, the relevant ministries, and the Office of the Prosecutor General to immediately take measures to:

- the immediate implementation of a mandatory and standardized risk assessment in cases involving violence,

- establish binding multi-institutional coordination procedures among all components of the system for protecting women and children from violence,
- consistently enforce restraining orders, no-contact orders, and other protective measures, along with expanding the use of electronic monitoring.

To date, however, we have not heard that the government plans to implement a comprehensive and concrete strategy to better protect women who are victims of violence. The Istanbul Convention, which would provide better protection, was signed in 2011, but the Slovak Republic has not ratified it since then.

Pohoda festival 2026

Freedom of Choice was once again part of Slovakia's largest festival. As many as 33,000 people attended the 30th annual Pohoda Festival, offering us a unique opportunity to engage with a progressive audience open to supporting our cause.

At our booth, we had prepared several interesting activities that drew people's interest:

- A **"Myth vs. Fact"** card game addressing abortion in Slovakia;
- A **"Match the Contraceptive to Its Name"** game (originally created for our Health Day workshop at Comenius University). People were particularly intrigued by lesser-known methods like the diaphragm. This also gave us space to highlight our partner organization, InTyMyta;
- A **friendship bracelet station** where people could create bracelets, necklaces or charms with or without feminist slogans.

Alongside these activities, we highlighted the systemic barriers to abortion access in Slovakia, including the lack of reliable information, scarcity of healthcare facilities performing abortions, high financial costs, mandatory counseling and waiting periods, regional unavailability requiring long-distance travel and unavailability of medical abortion (abortion pill).

We could not have accomplished this without the support of our incredible interns and volunteers: Dominik, Andy, Timea, Kika, and Laura.

Support line

Most women reaching out through our help-line are currently in relationships, have 2 or 3 older children, and are facing an unplanned or unwanted pregnancy.

While most seek direct information, our growing network of NGOs and local initiatives has also allowed us to connect with women living in marginalized communities (particularly in the Prešov region). For them, additional pregnancies risk trapping their families in generational poverty—limiting employment options and restricting their capacity to care for their existing children.

Their stories heavily reflect the current housing affordability crisis:

"It's not just about having another child—we have an €800 mortgage on our apartment. If I stop working, we'll lose our home."

Another woman we accompanied was actively fleeing an abusive partner while stay-

ing in a emergency shelter with her two children. Another shared:

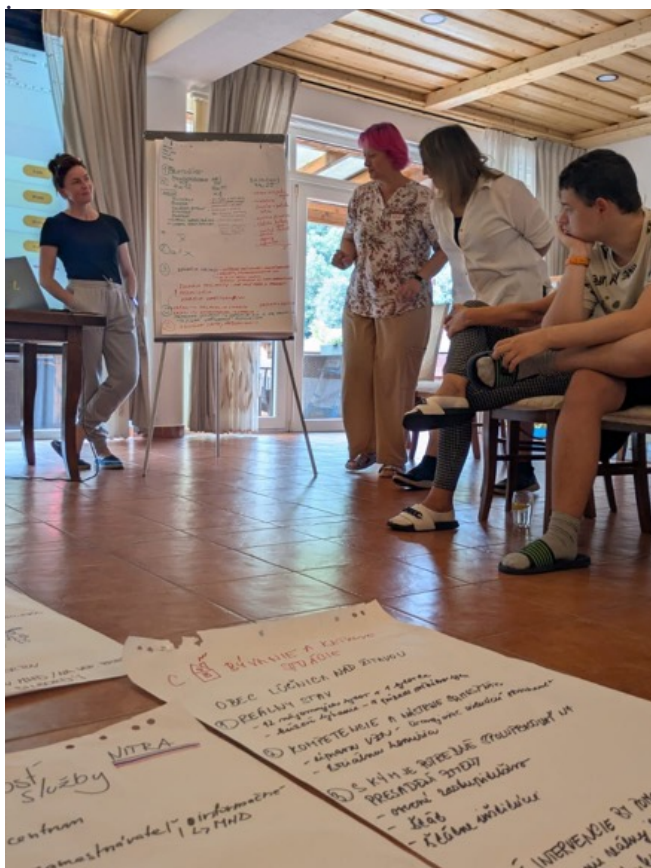
"He wants to tie me down. I already have three children, and one is autistic. After my fourth pregnancy three months ago, I finally mustered the courage to run away to my parents. A week later, I found out I was pregnant again. I have to go through with [an abortion] 100%."

We also saw a distinct group of young women, four teenagers aged 16 and 17 contacted us during this period. In addition to financial constraints, they were primarily seeking legal guidance on how to undergo an abortion without parental consent.

Gender trainings

In August, we organized another Alumni Training session. The program covered several key topics: tracing the waves of feminism from historical roots to modern movements, advocacy strategies for medical abortion, and techniques for recognizing and addressing sexual harassment. Given the upcoming municipal elections, we also dedicated space to discussing gender equality in local politics.

Additionally, our team served as faculty members for the Human Rights Coalition's Summer School in August. The five-day training introduced participants to core human rights frameworks, ranging from democracy and equality to civic engagement and social justice.



Tajikistan: SRHR commitments have yet to become equal access

By Gender and Development Public Organization.

Although Tajikistan has adopted comprehensive reproductive health policies and made significant progress in institutional deliveries and skilled birth attendance, important disparities in access and utilization persist. For many women, girls and marginalized communities, policy commitments have not yet translated into care that is affordable, accessible, confidential and free from discrimination.

Tajikistan's sexual and reproductive health and rights landscape is defined by a persistent gap between policy commitments and lived reality. The country has adopted a National Reproductive Health Programme for 2023–2027 and incorporated reproductive health, maternal health and family planning into its broader health-sector strategies. However, implementation remains constrained by insufficient financing, geographic inequalities, weaknesses in primary health care, discriminatory gender norms and the limited decision-making power of women and girls.

These challenges are particularly acute in rural and mountainous areas, where distance, transport costs, shortages of specialists and uneven service quality can delay or prevent access to care. Women living with HIV, women with disabilities, survivors of violence, adolescent girls and families affected by labour migration face additional and

intersecting barriers.

Family planning: knowledge does not guarantee autonomy

Family planning remains one of the clearest examples of the implementation gap.

According to the 2023 Tajikistan Demographic and Health Survey, 32% of currently married women use any contraceptive method, while only 28% use a modern method. Around 21% have an unmet need for family planning, and only 54% of demand is satisfied through modern methods. Progress since 2017 has therefore been limited.

Low contraceptive use appears to reflect multiple interacting barriers, including limited method availability, inconsistent supplies, inadequate or directive counselling, concerns about side effects, financial and geographic barriers, and household decision-making dynamics, including partner or family opposition.

The contraceptive method mix is also narrow, with intrauterine devices accounting for a large share of modern method use. Rights-based family planning requires more than making one or two methods available. Women must be able to choose voluntarily from a full range of acceptable methods, receive accurate information and discontinue or change a method without pressure.

Family planning must consequently be understood as an issue of bodily autonomy, not solely as a demographic or maternal health intervention.

Maternal health: high delivery coverage but gaps before childbirth

Tajikistan has made substantial progress in increasing institutional deliveries. In 2023, 95% of births took place in a health facility and 98% were attended by a skilled provider. These are important achievements. [1]

The picture is less positive for antenatal care. Only 62% of pregnant women received at least four antenatal visits, with coverage lower in rural areas than in urban communities. Regular antenatal care is critical for detecting anaemia, hypertension, pre-eclampsia and other potentially life-threatening complications. [1]

National coverage indicators may conceal important differences in service quality, affordability and continuity of care, particularly between urban and rural areas. These disparities require further investigation through health-system assessments. For example, a woman may technically be registered with a health facility but still face unaffordable laboratory tests, informal payments, long travel distances, weak referral systems or shortages of qualified obstetric personnel, especially in rural areas.

Maternal health policy should therefore move beyond counting institutional deliveries. It must address the quality, affordability and continuity of care, including early antenatal registration, emergency obstetric referral, postnatal care and respectful maternity care.

Women should not only survive pregnancy

and childbirth. They have the right to privacy, informed consent, dignity and freedom from abuse or coercion throughout maternity care.

Adolescents are being denied information and confidential services

Tajikistan has a young population, yet adolescent sexual and reproductive health remains insufficiently addressed. Many adolescents continue to experience limited access to comprehensive SRH information and confidential services.

The 2023 DHS found that 7% of girls aged 15–19 had already been pregnant, including 8% in rural areas and 5% in urban areas. Adolescent pregnancy is closely connected to early marriage, interrupted education, limited economic opportunities and inadequate access to contraception and confidential services. [1]

Comprehensive sexuality education is not systematically provided. Sexual and reproductive health topics are generally addressed through a limited “Healthy Lifestyle” curriculum, while social taboos and insufficient teacher preparation further restrict meaningful discussion of contraception, consent, healthy relationships, sexual violence and HIV prevention.

Only around 10% of young women aged 15–24 have comprehensive knowledge of HIV prevention. At the same time, adolescents may be reluctant to approach services because they fear breaches of confidentiality, judgment from providers, family repercussions or community stigma. [2]

Youth-friendly health services exist, but their limited number and concentration in urban or district centres leave many rural and out-of-school adolescents without realistic access.

Young people’s access to information and health care should not depend on where they live, whether they are married or whether adults approve of their need for services. Age-appropriate comprehensive sexuality education, confidential counselling and accessible youth-friendly services are essential components of the right to health.

Legal abortion does not automatically mean accessible abortion

Abortion is legally available in Tajikistan, including under health and social grounds. However, public information on the accessibility, affordability and quality of abortion care remains limited. [3]

Formal legality should not be confused with access in practice. Available evidence suggests that women may encounter financial, geographic and social barriers, although additional research is needed to understand their prevalence and relative importance. Adolescents, unmarried women, women living in remote areas and women experiencing violence may face particularly serious obstacles.

Comprehensive abortion care should include unbiased information, evidence-based methods, respectful treatment, post-abortion care and voluntary contraceptive coun-

selling. It must never be conditional on third-party pressure or used as an opportunity to coerce women into a particular contraceptive method.

More transparent and disaggregated data are needed on abortion access, methods, costs, service quality and barriers experienced by different groups.

Gender inequality and violence restrict reproductive autonomy

SRHR outcomes cannot be separated from unequal power relations.

The 2023 DHS found that 16% of women who had ever had a husband or intimate partner had experienced physical, sexual or emotional violence from their current or most recent partner. Approximately 12% of all women aged 15–49 reported having experienced physical or sexual violence. [4]

Violence can directly affect a woman's ability to use contraception, negotiate condom use, attend antenatal appointments, seek HIV testing or decide whether to continue a pregnancy. Survivors may simultaneously require medical care, emergency contraception, HIV and STI services, psychosocial support, legal assistance and safe accommodation.

Yet civil society organizations have raised concerns about inadequate survivor-centred services, insufficient shelters and the absence of comprehensive criminal-law provisions addressing domestic violence. [4]

SRHR services must therefore be system-

atically connected with gender-based violence identification and referral pathways. Providers need training in confidentiality, informed consent, non-discrimination and survivor-centred care.

HIV: progress in testing alongside persistent stigma and criminalization

Around 14,000 people were estimated to be living with HIV in Tajikistan in 2024. In addition, approximately 1,000 new HIV cases have been registered annually since 2021, indicating that transmission has not been brought under sustained control. Although national prevalence remains comparatively low, the epidemic increasingly affects women, labour migrants and the sexual partners of people from traditionally identified key populations. [5]

The 2023 DHS found that 48% of women aged 15–49 had ever been tested for HIV and received their results. However, testing coverage alone does not ensure an effective, rights-based response. Low HIV knowledge among young women, fear of disclosure, provider discrimination and gender-based violence can prevent people from seeking testing, treatment and ongoing support. [1]

Tajikistan's Criminal Code continues to criminalize HIV exposure and transmission. A 2023 Supreme Court resolution encouraged courts to apply contemporary scientific evidence, including the principle that people with an undetectable viral load cannot sexually transmit HIV. Nevertheless, the criminal provision remains in force. More than 70% of people previously convicted under the relevant article were women living with HIV. [5]

This is a serious reproductive justice concern. Punitive laws can discourage testing and disclosure, reinforce stigma and expose women to prosecution even when they have limited power to negotiate safer sex or disclose their status safely. Full reform of the criminal law, alongside investment in community-led, confidential and non-discriminatory services, remains necessary.

Cervical cancer prevention: HPV vaccination marks an important step, but gaps remain

Tajikistan has recently taken an important step to strengthen cervical cancer prevention by introducing HPV vaccination. In October 2025, it launched its first nationwide campaign targeting girls aged 10–14 years, aiming to reach around 500,000–520,000 girls. The campaign combined catch-up vaccination with the introduction of routine annual vaccination for 10-year-old girls. Vaccination is free of charge and delivered mainly through schools, with additional access via primary health care facilities.

This marks a significant policy shift, aligning Tajikistan with the WHO global strategy to eliminate cervical cancer. However, the success of the programme will depend on achieving high and equitable coverage, including among girls in rural and hard-to-reach areas, those out of school and marginalized populations. Sustained public awareness efforts, community trust, reliable vaccine supply and integration with screening and treatment services will be critical to ensuring that HPV vaccination translates into long-term reductions in cervical cancer incidence and mortality.

From commitments to rights in practice

Tajikistan does not lack strategies or policy commitments. Its central challenge is ensuring that these commitments translate into services that women, girls and marginalized communities can actually use.

Priority action should include:

- sustainable public financing for a full range of contraceptive methods;
- stronger integration of SRHR into primary health care;
- affordable antenatal, maternity and postnatal care;
- comprehensive sexuality education and confidential youth-friendly services;
- accessible, evidence-based and respectful abortion care;
- nationwide cervical cancer prevention, screening and treatment pathways;
- integration of SRHR, HIV and gender-based violence services;
- removal of punitive HIV legislation and discriminatory practices;
- disability-accessible and geographically equitable services;
- improved data transparency and accountability.

Civil society organizations are indispensable to this process. Women-led, youth-led and community-based groups often complement public services by providing information, referrals, peer support and outreach to underserved populations.. They provide information, referrals, peer support, legal literacy and evidence on discrimination and service barriers.

For the ASTRA Network, Tajikistan’s experience reflects a wider regional reality: reproductive rights are not secured by policy documents alone. They require sustainable financing, accountable institutions, strong civil society and the ability of every person to make decisions about their body and reproductive life without coercion, violence or discrimination. Regional solidarity must therefore support local organizations not as temporary outreach contractors, but as essential actors in protecting bodily autonomy, gender equality and the right to health.

Co-authored by ASTRA Network & Sayora Ziyoeva and Nargis Saidova from [Gender and Development Public Organization](#)

References for the numbered endnotes

[1] The 2023 DHS reports 7% of girls aged 15–19 ever pregnant, 32% contraceptive use, 28% modern-method use, 54% of family-planning demand satisfied by modern methods, 62% receiving four or more antenatal visits, 95% facility deliveries, 98% skilled attendance and 48% of women ever tested for HIV and receiving the result.

[2] Recent UNFPA analysis identifies inadequate SRHR education, low HIV-prevention knowledge, rural inequalities and insufficient youth-friendly reproductive health services as continuing concerns.

[3] WHO’s Global Abortion Policies Database confirms the legal availability of abortion under Tajikistan’s health legislation, while also noting gaps in publicly accessible information on detailed regulations.

[4] DHS data record 16% lifetime intimate partner violence among women who have had a partner and 12% lifetime physical or sexual violence among women aged 15–49. Civil society submissions to CEDAW have highlighted inadequate survivor services and legal protection.

[5] UNAIDS estimates approximately 14,000 people living with HIV in 2024. Its analysis documents the gendered effects of Article 125 and the 2023 Supreme Court resolution concerning HIV exposure and transmission.

[6] The final DHS includes cervical cancer screening data showing very low coverage, while WHO recommends screening 70% of women with a high-performance test by ages 35 and 45 as part of the global elimination strategy.



ASTRA Secretariat

Foundation for Women and Family Planning

Nowolipie 13/15, 00-150 Warsaw, Poland

ph/fax +48 22 635 93 95,

federa@astra.org.pl

astra.org.pl



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