



## **An Advocacy Brief: Post 2015 Development Agenda CENTRAL AND EASTERN EUROPE**

### **Introduction**

The year 2014 marks the 20<sup>th</sup> anniversary of the Cairo International Conference on Population and Development (ICPD) which adopted a 20-year Program of Action. Additionally, the deadline for reaching the Millennium Development Goals approaches. The Post-2015 process is a unique chance to influence the future development agenda and ensure the visibility of sexual and reproductive health and rights. The recent UN Secretary General's report on "Recurrent themes and key elements identified during the sessions of the Commission on Population and Development" confirms the linkage between SRHR and poverty, engaging adolescents and youth, achieving gender equality, reducing gender-based violence, and the critical importance of adopting human rights-based approaches to future development. Sexual and reproductive health and rights cut across the economic, social and environmental components of sustainable development and are key components of the measures that must be taken to respect and protect human rights, empower women and young people, particularly adolescent girls, and eliminate inequalities, which are still persistent in the region of Central and Eastern Europe.

### **Context Analysis**

Locating Central and Eastern Europe somewhere between the Global North and Global South might at first appear as a surprise. The political and economic transformations in Central and Eastern Europe took place over 20 years ago, yet the region still struggles with growing inequalities, the consequences of the financial crisis and redirection of major donor funds towards other regions in the last decade. With some European Union Member States (i.e. Bulgaria, Croatia, Lithuania, Hungary, Poland and Romania), Caucasus, Balkan and other countries that are not previously mentioned, the region remains stuck somewhere between the Global North and Global South. Throughout the region we continue to experience a lack of political will and commitment on the part of governments in developing and implementing policies addressing the priorities underlined in various documents of the United Nations, including the ICPD Program of Action. Countries of the region are suffering from a resurgence of patriarchal discourses and religious fundamentalism which is reflected in setbacks in population and reproductive and sexual rights policies. Additionally, HIV prevalence has shown a significant increase, especially in the last 20 years, and is becoming a growing, yet underestimated, issue. The gap of growing socioeconomic inequalities, widespread stigma and discrimination, consequences of the financial crisis from 2008, lack of political will and the withdrawal of major donors add up to a reality where human rights must be constantly fought for. Already during the first phase of the ICPD+20 process it has become clear that the CEE region lags behind other parts of the world in terms of commitment and awareness of the importance of this UN process. It has been one of the priorities for the regional SRHR advocacy groups to strengthen the regional voice.

Sexual and reproductive health and rights are cross cutting issues within the post-2015 framework. They are connected to gender equality, education, the economy, broad health agenda and the environment. Among the key issues for the CEE region to be addressed in the emerging framework are access to safe and legal abortion and contraception, granting access to comprehensive sexuality education and eliminating gender based violence, including sexual violence.

### **Key Policy Directions and Priority Actions**

Sexual and reproductive health and rights have been included in deliberations in the ICPD+20 review process, the numerous consultations for the Post-2015 process and both the stock-taking and negotiating phases of the OWG sessions. A substantial number of countries across regions strongly called for the inclusion of sexual and reproductive health and rights in the session of the OWG. In February 2014, during the 8th session of the OWG over 50 countries expressed their belief that respecting, protecting and fulfilling sexual and reproductive health and rights is an essential element to achieve gender equality and women's empowerment. In OWG 10, under the cluster on gender equality and women's empowerment, education, employment and decent work for all, health and population dynamics, more than 20 countries from Latin America and Caribbean and from Europe spoke in favor of the inclusion of sexual and reproductive health and rights in the SDGs. Other delegations stressed their commitments towards the 1994 ICPD Program of Action and the MDGs and expressed their support for some components of SRHR including reproductive health, reproductive rights, and maternal health. At the last session of the OWG in July 2014, 58 countries, among them 14 member states from the region of Central and Eastern Europe, delivered a statement calling for completing the 'unfinished business' of the Millennium Development Goals by supporting Sexual and Reproductive Health and Rights as an essential foundation of a relevant, transformative and sustainable development agenda.

Women and girls in the CEE region experience multiple barriers in exercising their sexual and reproductive rights and accessing reproductive and sexual health services, especially those related to safe abortion and contraception. In general, women's access to informed choice on their reproductive and sexual health is uneven throughout the region and depends mainly on their income, accessibility and education. Due to the economic transformation and the ongoing political and economic changes, access to health is mainly depended on whether or not people can afford services and supplies. Especially vulnerable groups, such as women and girls, are susceptible to lack of service providers, far distances needed to travel to obtain the service, social stigma and discrimination and various obstacles which they face when wishing to access services and supplies of reproductive and sexual health. Moreover, their reproductive and sexual rights are not considered to be part of the human rights package whilst young people are not considered to be rights holders. This scenario is due to the rise of conservative rhetoric, multiple attempts to limit reproductive rights across the region and a focus on the strategies to encourage women to have more children instead of a focus on individual rights.

Even if abortion is legal it does not mean that it is accessible for all women. Apart from social barriers such as experiencing social stigma and discrimination, there are also numerous other barriers such as the law itself and determinants which allow for a lawful abortion, the price of the procedure,

mandatory waiting periods and the conscience clause, mostly present in Catholic countries, and very often misused. Moreover, the lack of abortion providers (especially in rural areas) can often force women to travel long distances to obtain an abortion. Despite visible improvement, the use of modern contraception remains generally low in the region with heavy reliance on withdrawal. There is no reliable and updated data available on the use of modern contraception in the region. Efforts to improve women's and adolescents' health through safe and effective modern family planning methods are further complicated by governments expressing concerns that this would negatively affect the declining fertility rate instead of reframing the thinking about contraception and presenting it as a means of reducing the need for abortion and enhancing women's lives. Simultaneously, lack of knowledge and misperceptions about modern contraceptive methods are cited as the primary reasons for heavy reliance on abortions in CEE. Sexuality education is still a controversial issue in Central and Eastern Europe as inadequate programs and inability of parents to provide necessary information leave the burden of filling this gap on scarce voluntary groups/initiatives whose capacity and outreach is limited. Existing sexuality education programs present a one-sided, biased view of sexuality which support myths, misconceptions, fears, discrimination, gender stereotypes and a harmful lack of information which can lead to HIV, sexually transmitted infections, unwanted teen pregnancies as well as misinformed perceptions of gender and sexuality. Moreover all countries experience a big shortage in skilled and professional staff. Despite the wide availability of WHO standards on comprehensive sexuality education they have not been implemented in any of the countries.

The future Post-2015 development framework should aim to address all these issues in a holistic manner and ensure that sexual and reproductive health and rights remain at the center of the discussion. The change from family planning discourse to a discussion on choice and rights of all people regardless of their status has not yet been fulfilled in countries of CEE and the discussions rarely touch upon the connection between societal wellbeing, environment, economy, yet the wider health agenda.

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## CASE STUDIES

In June 2014 Polish weekly "Wprost" revealed a shocking case of a woman, 22 weeks pregnant, whose fetus was diagnosed with multiple, severe and irreversible malformations. The woman was denied a legal abortion by Professor Bogdan Chazan, director of the public Holy Family Hospital in Warsaw. Moreover, prenatal testing and procedures were extended so as to prevent the woman from seeking an abortion elsewhere and she was not referred to another doctor despite the fact that the Polish law on conscientious objection demands that. The child, which was born as a result of Chazan's decision, died after 10 days. Prenatal diagnosis was fully confirmed and there was no chance of its survival.

On July 3<sup>rd</sup>, the Minister of Health informed that the National Health Fund imposed a penalty of 70 000 PLN (ca. 23 000 USD) on the hospital due to the violation of patient's rights and failure to act according to current provisions. Later that month, Warsaw Mayor, Hanna Gronkiewicz-Waltz finally dismissed doctor Chazan from the position of director of the Holy Family Hospital in Warsaw. Doctor Chazan appealed with the labor court against his dismissal. Meanwhile 42% of Polish gynecologists support the removal of conscientious objection clauses from the law. Polish bishops have also openly expressed their support for his actions. In the aftermath of the Chazan scandal one district in Mazovia Voivodship changed its provisions concerning a local hospital stating its work is fully based on the principle of protection of human

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life. Head of Mazovia Voivodship, Jacek Kozłowski, decided this newly amended provision ought to be nullified as it could lead to abuses in medical practice (interpreting the clause to protect fetal life over the life of women). Polish Ombudsperson Irena Lipowicz has recommended the Ministry of Health to amend provisions on conscientious objections so that its application by doctors would not stand in the way of women's rights. The woman who was the victim of doctor Chazan's decision demands 1 000 000 PLN compensation for personal damages caused by his abuse of conscientious objection.

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### Recommendations

- Ensure that SRHR are prioritized during key upcoming Post-2015 meetings and negotiations, especially those of the UN Open Working Group, as well as within the Beijing+20 process.
- Guarantee, implement and reinforce the commitments accepted in 1994 and 1999 and reaffirmed in 2004 and 2009, in particular the promise to promote and achieve sustainable development through sexual and reproductive health and rights (SRHR) agenda and recognizing its critical role in improving women's status and eliminating gender inequality; to mainstream SRHR policies into already existing national machineries, national policies and national plans in a cohesive manner.
- Recognize that sexual and reproductive health and rights of all people, including those of adolescents, marginalized groups of women and those with diverse sexual orientation and gender identities are a fundamental part of universal human rights package.
- Realize the highest attainable standard of sexual and reproductive health and ensure continued, committed and sustained investments in women's and adolescent's sexual and reproductive health and rights.
- Collect disaggregated gender and age sensitive data on Sexual and Reproductive Health and Rights.
- Develop international and national mechanisms for accountability and state responsibility for financing.
- Ensure that the principles of the ICPD Program of Action, including its emphasis on the right of all individuals to sexual and reproductive health, remain at the core of the post-2015 development agenda, and the results of the ICPD+20 Review Process are interlinked with the post-2015 review.

***This regional brief was prepared by the Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA) for the Post 2015 Women's Coalition.***