



**CENTRAL AND EASTERN EUROPEAN WOMEN'S NETWORK FOR
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

Warsaw, 13-10-2009

**ASTRA comments to Roadmap for equality between women and
men 2006-2010
and follow-up strategy**

ASTRA is a regional network of NGOs and individuals advocating in a collective voice for sexual, reproductive health (RH) rights in Central and Eastern Europe (CEE). ASTRA works for the advancement of women's rights as fundamental human rights and advocates for their observance, prioritization and implementation on the international, regional and national agendas.

ASTRA very much welcomes the European Commission's commitment to strengthen EU equality and non-discrimination policies at this strategic moment for reflection and assessment following the successful enlargement of the EU. ASTRA believes that the further development of EU equality and anti-discrimination policies are absolutely key to achieving a social Europe closer to its citizens, and to ensure the construction of a Union based on social cohesion and solidarity.

ASTRA also welcomes the recognition of equality between women and men as one of the EU's core objectives, alongside the importance of gender equality mainstreaming. In order to follow up the Roadmap for equality between women and men 2006-2010, ASTRA would like to propose that a special attention in this Consultation is paid to:

1. Lack of transparent mechanisms promoting gender equality on national and local level in Member States. A process of open and transparent consultations is needed, focusing on the possibilities of strengthening EU institutional mechanisms in support of equality between women and men, and exploring the best ways to ensure coherence and to reinforce links with EU instruments in the anti-discrimination field.
2. Strengthening the gender equality perspective in EU anti-discrimination policies. Concrete strategies should be put in place making actions for equality between women and men and gender sensitive actions an integral part within the different strands of the

EU non-discrimination action. Rather than merging policy areas, based on an insufficient analysis of the issues at stake, the EU institutions should focus on how to preserve and develop EU legislation and institutional mechanisms for equality between women and men, while at the same time developing and strengthening EU's anti-discrimination actions and institutional mechanisms.

3. The need to preserve and develop EU legislation and institutional mechanisms to achieve equality between women and men.
4. Developing new EU Strategy for achieving equality between women and men is needed. This strategy needs to incorporate a dual strategy of specific measures empowering women as well as a more effective implementation of gender equality mainstreaming. As part of this strategy the institutional capacity within the European Institutions must be reinforced in order to ensure a strategic and systematic approach to gender mainstreaming, including gender proofing of policies and gender impact assessments within the EC itself.
5. Integration of gender equality agenda into fight against poverty and inequality, and including gender perspective into programmes promoting sustainable growth, especially development aid. We have a particular concern about the many ways in which neo-liberalism, including the promotion of a 'free' trade regime, economic, globalisation and market liberalisation has led to deep inequalities. It has led to the feminisation of employment, intensified exploitation of women's unpaid work in the caring economy and has undermined the livelihood strategies of poor rural and urban women, including migrant women, disabled and displaced women in all areas of the world.
6. Challenges resulting from relaunched Lisbon strategy increasing the number of women in work to 60 % and men to 70 % in 2010.
7. Actions strengthening European Pact for Gender Equality - the importance of fully utilising women's often under-used potential in the labour market, closing gender gaps, combating gender stereotypes and promoting better work-life balance.
8. Issues related to women's sexual and reproductive health and rights (SRHR). Lack of access to SRHR results in deepening inequalities regarding economic and political rights, SRHR should receive special attention both as a specific as well as a crosscutting issue with the strategies for promoting gender equality.

ASTRA detailed comments and input is listed below:

1. Overall assessment of the performance of the Roadmap for equality between women and men 2006-2010

- Do you think the Roadmap 2006-2010 has made a difference and contributed to more equality between women?

Although ASTRA recognises that between 2006- 2010, the Roadmap has contributed to progress in achieving equality between women and men, we must state that rather than stimulating further action, this type of (uneven) progress may represent a barrier in understanding that inequalities still remain and more effort is still required in order to remove them.

The Roadmap has sent a strong message regarding the reconciliation of work and private life, in particular the Roadmap calls for achievement of the Barcelona targets on childcare and development of other care facilities that meet the care needs of older people and of people with disabilities; reconciliation policies must be equally available to women and to men; quality of care services should be improved and the qualifications of staff, mainly women, developed and better valued; and that men should be encouraged to take up family responsibilities, in particular through incentives to take parental and paternity leaves and to share leave entitlements with women.

The Roadmap has also made a significant difference and contributed to more equality between women in the European Union. However, the inequality in women's sexual and reproductive health and rights among Member States still reflects the disparity in access to health between women and men and in general terms between the poorer citizens of the new Member States and the old 15.

Within Member States, citizens in lower socioeconomic groups have significantly lower life expectancies and lower health status. The situation is even worse in the newer Member States as they have less developed public health infrastructures and relatively poorer societies. In addition, access to innovative medicines and health information technology varies across the Union. This is especially evident in the sexual and reproductive health area.

The EU should address inequalities in access to sexual and reproductive health. The disparities between Member States in terms of implementing sexual and reproductive health policies lead to significant gaps in full realization of citizens' rights. EU should work towards implementation and realization of official and formal commitments of all Member States to

comprehensive sexual health information, education and counselling services for all EU citizens regardless of their social status.

Differing levels of sexual health education among Member States leave the youth, especially adolescent girls, disadvantaged in Member States without access to such education. In a survey of several CEE countries, the ASTRA Youth Network found that most respondents declare that they do not participate in the sexuality education lessons at school or did not have access to sex education materials, although the majority thinks that schools should take an active role in educating adolescents about sexual and reproductive health.

2. Future challenges for gender equality

- What are in your view the main medium and long term challenges that a new strategy for gender equality should address?

In most EU Member States inequalities between women and men in the workplace, in political institutions and in the home have proven persistent. For all the efforts that have been made so far, gender mainstreaming has largely failed to live up to its promises. We hope that initiatives like the current Roadmap could in the medium term overcome and reverse this unfortunate trend. Gender equality in the long term cannot be achieved without guaranteeing in the medium term women's sexual and reproductive health information and health services as these are essential for achieving the Beijing Platform for Action, the Cairo Program of Action, and the Millennium Development Goals (Declaration of the European Union Conference of Ministers of Gender Equality, Luxembourg, 4 February 2005).

Without access to the means to regulate their fertility, there is little chance of women having the time and energy to participate in community affairs or politics until their children are grown up - unless they are of sufficiently elite status to be able to employ others to take care of their children and households for them. To narrow the social gap between women and men and ensure gender equity in health care, ASTRA recommends that in the medium term the EU promotes the development of policies and programmes that guarantee universal access to sexual and reproductive health services and the free exercise of sexual and reproductive rights.

In new Member States many women are denied access to modern contraceptive methods because of financial inaccessibility, lack of appropriate and scientifically-based information. In addition, attempts to curb women's access to safe and legal abortion are leaving many women in vulnerable situations which threaten their life and health. These issues should be addressed in medium term.

Lack of comprehensive sexual health education and limited access to effective family planning services leads to high number of teenage pregnancies in the CEE region and to increasingly high numbers of STIs. Moreover, sexually transmitted infections – including HIV/AIDS – rates have dramatically risen, especially amongst adolescents and women in some countries and experts predict that this crisis will likely spread to other CEE countries if there are no strong rights – based prevention programmes in place. These are one of the most important issues of public health risk management in relation to the state of the sexual and reproductive health and rights (SRHR) in the new EU member states that have a direct relationship with the gender equality issues. **These call for an action in immediate, short term time period.**

The EU should recognize that some Member States such as Bulgaria, Lithuania, Poland and Slovakia continue to ignore these problems and face massive poor sexual and reproductive health outcomes for adolescents.

3. Main policy priorities for gender equality

- Are the six priority areas defined in the Roadmap still relevant (see point 2.1)? Which new priorities should be considered?

- 1) Equal economic independence for women and men,*
- 2) Reconciliation of private and professional life,*
- 3) Equal representation in decision-making,*
- 4) Eradication of all forms of gender-related violence,*
- 5) Elimination of gender stereotypes,*
- 6) Promotion of gender equality in external and development policies,*

Yes, these priorities are still relevant.

Astra Network would like to also propose to consider new priorities such as:

- Elimination of discrimination regarding access to reproductive and sexual health.
- Development of common standards, guidelines, best practices, transfers of know-how, experience and expertise in the area of gender equality policy for Member States.
- As the number of unemployed (especially among women) is envisioned to increase as a result of current economic crisis, EU and Member States should ensure a proper health care for those who may not be able to afford it as well as those outside the systems.
- EU and Member States should ensure functioning of educational programs that provide factual information and do not promote myths, fears, or misconceptions. Such programs should raise awareness among young people concerning the importance of

medical tests, contraception, STI's (including HIV/AIDS) prevention as well as understanding of the abortion issue.

- Investments in most disadvantaged regions of Europe and parts of countries.

- How can gender mainstreaming and specific actions be made more effective?

Gender mainstreaming should provide a framework for observance of women's human rights, therefore to be made more effective it should also address existing inequalities in access to political participation, economic rights, SRHR supplies and services, gender-sensitive policy in order to empower underserved groups like youth, poor, ethnic minorities, disabled. Furthermore

- Improvement of training covering new developments in human rights, communication skills, sensitivity to discriminated and disadvantaged groups.
- Development of hotlines and e-information about services available, properly managed waiting periods for services (currently the waiting periods in CEE are arranged in a very non-transparent and not clear to patients method).
- EU should work towards making gender mainstreaming a more accessible, high-quality, cost-effective, sustainable and safe service for women, and one in which both health professionals and citizens can increasingly share – a concerted and coherent approach by all policy areas is needed to be developed.
- Exchange information and development of knowledge about best legal and policy standards regarding full range of reproductive health services, including abortion, financial coverage and decriminalization of pregnancy termination in countries where the law denies women's right to decide freely over their bodies.
- Employment and gender equality policies should pay more attention to health inequalities.
- Improve health education prevention in work place.
- Support research that advances understanding of mechanisms resulting in health inequalities and identifies effective interventions for reducing health inequalities and measures the cost-effectiveness of different types of initiatives over time.
- Allow for access of women and men to contraception at a reasonable cost and of a suitable form for them as well as compulsory sexuality education for young people.

The gender mainstreaming and specific actions can be also made more effective through:

- Health education.
- Research.
- Strengthening knowledge development and exchange activities.

- The plan of action implying coordination and monitoring.
 - Involvement of the civil society in evaluation and programming.
 - Develop communications and educational strategies to foster public awareness and understanding of the importance of reducing health inequalities.
 - Series of conferences and working meetings with stakeholder including civil society.
 - Collaboration with the media.
 - Systematically sharing knowledge related to addressing gender disparities within the health sector and across other sectors whose policies and services play an important role.
 - Compiling and maintaining a compendium of best practices in UE member countries and from around the world in reducing health disparities.
- *In what policy areas could new gender targets be defined? Which targets should be quantified?*

Regarding the new targets, in general terms, these could reflect on:

- Comparable number and quality of services in different EU countries (quantifiable)
 - Access to disadvantaged groups (quantifiable)
 - SR health services for adolescents (quantifiable)
 - Strengthen initiatives regarding SRHR with an aim to equalize these policies within the entire European Union (qualitative)
 - Introduce of legislation of compulsory comprehensive sexual health education in all Member States (qualitative)
 - Create a system of accountability and transparency to monitor the status of sexuality education in Member States (quantifiable)
 - Develop mechanisms to ensure that these obligations and rights are not violated in the future while paying particular attention to ensuring that these mechanisms are accessible to adolescents (qualitative).
- *How can complementarities and synergies between the Commission's initiatives, the actions by the Member States, the actions by Social Partners and organisations representing civil society, both at European and national level, be achieved?*

Civil society should be involved and consulted in policy drafting and decision-making related to health policies. The management of gender equality is an exclusive competence of the Member States. Nevertheless, the EU has been taking initiatives to encourage the improvement of gender mainstreaming in the EU. With the Eastern enlargement of the EU, more attention is being drawn to the fact that the women of the less wealthy CEE countries have less legal representation than those in Western Europe. In addition to the East-West gap in health, differences in health between socioeconomic groups have increased in many countries

as socio-economic determinants such as education, employment and life-style affect the health. These gaps should be addressed at the EU level.

- *What types of improvements should be aimed at concerning the monitoring and the reporting on progress made?*

Within the scope of gender equality and women's sexual and reproductive health and rights among Member States, ASTRA would propose monitoring and including into gender equality reporting system the following indicators:

- Maternal mortality at birth.
- Maternal mortality due to unsafe abortions.
- Child mortality at birth and during the first year of life.
- Number of STIs.
- Access to preventive care (mammograms, pap smear).
- Access to health services of disadvantaged groups incl. unemployed for long period of time.
- Adolescence's access to SH information, education and services (existing counselling centres for youth and women).
- Teenage pregnancy, teenage deliveries incl. repeated ones, state support for teenage mothers (how many teenage mothers receive state support and how much compared with average salaries).
- State support to contraceptive, including emergency contraception (subsidies, prescription needed, prices, free access for disadvantaged groups etc.).

Maternity/paternity and parental leave:

We would also like to propose the development of not only quantitative but also qualitative indicators which will assess the quality of service provision.

There is a definite need for a clear Guidelines and Standardization of reporting regarding gender equality. These should be jointly developed at the EU level with participation of all Member States and civil society groups.

The reporting should be conducted in a way that provides for an analysis of the problems and issues and is not limited to statistical data and pure information. Trends should be analysed in order to prevent crises. Additional form of monitoring should address the curricula of medical academies in terms of whether health providers are properly trained in human rights issues.

Joint assessment, fact finding missions, field visits, by representatives of other Member States should also be part of the monitoring process. Independent monitoring, expert groups should provide information on an ad hoc basis.

The EU gender policies and programmes must be delivered in a respectful way (age, gender friendly, respecting disadvantaged groups, ethnic minorities, etc).

ASTRA would like to encourage you to address the status and access to information of sexual and reproductive health in Central and Eastern Europe as one of priority issues in achieving **equality between women and men 2006-2010 and follow-up strategy.**

We are looking forward to our input being taken into consideration.

On behalf of ASTRA Network

Yours sincerely,



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ASTRA members:

Albania - Albanian Family Planning Association, Armenia - Women's Rights Centre, Azerbaijan - Centre "Women and Modern World", Belarus - Women's Independent Democratic Movement of Belarus, Bulgaria - Bulgarian Family Planning and Sexual Health Association, Bulgarian Gender Research Foundation, Gender Education, Research and Technologies, Croatia - B.a.b.e. (Be Active, Be Emancipated), CESI - Centre for Education and Counselling of Woman, Women's Centre for Sexuality and the Prevention, Research, and Combating of Sexual Violence - Women's Room, Georgia - Women's Centre, Kazakhstan - The Legal Centre for Women's Initiatives "Sana Sezim", Lithuania - Family Planning and Sexual Health Association, Latvia - Latvia's Association for Family Planning And Sexual Health, Macedonia - Sheltar Centar, Moldova - Reproductive Health Service Centre, Poland Federation for Women and Family Planning, Romania - The East European Institute of Reproductive Health, AnA: Society for Feminist Analysis, Russia - Institute of State and

Law, Russian Academy of Sciences, ANO "Women's Health", Novogorod Gender Centre, Slovakia - Pro - choice, Ukraine - Women Health and Family Planning, Charitable SALUS Foundation, ASTRA ASSOCIATE MEMBERS: Centre for Reproductive Rights, Albania, Romania, Women's Link Worldwide/Colombia.

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