



Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights

Legal commitments to gender equality and SRHR issues in Albania, Macedonia, Georgia, Poland and Ukraine

The current report was prepared by the ASTRA Network Secretariat under the auspices of Project Resource Mobilization and Awareness (RMA), a partnership between Population Action International (PAI), the German Foundation for World Population (DSW) and the International Planned Parenthood Federation (IPPF).

The report is a part of Project Resource Mobilization and Awareness (RMA), whose goal is "to increase tangible financial and political commitment to sustainable reproductive health supplies through international coordination and support of national advocacy strategy development and implementation in developing countries."

The current report provides data on the status regarding the implementation of international agreements into the national legal systems in five Central and Eastern European (CEE) countries, and identifies the legal challenges faced by reproductive health programs in CEE. Our goal is to call for renewed attention to reproductive health supplies to avoid putting the health of millions of women at risk and strengthen national level advocacy on RH commodities supplies in five partner countries in the CEE.

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The Polish Government Plenipotentiary for Equal Treatment refuting charges presented by feminist organizations disappointed with lack of any activity on her behalf, stated that "Poland is not the Third World". The Plenipotentiary's meeting with feminist organizations took place in February 2009, shortly after the Human Rights Watch Report 2008 was published. The report lists Polish homophobia and lack of access to reproductive health supplies as the most problematic issues as it concerns observation of human rights in Poland. Poland complies with the requirement of establishing the position responsible for equal treatment, accordingly with the CEDAW, notwithstanding it lacks monitoring mechanism that would mobilize the person in charge to perform her or his duties. This situation shows that despite growing similarities in political cultures deriving from adherence to international treaties and conventions, serious differences prevail in the area of implementation of these regulations. The issue of human rights observance in our region requires the introduction of the critical theory-practice divide perspective.

This report turns to a problem that is often rooted quite deeply in the local culture: the non-discriminatory treatment of women citizens and their access to reproductive rights and services. Attitudes towards women often frustrate the efforts of the most sincere governments to improve significantly their rights chances. But as we shall see, in the context of growing accountability, an international legal commitment plays an important role in helping to change these attitudes sufficiently for women's prospects to improve. When governments publicly announce that they are bound by the contents of treaty arrangements, this enhances the effects of the accountability mechanisms that are in place. Treaties have the effect of focusing expectations of both domestic and transnational constituencies. That governments have committed themselves to protect the rights of women is much to the good.

The current report explores the influence of international human rights treaties regulating reproductive health services and gender equality on actual governmental practices in Albania, Georgia, Macedonia, Poland and Ukraine. All the countries participating in the project were subject to the process of transition from communist dictatorship towards democracy and free market in the 1990s. It was often connected with acceding to new conventions and modifying the existing legal systems. The central goal of the present report is to provide data on the status regarding the implementation of international agreements into the national legal system.

This report proceeds as follows: The first section of the report introduces the framework for reproductive and sexual rights included in internationally recognized human rights enshrined in treaties as well as the ICPD Programme of Action, the Beijing Platform for Action and other consensus documents. The second section situates the reproductive and sexual rights in the conceptual framework of human rights and examines the access to the reproductive health care using basic indicators applied in reproductive rights oriented policy making. The third section seeks to analyze the provisions related to gender equality in the context of labour market and political participation and their compliance with international treaties. The data used in the current report has been provided by ASTRA Network member organizations from respective countries:

- **Center For Population and Development, Albania**
- **Women’s Center, Georgia**
- **Shelter Center – Macedonian Women’s Rights Centre, Macedonia**
- **Federation for Women and Family Planning, Poland**
- **Women Health & Family Planning, Ukraine**

1. Reproductive and Sexual Rights as Human Rights:

- The right to life, liberty, and security
- The right to health, reproductive health, and family planning
- The right to decide the number and spacing of one’s children
- The right to consent to marriage and to equality in marriage
- The right to privacy
- The right to be free from discrimination
- The right to modify traditions and customs that violate women’s rights
- The rights not to be subjected to torture or other cruel, inhuman, or degrading treatment or punishment
- The rights to be free from sexual violence
- The rights to enjoy scientific progress and to consent to experimentation

All these rights are included in internationally recognized human rights enshrined in the ICPD Programme of Action, the Beijing Platform for Action and UN conventions. It is important to note that enforcement of these agreements has been intersectional, through international nongovernmental women’s advocacy groups and domestic audiences who demanded that their government take their treaty commitment seriously.

	CEDAW	ICCPR	ICESCR	CRC	ICPD
Albania	1994	1992	1991	1992	No reservations
Georgia	1994	1994	1994	1994	No reservations
Macedonia	1994	1991	1994	1991	No reservations
Poland	1980	1977	1977	1991	No reservations
Ukraine	1981	1976	1973	1991	No reservations

Table 1. The adherence to international treaties by CEE countries

The countries participating in the survey have adopted and implemented a number of policies and programmes aimed at incorporation of international treaties and conventions into national legal systems, but very often not enough was done towards adjusting the binding legislation to requirements of international treaties. For example, although Albania, Georgia, Macedonia, Poland and Ukraine acceded to CEDAW without reservations, the CEDAW is not really incorporated to the domestic laws and does not have precedence over conflicting national regulations. Our informants reported that there is a general lack of clarity regarding the direct applicability of the Convention. Accordingly with the CEDAW, all measures that have the effect of discriminating against women are forbidden – even if governments did not intend them to be. The treaty obligates governments to “modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.”¹ For all of the legal machinery that has been developed over the past three decades to address women’s issues, we know very little about their effects on the actual realization of women’s rights. While each of the researched countries acceded to the CEDAW, not every government has

¹ Article 5.a, <http://www2.ohchr.org/english/law/cedaw.htm>

undertaken the task of devising a clear, responsible approach to this procedure. The governments lack procedures to effectively guarantee the implementation of the CEDAW's obligations. The strategy of the current report is to choose some of the most basic of rights, which are mentioned in a most explicit form, and to test the proposition that governments who have committed themselves to the CEDAW will make an effort to design policies to address the exercise of these rights. The rights examined in this report relate to government position with respect to enhancing reproductive autonomy (section 2), and policies to enhance women's participation in the work place and decision-making bodies (section 3).

Reproductive health is a fundamental right that is central not only to basic autonomy, but also to the enjoyment of other rights as well. The growing (though imperfect) consensus of the international community is reflected in the words of the UN, which concluded almost three decades ago that, "the ability to regulate the timing and number of births is one central means of freeing women to exercise the full range of human rights to which they are entitled."² In 1994, the United Nations International Conference on Population and Development reiterated and solidified a rights-based approach to reproductive health, marking a shift from emphasis on population control to women's empowerment more generally.

2. The Rights to Reproductive Health Care and to Reproductive Self-Determination

✓ Legal frameworks

As a result of large-scale economic decline in the former communist states of Central and Eastern Europe and the former Soviet Union, major indicators of the health status of their populations and of their health care systems have shown dramatic deterioration³. Although fleshing out the patterns of health care reform across the Central and Eastern European (CEE) countries and the Commonwealth of Independent States (CIS) is a complicated endeavor, it is important to note that the health systems of the countries participating in the project are in transition, and they have undergone a number of reforms. The level of offered

² U.N. 1973

³ The efficiency and quality of care deteriorated, and ultimately the population's health status worsened. Life expectancy, for example, fell significantly throughout the CEE countries and the CIS, with the greatest drop occurring in Hungary: 3.5 years from 1970 to 1990. The high mortality rate, along with the economic crisis and high military spending, aggravated the sharp economic downturn that started in the CEE countries and the CIS in the early 1980s. Source: Worldbank <http://www.worldbank.org/html/prddr/trans/aprmayjun03/pgs22-23.htm> (last visited 02.06.2009).

services is low, the access to RH supplies and services is unevenly distributed among men/women and rural/urban areas.

It seems that decentralization in financing and the introduction of two new sources of funding: social health insurance contributions and out-of-pocket payments are still major challenges faced by Eastern and Central European health systems. Lack of resources haunting health care sector often obstructs establishment of effective mechanism monitoring the implementation of international regulations regarding reproductive health and equal treatment. However, it is essential to note, that the RH deficiency is not due exclusively to reforms and financial shortages. Very often not enough attention is paid to the issue of reproductive health and health of women.

There is no national reproductive health or family planning policy in **Albania**. The absence of this type of document makes it hard to pinpoint what the Ministry of Health's (MOH) priorities, goals and objectives are for the future. As it concerns the Reproductive Health, the Cairo Conference marked the adoption by the Albanian MOH of the new definition of RH, broader than just family planning-, safe motherhood-, and child health- related services. Presently, Albania has one of the lowest rates of hospital beds per inhabitant in all Europe; the number of beds per 100,000 inhabitants is half the average of the EU countries, and less than half the average of the countries in CEE. Also in other countries of the region, the RH services are often treated as a luxury. To address the decline in health-care services, the Georgian government adopted the law on the protection of the health of the population in 1997, and had developed a draft national policy in the area of health care to the year 2010. Although the law itself provides legal provisions referring to abortion, family planning and motherhood issues in **Georgia**, there are a number of factors that have impact on practicing these regulations by women. In **Poland**, constitutional protection of health is a base for the RH provision. In December 2008, the "Charter of Rights of Mother" has been issued by the Human Rights Ombudsman. Although it offered important provisions improving women's reproductive rights it has been rejected by the Minister of Health. After the International Conference on Population and Development in Cairo (1994), **Ukrainian** Government implemented a special plan of action on population issues and a series long-term national programmes: National Family Planning Programme 1995-2000, Reproductive Health Programme 2001-2006, Reproductive Health Programme 2006-20011, etc). In 2006 the Cabinet of Ministers approved Ukrainian State Programme "Reproductive Health of Nation in 2006-2015" with the main objective of achieving the goals announced by the ICPD. Although all the countries participating in the project undertook legislative, administrative, and other measures for the implementation of the rights recognized by international treaties into their

health systems, the total expenditure's on health (as a percentage of GDP) level in CEE and CIS remains far below developed countries' level⁴.

3. Family Planning

The indicator of compliance with the right of women to make basic choices about their reproductive life is the extent to which government policy facilitates general access to contraception and other family planning services. Since 1976, the United Nations Population Division's Department of Economic and Social Affairs has periodically surveyed governments to ascertain their practices with respect to access to family planning⁵. In the second half of the 1990s, the State partially withdrew from health and welfare activities in Albania, Georgia, Macedonia, Poland, Ukraine, and in general, there is a tendency to shift from direct to indirect support for contraceptives⁶. On the other hand, the increased involvement of non-governmental organizations and the private sector contributes to a growing prevalence of modern contraceptives⁷.

	Women aged 15-49, married or in union (2005 in thousands.)	Sterilization		Pill	IUD	Condom	Vaginal barrier methods	Withdrawal
		F	M					
Albania 2002	293	3,9	0,1	1,0	0,5	2,1	0,0	67,1
Georgia 1999/2000	870	1,6	0,0	1,0	9,7	6,3	0,0	10,5
Macedonia	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Poland 1991	5 658	0,0	0,0	2,3	5,7	9,1	1,9	11,1
Ukraine 1999	8 250	1,4	0,0	3,0	18,6	13,5	0,8	19,5

Table 2. Prevalence of contraceptive use

⁴ From 1995 to 2000, total health expenditure as a percentage of GDP shrank to 5.8 percent in the CEE countries and 3.8 percent in the CIS, compared with 8.5 percent of a much higher GDP in the EU. Similarly, total per capita expenditures on health were much lower in the CEE countries and the CIS than in the EU. During 1995-2000 such expenditures increased from \$85 to \$167 in the CIS, from \$415 to \$500 in the CEE countries, and from \$1,680 to \$1,920 in the EU. Source: Worldbank <http://www.worldbank.org/html/prddr/trans/aprmayjun03/pgs22-23.htm> (last visited 02.06.2009).

⁵ Governments' responses fall into one of four categories: a policy of limiting access; a policy of providing no support for access; a policy of providing indirect support; and finally a policy of providing direct family planning support.

⁶ There still had been direct state support for contraception in all the surveyed countries by 2001. <http://209.85.129.132/search?q=cache:Se9RiJxNOtIJ:www.un.org/esa/population/publications/contraception2003/Web-final-text.PDF+access+to+contraception+ECE&hl=en&ct=clnk&cd=8&gl=pl&client=firefox-a> (last visited 2009.02.07)

⁷ http://www.un.org/esa/population/publications/contraceptive2005/2005_World_Contraceptive_files/WallChart_WCU2005.pdf, last visited 13.02.2009

Although some reproductive health programmes had been established in Albania, Georgia, Macedonia, Poland, Ukraine, the rising contraceptive use among couples indicating greater accessibility to family planning and more freedom to choose the number and spacing of the children they desired seems to be hardly the consequence of government's acting. In **Albania**, family planning services started only after 1993, when they were legally approved by the government. Albanian couple's use of modern contraceptives is the lowest in the European region with high reliance on traditional means of family planning such as withdrawal and on abortion in the event of unwanted pregnancies. Recent estimates⁸ indicate that the use of modern contraceptives has increased from approximately 8% in 2002 to 15% in 2008. The integration of family planning and reproductive health services into private health care service delivery became recently a special challenge for the current reform of the Albanian health system. Previously, during the years 1993-1997, the policy was to offer these services only at maternity centres and women's consultation clinics. On average, there is one of these facilities in each of 36 districts in the country. National Contraception Security Strategy sets a goal of reaching contraceptive independence (i.e. contraception supplies with no need for outside funds or technical assistance) by 2010. Albanian public sector is currently expanding access to family planning, and contraceptive products and services are offered free-of-charge in over 428 public health facilities – hospitals, polyclinics and health centers, and some ambulances (health posts). Moreover, Albania enforces a system of price controls for pharmaceuticals including contraceptives. Price margins for distributors and for retailers are calculated based on manufacturer CIF⁹ prices. Another positive development is that there is no restriction regarding emergency contraception. Postinor is the only emergency contraception pill available on the market, but it can be purchased without prescription. Furthermore, since 1995, the Albanian bill "On Voluntary Interruption of Pregnancy", emphasizes prevention of unwanted pregnancies by using contraceptives, information and health education. As far as **Polish** anti-abortion law is concerned, it obliges relevant state authorities to provide people with full access to contraceptive methods. However, the Government fails to meet this obligation. In recent years, the Ministry of Health concentrated its efforts on the promotion of "natural" family planning methods. In 2006, the Minister of Health established a Ministerial Task Force to promote natural family planning, but there are no governmental programs promoting modern contraceptive methods and contraceptive counseling is not integrated into primary health care system. Contraception is included in the number of **Ukrainian** Laws (National Program „Reproductive Health 2001-2005“ with extension „Reproductive Health 2006-2015“, "Law of Ukrainian Government regarding free

⁸ DHS 2002, and ProShendetit 2005

⁹ CIF: cost, insurance and freight price; the price of a good delivered at the frontier of the importing country.

contraceptives for young women under 18, women with high risk of pregnancy and delivery complications, women affected by Chernobyl disaster”(1998), and Resolutions of Ministry of Health (“Organization of Hospital Ob/Gyn services in Ukraine” from 2003, „Organization of Family Planning centers”, from 1997, “Clinical protocols and recommendations for Ob/Gyn services in Ukraine”, from 2003). In **Georgia**, from 1999 the “National Programme for Reproductive Health Services Development” supports popularisation of the network of family planning services, combating sexually transmitted diseases, providing sexual education of the population, training of the professionals and improvement of the quality of the medical system¹⁰. In addition, the law on Health Protection of Georgia states that “Every citizen of Georgia has a right to independently determine number of children and their birth time;” moreover, there are no legal barriers to the access of RH, though practice of access to abortion and reproductive health services are different in the regions of the country both due the absence of adequate medical and family planning services as well as other factors that largely shape women’s reproductive lives- therefore, women’s autonomous decision is largely not ensured. The **Polish** “Act on Family Planning, Human Embryo Protection and Conditions of Permissibility of Abortion” (1993) is not only extremely restrictive as it regards regulating access to abortion and contraception and but it also fails to provide women with services. *The Act, which is exceptional for European conditions, fundamentally limits women's rights to life, health, dignity, self-determination, autonomy and privacy. At the same time, the Act is realised in practice in an even more restrictive way and has created a political and social climate hostile to women's rights in the sphere of reproduction, leading to an almost total ban on abortion*¹¹.

As it regards preferred methods, condoms are widely available in the surveyed countries. They are accessible in pharmacies, drug stores and shops. Condom advertisement is legal but not very common in the surveyed countries. There are no condom-use promoting campaigns held on regular basis in any of the participating countries. Condoms are mostly used as a contraception method and their STIs preventive role is often neglected. Prevalence of modern contraceptive methods in CEE is 36% as compared to 71% prevalence rate in Western European Countries. Most of the countries which took part in the project mention very low contraceptive use and lack of current research and reliable data on the issue. Sterilization is a legal method of contraception in all surveyed countries except Poland. It is easily accessible in Albania and Macedonia. In Georgia and Ukraine, sterilization is performed

¹⁰ Within the frames of the programme, the level of abortions and unintended pregnancies decreased, reproductive health and family planning centers were launched in the various areas of the country (55 in total), and the medical personnel (doctors and nurses) was trained.

¹¹ Reproductive Rights in Poland. The Effects of the Anti-Abortion Law (ed.Wanda Nowicka); http://www.federa.org.pl/publikacje/report%20Federa_eng_NET.PDF (last time visited 2009.05.19)

after submission of written application of citizen having at least 2 children and older than 35 years. In countries like Georgia, and Albania women can get contraceptives without prescription, which is a big advantage. In some countries women need prescriptions to buy contraceptive pills according to the law, but in practice women can get them in the pharmacies even without prescription. From the researched countries, only in **Poland**, and **Macedonia** women need prescription to get hormonal contraceptives. Moreover, doctors in these two countries have the right to refuse a prescription on moral grounds. Especially in Poland doctors in public hospitals exercise this right and refuse prescriptions and/or reliable information on modern contraceptives.

The legal basis for a women's right of access to the means to control her own reproduction is provided by the CEDAW. Article 10 (h) provides for "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning." Article 12(1) obligates governments "to eliminate discrimination against women in the field of health services, including those related to family planning." Art. 16(1)(e) of the CEDAW stipulates a right "to decide freely and responsibly on the number and spacing of their children and to have access to the information, education, and means to enable them to exercise these rights."

However, since ratification of the CEDAW by surveyed countries, little progress has been made in the region towards increasing access to modern contraceptive methods, many births are still unwanted or mistimed, and modern family planning methods remain unavailable to large numbers of couples in Eastern and Central Europe. Most contraceptives are still imported. Many countries in the region lack the infrastructure to distribute contraceptives effectively, especially in rural areas. According to surveys, high cost of contraception remains a big problem preventing women from embracing the opportunity to control their fertility. The lack of family planning services guaranteed by national and international laws and treaties further limits laws and policies ensuring women's reproductive rights. In combination with limited access to modern methods of contraception due to prohibitive costs and insufficient supplies, these restrictions serve to deny women in CEE their reproductive autonomy and their basic human rights. Another obstacle may be the "conscience clause" that shields physicians and other practitioners in **Poland** from liability for not participating unwillingly in an abortion, and for not dispensing contraception.

✓ **Conscience clause**

According to the **Polish** law, physicians can refuse to perform abortion or dispense contraceptives on the grounds of conscientious objection. However, they have to refer a woman where she could get services to which she is entitled. The conscientious objection clause and the way it is exercised in Poland have become a significant barrier to accessing services by women to which they are entitled. It also happens quite often in Poland that conscientious objection is "practiced" by the entire hospital, not by individual doctors, which opposes the individuality-based concept of the conscience clause. Moreover, for such behavior, the practitioners do not bear any legal or professional consequences. The conscientious objection clause obstructs women's access to abortion law and contraceptives that is guaranteed by series of international documents ratified by Poland: ICCPR, ICESCR, ICPD, ICPD+5. Unfortunately, for example the Polish draft of bioethical bill¹² extends further the doctor's freedom to deny services without the need to refer a patient to another practitioner. This creates a new barrier in patient's access to health services.

✓ **Abortion**

The abortion rates per woman in CEE region are among the highest in the world. Abortion is treated as the alternative to contraception in much of CEE countries. The abortion laws of Eastern and Central Europe and former Soviet Union account for the most liberal in the world. After the transition, liberal abortion laws have remained in force in **Georgia, Macedonia, Ukraine. Albania** has liberalized its abortion law in 1995. All of these laws recognize a woman's right to an abortion without restriction as to reason up to at least the first 12 weeks of pregnancy. Albanian, Georgian, Macedonian and Ukrainian regulations require that abortion is carried out by authorized personnel, with the woman's informed consent, and in an approved medical facility. The Criminal Code in Albania, Georgia, Macedonia, Poland and Ukraine assigns penalties for the practice of illegal abortions. **Poland**, where abortion is permissible only to protect a woman's physical health, or in cases of pregnancy resulting from criminal offence or fetal impairment, is currently the only country in CEE region where a woman is denied the right to choose an abortion. Moreover, Polish anti-abortion law is much more restrictive in real life than on paper. Women who have right to legal abortion are often refused it even though they have all necessary certificates. The law allows for free interpretation of provisions regulating accessibility of legal abortion. The Federation for

¹² The controversial and extremely restrictive draft prepared by commission appointed by the Prime Minister in 2008 in order to establish legal framework for ratification of the Bioethics Convention by Poland hasn't been put upon the vote yet.

Women and Family Planning has been monitoring the implementation of the law since its very inception. The main findings of the research are: the anti-abortion law did not stop abortions, it pushed them to a very expensive abortion underground performed by gynecologists. On the other hand, legal abortions are less and less available in public hospitals. Women who are entitled to legal abortion are often denied it on a variety of grounds, including conscientious objection. As a result, many women use underground services. This conclusion is also supported by official data. According to the 2007 Government report on the implementation of the law on family planning, which is carried out on a yearly basis, in 2007 only 322 legal abortions were performed in public hospitals in the entire country. Such numbers are striking, particularly if we realize that in Poland there are 9.898.402 women of reproductive age and family planning is practiced to a limited extent. Low numbers of official abortions indicate the existence of many barriers in service provision of legal abortion. This situation has been notified by two UN Committees monitoring the implementation of human rights treaties – the Committee on Economic, Social and Cultural Rights and the Human Rights Committee. In considering the periodic reports of the Polish government both Committees raised concerns about the human rights implications of the “Act on Family Planning, Human Embryo Protection and Conditions of Permissibility of Abortion”. Recently, Anand Grover, the Special Rapporteur (SR) on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (the Right to Health) visited Poland and listed criminalization of abortion, conscientious objection (impeding legal abortion and even access to contraception and emergency contraception), lack of comprehensive sexuality education, non-State actors’ interference with the access to legal and safe abortions as his main concerns regarding lack of access to sexual and reproductive health services in Poland. The Special Rapporteur noted that despite the Polish Government's ratification of numerous human rights treaties, access of women to certain reproductive health services, such as contraception, pre-natal testing and abortion, is seriously impeded¹³.

Also some recent laws in other countries of the region refer to the fetus' right to protection. **Albania's** law on "voluntary interruption of pregnancy", though less restrictive than Polish, contains similar language. It states that its chief aims are to "preserve unborn life" and to protect demographic development¹⁴. Moreover, Albanian law imposes on a woman an obligation to wait a week until the abortion is performed. When possible, the husband or parent is expected to participate in the decision. In order to improve the quality of health care services and to offer a safe abortion, Albanian Ministry of Health drafted a special strategy with the aims of providing women with pre-abortion consultancy, post-abortion care,

¹³ His report will be presented at the 14th session of the Human Rights Council, to be held in June 2010.

¹⁴ Law No. 8045 of 7 Dec. 1995 on the Interruption of Pregnancy.

and family planning services like emergency contraception and counseling. The strategy includes also modernizing the procedure and recommends the pharmacological abortion and the manual aspiration with vacuum method.

Since the mid-1990's, nationalist and anti-choice groups have attempted to reform abortion laws and to restrict women's reproductive rights in **Macedonia, Poland** and **Ukraine**. Given the lack of access to contraception in the region, these restrictions would effectively deny women's reproductive self-determination and their basic human rights.

Despite the legal foundation for ensuring access to abortion in CEE region, reproductive rights are threatened by a coalition of religious leaders, and nationalist organizations. With declining birth rates a feature of many CEE countries, governments are increasingly promoting pro-natalist policies in an effort to encourage higher birth rates among particular segments of the population. For example, the government of **Macedonia** has recently proposed a bill imposing a tax on single people. Sex education and contraception in this pro-natalist climate are attacked as immoral and unpatriotic. These tendencies are manifest in several CEE countries, including Albania, Macedonia, Poland, and Ukraine.

	Abortion rate (per 1,000 women 15-49)	Abortion-related maternal deaths
Albania	11.3 (2006)	1 death (2006)
Georgia	104 (2005)	n/a
Macedonia	29.5 ¹⁵	13.7
Poland	0,91 ¹⁶ (2006)	n/a
Ukraine	17.0 (2008)	8 women (10,7% of maternal death) in 2008

Table 3. Abortion rates and number of abortion-related maternal deaths.

✓ **Sexual Education**

"In order to avoid conflicts with parents, Ukrainian Ministry of Education and school administrations provide adolescents with minimum information on HIV/AIDS prevention, abortions and Clinics Assessment of Youth Friendly Services. The sexual transmission of diseases including HIV is not described at all in school manuals for teens aged 12-16. School administrations expect parents and doctors to educate teenagers in safe sexual behavior. In

¹⁵ The data for the abortion rate is for year 20001 and it is taken from the UNPD World Abortion Policies 2007 and it relates to Female 15-44 year. Also, there is a difference between the reported (13.7) and estimated (23) maternal mortality ratio. The data is for year 2000 from the World Health Organisation 2006.

¹⁶ Source: <http://www.johnstonsarchive.net/policy/abortion/ab-poland.html> (last visited 02.06.2009).

*the same time, according to the MOH, only 58% of parents discuss pubescence and sexual relations issues with their children.”- reads report submitted by **Ukrainian** partner-organization. According to social stereotypes existing in Ukraine, sexual education provokes adolescents to early sexual contacts in age under 18 years old. In the same time, according to Ukrainian MOH, 90% of boys and 68% of girls aged 17-18 have sexual contacts. 2% of boys have sexual contacts at the age of 11-12. 6% of girls aged 13-14 are sexually active.*

Albania has introduced sexual education after the Cairo conference. Notwithstanding, this education is not sufficient, lacking a national curricula and, in most cases, the implementation of such education is let to the discretion of individual schools. A reproductive health survey conducted in **Georgia** in 2002 revealed the high level sexual activity among adolescent but the level of sexual education remains very low. Premarital sex in Georgia is still a taboo and the issues of introducing sexual education at schools raised large debate within the Georgian society. Therefore, young people do not have systematic access to an inclusive sexuality education. Similar situation prevails in other countries participating in the project. In **Poland**, schools are obliged to provide students with sexual education. Nevertheless, due to political reasons, schools fail to meet the obligation of offering sexual education instruction containing information on family planning, contraception methods and STI’s prevention, and both the Government¹⁷ and the Minister of Education¹⁸ are reluctant of fulfilling the obligations arising from the Act on Family Planning. Polish school curriculum provides for realization of the “Preparation for Family Life”, which is offered to pupils in secondary school (aged 15-18). Nevertheless, it is not obligatory but facultative. The content of the programme leaves a lot to be desired and by no means conforms to scientific standards. The vast majority of textbooks is not objective but present sexuality from the point of view of Catholic teaching. Among officially recommended by the Ministry of National Education textbooks, we find ones that state, for instance, that “masturbation causes infertility” or “contraception is a denial of a true love”. Such misinformation has consequences for young people in terms of their vulnerability for STIs including HIV/AIDS as well as teenage pregnancy. Furthermore, these textbooks strongly stereotype women and promote traditional model of family. They also present strong anti-choice discourse. According to **Ukrainian** Ministry of Education’s programme for schools, adolescents learn the special course “Foundations of Health” for pupils aged 11-13 (1 hour per week) and aged 14-15 (0.5 hour per week). Education providers of the course are teachers of biology or other teachers who consider the course as an additional time for teaching of their main subjects as they

¹⁷ The Report on Implementation of the Act for 2007 was submitted to the Parliament in February 2009.

¹⁸ For example, the Minister ignores numerous invitations to discuss the lack of sexual education in Polish school from the Group of Peer Sexual Educators Ponton.

have not been trained to provide comprehensive sexuality education to the pupils and appropriate teaching materials are lacking. In fact, teenagers have little or no access to comprehensive information about their SRHR, safer sex, consequences of STIs, etc. at schools. One of the aims of the governmental programme “Reproductive Health 2006-2015” is to increase the level of the sexual education of Ukrainian adolescents according to the EU standards. The topics of health education and family planning are not taught at the elementary nor secondary schools in **Macedonia**, although it has ratified the Convention on the Rights of the Child (CRC) stipulating the obligation of introducing sexual education into schools.

On the other hand, despite binding stipulations, Albanian, Georgian, Polish and Ukrainian governments fail to both facilitate the implementation of the existing regulations and monitor the progress of the jurisdiction. These unfortunate examples show that often the pressure to adjust national legislation to conform to international human rights standards generates laws which formally conform only to minimal global standards.

	Adolescent fertility rate (births per 1,000 women aged 15-19)¹⁹
Albania	16,11
Georgia	33,04
Macedonia	23,46
Poland	14,73
Ukraine	28,95

Table 4. Adolescents’ fertility rate

✓ **HIV/AIDS care and prevention**

Our region is seeing one of the fastest increases in the spread of HIV/AIDS worldwide. In 2004 there were an estimated 1.4 million people living with HIV across the region – a 40% increase since 2002. **Ukraine**, that together with Russia account for 90% of all people living with HIV in this region, has the worst HIV/AIDS epidemic in Europe, and one of the fastest growing epidemics in the world. Human Rights Watch’s research in 2005 and 2006 found that Ukraine’s efforts to fight HIV/AIDS are being undermined by widespread human rights abuses against drug users, sex workers, and people living with HIV/AIDS in the criminal justice and

¹⁹ Data in tables comes from Gender Gap Index Report, 2007: <http://www.weforum.org/pdf/gendergap/report2007.pdf> (last visited 13.02.2009). The countries participating in the project have following rank: Albania 66, Georgia 67, Macedonia 35, Poland 60, Ukraine 57.

health systems²⁰. In all the countries participating in the project there is a National Plan or Programme designed towards developing anti-HIV/AIDS strategy. Nevertheless it is often the lack of material resources that hampers combat against the problem and prevent its spread on a wider-scale. Criminal codes of the countries participating in the project were also modified to include provisions for criminal responsibility in cases of violating confidentiality of HIV patients with regard to disclosure of information derived from medical examination.

	HIV prevalence rate (15 – 49):	HIV prevalence rate in young females (ages 15-24):	HIV prevalence in young males (ages 15-24):	Number of deaths due to AIDS:
Albania	308 cases up to now	n/a	n/a	53 at 2008
Georgia	0,1 % (adult prev. rate)	n/a	n/a	75 in 2007
Macedonia	<0.1	n/a	n/a	<10
Poland	0,1 (12 068 infections since 1985)	n/a ²¹	n/a	962 since 1985
Ukraine	1.6 in 2007	1.5 in 2007	1.5 in 2007	19000 in 2008

Table 4. HIV/AIDS statistics

✓ **Maternal Health and Reducing Maternal Mortality Rate**

In **Ukraine**, the honor of “Mother Heroine” is awarded to mothers of 10 children, all of whom were still living when the last-born celebrated its first birthday. In **Albania**, mothers who have given birth to 6 children and more and have 30 years of work may retire 10 years in advance, that is, since 50 years of age. The prevalence of stereotyped roles of women in Government policies in the family and in public life based on patterns of behavior and attitudes that overemphasize the role of women as mothers is typical for all the surveyed countries. Promotion of maternal health and actions headed towards reducing maternal and infant mortality have strong position on the RH-related agenda in the region. In **Albania**, country with the highest maternal mortality rate in Europe, the National Strategy of the Health Care System, the Policy on Primary Health Care, and the National Strategy for Development and Integration, with a focus on improving the health of mother and child, had

²⁰ <http://www.hrw.org/en/news/2006/10/23/ukraine-end-human-rights-abuses-fueling-hiv-aids> (last visited 2009.02.07)

²¹ Among 54 infected persons registered in 2008, there were 38 males and 15 females (lack of data regarding sex of one person). Source: <http://www.aids.gov.pl/?page=epidemiologia&act=pl&id=1> (last visited 02.06.2009)

been developed in order to address the issues of infant and maternal mortality. In **Macedonia**, in order to facilitate the provision of primary and preventive health care by the health centers, the State undertakes measures and activities such as the adoption of annual programmes (Programme for Early Detection and Prevention of Diseases of Reproductive Organs in Women; Programme for Active Maternal and Child Health Care etc.) protecting women during pregnancy, delivery, and the postnatal period.

The lack of detailed and reliable health data, however, constrains analysis and responsive policies and programmes in our region. Overall, the legal systems of the countries participating in the survey fail to provide women with comprehensive health care system. On the other hand, some positive developments were reported by our informants. For example, in **Georgia**, since the introduction of the mandatory medical insurance programs and children medical care state programs (in 1995), safe delivery, pre- and peri-natal medical care, raise of education of women, sub-programs for the high risk pregnant women, women in child-birth and infants have to an extent facilitated improvement of the health of the population.

	Births attended by skilled health staff (as % of total)	Infant mortality rate (per 1,000 live births)	Maternal mortality ratio (per 100,000 live births)
Albania	94	22	55
Georgia	96	41	32
Macedonia	98	17	13
Poland	100	7	10
Ukraine	99	14	38

Table 6. Maternal and infant mortality

4. Gender Equality in Public Sphere

In CEE, gender inequalities are also staunchly embedded in the private sphere of patriarchal dominance and in the social sphere of patriarchal culture as reflected in a general lack of access to politics, lower pay for equal work, and women's responsibility for household management and reproductive labour. In accordance with article 1. of the CEDAW, a definition of discrimination against women should be included in the appropriate domestic legislation and the state should put in place procedures for the effective implementation, monitoring and enforcement of such legislation. Although Constitutions of Albania, Georgia, Macedonia, Poland and Ukraine guarantee the equal status of men and women, no country

has a law specifically defining and banning discrimination based on sex or/and gender. **Ukrainian** Ministry of Family and Youth has developed the Programme of Gender Equality for 2006-2010 where principles of Action for Equality and Women's Convention were included. According to the reports submitted by participants from Albania, Georgia and Macedonia the legal environment for women's rights did not change since ratification of CEDAW in 1994. Also activities inspired by access to Beijing Platform for action have remained declaratory in most of the countries of the region. A number of strategic objectives remained unaddressed in National Action Plans. Moreover creation of such plans has not been accompanied by establishment of effective mechanism to monitor implementation of the respective plan.

✓ **Passing Bill on Gender Equality**

The first definition of discrimination in **Albania** was formulated in the bill "On Gender Parity in Society" that had been adopted in 2004. The new draft of the "Law On Gender Parity in Society" (2006) considers equal gender representation, the representation of each gender with no less than 30% in one institution, management level, nominated body or political party. Articles 78 and 83 point 1 of Albanian Constitution guarantee 30% of representation of each gender in all bodies of legislative, executive and judicial power and other public institutions. It further states that the principle of gender equality should rule the process of nomination in these bodies and imposes the 20-30% quota of gender representation on the party list of candidates. The female and male candidates' names are supposed to be listed alternately. Furthermore, if political parties violate provisions of article 20 of this law, they cannot receive State funds to exert their activity until the violation correction. This proves to be useful provision: Albanian Democratic Party statute states that, "the number of women should not be less than 20 % of the number of members of presidency that comes out of polls. If this criterion is not met in the listing issued after the voting, then their listing is separated from the general listing. The of Albanian Socialist Party statute states that: the list of candidates for members for Party management forums and Party representatives in legislative and executive power bodies in all levels should contain no less than 20 % females. This Party program mentions gender parity in the part "Our Fundamental Values". In **Georgia**, none of the state ministers are women at present while there have been two women ministers in 2007-2008 (compromised of 17 ministers). Moreover, women's representation in the parliaments is less than in the previous years – 6% of the Members of Parliament and no special provision establishing the benchmarks regarding women's participation. In general, the domestic legislation of Georgia does not speak in favor of one or another sex, though legal basis for eliminating discrimination against women and ensuring

gender equality is largely problematic and, in this regard, adoption of a Gender Equality Law stays a major concern for the women's NGOs, although in 2006 the "Law on Elimination of Domestic Violence, Protection and Support to its victims" and the "Law on Trafficking" have been passed. **Macedonian** "Law on Equal Opportunities for Men and Women" seems to focus primarily on gender-based discrimination in the field of employment and work, and fails to provide a definition of the discrimination accordingly with the CEDAW's prescription. In **Poland**, the legislation now prohibits direct and indirect discrimination in the area of employment, but there is no general antidiscrimination law that contains a definition of discrimination against women in accordance with article 1 of the Convention, encompassing both direct and indirect discrimination, and covering all areas of the Convention. A draft bill on gender equality is repeatedly being rejected by the Parliament (Sejm), most recently in June 2005. **Ukrainian** Presidential decree "On improving the social status of women" was introduced in 2001. The law "On ensuring the equal rights and opportunities of men and women" and the "State Programme on Gender Equality in Ukrainian Society till 2010" were adopted in 2006 in Ukraine. The agenda of the Programme includes forming and implementing the state gender policy, changing Ukrainian laws in compliance with EU laws with regard to gender equality, development of institutional mechanisms to ensure gender equality and changing all legislative acts in compliance with the law but there is no mechanism to supervise the implementation of the laws. This is quite an ambitious agenda, but due to lack of any enforcement monitoring mechanism, it is not effectively implemented.

✓ Equality on Labour Market

	Length of paid maternity leave	Maternity leave benefits (% of wages paid)	Provider of maternity coverage	Female adult unemployment rate (%)	Male adult unemployment rate (%)	Women in non-agricultural paid labour (as% of total labour force)	Ability of women to rise to positions of enterprise leadership
Albania	365 days	80% prior to birth and for 150 days and 50% for the rest of the period	Social security	18	13	40	5,21
Georgia	126 days	total amount paid for the entire maternity leave period - 600 GEL (approximately 300 EURO)	State budget	12	12	45	5,44
Macedonia	n/a	n/a	n/a	36	37	42	5,58
Poland	16 weeks	100%	Social security	20	18	48	3,86
Ukraine	126 days	100%	Social security	8	9	54	4,46

Table 7. Equality on the labour market

The disparities between men's and women's share of power are prevalent also on the labour market. Although all of the countries participating in the project failed to prepare and pass a law explicitly prohibiting discrimination²², several laws aimed at eliminating discrimination against women and promoting gender equality were adopted. For example, article 9/1 of new **Albanian** Labour Code prohibits all forms of discrimination in work and profession, whereas paragraph 2 of this article provides for definition of discrimination in employment relations. The government of **Georgia** had elaborated a draft national employment programme, which incorporated a comprehensive programme relating to female employment, to address the problems of female unemployment, losing jobs in typically female sectors, and women's poverty. In addition, there is largely a dispute concerning the discriminative character of the Labour Code of Georgia adopted in 2006. Polish amendments to the Labour Code of 2001 and 2002 included a new chapter on the equal treatment of women and men and provided definitions for direct and indirect discrimination on the labour market. In **Ukraine**, the Equality Act prohibiting the gender discrimination, inclusive in the labour relations was adopted in January 2006 and guarantees protection from discrimination by state. The CEDAW protects women's right to non-discrimination in the workplace explicitly in Article 11(1): "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights." The two of the Millennium Development Goals concern an increase of gender equality in the employment sphere and an equal access to political sphere and all levels of decision-making. Therefore, governments are bound to ensure that women have the right to the same employment opportunities, the right to free choice of profession and employment, the right to promotion, training, job security and benefits, equal pay for equal work, equal access to unemployment, retirement, and sick pay benefits, and a right to a safe working environment. In spite of the new regulations heading towards protection of women on the labour market present in the legislation of all the countries participating in the current project, there is no juridical practice to protect women against gender discrimination at the labour market. For example, the courts of Ukraine have not examined such cases at all. Another unaddressed problem is discrimination that women experience on the basis of age, which makes it difficult for them to enter and re-enter the

²² Poland has just been referred to the European Court of Justice (ECJ) for non-transposition of EU rules prohibiting gender discrimination in access to and supply of goods and services (Directive 2004/113/EC). Equal treatment is a fundamental right in the EU and this Directive is crucial to tackling discrimination on the basis of gender. The deadline to bring into force the laws, regulations and administrative provisions necessary to comply with the Directive expired in 21 December 2007. The Commission sent the Polish authorities a Reasoned Opinion – the second stage of infringement proceedings – in June 2008, giving them two months to reply. They informed the Commission that they were in the process of preparing the necessary measures to fully transpose the Directive but have not yet communicated the adoption of these measures. Consequently, the Commission has decided to bring the case to the ECJ.

labour force. The new phenomenon is a "digital gender gap" within many countries, as women often find themselves occupying lower-level information and communication technology jobs while men rise to higher paying, more responsible positions²³. A systematic discrimination against women in the recruitment and hiring processes in Ukraine is an important problem that has not received sufficient attention to date. A particularly visible and egregious aspect of this discrimination are the job advertisements that often specify gender among the list of requirements for work in businesses and government agencies, dissuading women from even attempting to apply for jobs that match their professional qualifications (against ICCPR).

✓ Women's Participation in Decision-Making

	Year right to vote granted to women	Highest of women members of parliament (MPs) 1974-1985	% women MPs, 1990	% women MPs, 1992-94	% women MPs, 1996-98	% women MPs, 2007	% women ministers, 2007
Albania	1920	31,8%	32,4%	20,4%	7,1%	7%	5%
Georgia ²⁴	1921	n/a	n/a	6%	6%	9,4%	16%
Macedonia	1946	n/a	4.2%	4.8%	7.5%	31.7%	12.6%
Poland	1918	20%	13%	10%	13%	20%	6%
Ukraine	1919	36%	3%	5,7%	8,1%	9%	6%

Table 8. Women's participation in politics

In accordance with article 4, paragraph 1, of the CEDAW, the signatories are supposed to introduce temporary special measures to increase the representation of women in elected and appointed bodies. The lack of women in decision making bodies is not a result of voting behavior but comes as a consequence of parties' nomination practice. The CEE countries face difficult challenge of dispelling false impressions regarding quotas that are often seen as a communist relict leading to involve "token women" into legislative and governing bodies.

²³ International Labor Organization, Press Release, "ILO's World Employment Report 2001: Despite Improved Employment Outlook, Digital Divide Looms Large" 24 January 2001: <http://www.ilo.org/public/english/bureau/inf/pr/2001/03.htm>

²⁴ During Soviet period, Georgia had 30% of women in the executive branch what can not be considered as a parliament. This representation later reduced to 6 % only. In 2004, 3 women ministers were appointed and at present Georgia has no women ministers.

Women are traditionally actively as voters and grass-root level activists of the political parties however fail to obtain key positions in the lists of the candidates.

The **Albanian** law On Gender Parity in Society had been adopted in 2004. In order to achieve gender parity standards in accordance with international documents and to make this law applicable in practice, the Parliament reviewed the law in 2006, and, as a result, proposed and passed the new bill On Gender Parity in Society offering a fuller definition of gender discrimination being in full accordance with the definition of discrimination given by CEDAW. Presently, the main direction in the Albanian Strategy Of Gender Parity 2007-2010 is the increase of gender balance in decision making. The Law On Gender Parity in Albania, sanctioning the equal positioning for both sexes in the field of employment education and decision taking, was adopted in 2007. In **Georgia**, the Commission for the Elaboration of a State Policy for the Advancement of Women was established in 1998 and the adoption of the National Plan of Action for the Advancement of Women for 1998-2000 followed; however, adoption of this and the followed Action Plans did not address women's representation at the decision-making levels. The introduction of quotas is promoted by NGOs in Georgia, where a draft of the bill had been submitted to the Parliament. During the Presidential Elections in Georgia in 2008 there was one female candidate registered but did not get any serious support and electoral base. Currently, women's representation in the political decision-making processes is minimal. The temporary special measures are neither provided in the law nor used by the State as a policy to accelerate the achievement of the de facto equality between women and men in all areas of the Convention. The introduction of the 30 per cent quota for each gender in the Law on Election of Members of Parliament and the Law on Local Elections has not produced the desired results as women continue to be underrepresented in elected bodies. Also, the representation of women in **Macedonian** appointed bodies and at the international level remains low. The Macedonian Law on Election of Members of Parliament and the Law on Local Elections were amended respectively in 2002 and 2004 in order to ensure that both sexes are represented with a quota of at least 30% in the list of nominated candidates for elections to the Parliament, the municipal councils or the Council of the City of Skopje. Furthermore Macedonian government has established a number of gender equality committees at the local level, aimed at mainstreaming gender perspectives into local policies. Macedonian National Plan for Action and Gender Equality (NPA) was also created with a goal to implement the Beijing Platform and Program for Action. During elections in 2007 in **Ukraine**, only one political party- Block of Vladimir Litvin announced gender equality in all spheres of life to be its priority²⁵. Regrettably, after the election in 2008 the share of women

²⁵ Litvin's party has the lowest representation of women in the Parliament as a result of 2007 elections (5%). The highest representation of MPs-women (18,5%) has the Communist party.

in Ukrainian Parliament is only 8,2%, which is lower than before: 8,7%. Julia Timoshenko is one of very few women- prime ministers in Europe, but Ukrainian society does not support the idea of woman-politician. In accordance with all-Ukrainian survey only 17% of population would like a woman to be a president of Ukraine, 19,3%- most probably would like; 20,5%- most probably would not like; 26% - definitely would not like²⁶. Besides Timoshenko, there is only one more woman-minister among 20 ministers in the Government.

Although formal restrictions for women's participation in political life do not exist in CEE, patriarchal stereotypes on gender roles, women's triple burden and women's limited economical resources have determined men's predominance in political parties and power structures and women's absence in politics. The low representation of women in governance structures limits their contribution to shaping and managing the democratic development.

✓ **Monitoring Mechanisms**

The instruments created in order to implement Beijing Platform for Action have greatly contributed to the promotion of women's participation in decision- making. In **Albania** the Committee for Equal Opportunities is responsible for monitoring women's equal access to decision making and labour market. Since 1994 government of **Georgia** has undertaken endeavors to establish a national mechanism for ensuring women's advancement and gender equality policy in Georgia. However, dynamics of such initiatives estimate their ineffectiveness at almost every stage of their existence. The State Commission on Gender Equality established in 2006 has undergone a number of alterations and currently is absolutely inactive and formal excluded from monitoring and coordinating implementation of gender equality policy in Georgia. Similar developments took place in **Poland**, where the government had established the position of the Plenipotentiary for Equal Status of Women and Men, but then replaced it with the new Department for Women, Family and Anti-discrimination run by the Labour and Social Policy Ministry. As a result, attention to discrimination against women is limited to the field of employment, and the visibility of gender equality issues across the full range of fields covered by the Convention is further reduced. In **Macedonia**, the Unit for the Promotion of Gender Equality within the Ministry of Labour and Social Policy was established. However, the national machinery for the advancement of women does not have sufficient visibility, decision-making power or financial and human resources to promote effectively the advancement of women and gender equality, and that not all municipalities have created gender equality committees.

²⁶ http://www.neww.org/download/EU-CIS_Gender_Watch-Ukraine.pdf

In **Ukraine**, the Millennium Development Goals for Ukraine were adopted in 2003; furthermore a Ministry for Family, Children, and Youth of Ukraine, with an administrative body for gender policy was created in 2004 and the State Programme on Gender Equality by 2010 was adopted in 2006. Finally, in 2007 the Ministry of Justice ordered to examine Ukrainian legislation according to gender equality (2007). Ukrainian National Action Plan was created to implement the provisions of the Millennium Declaration and Millennium Development Goals, specifically directed at achieving by 2015 of a ratio of 30% to 70% of gender representation at the highest positions of state power and in Parliament, and also a reduction by a factor of two of the difference in salaries between men and women. It is important to note that a lack of the special bodies and mechanisms meant for protection of women from discrimination that influences a low number of lawsuits that are filed in connection with discrimination against women.

According to the information provided by participants, if any kind of the national machinery for the advancement of women exists, it does not have sufficient visibility, power or financial and human resources to effectively promote the advancement of women and gender equality. As it concerns organizational structure, the evident lack of vision regarding the shape of equality monitoring body results in frequent reorganizations.

4. Conclusions:

The available data gives good grounds to conclude that the process of market transition has brutalized the gender discrimination in economy, reduced the economic opportunities for female workers and contributed to deterioration of social conditions for their careers. Despite effort taken towards adjusting national legislation to obligations imposed by international human rights treaties, Constitutions of participating countries don't consolidate main rights and freedoms of human beings in conformity with international legal instruments which guarantee equal rights for men and women. Moreover, women seldom use existing laws to challenge acts of discrimination. Therefore there is a pronounced need to introduce separate legal provisions guaranteeing equality of men and women, including access to reproductive and sexual rights, and explicitly prohibiting discrimination based on sex, religious affiliation or ethnic origin. It is also crucial to establish effective institutional support for women's interest that would be in charge of implementing government policies on women's and family issues, coordinating and evaluating programmes, drafting proposals for new legislation and/or amendments to existing legislation on family and women's rights in accordance with international standards, and supporting the activities of non-governmental organizations (NGOs) in regards to women and family.

5. Key Findings

- lack of political will on behalf of governments to prioritize RH and gender equality agenda
- policies on fighting gender-based discrimination exist but are poorly implemented due to weak government's commitment
- intolerant religious fundamentalisms and conservative forces obstruct introduction of RH agenda
- funding for promotion of reproductive health and reproductive health supplies from country government is increasingly fragile in both the short- and long-term as donors withdraw support
- advocacy against gender-based discrimination is remains a new issue for many civil society organizations, who are often viewed by governments as service providers, despite their advocacy capacity
- support of civil society advocacy is key to promote and monitor the necessary increase in commitments from national governments

During last two decades gender disparities have increased in all of the participating countries owing to the process of transition to a market economy. While the restructuring process had entailed a series of progressive developments in society as a whole, women were encountering greater disadvantages as a result of the increase in their workload, inadequate child-care services and shrinking job opportunities; social changes were leading to a stratification that went beyond the social plane and was also directly apparent between the sexes. The national laws either do not provide adequate, accessible and affordable enforcement procedures and legal remedies for violation of women's human rights in public and private sphere or are not enforced in effective way.

The analysis of data suggests that reproductive health remains neglected in national health care programs. There is a need for a comprehensive research into the specific health needs of women, the full implementation of a life-cycle approach to women's health, the financial and organizational strengthening of family planning programmes and the provision of wide access to contraceptives for all women and men.

The survey results reveal that further steps are required in order to ensure de jure and de facto equality for women. The countries have not undertaken a comprehensive review of laws to ensure conformity with the CEDAW, and the governments lack understanding of

gender equality in the context of democratization, human rights and European integration. Although ratification of the CEDAW, ICPD and MDG commitments marked the starting point for integrating international high standards into domestic legal systems, it often happens that current practice does not provide mechanism that would ensure that women had equal opportunities with men.

The main problem regarding the implementation of obligations resulting from the states' adherence to international treaties appears to be: absence of both implementation mechanisms and budget provided for the fulfillment of the adopted national strategy; lack of actions of the respected state bodies aimed at improvement of the situation and lobbying of the necessary changes regarding women's access to rights, resulting from lack of political will and growing influence of religious fundamentalisms. The existing national machinery should be strengthened in order to make it more effective by providing it with adequate visibility, power and human and financial resources and enhancing coordination among the existing mechanisms at the national and local levels. The resource allocation remains important barrier to reproductive health and rights – reports from Albania, Georgia and Ukraine underlined that insufficient budgetary financing remains fundamental problem with regard to implementing the plans of action.

However, thanks to the presence of human (and women's) rights discourse in public life, society and governments in CEE gradually recognize significance of gender equality, as a necessary condition for sustainable development and overall realization of human potential. The findings are remarkably robust: international legal commitments improve the power of accountability mechanisms to demand and elicit social change. Once again, international law plays a crucial supporting role for those who would hold government to their word. Women's Rights and International Law may be a weak read, but it should be nurtured as perhaps the best hope we have to realize ideals of human dignity and equal opportunity.

List of Acronyms

CEDAW	Committee on the Elimination of Discrimination against Women
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
CRC	Convention on the Rights of the Child
CSO	civil society organizations
DSW	German Foundation for World Population
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
MDG	Millennium Development Goals
MOH	Ministry of Health
PAI	Population Action International
RH	reproductive health
RMA	Resource Mobilization and Awareness
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Infections
UN	United Nations

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