

# EU Enlargement Report 2026: IPPF EN contribution on sexual and reproductive health and rights and gender equality

## CONTRIBUTING PARTNERS

### IPPF European Network



We are a regional network of the International Planned Parenthood Federation, working in over 40 countries in Europe and Central Asia, radically committed to social and gender justice. We provide care, promote choice, and enable access to high-quality sexual and reproductive health and rights (SRHR) information and services for everyone, everywhere.



### Centre for Population Policies and Sustainable Development – Serbia

We are working on human and women’s rights, SRHR, and reproductive justice, in collaboration with various partners and communities across Serbia. We engage in advocacy, service provision, and coalition building, with a focus on vulnerable and marginalised groups.



### Kaos Gay and Cultural Research and Solidarity Association – Türkiye

We fight for the human rights of LGBTI+ persons in Türkiye. We carry out activities through human rights approach, media and communication, refugee rights, academic and cultural rights, and sexual and reproductive rights programs. We engage in advocacy, lobbying, human rights monitoring and reporting, journalism, cultural and academic journal publishing.



### Health Education and Research Association – North Macedonia

We are the leading civil society organization in North Macedonia, promoting and advocating for SRHR and gender equality. We are the largest national non-profit service provider for youth, women, and marginalized groups, addressing gender-based violence, SRH care, and mental health well-being.



QENDRA SHQIPTARE PER POPULLSINE DHE ZHVILLIMIN  
ALBANIAN CENTER FOR POPULATION AND DEVELOPMENT

### Albanian Centre for Population and Development – Albania

We work to improve policies and legislation, and access to information and services related to population and development issues, with a focus to SRHR for women, young people and vulnerable communities.

## 1. INTRODUCTION

IPPF EN and Member Associations from Albania, North Macedonia, Serbia, and Türkiye are pleased to submit a written input to EU Enlargement package reflecting developments during the 2025 reporting year within the relevant chapters of the acquis. The report highlights ongoing barriers to sexual and reproductive health and rights (SRHR) and gender equality and provides recommendations to strengthen SRHR as a fundamental set of rights and a precondition for achieving gender equality.

Through its annual Enlargement Reports and consultations with civil society organisations (CSOs), the European Commission plays a key role in promoting respect for human rights in candidate countries, as part of the Copenhagen criteria. The findings of these reports are widely used by activists and advocates to advance human rights at local and national levels. We therefore hope this report will be useful to the European Commission in assessing developments and the level of protection of SRHR as democracy right in these countries.

## 2. EU GENDER STRATEGY AND IMPACT ON CANDIDATE COUNTRIES

The EU Gender Equality Strategy places SRHR at the core of its commitment to gender equality, framing it as essential to women's autonomy, health, and human rights. It promotes improved access to healthcare, stronger protection from gender-based violence, and the removal of discrimination, while encouraging Member States to align national policies with EU democracy and human rights standards.

For EU candidate countries in the Western Balkans and Turkey, the strategy serves as an important policy benchmark and reform driver towards democratic, inclusive and equal society. Through the EU accession process and related funding instruments, these countries are encouraged to harmonize legislation, improve access to SRHR services, and strengthen institutional capacities. This often leads to gradual policy alignment with EU norms, particularly in areas such as reproductive health services, gender-based violence prevention, as well as to promoting and adhering to non-discrimination and LGBTQI+ inclusivity framework. However, progress varies significantly due to political context, civil society space, harmful social norms, and healthcare system capacity.

## 3. DEMOCRACY AND GENDER EQUALITY EROSION

Overall, despite positive policy commitments and steps taken by governments, system capacities and implementation remains largely insufficient. In some countries, there has been a serious democratic and gender backlash, driven by the rise of authoritarian tendencies and the growing political influence of anti-gender actors through coordinated and well-resourced transnational approaches over the past 12 months. As a result, gender inequalities, discrimination, gender-based violence, and barriers to accessing SRHR services continue to negatively affect the health and social well-being of women, young people, and marginalized groups.

In 2026, civic space in **Serbia** continued to shrink, with increasing pressure on civil society activists, independent media, and academia. Police intervention in universities during the March student protests indicates growing restrictions to fundamental freedoms and rights. While gender equality frameworks exist, their enforcement remains extremely weak due to no political will of the current Government and limited institutional capacity. Local initiatives exist, but are hindered by insufficient funding, weak monitoring, and inconsistent implementation.

In **Türkiye**, 2025–2026 developments indicate a continued and intensifying policy and legislative trend targeting LGBTI+ rights, particularly affecting trans persons. A leaked draft bill in February 2025 proposed amendments to the Criminal and Civil Codes that would severely restrict legal gender recognition and access to trans-specific healthcare, while introducing criminal penalties for expressions of gender diversity and same-sex relationships. Although these provisions were not included in the 11th and 12th Judicial Packages, public announcements confirm ongoing governmental intent to advance such restrictive legislation, reflecting alignment with anti-LGBTI+ approaches seen in other countries.

In **North Macedonia**, recent anti-gender developments highlight deeper institutional influence. Anti-gender actors became part of the parliamentary majority in 2024, contributing to policy regressions in the education system in 2025. As a result, concepts related to SRH, gender equality, and anti-discrimination protection were removed from the new Law on Primary Education and the Law on Textbooks and Educational Materials for Primary and Secondary Education, marking a serious backlash in aligning education policies with the human rights and gender inclusivity framework.

Although **Albania** continues to advance its EU accession process, including through the adoption of the 2026–2030 National Action Plan for Equality, Inclusion, and Participation, a significant gap remains between policy commitments and implementation. Women, young people and vulnerable groups continue to face limited access to services, inconsistent local funding, and barriers to information, particularly in rural areas. In addition, bureaucratic obstacles restrict the effective role of civil society in monitoring service delivery, highlighting the need for stronger accountability mechanisms at both local and national level.

## 4. COUNTRY REPORTS

Each country's submission is structured along the following headings, mirroring the structure of EU country progress reports.

1. **Functioning of democratic institutions: Democracy**
  - A supportive and enabling environment for civil society
2. **Chapter 23: Judiciary and fundamental rights**
  - Gender equality
  - Gender-based violence
  - Non-discrimination of vulnerable groups
3. **Chapter 26: Education and culture**
  - Shape, content and implementation of the CSE
  - Prevention of sexism, hatred, misogyny and stereotypes through education
4. **Chapter 28: Customer and health protection**
  - Protection of reproductive health
5. **Chapter 19: Social Policy and Employment (for North Macedonia only)**

We hope that the information provided by our member association and collaborative partners will be useful in the process of drafting of the upcoming Enlargement Reports. For any further questions or concerns about the report, please contact:

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## 4.1 SERBIA – CENTER FOR POLICY CREATION & SUSTAINABLE DEVELOPMENT

### Key development within reporting period

- **Civic space** in Serbia has further narrowed, with increasing pressure on CSOs, independent media, and academic actors. Reports from late 2025 and early 2026 point to intensified intimidation, negative public narratives targeting CSOs, and limited engagement with state institutions. Police intervention in university premises during protests in March 2026 indicates an expansion of political pressure beyond traditional civil society actors.
- The gap between commitments and implementation in **gender-based violence** remains significant. Despite an existing legal and policy framework, cases of femicide continue to be reported, often following prior incidents of reported violence, pointing to systemic challenges in risk assessment, prevention, and institutional coordination.
- **Gender equality** framework remains in place, but its enforcement is uneven and institutional capacity are limited. While some local and institutional initiatives have been introduced, their impact remains constrained by insufficient funding, weak monitoring, and inconsistent implementation.
- **Access to SRH services** continues to be limited in practice. Data indicate low usage of modern contraceptive methods (40.4%), continued reliance on less effective traditional methods (17.1%), and uneven access to counselling and services across regions. Financial barriers persist, as modern contraceptives are not reimbursed from the national health insurance coverage.
- **Vulnerable groups**, including LGBTQI+, Roma communities, and people living with HIV, continue to face discrimination, stigma, and barriers in accessing services. Various reports highlight persistent socio-economic exclusion, gaps in healthcare provision, and the prevalence of hate speech in public discourse.
- While Serbia is primarily a transit country for **migrants**, structural challenges in access to asylum protection, and basic services persist, with ongoing concerns related to legal uncertainty, limited integration capacity, and risks of rights violations.

### I. Functioning of democratic institutions: Democracy

Since September 2025, civic space in Serbia has further deteriorated, including for civil society organisations, with the country downgraded to a “repressed” category by [CIVICUS](#). Reports published in late 2025 and early 2026 indicate increasing pressure on civil society, journalists, and the academic community, particularly in the context of ongoing protests, including the use of force

against demonstrators and incidents such as the [March 2026 police intervention](#) at university premises, signalling a widening scope of repression beyond [traditional NGOs](#). CSOs are affected by broader patterns of intimidation, surveillance, and delegitimization, including negative narratives portraying them as “foreign agents,” as well as legal and administrative pressures such as proposed legislation targeting [foreign-funded organisations](#). While formal mechanisms for civil society participation exist, international sources highlight a significant gap between commitments and implementation, with limited protection for human rights defenders and increasingly superficial dialogue. Consequently, some organisations have [suspended cooperation with authorities](#). This environment has negatively impacted their work by restricting access for dialogue with decision-makers, limiting outreach and advocacy, and increasing risks for activists and organisations.

**Recommendation:** Strengthen the enabling environment for civil society by ensuring consistent application of legal guarantees for freedom of association and expression, including structured dialogue and protection mechanisms for human rights defenders.

## II. Chapter 23: Judiciary and fundamental rights

### A. Gender-based violence

While Serbia has yet not introduced comprehensive legislation on gender-based violence, existing laws, including the Law on Prevention of Domestic Violence, remain insufficiently implemented. CSOs continue to report cases of femicide, often preceded by previously reported violence, highlighting the persistent failures in institutional risk assessment and prevention mechanisms. In 2025, Serbia recorded at least [17 femicides](#), including a December case in Leskovac, where a 50-year-old woman was killed by her partner in a public setting, marking the 2nd such incident in the city within a single month. By early 2026, new cases continued to be reported, including a femicide in [February 2026](#) in Kruševac, which prompted further public reactions and calls for accountability.

Violence against women has been increasingly visible in public and digital spaces. [Reports](#) from late 2025 highlight physical attacks, threats, and harassment against women protesters, journalists, and activists, as well as intimidation and harassment via online platforms. Despite repeated government commitments to combat violence against women, including participation in international initiatives and policy frameworks, implementation remains limited. Key strategic documents, including the Strategy for Prevention of Violence against Women (2021–2025), is partially implemented. Serbia lacks a centralised [femicide monitoring system](#), and criminalisation of femicide as a distinct offence has not been introduced. Coordination among police, centres for social work, and the judiciary remains weak, leaving victims with inadequate protection and limited access to justice.

Public discourse and media reporting continue to reflect harmful gender stereotypes. Analysis published in early 2026 shows that in 35% of media reports on violence against women, victims’ identities were disclosed, and reporting often included sensationalist or [misogynistic narratives](#). Such coverage contributes to victim-blaming and undermines public trust in institutions. Vulnerable groups, including Roma women, women in rural areas, and women with disabilities, continue to face additional barriers in accessing protection, support services, and justice. Available case reporting indicates that a significant proportion of femicide victims had previously reported violence to institutions, pointing to persistent gaps in risk assessment, inter-institutional coordination, and preventive response mechanisms.

**Recommendation:** Improve institutional response to gender-based violence through stronger coordination between police, social services and judiciary, establishment of a centralised femicide monitoring mechanism, and strengthened accountability.

## B. Gender equality

While Serbia maintains a legal framework for gender equality, including the Gender Equality Law and institutional structures such as the Coordination Body for Gender Equality, implementation has continued to fall short in the last 12 months. Enforcement gaps and limited institutional capacity constrained the effectiveness of legal protections, leaving women exposed to discrimination in employment, political participation, and access to public services.

During this period, some institutional initiatives sought to strengthen gender equality. In March 2026, the [University of Belgrade](#) adopted a Gender Equality Plan 2026–2030, aiming to improve gender balance, awareness, and equitable participation in higher education and research. At the municipal level, the city of [Kragujevac](#) launched the Local Gender Equality Plan for 2025–2027, focusing on education, employment, and access to services for women. However, progress in implementing these plans has been uneven, and funding and monitoring remain limited.

**Recommendation:** Enhance implementation of gender equality frameworks through adequate budget allocation, monitoring, and improved access to sexual and reproductive health services, including public coverage of modern contraceptives.

## C. Non-discrimination of vulnerable groups

Vulnerable groups in Serbia have continued to face intersectional discrimination, harassment, and limited access to essential services, with institutional challenges and social prejudice affecting their ability to fully enjoy their rights.

LGBTIQ+ face high levels of discrimination and social exclusion, despite an existing anti-discrimination legal framework. Recent local analysis and media reporting indicate that [transgender and gender-diverse persons](#) in Serbia continue to face significant practical barriers in healthcare settings, including lack of institutional knowledge among medical providers and limited training on trans health needs, resulting in inconsistent or discriminatory treatment; the Commissioner for the Protection of Equality highlighted the absence of clear rules on which health professionals should provide trans-specific care and the need for specialised training, while regional reporting documented trans patients encountering lack of expertise, insensitive interactions, and discrimination in clinical encounters.

Hate speech targeting sexual minorities remain prevalent in media and public discourse, with [monitoring reports](#) identifying sexual minorities among the most frequent targets of harmful and discriminatory narratives. Recent data show that many LGBTQI+ experience lower income levels and [economic marginalisation](#), indicating that formal legal protections are not effectively implemented in practice.

According to the A11 Initiative, Roma continue to face deep social exclusion, poverty and systemic barriers in access to employment, social protection, housing and healthcare, with extreme poverty in some cases being [instrumentalised for political purposes](#), particularly during election periods. At the same time, the Commissioner for the Protection of Equality condemned recent incidents involving the political exploitation of [Roma children](#), describing such practices as degrading,

discriminatory and a violation of the dignity of a vulnerable minority group.

Despite medical progress and global targets to end HIV by 2030, people living with HIV in Serbia continue to face significant stigma and social exclusion. Although antiretroviral therapy enables people with HIV to live long and stable lives, societal attitudes, [prejudice and lack of awareness](#) continue to negatively affect their quality of life and access to services. Additionally, data show that new HIV cases continue to be recorded annually, confirming that HIV remains a relevant public health issue in Serbia, with persistent challenges related not only to prevention and treatment, but also to discrimination.

While the number of migrants in Serbia declined in 2025, structural challenges and human rights concerns persist. [9,567 migrants](#) were recorded in 2025, nearly 50% fewer than the previous year, with only a small number accommodated in reception centres, suggesting that Serbia remains primarily a transit country. [CSOs monitoring](#) highlights systemic barriers in access to asylum and protection, including reports of backlash, informal deportations, limited access to registration procedures, and increased use of detention and return measures without adequate safeguards. [Experts](#) warn that Serbia faces ongoing challenges in integration capacity and coordination, with a highly centralised migration management system and limited local-level support structures.

**Recommendation:** Strengthen enforcement of anti-discrimination legislation through institutional training, improved monitoring, and accessible complaint mechanisms, while addressing stigma in public discourse.

### III. Chapter 26: Education and culture

Formal education continues to lack a structured and mandatory approach to comprehensive sexuality education. Existing curricula include only limited elements within biology classes, focusing primarily on reproductive health, while broader topics such as consent, gender equality, sexual orientation and prevention of gender-based violence remain largely absent. Teaching is mainly delivered by biology teachers without specialised training, further limiting the quality and scope of information provided. Recent monitoring by civil society organisations highlights continued stagnation in reforms in education and fundamental rights, with no progress towards introducing comprehensive, [rights-based sexuality education](#). As a result, provision remains fragmented and inconsistent, with non-formal education largely dependent on civil society initiatives and not integrated into the formal system.

**Recommendation:** Introduce comprehensive sexuality education within the formal education system, ensuring it is rights-based, age-appropriate, and delivered by trained educators.

### IV. Chapter 28: Customer and health protection

While women are legally entitled to access abortion and family planning services, recent reporting and public health data from Serbia's 2025 observances and studies indicate persistent gaps in contraceptive use, counselling availability and actual access to abortion services. National health data on contraceptive use shows that only about 40.4 % of women aged 15–49 use modern [methods of contraception](#), while 17.1 % still rely on traditional methods that have lower effectiveness. During World Contraception Day, health professionals highlighted that access to and education on contraception remain uneven nationwide. Many women and couples, particularly in rural areas, lack reliable information on family planning and reproductive health services, while service availability varies significantly between municipalities.

Modern contraceptives are not systematically covered by public health insurance, creating financial barriers, particularly for young people and women from lower socio-economic backgrounds. Access to counselling and services remains uneven across municipalities, with rural areas facing limited availability of trained providers. No national strategy currently addresses gaps in contraceptive access and education in a coordinated manner.

**Recommendation:** Address barriers to reproductive health services by improving affordability, geographical access, and integration within public health systems.

## 4.2 TURKIYE – KAOS GL ASSOCIATION

### Key development within reporting period

- On 27 February 2025, a draft governmental bill was leaked to the media. The bill intends to amend **Türkiye’s Criminal and Civil Codes**, making it almost impossible to access legal gender recognition and trans-specific healthcare. The amendments introduce criminal penalties for those who support gender diversity or same-sex relationships, including anyone promoting views that challenge traditional gender norms or officiating same-sex ceremonies. The proposed measures mirror anti-LGBTI+ laws in Russia, Georgia and Hungary.
- Interchanging provisions of the anti-LGBTI+ bills have been reported by pro-government media in September 2025 and in February 2026 as being part of the draft **11th and 12th Judicial Packages** respectively, however, neither draft eventually included these provisions. The government continues to announce its intention to adopt anti-LGBTI+ legislation.
- In June 2025, the Ministry of Health, through the **Turkish Medicines and Medical Devices Agency**, issued a [directive](#) to provincial health authorities introducing a minimum age of 21 for access to hormone treatment in the context of gender affirmation. The directive, titled “Abuse of Gender Hormone Medications,” restricted the prescription of testosterone, GnRH analogues, and oestrogen-only medications for individuals under the age of 21. This measure goes beyond existing provisions of the Civil Code, which set the minimum age for eligibility for gender-affirming surgery at 18.
- In 2025 and 2026 this intention has taken the form of targeting LGBTI+ associations for closure and accusing LGBTI+ human rights defenders of violating **Article 226 of the Turkish Penal Code (TCK)** which defines “obscenity”. TCK 226 stands out in Türkiye as a regulation that restricts freedom of association, expression, and life of LGBTI+ individuals and lacks legal predictability. TCK 226 does not provide a clear definition of obscenity; the scope and limits of the concept are largely determined by judicial decisions. This situation increases legal uncertainty, opening the door to arbitrary interpretations by the judiciary that are highly compliant with the conservative political line of the ruling power.
- **Trans women** are frequently summoned for questioning and prosecuted by law enforcement agencies on charges of obscenity based on their social media posts. There are over a hundred cases opened against trans women alone in Ankara. The Article is also used to arrest sex workers and to censor digital platforms, media, music, performing arts and publishing (please refer to the accompanying briefing note on Article 226 TCK, and to previous submissions to this consultation regarding censorship).

## I. Functioning of democratic institutions: Democracy

Turkish LGBTI+ rights organizations began to feel the full impact of the amendments made to the Associations Law by Law No. 7262 on the Prevention of the Financing of the Proliferation of Weapons of Mass Destruction—published in the Official Gazette on December 31, 2020—following revisions to the implementing regulations. The most significant consequence of this amendment, which has also drawn reactions from [international civil society organizations](#) and [mechanisms](#), was the implementation of a risk classification system for civil society organizations, resulting in human rights advocacy groups being categorized as “high-risk associations” under these changes. Annual audits of these associations were mandated. Although the law does not explicitly state which associations are deemed high-risk, during online meetings organized by the Directorate General for Relations with Civil Society to introduce the implementing regulations, it was stated that associations in certain categories are considered high-risk (HRD NGO’s is one of these ) Although the curfews announced due to COVID-19 delayed the audits of these associations, the wave of audits launched by the Ministry of the Interior in 2024 against LGBTI+ organizations represents the peak of administrative harassment.

**The Issue of Administrative Arbitrariness and Lack of Transparency:** The lack of implementation unity among the Provincial Directorates of Migration Management (PDMM) creates legal uncertainty for LGBTI+ refugees regarding access to fundamental rights, such as the activation of health insurance. By the end of 2024, after all registered LGBT+ organizations had been audited, the Ministry of the Interior’s auditors submitted their reports to the governors’ offices in certain cities. Following the submission of these reports to the governors’ offices, criminal investigations and closure cases were initiated, resulting in the dissolution of the İzmir-based Young LGBT+ Association, in 2025. Eleven members who had served on the association’s boards in previous years are being prosecuted with prison sentences ranging from one to three years. The chair of the Ankara-based May 17 Association is also being prosecuted with a prison sentence ranging from one to three years. The investigation into the Muamma LGBT+ Association in Mersin is still ongoing. Since the associations have not been officially informed of the results of the audits, other associations cannot obtain any information regarding the outcomes unless they receive a notification of an investigation against them.

**The Shrinking of Civil Space:** As of 2026, international funding cuts and the massive decrease in UNHCR’s implementing partners have severely weakened the intervention capacity of civil society in monitoring health rights violations. Türkiye has declared 2025 as the Year of the Family and the period from 2025 to 2035 as the Decade of the Family. This policy shift, reflected in Strategic Plans, is also leading to LGBTI+ organizations being targeted in various ways. The official religious authority targeted LGBTI+’s and their civil society organizations in sermons delivered at over 90,000 mosques across Türkiye. LGBTI+ CSOs are also at the centre of campaigns calling for their closure. Unions close to the government have, at various times, run campaigns to shut down these organizations.

**Registration Barriers:** The effective halt of international protection registrations leads to a situation where unregistered LGBTI+ refugees cannot benefit from any public health services, including SRHR services.

## II. Chapter 23: Judiciary and fundamental rights

### A. Gender-based violence

LGBTI+ refugees are exposed to violence and hate crimes based on SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristics) at both the domestic and social levels. Safe housing and SRHR-oriented support mechanisms (such as shelters) for survivors of violence are almost non-existent due to prevailing heteronormative structures.

The lack of explicit legal protection against discrimination based on sexual orientation and gender identity deepens stigma and exclusion. This is particularly evident in access to health and social services. Articles 226 (obscenity) and 225 (indecent acts) of the Turkish Penal Code are used as an arbitrary control mechanism, particularly over the social media posts and bodies of trans women, pushing sex workers into informal and insecure sectors and increasing the risk of HIV.

### B. Gender equality

The lack of knowledge among public personnel and interpreters regarding gender diversity leads to discriminatory and degrading attitudes during interviews. Barriers to legal gender recognition and gender affirming healthcare increase the vulnerability of trans persons to HIV. This pushes people into unsafe conditions and limits access to prevention and treatment services. Obstacles to the legal recognition of trans people (Article 40 of the Turkish Penal Code) and restrictions on hormone replacement therapies for those under 21, imposed under the pretext of protecting “family values,” directly violate the right to health. This situation pushes trans people towards unsafe and dangerous methods, risking both their own health and public health.

**De Facto Barriers to Legal Abortion and Reproductive Freedom:** Although Law No. 2827 recognizes the right to abortion up to 10 weeks, the state has facilitated a de facto denial of this right through political stigmatization and systemic neglect. Abortion provision has been effectively removed from the public health agenda, with a vast majority of public hospitals refusing service based on non-legal grounds or “conscientious objection.” Furthermore, patriarchal legal requirements—specifically mandatory spousal consent—directly infringe upon the right to bodily autonomy and self-determination, particularly for married women, while unmarried individuals face moralistic gatekeeping and institutionalized shame.

### C. Non-discrimination of vulnerable groups

LGBTI+ refugees experience multi-layered exclusion due to increasing anti-LGBT sentiment and xenophobia, and they cannot access justice mechanisms due to the fear of deportation. Furthermore, LGBTI+ refugees living with HIV face the risk of deportation under legal clauses pertaining to “those who pose a threat to public health”.

Structural and legal barriers continue to weaken the effectiveness of HIV responses, particularly for LGBTI+ persons. Criminalization practices and censorship targeting LGBTI+ visibility and organizing limit access to life-saving information and services. While the Young LGBTI+ Association in Izmir, Türkiye is shut down under the pretext of “obscenity” (Turkish Penal Code Article 226), LGBTI+ civil society organizations face restrictions on their social media posts, publications (for example, the access ban imposed on the [kaosgl.org](https://kaosgl.org) news [website](#)), and [activities](#).

### III. Chapter 36: Education and culture

**Staff Awareness:** The inadequate training of personnel working in the fields of health and migration regarding LGBTI+ sensitivity leads to the establishment of an institutional culture that is discriminatory and systematically creates rights violations in the delivery of healthcare.

**Access to Information:** The failure of SRHR materials and information to reach refugees due to language barriers deepens the vulnerability within this group.

**Violation of the Right to Education, The Absence of CSE:** The right to information and education is being systematically violated through the absence of CSE. National curricula lack scientific, rights-based information on gender equality, consent, and sexual health, substituting them with conservative and religious frameworks. This educational vacuum is exacerbated by the MESEM (Vocational Education Centres) project, which disproportionately affects vulnerable youth by treating them as "cheap labour" rather than rights-holders. Depriving young people of CSE leaves them without the necessary tools to protect themselves against violence, discrimination, and health risks, further entrenching gender-based inequalities.

### IV. Chapter 28: Customer and health protection

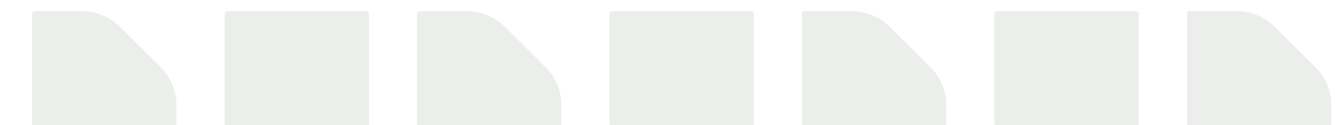
**General Health Insurance (GHI) Barriers:** The GHI rights of international protection applicants are limited to one year. The extension of this period depends on the arbitrary criteria of the PDMMs. While insurance activation is theoretically provided after one year for refugees and asylum seekers with chronic illnesses, many refugees with chronic conditions—primarily those living with HIV—cannot access healthcare services due to these arbitrary practices.

**The Erosion of Bodily Autonomy through Neoliberal Health Policies:** The "Health Transformation Program" (HTP) has systematically commodified the right to health, replacing a public-service orientation with a neoliberal, profit-driven model. The performance-based incentive system functions as a structural barrier to sexual and reproductive health and rights (SRHR). As preventive services, such as contraceptive counseling and IUD insertions, are undervalued within the performance system, hence they are being phased out of primary healthcare. This policy shift violates the state's obligation to provide accessible, affordable, and high-quality healthcare, transforming essential reproductive services inaccessible for marginalized populations.

**Refugees Living with HIV:** Problems in insurance activation make uninterrupted access to antiretroviral therapy (ART) impossible, thereby risking the lives of refugees.

**Sexual Health Materials:** Access to SRHR materials (condoms, test kits, etc.) and testing for sexually transmitted infections (STIs) is a priority and an unmet need. Due to the current economic crisis and increasing deep poverty, it is not possible for LGBTI+ refugees to access sexual health materials.

**Institutional Violence and Healthcare Exclusion of LGBTI+ persons:** Gynaecological and reproductive healthcare settings in Turkey remain sites of institutional violence and profound discrimination. For trans men and non-binary individuals, healthcare access is hindered by systemic transphobia and a lack of inclusive medical protocols. The absence of gender-affirming and rights-based care leads to medical distrust and the exclusion of these individuals from essential screenings. To fulfill the "right to the highest attainable standard of health," the healthcare system must be restructured to be inclusive, non-discriminatory, and sensitive to diverse gender identities.



## 4.3 NORTH MACEDONIA – HEALTH EDUCATION AND RESEARCH ASSOCIATION

### Key development within reporting period

- Serious weaknesses are identified in **transparency, inclusiveness, merit-based selection, and institutional capacity** in appointing members of the Commission for Prevention and Protection against Discrimination and the Ombudsperson. Moreover, allocation of CSO funding from the Government budget (Ministry for Inter-Community Relations) undermines accountability, fairness, and effective protection of human rights, and demonstrates a low-level compliance with EU standards and Paris Principles.
- 2026 shows rising cases of domestic, partner, and sexual violence, including femicide. These reflect **systemic failures in prevention, response, and victim protection**. Tragic cases, despite repeated reports, reveal delayed response, weak risk assessment, institutional inaction, and ongoing impunity, leaving survivors insufficiently protected.
- **Anti-gender movements** have consolidated political and policy influence and expanded transnational coordination, driven by domestic pro-Russian actors and amplified through religious and media channels. Key messages remain consistent and opposition to gender-sensitive and comprehensive sexuality education through the framing of “sexualizing children” and promoting LGBTQI “indoctrination,” continued to be amplified within anti-gender propaganda.
- In the second half of 2025, the country experienced **significant regression in education legislation**. Under the influence from anti-gender propaganda, references to SRH, gender equality, and anti-discrimination were removed from the Law on Primary Education and the Law on Textbooks and Educational Materials, marking a serious pushback in aligning education policies with the human rights and inclusivity framework. The Law on Religious Schools adopted in July 2025 also raised a serious constitutional and legal concerns, as it undermines the secular nature of the state by introducing religious education into the formal education.
- The proposed amendments to the Draft Law on Protection of the Population from Infectious Diseases risk weakening public health safeguards by undermining trust, confidentiality, and effectiveness of HIV prevention. Expanded personal data sharing between institutions increases the risk of stigma, data breaches, and reduced demand for testing. Additionally, amendments to the Law on Healthcare fail to recognise CSOs as providers of preventive health for vulnerable groups, missing an important opportunity to strengthen public health system and improve access for hard-to-reach communities.
- Inaccessibility of **medical abortion** drugs in public health system continues to limit access outside Skopje, highlighting the need for further efforts to ensure affordable, and geographically accessible abortion services for women across the country. Although in March 2026, the Government revised the essential medicines list for the first time in over a decade, including one contraceptive method, none of contraceptives is yet reimbursed by national insurance package.

## I. Functioning of democratic institutions: Democracy

The elections of **Commission for Prevention and Protection against Discrimination (CPPD)** raised serious concerns regarding transparency, inclusiveness, and merit-based selection. In December 2025, a nominated candidate, due to lack of relevant training and experience in non-discrimination and equality, prompted public criticism from [CSOs](#). The candidate demonstrated insufficient knowledge of key policy frameworks, including basic knowledge of Istanbul Convention and recent educational law amendments from discrimination perspective. The process was further criticised for limited participation, as CSOs were invited to hearings with only one working day's notice. Moreover (April 2026) two CSO-nominated candidates were excluded from the list of applicants for CPPD membership, and CSOs participation again remained limited. Following strong objections, the Assembly suspended the procedure and re-announced the public call, highlighting ongoing weaknesses in transparency and institutional practice.

The 2025 public call for financial support to CSOs by the **Ministry for Inter-Community Relations** revealed significant procedural weaknesses affecting transparency, fairness, and alignment with EU standards. According to the Council for Cooperation between CSOs and Government, the program design lacked public consultation and stakeholder participation. Funding priorities appeared narrowly defined, rather than broader civil society needs linked to EU integration. The process was further constrained by excessive administrative requirements disproportionate to the funding and reduced access to public information. Additional concerns also emerged, including the late establishment of the Evaluation Commission, unclear quorum rules, and inconsistent member participation. Scoring was largely subjective, with notable discrepancies between evaluators and no mechanisms to manage conflicts of interest, raising serious doubts about the objectivity, consistency, and fairness of funding decisions.

The lack of appointed **Deputy Ombudspersons** limited financial and human resources, and the absence of legal amendments aligned with the Paris Principles significantly undermine the independence and effectiveness of the Ombudsperson institution. In 2025, continued indications of insufficient staffing and resources have constrained operational capacity, affecting timely case handling and institutional performance. Findings from the Ombudsperson's work, particularly in social protection, reveal ongoing systemic weaknesses, including procedural delays, limited access to guaranteed minimum assistance, inadequate protection in cases of domestic and gender-based violence, and underdeveloped services for children and persons with disabilities. These structural challenges continue to limit access to justice and the institution's ability to fully perform its mandate.

### Recommendations:

1. Parliament should ensure a transparent, merit-based selection of qualified candidates with highest level of experience and expertise, in order to maintain and strengthen the professionalism, independence, and effectiveness of the CPPD.
2. Ensure continuous increase of funding for CSOs in line with indicators set in the Government-Civil Society Cooperation Strategy, while establishing a transparent, inclusive process that guarantees fairness, accountability, and equal access to public funds.
3. Parliament should ensure the timely appointment of qualified Deputy Ombudspersons and provide adequate financial and human resources, in line with the Paris Principles, to strengthen the independence and effectiveness of the Ombudsperson institution.

## II. Chapter 23: Judiciary and fundamental rights

### A. Gender-based violence (GBV)

Access to services addressing GBV and domestic violence remains highly uneven, particularly in rural and smaller municipalities where services are often unavailable or dependent on short-term project funding. This creates structural inequalities and raises serious concerns about sustainability, especially for survivors, children at risk, and marginalized groups. Weak intersectoral coordination between social protection, health, and education systems, combined with unclear and inconsistently applied referral mechanisms, further limits the effectiveness of support for women with complex needs.

2026 data points to increased reporting to cases of domestic, partner, and sexual violence, including assaults against women, sexual abuse of children, and online harassment. These cases reflect broader systemic failures in prevention, timely institutional response, and victim protection. The severity of GBV is reflected in femicide cases, with over seven recorded in 2026 alone. A particularly [tragic case](#) involved a mother and her six-year-old child, who died after prolonged, repeatedly reported domestic violence went unaddressed. Despite multiple reports to institutions over three years, no effective protection was provided. This highlights serious systemic failures, including delayed responses, inadequate risk assessment, and institutional inaction, raising concerns about impunity and inability to protect survivors.

#### Recommendations:

1. Increase financial resources to expand specialized services across the country for survivors of violence and treatment programs for perpetrators, ensuring availability, accessibility, and sustainability of support system.
2. Strengthen judicial system to ensure accountability of both perpetrators and professionals, while investing in human resources and capacity-building for staff in social welfare centres and the police to guarantee timely and adequate responses in line with the principle of due diligence.

### B. Gender equality

Anti-gender mobilization has evolved from informally organized “concerned parents” initiatives, into a more networked ecosystem over recent years. In the last year, these actors have consolidated political influence and expanded transnational coordination driven by domestic [pro-Russian actors](#) and strengthened through religious and media amplification. Key messages remain consistent and opposition to gender-sensitive and comprehensive sexuality education through the framing of “sexualizing children” and promoting LGBTQI “indoctrination,” continued to be amplified within anti-gender propaganda.

The “Coalition for Child Protection” remains a central coordination structure of anti-gender propaganda. It brings together [32 actors](#), including religious organizations, informal parents’ groups, and nationalist right-wing parties such as Rodina, MAAK, and Integra. External support persists, including links to Family Watch International, one of key international player in promoting anti-gender agenda. The earlier blocking of Gender Equality Law and the Law on Civil Registry towards legal gender recognition continues to serve as a key precedent for coordinated anti-gender and anti-democratic action in the country.

Religious mobilization, led by [Macedonian Orthodox Church](#), maintains a key legitimizing and amplifying role. Transnational expansion has intensified. The US network Moms for America contributed to establishment of “Moms for Macedonia” in 2025. This initiative, supported by *I AM WOMAN*, reflects coordinated transfer of anti-gender narratives, strategies, and resources across Europe and the US. These developments indicate the positioning of North Macedonia within a broader transnational anti-rights network. Despite presenting itself as an organisation focused on strengthening women’s voices in economic and technology sectors, Moms for Macedonia is embedded in the anti-rights ecosystem through its collaborations and alliances. The organisation has actively engaged with senior political and institutional actors through its public activities, including the Minister of Education, the [President of the state](#), the Minister of Foreign Affairs, and [members of parliament](#). These interactions helped Moms for Macedonia to establish political access and enhance institutional visibility contributing to the further amplification of anti-gender propaganda in the country.

[64%](#) of the population perceive gender inequality as a real or underestimated issue, while 87% consider women the most disadvantaged group. Additionally, 60% recognize gender equality as important for EU accession. [Discrimination](#) towards women is most pronounced in politics, social protection, and access to the labour market. Gender equality is widely seen as a driver of economic growth and improved quality of life. Economic data highlights the cost of inequality. If women’s employment matched men’s, GDP could increase by €2.5 billion (15%). Currently, 53% of men are employed compared to 38% of women, with a 16% gender pay gap. Women carry 72.5% of unpaid care work.

Preschool enrolment covers only 34.5% of children aged 0–6 and 45.5% of those aged 3–6, far below EU targets of 95–96%. Only 1% of enrolled children are with disabilities.

Women’s involvement in [decision-making](#) remains low, with only 15% of ministers being women (2024) and just 2 out of 80 municipalities led by female mayors. Significant gender gaps persist across sectors such as health, education, social policy, culture, and local public services. At the local level, women are consistently underrepresented in leadership positions. In culture, only 3.9%–7% of directors in 128 institutions were women over the past decade. In primary education, women held 30%–38.7% of leadership roles despite comprising 66.1% of teachers, while in secondary education they held only 6.9%–12.4% of leadership positions despite being 58.6% of educators.

### Recommendations:

1. Implement awareness campaigns on the social and economic benefits of investing in gender equality, including improved well-being and sustainable economic growth.
2. Implement measures to expand care services nationwide by increasing access to public kindergartens, support alternative childcare providers (including private entities and CSOs), and engaging inactive or unemployed individuals in paid care
3. Introduce measures to increase women’s participation in paid employment and fully harness their economic potential through greater inclusion in the labour market.
4. Adopt gender equality legislation and electoral reforms to ensure equal representation of women by introducing quotas for mayoral candidates, government positions, and senior leadership roles at both national and local levels.

### III. Chapter 26: Education and culture

In 2025, North Macedonia experienced significant regression in education legislation. Amendments to key laws were adopted through a fast-track parliamentary procedure initiated by the ruling majority, excluding youth organisations and expert stakeholders. Under pressure from anti-gender movements, references to SRH, gender equality, and anti-discrimination were removed from the Law on Primary Education and the Law on Textbooks and Educational Materials, despite their prior alignment with the Law on Prevention and Protection against Discrimination. A new Law on Secondary Education was also adopted, lacking alignment with anti-discrimination standards. These changes, approved despite strong [CSO opposition](#), mark a serious democracy [pushback](#). In July 2025 a new Rulebook on protection from violence was adopted, replacing the 2020 version aligned with EU standards. The new rulebook [omits](#) GBV recognition and reduces protections for vulnerable groups, including LGBTI+ youth, weakening prevention and response mechanisms. Overall, these developments undermine inclusive education, human rights, and youth well-being.

The Law on Religious Schools adopted in July 2025 raises serious [constitutional and legal concerns](#), as it undermines the secular nature of the state by introducing religious education into the formal education. It conflicts with the Constitution, the Law on Secondary Education, and legislation regulating religious communities, which separate religious training from general education and limit it to clergy preparation. It also contradicts Constitutional Court jurisprudence on church-state separation and lacks adequate oversight and accountability mechanisms. The law creates legal uncertainty versus accreditation, curricula, and student rights, and risks inequality and discrimination by equating religious schools with regular schools while granting them autonomy, thereby threatening education system integrity.

This policy regression continued in July, when the Ministry of Education and Science adopted a new [Rulebook](#) on reporting and protecting pupils who are victims of violence, abuse, and neglect, **replacing the 2020 Rulebook that had been aligned with European human rights standards<sup>16</sup>**. The new rulebook neglect main safeguards, including the recognition of gender-based violence, and reduces the visibility of vulnerable groups, such as LGBTI+ students and children facing social or economic marginalisation.

**Recommendation:** The Parliament should revise harmful education laws and initiate an inclusive debate with youth, experts, and CSOs to ensure evidence-based reforms aligned with international human rights standards aimed at protecting young people's well-being.

### IV. Chapter 28: Customer and health protection

The proposed amendments to the **Draft Law on Protection of the Population from Infectious Diseases**, risk weakening existing public health safety by undermining trust, confidentiality, and the effectiveness of HIV prevention. The shift from anonymous **HIV reporting** and expanding it to personal data sharing between institutions increases risks of stigma, data breaches, and reduced demand for testing. This is also not aligned with WHO evidence-based recommendations, which emphasise voluntary, consent-based partner notification and patient-centred care. Additionally, the amendment lacked transparency and inclusiveness, as both CSOs and patient organisations, were not involved in law drafting.

The Ministry of Health has adopted amendments to the **Law on Healthcare** that fail to recognise CSOs as providers of health preventive services for vulnerable groups, missing an opportunity to strengthen the public health system. This is also inconsistent with existing Government Strategy for

Cooperation with and Development of CSOs 2025–2028 and opposes political commitments repeated across three consecutive government strategies. Lack of legal recognition risks undermining the continuity, sustainability, and effectiveness of long-standing community-based HIV prevention services targeting hard-to-reach groups. The law amendment also lacked transparency and inclusiveness, as the Council for Cooperation between the Government and CSOs was not consulted in the legislation process.

### Recommendations:

1. Revise the Law on Protection of the Population from Infectious Diseases to ensure alignment with WHO standards and established national HIV response practices and guarantee a transparent and inclusive legislative consultation process
2. Amend the Law on Healthcare to formally recognise CSOs as providers of preventive services for vulnerable groups and ensure a transparent and inclusive legislative process in line with national strategies and good governance standards.

Women outside the capital face significant barriers in accessing **abortion**, particularly medical abortion, requiring travel and additional costs. Abortion on request is not covered by state health insurance system, including for low-income groups. Patients pay out-of-pocket costs (90 EUR), which limits access for the most vulnerable. While medical abortion is legalized, including at primary health level, implementation is limited due to restricted availability of medications outside Skopje. This highlights the need for further efforts to ensure affordable, and geographically accessible medical abortion services across the country.

The use of modern **contraceptives** remains relatively low at 21%, compared to EU countries such as France (76%), Ireland (66%). At the same time, the adolescent birth rate stands at 14.6 per 1,000 girls, nearly double than EU average. These disparities highlight persistent inequalities in access to contraception, particularly for young people, Roma women, and rural populations, where services are limited. Although in March 2026, the Government revised the essential medicines list for the first time in over a decade, including one contraceptive method, none of contraceptives is yet reimbursed by national insurance package.

### Recommendations:

1. Include medications for medical abortion on the essential medicines list and ensure their coverage by National Health Insurance Fund (“positive drug list”) to guarantee availability and affordability across country, including at the primary healthcare level.
2. Include modern contraceptives on National Health Insurance Fund list of medicines to ensure free or subsidized access for young people and vulnerable groups.

## V. Chapter 19: Social Policy and Employment

Government annual budget allocation for social services, as published in the Official Gazette, remains inconsistent and difficult to compare, with frequent rebalancing throughout year and non-harmonized data presentation. Available estimates suggest that budget stood at around 410 million denars in 2024 (rebalanced to 380 million), 190 million in 2025 (later increased to approximately 700 million), and is projected at 527 million for 2026. This indicates a lack of long-term and predictable financial planning in the field of social protection, negatively affecting transparency, stability, and continuity of services. Despite some administrative improvements and an increase in the number of

licensed social care service providers and state-funded contracts in 2025, progress remains largely quantitative rather than systemic. Structural challenges persist, including uneven territorial coverage, limited human resources, weak local capacities, and the absence of an effective monitoring and evaluation system.

**Recommendation:** Ensure sustained and increased investment in decentralization and expansion of social services, by supporting existing and introducing new services for vulnerable groups across the country, with stable funding aligned to real needs of people.

## 4.3 ALBANIA – ALBANIAN CENTER FOR POPULATION AND DEVELOPMENT

### Key development within reporting period

- Lack of consistent funding for **SRHR services** at local level continues to undermine service availability and sustainability, particularly for women and vulnerable groups. The absence of gender-responsive budgeting mechanisms prevent national commitments under the 2026–2030 Action Plan for Equality, Inclusion, and Participation from being translated into practical, community-based services tailored to people’s needs.
- **Roma and Egyptian communities and rural women** continue to face systemic discrimination and geographical barriers to SRHR services. Limited outreach and awareness activities further deepen exclusion and unequal access to healthcare. Persistent barriers to SRHR information, especially for adolescents and rural populations, remain unaddressed.
- Increasing number of **HIV** cases are not followed by adequate prevention responses. Fear of testing and weak awareness campaigns persist, while voluntary counselling and testing services face closure or underfunding, reducing access to HIV prevention, particularly for hard-to-reach populations.
- **Comprehensive sexuality education** remains fragmented and largely dependent on CSOs activities rather than being fully integrated into the national school curriculum. Lack of institutionalisation and inconsistent delivery undermine young people’s access to accurate and relevant SRHR education.
- **Gender-based violence** care is not integrated into SRHR services package as part of inter-sectoral institutional response, which limits national protection mechanisms and provision of comprehensive SRHR support to survivors.

### I. Functioning of democratic institutions: Democracy

Albania continues to advance its EU accession agenda, as reflected in the adoption of the National Action Plan for Equality, Inclusion, and Participation (2026–2030). However, a significant gap persists between this policy framework and its implementation, particularly for women and vulnerable groups. Key challenges include inconsistent and insufficient local funding for health and social services, barriers to accessing information for adolescents and rural populations, and bureaucratic constraints that limit the effective participation of civil society actors in monitoring service delivery and government accountability mechanisms at both central and local level.

**Recommendation:** Establish formal and continuous consultation mechanisms for civil society actors in the health and social care sectors to strengthen transparency and accountability in the delivery of services, in line with the commitments of the National Action Plan for Equality, Inclusion, and Participation.

## II. Chapter 23: Judiciary and fundamental rights

### Gender-based violence

**Gender-based violence care** is not integrated into SRH service provision as part of institutional responses, which limits protection mechanisms and provision of comprehensive SRHR support to women and girls suffering violence. This fragmented approach undermines holistic care, weakens survivor protection, and reflects a systemic gap in addressing GBV as both a health and human rights issue.

**Recommendation:** Strengthening coordinated referral mechanisms is critical for survivors of GBV to ensure that every municipal-level health facility has mandatory and dedicated protocol to provide emergency and trauma-informed SRHR care.

## III. Chapter 26: Education and culture

Although formal progress has been made in education policies, the delivery of comprehensive sexuality education remains inconsistent and largely reliant on CSO engagement and ad hoc partnerships with schools, rather than being systematically institutionalised within the national curriculum. Furthermore, the government's Digital Agenda for 2025 to 2030 offers a great opportunity to integrate confidential, accessible, and accurate educational platforms for SRHR information and services for youth.

**Recommendation:** Transition from pilot programmes for comprehensive sexuality education into a state-funded and sustainable model that is mandatory nationwide.

## IV. Chapter 28: Customer and health protection

Access to justice and health remains uneven, although recent dialogues on women's rights have progressed but continue to overlook for SRHR services. Social stigma surrounding SRHR persists as a major systematic barrier to service demand, particularly among adolescents and rural populations and furthermore there is low trust in public health providers, alongside concerns about the confidentiality of services. Despite national strategies, significant gaps remain in the availability and affordability of modern contraceptives for vulnerable groups. While National Action Plan for 2026–2030 for Equality, Inclusion, and Participation represents a positive policy step, it lacks clear and tangible budget allocations for SRHR services.

### Recommendations:

1. Government should prioritize institutionalisation of privacy and ethical standards in healthcare settings to rebuild trust among providers and young people in delivery of SRHR services, including by providing trainings for professionals on youth-friendly services.
2. Albanian authorities should allocate designated and specific budgets for contraceptive security within the national health reform agenda in order to ensure continuous access to modern contraceptive methods across the country.
3. Strengthen data collection and reporting on key SRHR indicators to enable more effective tracking of service delivery gaps at both local and national level.