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Comments by the association

LAIGA (Libera Associazione Italiana Ginecologi non
obiettori per l'Applicazione della 194) on

Thematic groups 2: health, social security and social
Protection regarding Italy

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COMMENT ON ITALY

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Who we are

The association LAIGA (Libera Associazione Italiana Ginecologi non obiettori per l'Applicazione della 194) was born from the commitment of two non-objecting gynaecologists: Dr. Silvana Agatone and Dr. Concetta Grande, colleagues in the service of Law Enforcement 194/78 of the Sandro Pertini Hospital in Rome. LAIGA was born from the need to be on the side of women by advocating for the right to access to safe and legal abortion to be guaranteed and enforced, and to protect and promote the work and collaboration of doctors and non-objector doctors who safeguard the right and the health of women.

Stemming from the idea that it is important to share experiences and support each other in a cultural and health system that often does not protect the application of the Law on access to legal abortion, LAIGA was founded on 10 June 2008, with the aim of providing a networking platform between health personnel involved in service provision around abortion and therapeutic abortion, in a country where objecting personnel is far more than the one helping women to get abortions. Since over a decade, the Association has been organising conferences, press conferences and other opportunities to meet, get to know each other and try to improve and safeguard the application of Law 194. Knowing and counting each other is an itinerant objective that is very close to LAIGA's core



business, and it is at the heart of the very first mapping¹ exercise which LAIGA has conducted of the centres and operators that apply Law 194 throughout the national territory.

Finally, LAIGA has also been instrumental in providing information for the two collective complaints filed before the European Committee of Social Rights around the situation of conscientious objection in Italy in 2012 by the International Planned Parenthood Federation European Network (IPPF EN) and discrimination of non-objecting personnel in 2013 by the CGIL.

Introduction

LAIGA would like to submit the present comment on the national report from Italy under the reporting procedure to the European Committee of Social Rights (ECSR) relating to the provisions belonging to the thematic group 2 on health, social security and social protection. In particular, the present contribution will focus on Italy's compliance with **Article 11 on the right to protection of health** and will specifically provide further detailed information about access to abortion services in Italy and show the ongoing non-conformity of Italy around this issue (stated also by the ECSR in two consecutive decisions on collective complaints as well as in its latest 2020 Findings).

1. Conscientious objection: a systemic issue

One of the main issues causing obstacles and difficulties in accessing safe and legal abortion in Italy is the high percentage of conscientious objectors under Article 9 of Law No. 194 of 1978².

Because of these high percentages, as known to the European Committee of Social Rights, in the light of the sentences imposed by the same Committee in 2014³ and 2016⁴ on the Italian Republic, for the violation of women's right to health and for the discrimination suffered by non-objecting workers - the service is provided very unevenly throughout the country, especially when considering therapeutic abortion; sometimes the existence of the service depends solely on a single non-objecting doctor (who might retire soon without being replaced by a non-objecting colleague⁵); as confirmed by the latest 2020 ECSR Findings, at least 5% of people seeking abortions have to move from one region to another. Some other studies highlight that a big portion of women and individuals even go abroad because of long waiting lists which would not let them respect the legal gestational limits for seeking an abortion in Italy⁶.

¹ More information on this at p.3 of this contribution.

² The Art. 9 L. N° 194/78 recognises the possibility of conscientious objection for medical and ancillary staff called upon to carry out procedures and activities specifically and necessarily aimed at causing the termination of pregnancy, by means of a formal declaration of their wish not to take part in such procedures.

³ CEDS, N° 87/2012, [International Planned Parenthood Federation European Network \(IPPF EN\) v. Italy](#).

⁴ CEDS, N° 91/2013, [CGIL v. Italy](#).

⁵ It was a risk in the Italian region of Molise the past May 2021, when the only non-objecting gynaecologist was meant to retire. See [Pensione anticipata per l'unico ginecologo abortista del Molise: Asrem corre ai ripari. Sarà in servizio fino al 31 luglio](#), Redazione PrimoNumero, 17 May 2021.

⁶ See [Europe Abortion Access Project](#).



Also the United Nations Human Rights Committee has asked Italy to adopt: “*measures necessary to guarantee unimpeded and timely access to legal abortion services in its territory, including by establishing an effective referral system for women seeking legal abortion services*”⁷.

Unfortunately, as the latest [annual Report on the implementation of the law on the voluntary interruption of pregnancy \(Law no. 194/78\) of the Ministry of Health](#) sent to Parliament on 9 June 2020 attests (based on numbers from 2018), the percentage of objecting workers is actually on the rise. In 2018, the Regions reported that 69% of gynaecologists, 46.3% of anaesthetists and 42.2% of non-medical workers presented conscientious objection, values that are slightly higher than those reported for [2017](#) (68.4% among gynaecologists, 45.6% among anaesthetists, 38.9% among non-medical workers) and that show wide regional variations for all three categories (pp. 6-7). Finally, every year all these figures show significant variations between regions⁸.

Mapping the non-objectors – a newly launched LAIGA tool

Since it was founded, LAIGA receives an average of 10 phone calls a week from women from all over Italy who call us to ask for various information about the voluntary interruption of pregnancy, from the gestational limit for performing an abortion to how to access services. But one of the most frequently asked questions is: where can an abortion be performed?

In spite of the fact that Law 194/78 was adopted 43 years ago, **in over four decades there has never been clear, public and transparent information from the government** on the time limit within which an interruption of pregnancy can be carried out, nor on how to access the services of voluntary interruption of pregnancy, and above all **on the hospitals to which one can turn for this service**. This is particularly problematic given the very high rate of conscientious objection in our country. There has never been any information on the government's website, in particular the Ministry of Health, which leaves pregnant women and people at the mercy of fate at a time when they need to act quickly to stay within the legal gestational limits. Women and pregnant people are acting on hearsay, turning to medical personnel who are objectors (on average 70% of the total number of personnel), who give even less guidance, and wasting precious time.

Already in 2008, LAIGA made it its mission to help women in order to give them quick information so that they did not waste time and could orient themselves quickly. On the other hand, another fundamental objective for us has always been to find and unite those few non-objector colleagues who carry out abortions and thus allow women to fully enjoy Law 194/78. So, at that time, the idea of creating a [map of the places where the voluntary interruption of pregnancy service can be used and how to access it](#). Since then, it has been a very complicated, titanic undertaking, and not only because of the few resources available to a volunteer organisation like LAIGA. Unfortunately, according to the latest report the Minister of Health made to parliament on 2018 data, on average only 64.9% of hospitals offer this service, despite the fact that Law 194/78 in its article 9 states that hospital bodies must guarantee all types of abortion.

⁷ “*The Committee is concerned at reported difficulties in accessing legal abortions owing to the high number of physicians who refuse to perform abortions for reasons of conscience and their manner of distribution across the country, and the resulting in a significant number of clandestine abortions being carried out (arts. 6, 17 and 24)*”: HUMAN RIGHTS COMMITTEE - UNITED NATIONS, *Concluding observations on the sixth periodic report of Italy*, cit.

⁸ See also [Sai qual è la percentuale di obiettori e obiettrici nella tua regione?](#), LAIGA website, 2021.

But what are they, where are they, what type of voluntary interruption of pregnancy (medical or surgical) do they offer, within or even after 90 days for pathologies of the foetus or when a women's life is in danger, according to Law 194? In order to gather this information, we started working on the construction of this map by phoning the various hospitals, just as women do. The reactions were very varied: from those who answered immediately giving useful information to those whose phones were always busy, to those who never answered, to those who did not want to answer a specific question, showed real silence or contempt, or even did not know.

Among the around 300 hospitals that answered and that we were able to put on the map, **238 perform surgical abortion and 194 medical abortion, while 25 did not want to declare the type of interruption.** In short, understanding something was an arduous battle also for us, who however had the tools and the strength to cross barriers. This titanic undertaking took a lot of our energy and time.

We are aware that given the constant upheaval, we cannot give an absolutely definitive map, not least because some hospitals have probably further changed their access arrangements in recent months or will do so shortly. The map does not claim to be all-encompassing and totally exhaustive, and we are committed to continuously updating this tool at the service of women, as soon as we receive new information from individuals wanting to help this exercise. However, for the 43rd anniversary of the Law 194/78 on 22nd May 2021, we decided in view of the responsibility that guides us and our decades of work on the subject, that we should at least offer women **some starting points and reference points to help them find their way through this Italian jungle.**

2. Increased difficulties to access interruption of pregnancy during the pandemic

Managing the response to the COVID-19 pandemic required a temporary reorganisation of the care pathways offered by the Italian National Health Service ("Servizio Sanitario Nazionale" SSN), which had a negative impact on the care offered for the treatment and diagnosis of other 'ordinary' diseases. In a nutshell, in order to combat the pandemic, it was decided to discourage the demand for non-urgent healthcare services and to postpone planned interventions⁹.

As the ISTAT Report for the year 2020 states, the health emergency revealed the strengths and weaknesses of the national health system (SSN). The austerity policies adopted over the years have made it more efficient, but unprepared to deal with a demand shock such as that imposed by the pandemic. Moreover, ISTAT affirmed that the territorial level was not able to deal with the emergency in a timely manner and COVID-19 cases had to be transferred to other hospitals which, in turn, were struggling to cope with such pressure, due to the constant decrease in economic resources, health personnel and beds over the past decades¹⁰.

In this situation, unfortunately, the "collateral" health effects of **the reorganisation of health services to combat the pandemic have also had an impact on the services identified by the Ministry**

⁹ See Ministry of Health Circular No. 7422 of 16 March 2020 "Linee di indirizzo per la rimodulazione dell'attività programmata differibile in corso di emergenza da COVID-19"; Ministry of Health Circular No. 7865 of 25 March 2020 "Aggiornamento delle linee di indirizzo organizzative dei servizi ospedalieri e territoriali in corso di emergenza COVID-19"; Ministry of Health Circular No 8076 of 30 March 2020 "Chiarimenti: Linee di indirizzo per la rimodulazione dell'attività programmata differibile in corso di emergenza da COVID-19".

¹⁰ ISTAT, [Rapporto annuale 2020 - La situazione del paese](#), 80; spec. 97.

of Health as ‘non-deferrable’, such as **the voluntary interruption of pregnancy** (in Italian, “*interruzione volontaria di gravidanza (IVG)*”)¹¹. In particular, although Circular No 8076 of 30 March 2020 of the Ministry of Health has identified the latter services among those that cannot be postponed (No 17 of the list), women and various organisations, including LAIGA, have denounced that the provision of abortion services has been subject to unlawful delays, which have added up to the already substantial difficulties that generally characterise the provision of the service in Italy¹². Throughout its national network of non-objecting gynaecologists, LAIGA has registered throughout the pandemic that many hospitals suddenly closed their abortion services. There were cases where the service was transferred to other hospitals, while others just shut down. All of this has been done in disregard of ministerial decrees establishing that an abortion intervention is to be considered urgent. Unfortunately, the situation is dramatic: often the operators themselves have no idea whether the closed services will reopen and when. Other services located from one city to another do not know whether they will return to the pre-pandemic situation.

Associations’ proposals to counter this situation

At the beginning of the pandemic outbreak, in order to respond to the aforementioned illegitimate delays in access to IVG services, some associations (Pro-choice RICA, LAIGA, AMICA, Vita di Donna) have promoted an online [appeal](#) - which has collected over 80,000 signatures - for the enhanced implementation of medical abortion services, **calling for the modification of the “Linee di indirizzo sulla interruzione volontaria di gravidanza con mifepristone e prostaglandine”** approved on 24 June 2010 by the Ministry of Health, followed by a subsequent [letter to the Minister](#) on 6 June 2020. The associations requested the Ministry to intervene on medical abortion essentially for two reasons: a. the implementation of medical abortion would have made it possible to reduce the number of admissions to hospitals and thus the risk of contagion; b. the de-hospitalisation of medical abortions responds to the most recent scientific evidence at international level.

In particular, during the epidemiological emergency, these associations asked the President of the Italian Council of Ministers and the Minister of Health to **take urgent measures to guarantee access to voluntary termination of pregnancy, giving priority to medical abortion** and to:

- Admit to medical abortion women with amenorrhoea up to 63 days (ninth week) as in the rest of the world;
- Eliminate the recommendation of hospitalisation in ordinary regimen for the treatment in question, which in fact has not been implemented, if not rarely in the last 10 years, as shown by monitoring data¹³;
- Introduce the option of medical abortion also in “Consultori”/ambulatories;
- Introduce the outpatient regimen (“at home” in the scientific literature), which envisages a single step in the hospital outpatient department or in the consultatory/ambulatory for the

¹¹ Ministry of Health, [Circolare No 8076 - Chiarimenti: Linee di indirizzo per la rimodulazione dell’attività programmata differibile in corso di emergenza da COVID-19](#), 30 March 2020.

¹² E. CIRANT, [Aborto durante il coronavirus, le testimonianze tra servizi sospesi e obiettori: “Telefoni squillavano a vuoto”. “Io respinta da 3 ospedali”](#), ne *Il fatto quotidiano*, 7 maggio 2020.

¹³ The data coming from regions that envisage hospitalisation in the ordinary regime showed that with the consolidation of the pharmacological procedure, the prescription on the availability for ordinary hospitalisation until the completion of the procedure, referred to in the 2010 guidelines, was systematically circumvented by women with voluntary resignations (cf. annual Report on the implementation of Law no. 194/78, pg. 49).

intake of mifepristone and the subsequent administration of prostaglandins at home, as in many European countries;

- Allow on a transitional basis, in situations of particular difficulty in relation to the current state of emergency, a totally remote procedure, monitored by telemedicine services, as has already happened in France, the United Kingdom and Ireland.

These requests were inserted in an Italian context where the recourse to medical abortion varies greatly by Region, both in terms of the number of interventions and the number of facilities that perform it¹⁴. Higher percentage values are observed in northern Italy, particularly in Piedmont (44.1% of all interruptions of pregnancy in 2018 were performed through the pharmacological method), Liguria (38.0%), Emilia Romagna (36.9%), Tuscany (29.3%) and Apulia (27.8%). Moreover, these percentages increase if we consider only abortions performed within 7 weeks of gestation (the maximum gestational age in which was recommended to use this method at the time in Italy), with one out of 2 operations performed using this method (p. 49).

Moreover, some Regions (Lombardy, Tuscany, Emilia-Romagna, Latium and Umbria until June 2020), while applying Article 15 of Law 194/78, had already allowed the use of RU486 (the abortion pill) even in day hospital¹⁵. Despite the great clinical results of the procedure which substantially limits complications, in June 2020, the Umbria Region withdrew the possibility of administering medical abortions on an outpatient basis and returned to the three-day inpatient regime, even though with the current pandemic it was more appropriate to limit admissions¹⁶.

3. New Italian Guidelines on medical abortion

Finally, in August 2020, the Ministry of Health has ordered the **updating of the guidelines on medical abortion**^{17,18}, in line with the most modern guidelines of the international scientific community, as well as the experience of most other European countries in the practice of interruptions of pregnancy with pharmacological method.

The [new Italian guidelines on medical abortion](#) **authorise procedures to be carried out up until the 9th gestational week included**¹⁹, **in day hospital**²⁰ or **in adequately equipped public outpatient clinics**, functionally linked to the hospital and authorised by the Region, as well as **in public and affiliated counselling centres** (“Consultori”), compatibly with the woman's treatment needs.

The latter transfer of the service outside the hospital structure, however, requires the implementation of the national guidelines by the Regions with a specific Act in order to define the care paths and the reimbursement of expenses by the SSN. In short, **without regional implementation, the provisions contained in the updated Guidelines are inoperative as regards**

¹⁴ See the 2020 Report on the monitoring of the implementation of law N°. 194/78.

¹⁵ The art. 15 states that the Regions, in agreement with universities and hospitals, shall promote the training of health and auxiliary staff in the use of the most modern techniques, which are more respectful of the woman's physical and psychological integrity and less risky for the termination of pregnancy.

¹⁶ L. MATARESE, [Non solo l'Umbria. In altre 15 Regioni no all'aborto farmacologico senza ricovero](#), The Huffington Post – Italia.

¹⁷ C. PASOLINI, [Aborto con la pillola: non serve il ricovero, cade l'ultimo tabù](#), su *Rep:-La Repubblica*, 8 Aug. 2020.

¹⁸ See [Svolta epocale: Nuove linee guida per migliorare l'accesso all'aborto](#), LAIGA, 8 Aug. 2020.

¹⁹ Previously the gestational limit was set at the 7th week for medical abortion.

²⁰ Previously hospitalisation in ordinary regimen (three-day inpatient regime) was recommended.

the provision of services outside hospitals²¹. As we will see in the following paragraph, the reaction of the Italian regions is extremely varied, and mostly of lack of implementation²².

4. The reactions of Italian Regions to the new Guidelines on medical abortion

To date, after almost a year from the adoption of the updated national Guideline on medical abortion, only [Emilia-Romagna](#) and [Latium](#)²³ Regions have taken steps to implement them²⁴.

On the contrary, among the vast majority of regions that are not implementing the new legislation on medical abortion, **some have even announced further regional restrictive measures aimed at hindering the possibility of medical abortion** in day hospital or outside hospitals, through new measures that force women to be hospitalized, in open contradiction with the updated national Guidelines.

Piedmont Region

In response to the entry into force of the update of the national guidelines on medical abortion wanted by the Ministry of Health, the Piedmont Region has initiated a legal verification on the compatibility of these new national guidelines with Law No. 194/78. In the meantime, by virtue of a [circular](#) sent to all regional health structures, the Piedmont Region:

- prohibited the performance of medical abortions directly in health counselling centres (“Consultori”);
- devolves the assessment of the modalities of hospitalisation for medical abortion to the doctor and the health directorate;
- established information desks to be set up in hospitals (in line with Article 2(d) of Law No 194/78), allowing for the presence of “suitable” associations which can also help with the difficult post-natal maternity situation (the circular cites as examples: “Progetto Gemma” of the “Movimento per la vita” (Pro Life Movement), or “Centri di aiuto alla vita con un aiuto economico mediante adozione prenatale a distanza”, or the “SOS Vita” telephone service, etc.)²⁵.

Marche Region

Also the Regional Council of the Marche Region has prohibited in January 2021 that medical abortion will be performed outside of hospital structures²⁶.

²¹ E. CIRANT, [Aborto farmacologico, perché le nuove linee guida non bastano per renderlo accessibile: chi si oppone e dove si sono già adeguati](#), *il Fatto Quotidiano*, 17 Oct. 2020.

²² See also [Linee di indirizzo aborto farmacologico 2020 e adeguamenti da parte delle Regioni. I documenti che testimoniano l'inadempienza dei governi regionali](#), Pro-Choice, 2021.

²³ See [Il Lazio finalmente si modernizza: la RU 486 nelle mani delle donne](#), LAIGA, 2021.

²⁴ It is important to note that right before the entry into force of the updated national Guidelines, Tuscany Region had adopted its own [guidelines](#) for the outpatient administration in line with Art. 15 of Law No 194/78. After the adoption of the updated national Guidelines, Tuscany [referred](#) to its previous Act.

²⁵ See [Il Piemonte apre i consultori alle associazioni anti-abortiste](#), LAIGA, 2021.

²⁶ See [Marche: no alla pillola abortiva nei consultori, a un passo dal “Medioevo dei diritti”](#), LAIGA, 2021.

Abruzzo Region

The Abruzzo region, on the other hand, has sent a [circular](#) to the local health authorities urging them to ensure that medical termination of pregnancy using mifepristone and prostaglandine is carried out preferably in hospitals and not in family health counselling centres (“Consultori”)²⁷.

Umbria Region

Finally, it should be noted that although in summer 2020 Umbria had reintroduced the obligation to administer medical abortion in hospital with a three-day inpatient regime - going back with respect to the choice of administering it in day-hospital made on an experimental basis when the old guidelines on medical abortion were still in force - after the approval of the updated national Guidelines, the Region has decided to strictly [adhere](#) to them, limiting itself to giving the woman the opportunity to choose the recovery regime. However, there is a lack of concrete implementation on the territory²⁸.

5. Regional strategies of public/private integration within health counselling centres (“Consultori”)

In the [opinion of the “Consiglio Superiore di Sanità” of 4 August 2020](#), which constituted the prerequisite for updating the national Guidelines on medical abortion, it is noted that an efficient health counselling centre/hospital network is indispensable for a smooth organisation of the procedure. Moreover, it states that medical abortion can also be carried out in adequately equipped outpatient clinics/health counselling centres (“Consultori”), as the care path of Law 194/78 allows access to the service from these centres, where the woman is taken care of by the national health system (to be then referred to the outpatient clinic or hospital facility, or to remain in the same centre depending on individual specificities)²⁹.

As it appears evident, the health counselling centres (“Consultori”) are a key space in Italy for women to access in general their right to health and in particular a safe and legal abortion, including a medical one. Nevertheless, there are **initiatives at regional level aimed at undermining the necessary neutrality with respect to women's choices that should be at the heart of health counselling centres (“Consultori”)** in the light of their mission.

These regional legislative proposals have as objective the **inclusion of anti-choice/anti-abortion organisations in women’s decision-making** over their own bodies, with the ultimate demographic goal of countering denatality and the ethical one of protecting life from conception. The strategy used by these associations is to insert themselves at the time of the interviews prior to the woman’s decision for a voluntary interruption of pregnancy, after which the doctor’s note is issued to go to hospital³⁰.

²⁷ See [Umbria, Marche e Abruzzo: al Centro del problema](#), LAIGA, 2021.

²⁸ See [Umbria, Marche e Abruzzo: al Centro del problema](#), LAIGA, 2021.

²⁹ Opinion of the Consiglio Superiore di Sanità, p. 7-10, ALL. n. 1.

³⁰ The Movimento per la Vita (MPV) (Pro-Life Movement) openly states in one of its reports that if the interview is not followed by the issue of the certificate to get an abortion this is a success, whereas when a woman arrives at the health counselling centre with a doctor's certificate there is nothing that can be done to hinder her decision. The MPV describes as dramatic the situations in the regions where the application of Law N° 194 is working better, such as Tuscany and

Veneto Region

One example of this is the [Veneto Region's Law no. 20 of 28 May 2020](#) “Interventi a sostegno della famiglia e della natalità” (Interventions in support of the family and natality). This law, as [denounced](#) by many associations was drafted in collaboration with the Forum delle Famiglie (Forum of Families)³¹ and provides for an “ethically oriented” Committee on Family Policies (Art. 5) that does not contemplate the involvement of feminist associations. However, on the basis of this law, the Region sent a letter to the regional health authorities (Protocol n°. 281870 of 15 July 2020, addressed to the local health units of the Veneto Region) to integrate the “Centri di Aiuto alla Vita” (Centres for Support to Life), which are openly anti-abortion organisations, into the health counselling centres (“Consultori”) and hospitals³².

Umbria Region

In Umbria, on the other hand, a proposal for a similar regional law in support of the family has been presented to strengthen the activities of public and private family counselling centres (“Consultori familiari”) with special agreements aimed at supporting pregnant women and mothers in difficulty and preventing voluntary abortion and abandonment at birth³³³⁴. As it can be seen from the statements made by the promoters of the law, the low birth rate is also one of the main factors at support of the proposal³⁵.

Marche Region

In the Marche region, too, the majority government has presented a [Bill](#) in February 2021 that provides for the provision of public services through free agreements with private non-profit associations, in order to supplement the quality and quantity of the services themselves (Art. 4). In practice, the proposal is aimed at integrating the activities of public health counselling centres (“Consultori”) with those of private health counselling centres that have agreements with family associations, voluntary associations, foundations and non-profit organisations, in the belief that this integration will necessarily lead to a better-quality standard of services for women.

In this regard, however, it is striking that a law with these qualitative objectives is once more defended putting forward the issue of low birth rates. In particular, the promoters of the law argue that to have the aim of countering denatality and ethnic substitution caused by national low birth rates and continuous migration flows³⁶³⁷.

Liguria. The statute of the MPV is clear: the Federation opposes Law N° 194, as well as any measure that seeks to introduce or legitimise abortion, euthanasia and manipulative practices that are intrinsically suppressive of human life. R. RAPISARDI, [Così la destra fa la guerra all'aborto nelle città e nelle regioni che amministra](#), in *L'Espresso (online)*, 20 Oct. 2020

³¹ Proof of this is the fact that the law uses the word “mothers” (which alludes to the woman who has conceived and given birth), to refer to pregnant women (cf. art. 17, lett. b).

³² See [Le infiltrazioni anti-choice nelle giunte regionali italiane come strategia dell'Agenda Europa](#), LAIGA, 2021.

³³ A. Fois, [La Lega in Umbria ricomincia la crociata contro l'aborto. L'opposizione insorge: “La destra tenta di riportare tutti al Medioevo”](#), *La Repubblica*, 22 Jan. 2021

³⁴ See [Umbria, Marche e Abruzzo: al Centro del problema](#), LAIGA, 2021.

³⁵ [La Lega Umbria ha presentato la proposta di legge per la famiglia](#), *La Voce del Territorio*, 30 novembre 2020.

³⁶ See [Marche: no alla pillola abortiva nei consultori, a un passo dal “Medioevo dei diritti”](#), LAIGA, 2021.

³⁷ Carlo Ciccioli, [Intervento](#), in *Resoconto della seduta n.12 del 26/01/2021*: “At a time when our western society, and Italian society in particular, is suffering from a high rate of under-natal mortality, it is out of place to give such emphasis to this battle, which made sense in the 1960s and 1970s. The battle to be fought today is that for the birth rate. I have also read from serious exponents, from left-wing researchers, that the birth rate problem is the central issue of our



Piedmont Region

Returning once again to Piedmont, it should be pointed out that at the beginning of 2021 the Region launched a selection procedure to draw up new lists of organisations and associations that are allowed to operate in the maternal and child protection services of the local health authorities, including health counselling centres (“Consultori”). Among the requirements of this selection procedure, as already happened back in 2010, such associations should have in their statutes the aim of protecting life from conception. This is in open contradiction with Italian law, which clearly establishes that women must receive impartial support that respects their choices within health counselling centres³⁸³⁹.

Conclusions

As already noted on multiple occasions by the European Committee of Social Rights, Italy keeps not being compliant with respect to the implementation of Article 11 of the European Social Charter on the right to protection of health, particularly in terms of guaranteeing access to safe and legal abortion services. The COVID-19 pandemic has further exacerbated obstacles and difficulties already present, in a country where there has been a continuous increase in numbers of conscientious objectors among all professional categories dealing with a termination of pregnancy in recent years.

LAIGA, together with many more Italian pro-choice associations at local and national level, has worked over the past year to try to ensure that all women and pregnant people have access to their legal right to access abortion services in Italy. We have done so by producing an online map of all the available structures providing abortion services at national level, and by uniting our voice to the one of many associations to call on the Ministry of Health to act and ease the medical procedure, particularly during the severe service disruption caused in 2020 by the pandemic.

However, despite the important and much-needed update of the national Guidelines on medical abortion in summer 2020, the ball is now in the hands of the regional governments to make sure such Guidelines are operationalized on the territory. Almost one year later, the vast majority of Italian Regions have not taken any concrete further steps to implement them. On the contrary, a few of those even issued restrictive measures in clear opposition with the updated national Guidelines and are taking further initiatives to undermine the necessary neutrality of health counselling centres with respect to women's choices over their own bodies.

society today, there is no turnover. I cannot agree as much as I do with the theme of replacement, since our society does not produce children then we can be replaced by the arrival in our society of people coming from other histories, from other continents, from other ethnic groups, from other histories, because I believe that a people has its own dignity and in its historical memory, ancient and future, is also that of manifesting itself through its identity and the ability to reproduce, which is one of the natural functions of all living organisms”.

³⁸ L. CONTI, [Ivq. Piemonte. Nel nuovo bando per i consultori si riparla di associazioni che “tutelino la vita sin dal concepimento”](#). *Ed è di nuovo polemica*, Quotidiano Sanita', 11 March 2021.

³⁹ See [Il Piemonte apre i consultori alle associazioni anti-abortiste](#), LAIGA, 2021.