



**Report of Israeli Civil Society Organizations
To:
CEDAW States Parties' Reports on Israel
Regarding
Chapter Dealing With: Reproduction, Fertility, and Reproductive Technologies
June 9, 2016**

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Background of the Organization: Isha L'Isha – Haifa Feminist Center promotes the advancement of women, women's rights and feminist perspectives in Israel. In 2009, the "Women and Medical Technologies" project was established with the goal of empowering women and their experiences in the processes of reproduction, birth, contraception use, and pregnancy termination.

Reproduction, Fertility and Health

The State of Israel bears responsibility for women's right to health, including fertility treatments and the use of advanced fertility technologies. Israel's reproductive policy is designed to encourage the birthrate; this without the necessary attention to women's health and in the absence of information-providing processes and transparent, reliable and comprehensively organized information regarding the risks and consequences inherent in the use of various technologies. These lacunae lead to to severe injuries to women involved, including, among others, the surrogates, women of Ethiopian descent, women reaching the end of their reproductive years, and women with disabilities.

Israel maintains an overtly pro-natal policy and allocates extensive resources towards implementing this policy. In Israel, generous budgets are available for fertility treatments (approximately \$130 million annually), and they enjoy wide public support. This policy has negative aspects, which find their expression in the negation of women's rights to health, violation of their rights to their own bodies, and an assault on their rights to equality. The State of Israel prefers to maintain a lack of clarity regarding its policies, and does not publish information or make it available to the public. Thus, the State is not only abdicating its responsibility to protect women, it is actually exposing them to the manipulations of the market and the commercial interests of the medical establishment.

Isha L'Isha suggests the members of the committee on State Parties' Reports pose the following questions to the representatives of the State of Israel:

- **Prohibition of Surrogacy Conducted in Third-World Countries**

In Israel, agreements for commercial surrogacy are permitted and even take place under State auspices. A non-insignificant number of Israelis, who are in part excluded by the regulations pertaining to surrogacy within Israel and in part desire to reduce the cost of surrogacy

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agreements, , make use of the eggs and the bodies of women surrogates residing in third-world countries, such as countries in East Asia, Mexico, and Eastern Europe. Abuse of the women in these countries is deep and pervasive. Many women are driven to sell parts of their bodies (their eggs, their uterus) in order to survive, and are sometimes forced to agree to the process of surrogacy due to pressure from their own environment.

Why doesn't the State of Israel prohibit surrogacy in developing countries, based on a guarantee that all the arrangements for surrogacy will be available to all who wish it within the country, without discrimination, and thus guaranteeing protection for women entrapped in the surrogacy industry in developing countries?

- **Availability of Information Regarding the Processes of Surrogacy and the Consequences of these Processes**

Women and prospective parents turn to surrogacy yet they are not necessarily fully aware of the nature and complexity of the process, or of its consequences in terms of health, family, and emotional well-being. Most of those who embark on a course of surrogacy have not been made aware of the data, and, in particular, of the low success-rates (around 40% of attempts result in the birth of a live infant), or the length of the process (which lasts some two years.)¹ This leads to great frustration and expenses and loss of income; few women are aware of the low success-rates and do not realize that the payment will arrive only after a live-birth, even if they have invested their time and their health and even though their bodies have been exposed to various manipulations. Thus, surrogates, who most often come from economically marginalized groups, may embark on this process without any guarantee of remuneration. The entire process is often shrouded in useless promises, because, among other reasons, no information is collected and made transparent to the public.

Why does the Ministry of Health not sponsor and establish a data base that would aid surrogates and prospective parents to make an informed decision, and would enable helping organizations to properly monitor the contractual arrangements and the signing of the contracts? This data base should include sample contracts, data regarding procedures as begun and as concluded and the results of each, as well as detailed listings of the rights of the woman acting as surrogate.

- **The high rate of pregnancy terminations among women in Israel who were born in Ethiopia**

While rates of pregnancy termination within the general population in Israel have been decreasing and stood at 10.2 per thousand in 2013, the rate of pregnancy termination among women who were born in Ethiopia remains very high: 40.2 of

¹<http://www.health.gov.il/Subjects/fertility/Surrogacy/Pages/default.aspx> - information regarding the opening of surrogacy files for 2013. Some of the pregnancies include multiple-births. May 30, 2016.



every one thousand women born in Ethiopian and 32.4 per thousand among women born in Israel of Ethiopian descent.² These numbers remain stable, year after year.

Why doesn't the State of Israel (the Ministries of Absorption, Health, and Welfare) develop educational and informative programs directed towards this population, such as programs for sex education, increasing awareness of healthy sexuality, and family planning?

- **Discrimination of the basis of age with regard to payment for women who seek to terminate their pregnancy**

In January 2014, a directive was added to the basket of medications and treatments (list of publically funded medications and treatments), according to which women who wish to terminate their pregnancy and seek the approval of a Committee for Termination of Pregnancy will receive public funding, through their HMO, up to the age of 33.³ Why does the State of Israel not put an end to this discriminatory practice, which distinguishes between women according to their age? Why does the State not allow any woman who has been approved by the committee to receive public support for the termination of the pregnancy? This, especially in view of data from the past few years regarding termination of pregnancy, which indicates that only some 30% of women who received approval of the Committee for the Termination of Pregnancy were women aged 34 and above.⁴

- **Low efficacy of fertility treatments and poor dissemination of information**

Success rates for fertility treatments such as IVF – the most common procedure, according to information provided by the Ministry of Health for the year 2013 – is low: only some 20% of all treatments result in success.⁵ In contrast, the rate of women referred to treatments has consistently increased: in the year 2010, the rate of women who were referred to these treatments reached 18.9 out of every 1000 women between the ages of 15 and 49. These data, although they are indeed published, are not properly presented to the women in the clinics, are not clarified for them, and are inadequate. As a result, many women undergo futile procedures, sometimes for years. The Gertner Institute, dedicated to the study of epidemiology and health policy, has collected various data regarding fertility treatments⁶, including: the number of treatments per woman; the effect of years of treatment on patient health; the relationship between the type of problem and the rate of success of treatment; the

² http://www.cbs.gov.il/reader/newhodaot/hodaa_template.html?hodaa=201505287, CBS, pg. 4

³ <http://www.health.gov.il/Subjects/pregnancy/Abortion/Pages/default.aspx> website of the Ministry of Health regarding regulations of public support for women up to the age of 33.

⁴ http://www.cbs.gov.il/shnaton66/st03_23.pdf, Central Bureau of Statistics.

⁵ <http://www.health.gov.il/PublicationsFiles/IVF-handbook.pdf>, especially pg. 7

⁶ http://www.gertnerinst.org.il/epidemiology/woman_child/women_child_researches/212.htm, May 30, 2016



nature of the treatments themselves; and comparisons between various treatment centers. This information is not published for the general public and is not accessible, in terms of language and culture, to many of the women who are referred for treatment.

Why does the Ministry of Health not publicize this information to the public, and especially to women referred for treatment, in a manner that is accessible in terms of language and culture?

- **Surrogacy is permitted in Israel, but is limited to very few people**

Surrogacy has been legal in Israel since 1996, as long as it is commercially contracted by a legally married, heterosexual couple who have no close familial ties to the surrogate.⁷ The State of Israel allows surrogacy, but under its own regulations, and it has established various monitoring mechanisms.

Why does the State not make surrogacy possible for additional populations, such as single-sex couples? Why does the State not implement other models of surrogacy, including a model based on close familial ties between the parties?

- **Women With Disabilities**

Women with disabilities form a special population that suffers from intersectional discrimination, as women and as individuals who live with a disability. Women with disabilities have special needs, different from those of men, especially with regard to their reproductive health; at times, women with disabilities require different services in order to become parents, including accessibility in terms of language and intellectual level. The various government ministries (Health, Welfare, Social Security, and the Ministry for the Economy) have collected data regarding women with disabilities, but these have not been aggregated to into a comprehensive data base that is accessible to the public. Such a data base would serve as a first and necessary step towards promotion of a policy regarding the rights of women with disabilities. Without such a data base, it is impossible to understand the full picture and thus it is also impossible to engage in any long-term planning.

Why does the State of Israel not force the various government ministries to provide the Commission for Equality for People with Disabilities within the Ministry of Justice and/or the Central Bureau of Statistics (CBS), with the data that they already have? Why does the State of Israel not instruct the Commission and/or the CBS to generate an annual report with the requested information, and make it available to the public?

⁷http://www.health.gov.il/Services/Committee/Embryo_Carrying_Agreements/Pages/Surrogacy.aspx
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