



Aid Organization for Refugees
and Asylum Seekers in Israel



PHYSICIANS FOR HUMAN RIGHTS
דו"כאים אטבים לחقوق האדם
לרפואת ישראל
ISRAELI HUMAN RIGHTS

**Briefing to the Committee on Economic, Social and Cultural Rights
66th Session, 2019**

**Response to Israel's Reply to the
UN-CESCR's List of Issues (questions 15.a-d, 28.f),
September 2019**

**Article 2.2 – Prohibited discrimination of African asylum seekers in
exercising Covenant rights**

**Article 12 - Violation of the right to physical and mental health of
African asylum seekers**

I. REPORTING ORGANIZATIONS

1. **ASSAF-Aid Organization for Refugees and Asylum Seekers in Israel (ASSAF)** is an independent, non-profit Israeli human rights organization that promotes the human rights of asylum seekers living in Israel and changes public discourse and Israeli policy through public advocacy work. ASSAF also offers psycho-social support programs for the direct benefit of asylum seekers living in Israel without legal status.
2. **Physicians for Human Rights – Israel (PHRI)** stands at the forefront of the struggle for human rights – the right to health in particular – in Israel and the Occupied Palestinian Territory. Founded in 1988 by a group of Israeli physicians, PHRI works to promote a just society where the right to health is granted equally to all people under Israel's responsibility. PHRI's migrants' department promotes the right to health of migrants, asylum seekers, refugees and other displaced individuals through the operation of a volunteer-run open clinic, advocacy and lobbying work *vis-a-vis* the medical community, health institutions and policy makers.

II. INTRODUCTION AND ISSUE SUMMARY

3. As of June 2019, there are 29,606 Eritrean and Sudanese nationals living in Israel under "temporary" non-return protection policy. In addition, there are an estimated 7,000 children of Eritrean and Sudanese nationals, most of them Israeli-born. Eritrean and Sudanese nationals are one of the most marginalized and disadvantaged groups in Israel. This report refers to them as "asylum seekers" hereafter.

4. Israel's "temporary" non-return policy has been in force since 2006 and 2007 for Sudanese and Eritrean nationals respectively, although they are referred to as "infiltrators" in Israeli legislation. The policy prevents deportation to home countries and grants temporary "conditional release" permits but does not grant the right to work (although the prohibition on work is not enforced). In addition, the policy does not entitle protected individuals to social security benefits, and grants access to public health services or social services only in extreme cases of emergency and life-risking situations. As the Committee previously noted in its List of issues in relation to the fourth periodic report of Israel (E/C12/ISR/Q/4, 15(c)), Eritrean and Sudanese asylum seekers are also subjected to discriminatory punitive financial measures (under the Deposit Law) aimed at inducing their departure from Israel.
5. Israel's failure to consider and examine asylum applications mean that the current status of protected Eritrean and Sudanese nationals is effectively indefinite, rendering such limited access to health and social services, denial of social security and work permits, and financial punitive measures, unreasonable and disproportionate. Israel's "temporary" non-return policy and over-all conduct towards Eritrean and Sudanese nationals thus constitutes prohibited discrimination which hinders asylum seekers' ability to exercise Covenant rights. Such policy and practice explicitly aim to compel them to leave Israel despite their protected status. The most vulnerable asylum seekers are most affected: people with disabilities and chronic health conditions, women and children, street dwellers and victims of torture.
6. Criticism regarding state conduct towards Eritrean and Sudanese asylum seekers has been voiced by various actors in Israel, including the state comptroller, NGOs and the courts. State authorities typically respond to such criticism slowly and piecemeal, with little tangible change in reality. The few amendments that have been made through the years are temporary in nature and can be easily revoked.
7. This report examines Israel's failure to implement Article 2.2 of the Covenant on Economic, Social and Cultural Rights in relation to Eritrean and Sudanese asylum seekers and provides information regarding the prohibited discrimination of this group in response to questions 15.(a-d) in the Committee's List of issues in relation to the fourth periodic report of Israel.

8. In addition, the report examines Israel's implementation of Article 12 of the Covenant, providing information requested by the Committee in question 28.f in the Committee's LoI.

III. Response to issues listed under Article 2.2- non-discrimination

Question 15(a)

9. Protected Eritrean and Sudanese nationals continue to have little to no prospect of regularizing their status in Israel through individual applications for asylum. The Israeli asylum system, which only started accepting individual asylum applications by Eritreans and Sudanese in 2013, continuously fails to give such applications due consideration or process them effectively. There are currently 13 Eritrean nationals and one Sudanese national (of Darfuri origin) who have been recognized as refugees. According to state figures submitted to the Israeli High Court in June 2019, as of May 2019, there are around 15,000 asylum applications awaiting examination and decision.
10. In response to several legal procedures concerning the failure to examine asylum applications by Sudanese nationals, the state of Israel eventually agreed to grant temporary residency status (A5) on humanitarian grounds to 800 asylum seekers of Darfuri origin. Such status makes them eligible to social security, public health and social services and grants them permission to work. Unlike refugee status, which is granted under clear convention grounds and international standards, such humanitarian status is determined using arbitrary criteria, can be easily revoked and subject to renewal every year.
11. In October 2018, Israeli Prime Minister and the Minister of Justice decided that the state of Israel will no longer grant such humanitarian status to Sudanese nationals and instead focus on examining individual asylum applications. However, in July 2019 the state announced to the High Court of Justice that it has completely stopped examining asylum applications by Sudanese nationals because of the recent turmoil in Sudan. There are currently around 3,400 outstanding applications by Sudanese nationals; many have been waiting for years to be examined.
12. Recent developments indicate that Eritrean nationals too continue to have little chance of a fair and due consideration of their asylum applications and little prospect of being granted refugee status. In July 2019, the Israeli Ministry of Interior announced that it will re-examine all asylum

applications submitted by Eritrean nationals, including those that have been previously rejected. A total of 16,149 asylum applications have been submitted by Eritrean nationals. 5,502 were rejected, 13 accepted and 10,647 are outstanding. The Ministry of Interior will re-examine the applications under new criteria which include a requirement for evasion or defection from the Eritrean army to have a "clear, distinct and prolonged ideological dimension" and is stricter than the criteria posed by UNHCR in similar cases. The state's refusal to reveal the new criteria makes it difficult for applicants to rely on them or appeal decisions.

13. For Eritrean and Sudanese nationals, the ongoing failure to give their asylum applications due consideration means that their current status is effectively indefinite, and with it a continuous limbo of irregular status, lack of access to rights, financial penalties, limited access to vital services and care, and growing poverty and marginalization.

Question 15 (b)

14. Since 2006 and 2007 respectively, Sudanese and Eritrean nationals have been living in Israel under a "temporary" non-return protection policy that prevents their deportation to their home countries in line with the *non-refoulement* principle. The policy is not prescribed by law, has never been put in writing and has been repeatedly redefined and kept vague by the authorities. The policy grants temporary stay permits which are renewed every two weeks to six months for anyone over 18 and does not grant the right to work.
15. Under this policy, Eritreans and Sudanese asylum seekers - referred to as "infiltrators" in national legislation, policies, and government resolutions and other formal communications - are not eligible to public health services (see paras. 39-55), public social services (see paras. 23-30) and are excluded from the Israeli national insurance scheme.
16. Israel's National Insurance Law governs the mandate of the National Insurance Institute of Israel to grant social security, including social insurance, in the form of benefits and assistance to those unable to maintain employment, disability allowance, income maintenance, rehabilitative care, family support, old-age and so on. Under this Law, only residents of Israel are entitled to such benefits and assistance according to their circumstances, meaning protected Eritrean and Sudanese national are not eligible to such benefits, despite residing in Israel for longer than 12 years.

17. Non-residents who are employed are entitled only to social insurance grants in cases of birth, work-injuries and employer's bankruptcy. Eritrean and Sudanese asylum seekers do not enjoy other benefits (such as child benefits) granted to some migrant workers, because Israel does not consider Eritrean and Sudanese asylum seekers stay in Israel "legal" despite the fact that they reside in Israel under a protection policy.
18. Despite being some of the most disadvantaged in the country, families of Eritrean and Sudanese asylum seekers are not entitled to any kind of child benefits under the national insurance scheme, except for children with disabilities or special needs. Single parents are not entitled to any of the support and benefits granted to other single parents in Israel. No social support is granted to those who care for people with disabilities or the elderly. Women asylum seekers that are unemployed or unable to maintain employment, are not entitled to prenatal and postnatal care.
19. Eritrean and Sudanese asylum seekers are issued 2(A)5 permits that specifically state they are not permitted to work. In 2011, following a High Court ruling, the state enacted a six-month non-enforcement settlement whereby employers of Eritrean and Sudanese asylum seekers are not penalized, as a temporary measure. Such an ad hoc non-enforcement settlement continues to be enacted, despite repeated criticism by the courts and the state comptroller. As a result, Eritrean and Sudanese asylum seekers can work in Israel in a restricted manner.
20. The vagueness of the non-enforcement settlement has deterred many Israeli employers from employing Eritreans and Sudanese and many asylum seekers are forced to work in the informal economy, which means they are not able to access the few benefits they are entitled to. Those who work within Israel's formal economy are not eligible to income maintenance or unemployment allowance.
21. Sudanese and Eritreans with disabilities are typically unable to work full time or uphold the type of manual labour jobs that asylum seekers are limited to due to their restricted access to work. People with disabilities who are unable to maintain employment, including victims of torture and victims of trafficking, are not entitled to social security or income maintenance or disability allowance schemes. They are many times left destitute, homeless and hungry.
22. Following criticism by the state comptroller in 2014, The Ministry of Labor, Social Services and Social Affairs (hereafter: Ministry of Social Services)

- acknowledged that Sudanese and Eritrean asylum seekers who are unable to work due to disabilities are living in poverty but argued that it was not the Ministry's responsibility to provide them with "regular living allowance" (Israeli State Comptroller, [Follow-up Report 64Gimel](#), May 2018 [Hebrew])
23. Eritrean and Sudanese asylum seekers are also denied access to public social services even though they are entitled to them under the Israeli Welfare Services Law, which prescribes the responsibility of the state towards those who are in need due to their age, health, disabilities or other circumstances. The Welfare Services Law does not condition entitlements on a particular legal status in Israel. The legality of such denial of social services has been the subject of an ongoing petition to the Israeli High Court since 2016.
 24. Eritrean and Sudanese asylum seekers are entitled to social services only in life-threatening situations or emergencies with no access to rehabilitation services or preventative care. In May 2018, the Minister of Social Services stated that a budget of 10 million shekels has been allocated towards emergency institutions for people with disabilities, women who suffer domestic violence, street dwellers and victims of human trafficking.
 25. Under this policy, asylum seekers with disabilities are, at most, institutionalized instead of being offered rehabilitation and employment support. As a result, they are often reduced to extreme poverty and become homeless before being eligible to an emergency support. They usually end up in an institution unsuitable to their needs and have little to no chance of recovering and regaining self-sufficiency.
 26. Similarly, women asylum seekers who suffer domestic abuse are offered places in shelters for them and their children only in cases of acute danger, but are denied any form of preventive and rehabilitative support. As a result, most of them stay trapped in a violent and abusive household and cannot rebuild an independent life with their children.
 27. Even placements in emergency care, however, have been limited and insufficient. According to figures provided by the Ministry of Social Services in June 2019, six asylum seekers street dwellers were offered placements in emergency institutions in 2018 and no people with disabilities were offered any form of care. 25 women were referred to shelters for victims of domestic abuse in 2017, and 24 women were

- referred to shelters in 2018. (Source: a letter from the Ministry of Social Services to ASSAF in response to a request under Israeli Freedom of Information Law, 25 June 2019). The key reasons for failure in providing emergency care, despite promises by the Ministry in 2018, include lack of coherent policy and clear written procedures and instructions, failure to transfer budgets allocated for such placements and the failure to find healthcare arrangements for those who are allocated placements in institutions.
28. In February 2017, the Israeli General Attorney office stated its intention to re-examine the question of the government's compliance with the criteria of minimal standard of living under Israeli law, and relevant international standards, in relation to asylum seekers (Israeli State Comptroller, [Follow-up Report 64Gimel](#), May 2018).
29. The Mor Yosef Interministerial Committee was established in August 2017 in order to map groups of protected Eritrean and Sudanese nationals that are in dire socioeconomic situation and to consider re-examining the eligibility of protected individuals to social services. In May 2018 the Chairman of the Committee, Head of the Population and Immigration Authority Professor Shlomo Mor Yosef, reported at a Knesset hearing that the preliminary recommendations include only emergency institutions and no preventative and rehabilitative care, despite criticism by the state comptroller in 2014 and 2018. 36 million shekels were said to be approved for implementing the recommendations, a budget that includes 10 million shekels already allocated by the Ministry of Social Services (see paragraph 25).
30. In March 2019 the state updated the Israeli High Court that the Minister of Social Services has signed off the Mor Yosef Committee recommendations. The recommendations, however, have not been made public and have not been implemented, in part due to a failure to devise a healthcare arrangement for asylum seekers who are institutionalized under the new recommendations. In reality, no asylum seeker, vulnerable or otherwise, has so far benefited from the work of the Mor Yosef Committee.

Question 15 (c)

31. Since May 2017, the state of Israel has been deducting up to 20% from the monthly salaries of Eritrean and Sudanese nationals who are under a "temporary" non-return policy. The money, which is deducted by

- employers every month, is due to be refunded only when they agree to leave the country permanently. Such deductions take place under provisions of the Prevention of Infiltration Law, referred to as the Deposit Law. They are specifically designed as punitive measures against those who have been found eligible for international protection and undermine the state's own protection policy.
32. As a result of the Deposit Law about 50% of men asylum seekers earn less than the minimum wage (Hotline and Workers' Hotline, [In Broad Daylight, The Deposit Law: Implementation and Impact](#), May 2019). With no recourse to social security (see paras. 15-18) deductions have had severe implications on asylum seekers' standard of living. Within 12 months of the law coming into effect, ASSAF has registered a 33% increase in requests for food aid, including food for children and babies. Additionally, the NGO has registered 86% increase in concerns regarding access to safe housing, with families and individuals crowding into smaller spaces. Such overcrowding has a direct impact on the level of health, privacy and personal security of all residents, including children.
33. As a result of the Deposit Law, many families have started to consider moving their children from regular private kindergartens to kindergartens often referred to as "babysitters" (sometimes also called "children warehouses"), which cost less. Conditions in the babysitters are poor and often dangerous – with six reported cases of deaths in recent years. Some families report that they have stopped, or thinking of stopping, the payment towards their children's health insurance, including families with children with special needs (see paras. 52-55). As the law continues to weaken an already marginalized and vulnerable community, women are forced into prostitution and community support networks continue to come undone leaving the most needy to fend for themselves.
34. In June 2018, in the course of a pending petition to the Israeli High Court to repeal the Deposit Law, state authorities passed regulations that adjust the deductions from 20% to 6% to the following groups only: 1. Women 2. Men older than 60 3. Victims of human trafficking who have been recognized as such by the state 4. Minors 5. People able to prove acute medical conditions. The regulations came into effect in November 2018. Men are still forced to pay 20% of the monthly salaries into the Departure Fund every month.

35. The implementation of the Law and subsequent regulations has been plagued with systemic failures. It is estimated that 15% of employers deduct the funds from asylum seekers' salaries but fail to deposit them in the Departure Fund. An estimated 30% of employers have deposited some of the funds. Israeli media inquiry estimated that around 700 million shekels of asylum seekers' wages and benefits have gone missing since the Deposit Law has come into force ([Calcalist, 05 May 2019 \[Hebrew\]](#)). The state has so far failed to protect asylum seekers from such theft and exploitation: only 10 employers have received notice for mishandling asylum seekers' funds in 2018, and asylum seekers have been offered no remedy or redress (Hotline and Workers' Hotline, 2019).

Question 15 (d)

36. Israeli authorities' relocation agreements with Rwanda and Uganda have remained confidential and were never open to public scrutiny. Their compliance with international laws and standards, including protection of Covenant rights, has never been reviewed by any third party.

37. Asylum seekers that were relocated to Rwanda and Uganda between the years 2014-2019 received no guarantees of protection against *refoulement* and no guarantees of admittance to the receiving states or access to fair and efficient asylum proceedings. There has never been any sign or clarification from Israel or the two receiving countries regarding the status, permits, rights and services granted to those relocated, including victims of torture and people suffering from disabilities and severe medical conditions, including mental health issues. In April 2018, both Rwanda and Uganda officially backed out of the agreements, but both continue to accept asylum seekers from Israel. Israeli ministers and senior officials, including Israeli Prime Minister, repeatedly state their intention to identify other African countries willing to engage in similar agreements and accept Eritrean and Sudanese asylum seekers forcibly relocated from Israel.

38. According to figures published by the Israeli Population and Immigration Authority (Population and Immigration Authority, [Foreigners in Israel: Summary of Figures 2018](#), 4 February 2019 [Hebrew]), 1,093 Eritrean and Sudanese asylum seekers were relocated to Rwanda and Uganda in 2014; 1,507 asylum seekers were relocated in 2015; 836 asylum seekers were relocated in 2016; 674 were relocated in 2017; and 359 were

relocated in 2018. No official figures have been published so far regarding relocations in 2019. Research and testimonies collected by various Israeli and International human rights organizations indicate that individuals who were relocated were left with no legal status, no clear work permits and no access to basic services. The few who managed to get status were often forced to use bribe. The vast majority of those relocated left Rwanda and Uganda and were forced to continue their journey elsewhere. (See for example: Human Rights Watch, [Make their Lives Miserable September 2014](#); ASSAF and Hotline, [Where there is no Free Will](#), April 2015; Lior Birger et al. "[Better Prison in Israel than Dying on the Way](#)", January 2018).

IV. Issues listed by CESCR under Article 12 Right to physical and mental health

Question 28 (f)

39. Asylum seekers who are employed may benefit to some extent from private insurance policies arranged for them by their employers, as required by the Israeli Foreign Workers' Law. Because of the ambiguity surrounding the employment of asylum seekers, however, many employers do not abide by the law and refrain from purchasing private health insurance for asylum seekers. Those who are insured are still usually unable to receive proper access to healthcare, as private insurance schemes are not suitable for the work patterns and medical needs of asylum seekers: Thus, for instance, private insurance policies deny coverage for pre-existing conditions, mental healthcare, rehabilitation services and sometimes even ante-natal care. Frequent changes in the workplace, as a result of the ambiguity surrounding their right to work, also lead to frequent termination of policies hence also to further limitations on insurance coverage. In some instances of extremely vulnerable asylum seekers who have been diagnosed with severe and/or complex medical conditions, such as cancer or HIV, insurance companies refuse to insure asylum seekers all together, leaving them without access to healthcare as well as without the ability to be legally employed and provide for themselves and for their families.
40. Asylum seekers who are uninsured, either those whose employers violate the Foreign Workers law, or those who are forced work in the informal economy (often because of the Deposit Law, see paras. 31-35), as well as those who are unable to work because of disabilities, work injuries, or

chronic illness, all remain without access to medical treatment in the community. With no access to healthcare, they are usually forced to wait until their condition deteriorates in order to receive medical treatment through hospital ERs. Once stabilized, however, asylum seekers are discharged from hospitals without proper after-care, follow-ups or medications, and are usually forced to wait once more for their condition to deteriorate in order to receive treatment. Furthermore, they accumulate debts to the hospitals for the emergency care they have received, but with no access to social security and without work, most of the individuals concerned are unable to pay off their debts. This in turn means also that they are denied care in hospitals' outpatient clinics, and can only access services when in medical emergencies.

41. Most affected are individuals who suffer from severe, complex or chronic medical conditions such as cancer, heart, liver or kidney diseases, diabetes, asthma, epilepsy or hypertension. These individuals require ongoing and often costly medical intervention, but are often denied treatment in ERs as hospital teams do not consider them as meriting emergency care, properly speaking. Without treatment, they are prone to further deterioration, and their chances of full recovery decreases. As a result, and as the years go by without sufficient care, asylum seekers' ability to function and live a self-sufficient and dignified life diminishes.
42. Other than the limited private insurance schemes and the aforementioned emergency healthcare, and following intensive advocacy efforts by NGOs and the Israeli state comptroller, the Ministry of Health began offering a few, ad-hoc, piecemeal solutions to asylum seekers. These offer very limited care, and mainly for emergencies. They are listed in the following paragraphs:
43. **The TEREM refugee clinic** - based in the southern part of Tel Aviv, the clinic is limited both in the scope of treatments available as well as geographically. As the Ministry of Health funds only emergency care, the clinic lacks the resources to cater for all the medical needs of asylum seekers, especially when it comes to costly medical tests (such as CT, MRI and colonoscopy) surgeries and oncological treatment. Asylum seekers who live in other parts of Israel struggle to reach it for treatment.
44. Ministry of Health officials have previously acknowledged such shortfall in care (Letter to PHRI, 25 July 2019). In July 2018, the Ministry of Health published a tender for the expansion of similar refugee clinics to three

- more cities across Israel. However, a year later, in a letter to PHRI dating 25 July 2019, the expansion was postponed to an unknown future date.
45. **The Gesher Clinic** - opened in 2014, the Gesher Clinic is the only government-funded facility in Israel to provide mental healthcare to asylum seekers. The clinic continues to suffer from staff and budget shortages and currently has a waiting list of around 200 individuals. In the past year this has led to its inability to accept new patients for treatment, except for the most acute cases, leaving many others, including torture victims and people with families, to deal with mental health issues with no treatment or support.
46. In the past three years, the Ministry of Health has acknowledged that current services are insufficient. In November 2018 the Ministry of Health published a tender for the expansion of mental health services for asylum seekers to four additional locations in Israel. However in June 2019, Ministry officials announced that while the services will transfer to a new service provider, these services will not be expanded.
47. TB and HIV treatments: The Ministry of Health has been funding TB treatments for uninsured asylum seekers together with the Israeli Lung Association. In 2014, following intensive advocacy on behalf of Israeli NGOs, the Ministry began offering also AntiRetroViral (ART) treatment for uninsured asylum seekers with HIV in Israeli AIDS centers, free of charge. Although a step in the right direction, the level of care offered to asylum seekers is still inferior to that of their Israeli peers: Firstly, asylum seekers have to wait to reach a certain medical threshold (cd4 500) in order to be eligible for treatment, whereas Israelis receive full medical treatment upon being diagnosed. Secondly, while Israelis can benefit from the newest medications, those are not available for asylum seekers who often have to struggle with severe side-effects, leading to non-compliance and resilience to treatment. Finally, asylum seekers with HIV still struggle to receive medical treatment, including for opportunistic diseases, as treatment available to them in Israeli AIDS centers is limited to ART medications and follow-ups.
48. Women asylum seekers in Israel face severely limited access to ante-natal care. Those who are employed can benefit from limited ante-natal care under the insurance scheme arranged by their employers (provided such schemes are indeed arranged, see paras. 39-40). Women asylum seekers who are unable to work, sometimes because either they or their children

- suffer from disabilities or chronic diseases, can only rely on the ante-natal care provided at reduced costs by volunteers at the Terem clinic in Tel Aviv (see paras. 43-44). Women who reside in other parts of Israel, and women with high-risk pregnancies are denied even such limited care and are often asked to pay for costly private ante-natal care. Those who cannot afford to pay, have no choice but to forgo care.
49. Approximately 4,000 African asylum seekers are victims of torture by traffickers and smugglers in the Sinai Peninsula prior to their entry to Israel. Around 500 of them have been recognized as victims of human trafficking by the state of Israel, granting them some rehabilitation and care. The rest have not been identified by the state as victims of torture and are not eligible to rehabilitation services in the form of specialized medical or psychosocial support. Many victims continue to suffer from untreated symptoms of Post-Traumatic Stress Disorder, depression and anxiety as a result of torture. Without adequate care and rehabilitation, many victims' physical and mental health continues to deteriorate, and without any recourse to social security benefits, many find themselves unable to work, provide for themselves, and pay for housing and sometimes even food.
50. In 2016, the UN Committee against Torture concluded that Israel's conduct in relation to asylum seekers who are victims of torture violates its obligation to provide redress, including rehabilitation, to victims under Article 14 of the Convention against Torture (See [UNCAT Concluding Observations on the 5th periodic report of Israel, 3 June 2016, CAT/ISR/CO/05](#)).
51. In 2018, the Israeli Ministry of Justice launched a mapping project to identify and study the needs of asylum seekers victims of torture in Sinai, with the aim of examining the provision of care to only around 250 individuals who are considered acute humanitarian cases. The Ministry of Justice has so far failed to reveal its recommendations and no action has been taken to provide rehabilitation to any asylum seekers who are victims of torture.
52. There are currently approximately 10,000 non-resident children living in Israel, out of which approximately 7,000 are children of protected Eritrean and Sudanese nationals. The rest are children of migrant workers and undocumented migrants (Population and Immigration Authority letter to PHRI, July 2019).

53. All children residing in Israel, regardless of legal status, are eligible for vaccinations and basic developmental follow-ups from birth to six years old through the regional, government-funded, infant and baby care clinics known as "Tipat Chalav". However, further healthcare is available to them either through health insurance schemes, or in cases of medical emergencies, in hospital ERs.
54. Since 2001, the Ministry of Health has been offering a health insurance scheme available through the "Meuhedet" Health Fund to all non-resident children (with the exclusion of Palestinians) at the monthly cost of 120 shekels (around 30\$) per child. Children covered under this scheme (hereafter: the children health insurance scheme) can receive medical services that are almost identical to those provided under the National Health Insurance Law. Unlike provisions under this law however, enrollment in the children's health insurance scheme is not mandatory and up to the discretion of the parents and their ability to pay the monthly fees.
55. In September 2018, the Ministry of Health has begun excluding children of undocumented migrants from the scheme as a punitive measure against their parents. Children of Eritrean and Sudanese nationals living in Israel under the "temporary" non-return policy were not on the face of it directly excluded from the scheme. However, without any recourse to social security, including child benefits, unemployment or disability allowance (see paras. 17-18), many Eritrean and Sudanese nationals are unable to pay the fees, leaving their children uninsured. Since 2017, Eritrean and Sudanese asylum seekers have been paying up to 20% of their monthly salary into a designated Departure Fund as a punitive measure for entering Israel irregularly (see paras. 31-35). The financial toll of the deposit law has forced an increasing number of asylum seekers to stop their health insurance payments, and in effect causes the exclusion of some children of asylum seekers from adequate healthcare.

V. Recommendations

56. Israel must guarantee in practice that all asylum seekers have access to efficient refugee status determination procedures and take immediate steps to enhance the fairness and effectiveness of the asylum system. Asylum applications by Eritrean and Sudanese nationals should be given

- due consideration without further delays and in line with international standards.
57. Eritrean and Sudanese nationals have been living in Israel under a so-called "temporary" protection policy since 2007 and 2006 respectively and endure unreasonable and disproportionate restrictions in exercising Covenant rights. The State of Israel must therefore devise permanent complementary protection solutions which guarantee full exercise of Covenant rights in compliance with Israel's obligations under Article 2.2 of the Covenant, including the rights to work, to health, to social security and to an adequate standard of living. Such permanent protection solutions must be clearly articulated and prescribed by law to allow for review and scrutiny of their compliance with Israel's international obligations and national legislation.
58. Israel must repeal the Deposit Law and refrain from any other punitive measures, including any form of denial and hindrance of Covenant rights that aim to induce the departure of asylum seekers.
59. Immediately and urgently, the Israeli Ministry of Social Services must ensure that social services to asylum seekers include rehabilitation and prevention services and access to social security, with particular attention to the needs of people with disabilities, women, children and other vulnerable groups. The state must not substitute such services with institutionalization, unless absolutely necessary.
60. Immediate steps should be taken to ensure asylum seekers have adequate access to healthcare. The Ministry of Health should act to expand current healthcare facilities and services, including mental health in line with its previous commitments.
61. Israel must ensure any current or future relocation agreements with third countries are transparent and establish effective guarantees and safeguards for the protection of Covenant rights during and after the relocation.