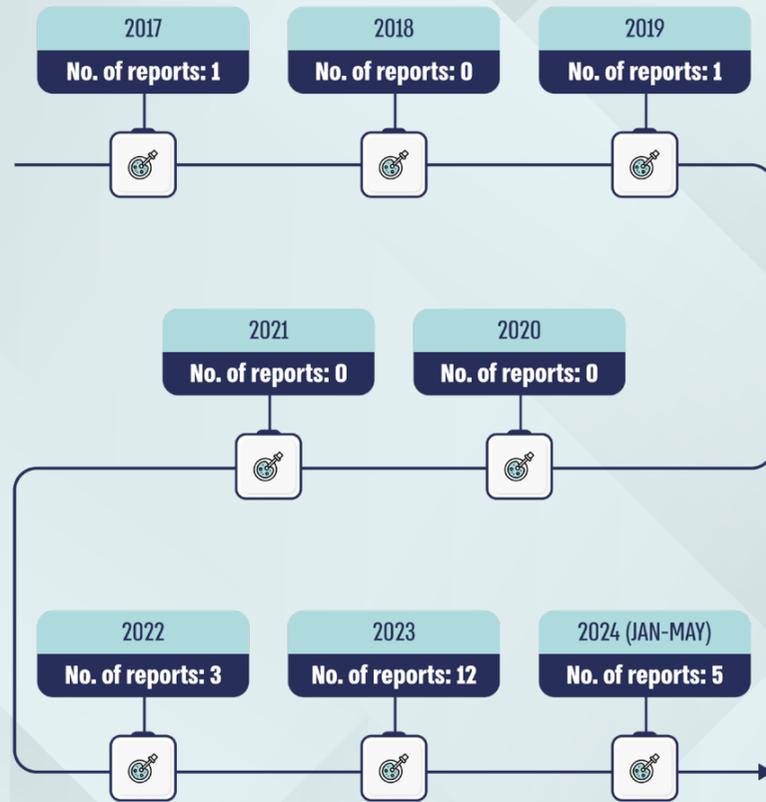


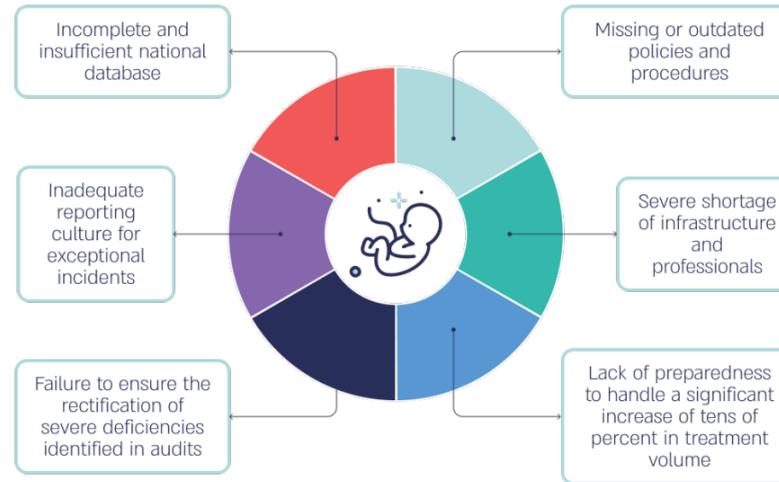
## Reporting of exceptional events



In 2022, the media reported an unusual incident in one of the in vitro fertilization units. The sharp increase in reports following this event—such as the dropping of a vial containing eggs, the dropping of an embryo, the loss of eggs or embryos, the transfer of unfertilized eggs, and the accidental disposal of a dish in the trash—raises a serious concern that similar incidents may have occurred in this field previously but were not reported to the Ministry of Health.



## Summary of the Findings



## Main Recommendations

The Ministry of Health must promptly finalize the establishment of procedures for operating IVF units, strengthen oversight and control mechanisms in this field, and ensure that units address deficiencies identified during its inspections.

The Ministry of Health is required to ensure that it receives all reports of exceptional events occurring in this domain.

The Ministry of Health must also ensure that the scope of treatment in each unit corresponds to its workforce and infrastructure, providing adequate support for the quality and safety of care in this sensitive area.

## Further to the audit

The Ministry of Health has established updated procedures and guidelines on several key issues and indicated its intention to conduct follow-up audits in the units according to them. Additionally, the ministry noted that it would approach the units to request documentation of unusual events that have occurred in recent years.



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# Special Report In Vitro Fertilization in Israel

Regulatory and oversight aspects

November 2024

## Background

The desire to bring children into the world is one of humanity's defining characteristics and is regarded by many as one of the most significant components of self-fulfillment. However, at times, couples or individuals face difficulties in having children due to fertility issues.



1 in 6 individuals experiences infertility at some point in their lives

In vitro fertilization (IVF) is one of the most common treatments for couples or individuals who are unable to conceive naturally.

## Main Topics Examined in the Audit

Ministry of Health oversight

Reporting of exceptional events

Increase in activity volume and the identity of service providers – public/private units

Missing Ministry of Health regulations

Shortage of embryologists and its implications

Storage of unclaimed frozen embryos and eggs

Integrity and reliability of the national database for IVF treatment cycles



## Key figures

### 61,000

Number of IVF cycles performed in Israel in 2021; a 60% increase compared to 2011.

### 4

Private units conducted 60% of IVF procedures in 2021, while 40% were carried out by the 21 public units.

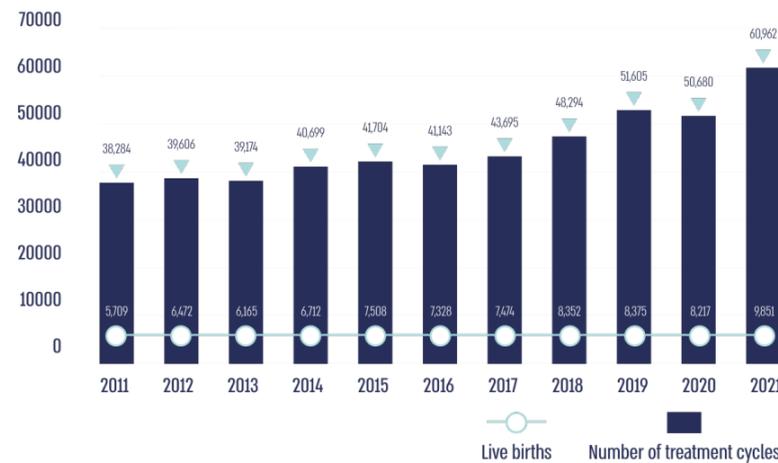
### Approximately 450 million NIS

Total expenditure on IVF treatments in 2023.

### 45%

Shortage of embryologists across all units (111 embryologists) relative to the required number.

## Increase in treatment volume without proper preparation



Israel stands out in its policy regarding in-vitro fertilization (IVF) treatments, both in terms of the maximum age of the woman (45) and the virtually unlimited number of treatment cycles covered by public funding.

**It has been noted that the existing infrastructure is not adequately prepared, in terms of both human resources and facilities, to accommodate the significant increase in the number of IVF cycles performed in Israel.**

## Lack of verification for rectifying deficiencies identified in inspections

In the years 2018–2019, the Ministry of Health conducted inspections in all IVF units across Israel to map and assess the existing state. Below are examples of deficiencies identified:



**Deficiencies in staffing aspects:** significant shortage of embryologists; deficiencies in filling positions for physicians, nurses, psycho-social staff, and administrative support



**Deficiencies in patient identification:** absence of identification bands for patients; failure to record patient ID numbers on dishes; inadequate patient identification during the "time-out" phase; identification is not always performed by two staff members as required.



**Deficiencies in medical records:** a significant portion of essential information is missing from patient files; problematic documentation methods in the laboratory, which could result in the loss of critical information regarding eggs and pre-embryos; neither the laboratory nor the cryopreservation records are computerized, with manual documentation prone to error.



**Equipment and infrastructure deficiencies:** laboratory infrastructure is substandard and falls below any acceptable standard; operating room and laboratory do not comply with the requirements of the Public Health Regulations; during peak times, dishes from multiple patients are placed in a single chamber, posing a safety hazard; shortage of incubators, that could be critical and compromise patient safety; laboratory layout is extremely cramped relative to the number of treatment cycles and staff, increasing the risk of workplace accidents.

It was found that some units exhibited deficiencies, some of which were severe; however, the Ministry of Health did not conduct follow-up inspections to ensure their rectification.

## Storage of Unclaimed Frozen Embryos and Eggs

Large reserves of eggs and embryos have accumulated in the units, some of which have been stored there since the 1980s. Their accumulation has significant implications, particularly concerning the maintenance of the tanks, the management of risks associated with storing a large quantity of eggs and embryos, and the costs involved in preserving them.

