30 September 2019

Re: Supplementary information on Cambodia’s surrogacy situation and surrogacy draft law for consideration by the Committee during its 74th session

The Gender and Development for Cambodia (GADC), Gender and Development Network (GADNet), and Center for Reproductive Rights prepared this letter to assist the Committee on the Elimination of Discrimination against Women (the Committee) in its review of the compliance of the Government of Cambodia (State party) with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) during its 74th session on October 21-November 8, 2019. In its List of Issues and Questions on the sixth periodic report of the State party, the Committee requested for an update on the status of the draft law on surrogacy. 1 This submission aims to provide supplementary information on the status of surrogacy in Cambodia and the state party’s draft surrogacy law and highlight the significant human rights implications of the criminalization of commercial surrogacy in Cambodia.

I. Background

Surrogacy practices became popular in Cambodia around 2015 following increasing restrictions in neighboring countries in the South-Asian and Southeast-Asian region. Surrogacy agencies found Cambodia attractive because, at the time, it lacked regulations on surrogacy or any other form of reproductive technology. 2 Furthermore, the cost of surrogacy in Cambodia was still far below the costs in wealthier western countries. Cambodian surrogacy agencies generally charged intended parent(s), often Australian and Chinese, approximately USD 40,000, about USD 10,000 was paid to the surrogate. 3 This was far less than the cost of surrogacy in countries such as the United States, where costs have been reported to be at least USD 120,000, approximately USD 30,000-40,000 of which was given to the surrogate. 4 Approximately fourteen agencies and clinics opened in Phnom Penh after Thailand imposed restrictions on surrogacy. 5

Because surrogacy was operating unregulated in Cambodia, some countries and surrogacy agencies declined to engage Cambodian surrogates. Australia, for example, issued a warning to intended parents from Australia seeking surrogates to avoid Cambodia. 6
II. Current legal framework on surrogacy

As Cambodia continued to be a hub for transnational surrogacy, the State party decided to curb the practice and prohibit all forms of surrogacy in 2016 by way of a government edict sent to all fertility clinics. The proclamation did not address enforcement mechanisms or penalties, nor did it mention the legal status of pre-existing surrogacy arrangements.

Below is an overview of the actions taken by the state party in regulating and restricting access to surrogacy—

<table>
<thead>
<tr>
<th>Date</th>
<th>Situation</th>
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<tbody>
<tr>
<td>September 2016</td>
<td>The Ministry of Women’s Affairs announced that it would take steps to protect women and children involved in surrogacy.</td>
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<td>October 2016</td>
<td>Ang Vong Vathana, the Minister of Justice, called for a national prohibition on surrogacy.</td>
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<tr>
<td>November 2016</td>
<td>All forms of surrogacy were banned in Cambodia in accordance with the decision of the Ministry of Health (Prakas, signed October 24, 2016).</td>
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<td>- Article 12 of Prakas: Surrogacy, one of a set of services to have a child by assisted reproductive technology, is banned completely.</td>
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<td></td>
<td>- Prohibition on commercial sperm donation and required clinics and specialist doctors providing in vitro fertilization services to acquire its permission before operating.</td>
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<tr>
<td></td>
<td>- The proclamation neither addressed enforcement mechanisms or penalties for violation nor did it mention the legal status of pre-existing surrogacy arrangements.</td>
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<tr>
<td>Early 2017</td>
<td>The Cambodian government began the process of drafting regulations on surrogacy.</td>
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<tr>
<td>August 2017</td>
<td>The Ministry of Women’s Affairs circulated a first draft of legislation that was later revised by the Ministry of Justice. The revised draft banned commercial surrogacy but permitted altruistic surrogacy. However, the Ministry of Women’s Affairs remained concerned that altruistic surrogacy would still allow for exploitation. As a result, an Inter-Ministerial Working Group was formed to further study surrogacy.</td>
</tr>
<tr>
<td>Late 2018</td>
<td>Another round of revision on the draft law was made. The updated draft provided detailed regulation of altruistic surrogacy and imposed “strict conditions” on the process so as to make it extremely difficult to legally arrange for surrogacy within Cambodia. In a report, it was noted that there were differing opinions on the legal status of surrogacy under international law (and whether it was by definition human trafficking of children), its impact on women and children and the policy decisions motivating its restriction.</td>
</tr>
<tr>
<td>March 2018</td>
<td>The Ministry of Justice with the Ministry of Women’s Affairs completed the first draft of surrogacy law and shared to the UN Special Rapporteur on the situation of human rights in Cambodia.</td>
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</table>
April 2019 | The Cambodia National Police urged anti-human trafficking police officers and relevant authorities to improve efforts to educate the public that surrogacy is a crime in the country.
---|---
September 2019 | At present, the draft legislation is still under review by the Inter-Ministerial Working Group.

### III. Arrests of women acting as surrogates in Cambodia

The initial lack of regulation of surrogacy and the State party’s recent crackdown on the practice resulted in the arrests of women acting as surrogates. In some cases, the State party’s laws and policies on trafficking have been applied.\(^\text{10}\)

In November 2016, before the government edict banning surrogacy became effective, 23 pregnant women were arrested for acting as surrogates.\(^\text{11}\)

In June 2018, 32 women acting as surrogates were arrested for violating the ministerial order to ban surrogacy and they were given two options; (1) to raise the child as their own, or (2) to face a 20-year imprisonment according to the State party’s criminal laws. The 32 women were eventually released on bail after they signed documents declaring they would take care of the children until the age of 15 or 18.\(^\text{12}\) However, because most of the women acting as surrogates were from very poor families and desperately needed money, there was a substantial risk that they would not be able to adequately provide for the children. In the absence of formal regulations, it is unclear what mechanisms are in place to provide support to the women to ensure that they and the children are provided the care that they need.

In November 2018, an additional 18 persons, including 11 pregnant women acting as surrogates were arrested. The 11 women and four other people were charged with surrogacy and human trafficking; three other people were charged with conspiracy to commit trafficking (? – unclear from article).\(^\text{13}\) The pregnant women were all sent directly to prison but were released in May 2019 on similar terms i.e. that they agree to raise the children.\(^\text{14}\)

In July 2019, three Cambodian women who acted as surrogates for Chinese nationals and who delivered in Vietnam were questioned and then detained by Cambodian authorities when they returned to Cambodia. They have been charged with violations of anti-trafficking laws and of the provision under the Cambodia’s Criminal Code which prohibits a person from acting as an intermediary between an adoptive parent and a pregnant woman.\(^\text{15}\)

Below is a summary of the reported cases and arrests of women acting as surrogates—

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of women acting as surrogates</th>
<th>Children’s whereabouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2016 (regulation of surrogacy was not effective yet)</td>
<td>23 women acting as surrogates</td>
<td>5 children were brought to their intended parents. The whereabouts of the other 18 babies remain unknown.</td>
</tr>
</tbody>
</table>
June 2018 and released on bail in 2018

- 32 women acting as surrogates
- Children to be raised by women who acted as surrogates as their own children as part of the conditions for their release. Should the women refuse to raise the children on their own, they could be tried and, if convicted, face a penalty of 20-year imprisonment.

November 2018 (surrogacy was banned by the ministerial order)

- 11 women acting as surrogates

July 2019

- 3 women acting as surrogates
- The whereabouts of the children are unknown.

IV. State party’s draft Law on Surrogacy

Should the State party’s current draft of the law on surrogacy be enacted into law, it would pose similar, if not worse, negative consequences for women acting as surrogates. The proposed law prohibits compensated surrogacy, and in other cases it criminalizes surrogates, intended parent(s), and clinics operating without proper approvals. Any assisted reproductive technology (ART) services provided without approval are subject to fines and criminal prosecution. If an embryo is created for purposes other than surrogacy, such as for scientific studies, or not disposed of properly, those responsible shall be subject to up to five years’ imprisonment and a fine of approximately USD 2,446. Municipal and provincial instant courts are tasked with the review of any complaints concerning parentage of the child. At present, the draft legislation is still under review by the Inter-Ministerial Working Group.

Content of draft legislation on surrogacy

<table>
<thead>
<tr>
<th>Article</th>
<th>Description</th>
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| Article 8 | Guidelines and conditions of surrogacy  
- Clinics are required to confirm the suitability of surrogates and intended parent(s), including “physical and mental health of surrogate women and donated persons to avoid any diseases that can affect the baby.”  
- Human embryos to be implanted within 14 days and only be used for the purpose of producing a human child (other restrictions include prohibitions on sex selection, cloning or experimentation of any kind).  
- Intended parent(s) of children born through ART are limited to heterosexual married Cambodians between the ages of 25 and 45; they must be without children; take responsibility for the child post-birth, regardless of the child’s condition; and pay for all costs related to the surrogacy arrangement. Intended parent(s) cannot commission a surrogate more than once. |
| Article 9 | - Women acting as surrogates must be Cambodian, have previously given birth, be related to the intended parent(s), and voluntarily consent to surrogacy.  
- They also must be married and have their spouses’ permission to become surrogates. |
| Article 10 | - The intended parent(s) and the surrogate must enter into a written agreement with the National Committee on the Management of Surrogacy (NCMS). |
- All parties must be identified, the intended parent(s) must acknowledge the child as their own, declare responsibility for the child, and prove capable of raising her or him.
- The woman, then, must consent to acting as a surrogate, agree to maintain her health and the pregnancy, to “transfer” the child to the intended parent(s) upon birth, and to show proof of her husband’s consent.
- If the intended parent(s) use a sperm donor, he must declare that he has volunteered to provide healthy sperm to the intended parent(s) and that he does not know who the intended parent(s) or surrogate are.

**Article 12**

- To donate an egg, sperm, or embryo, donors must volunteer, i.e. they may not be compensated for their donation.
- They also must have a permanent address in Cambodia, never have been prosecuted for a crime, be healthy, and be free of diseases that may affect the fetus.
- Women who donate their eggs must be between the ages of 18 and 40; male donors must be between 18 and 55.
- If donors meet these criteria, they must then receive permission from NCMS. Throughout the entire process, the donor’s identity must remain confidential. Unwanted embryos must be disposed of, rather than sold.

**Article 13**

- Surrogate women must be between 25 and 35 years of age and healthy; more specifically, they must be free of any diseases that may affect the fetus. Any embryo made for the purpose of surrogacy must (1) have at least one egg or one sperm from the intended parent(s), (2) be only from Cambodian donors if donors are used, and (3) be voluntarily given to the intended parent(s), rather than sold.
- The egg of the surrogate may not be used.
- The child born through ART will be considered the legitimate child of the legally married couple and shall have rights as stated in the civil code.
- If both the husband and wife die before the child’s birth, the woman acting as a surrogate will act as the guardian of the child until the court makes a final decision about guardianship.

**V. Relevant international human rights norms and standards**

We note that the CEDAW Committee has not yet addressed the issue of surrogacy. The practice of surrogacy raises potential issues under Articles 2, 4, 5, 12 and 16 of the Convention. In our view, criminalizing surrogacy and women who act as surrogates has the potential to violate their right to liberty, to drive the practice of surrogacy underground, with greater risks involved for all parties, particularly for women who act as surrogates who may be left with no recourse to protect their rights.

Regulation and oversight are needed to address abusive or coercive surrogacy practices to ensure women’s reproductive rights are protected. However, a complete ban, criminalization or overly restrictive limitations on surrogacy may infringe on women’s reproductive rights and freedoms. A woman’s decision to act as surrogates engages a range of rights, such as the right to equality and non-discrimination, dignity, and bodily autonomy and sexual and reproductive self-
determination. However, in practice the surrogacy process may not always respect those rights. Where intermediaries recruit surrogates without their informed consent, such as when surrogates are not informed about medical treatments or contract terms, their reproductive rights and right to autonomy are being violated or abused by third parties.

**Autonomy**

Autonomy is a core component of the rights to life, privacy and liberty, and equality, and is a precondition for the enjoyment of other rights. The principle of autonomy is reinforced in a number of rights outlined in international human rights law\(^\text{17}\) and includes individuals’ rights to make informed decisions about their bodies, including their reproductive and sexual lives. This Committee has stated that “the right to autonomy [for women] requires measures to guarantee the right to decide freely and responsibly on the number and spacing of their children.”\(^\text{18}\) It has also expressed concern where countries fail to ensure the reproductive rights of women, which include “the right of women to autonomous decision-making about their health.”\(^\text{19}\)

The recent report by the Special Rapporteur on the sale and sexual exploitation of children which discussed safeguards for the protection of children born from surrogacy arrangements, reaffirmed women’s autonomy in decision-making or of their rights to sexual and reproductive health and stated that “nothing in [the report’s] recommendations should imply that women, including women who act as surrogates, cannot make independent decisions about the autonomy of their own bodies during pregnancy.”\(^\text{20}\)

**Non-discrimination and harmful stereotypes**

Human rights law requires States to ensure non-discrimination in the context of laws and policies around reproductive health and rights. This includes ensuring laws on reproductive choices are not based on gender stereotypes including traditional conceptions of motherhood and maternity.\(^\text{21}\) In countries where surrogacy practices are banned or criminalized, including through criminal prosecution of women serving as surrogates, the ban has a severe and discriminatory impact as it affects only women, including women’s health, thereby undermining the fulfillment of gender equality.\(^\text{22}\)

The assumption that surrogacy is not decent work may rest on stereotypical assumptions about women and their roles, which historically leads to undervaluing women’s work and seldom leads to greater protection of women and their autonomy. Women acting as surrogates are often seen as challenging cultural norms on motherhood and not conforming to the traditional definitions of family and roles of being child-bearers and child-rearers. Often seen as openly contesting these stereotypes, women acting as surrogates are particularly vulnerable to discrimination, violence and criminalization.

**Impact of criminalization, banning or improper regulation**

Criminalizing, banning surrogacy or failing to properly regulate it is a failure to appropriately provide an enabling environment for the realization of women’s and girls’ right to bodily autonomy, confines women to a stereotypical role as mothers, especially in cases of compensated surrogacy, and could also leave women vulnerable to abuse in an illegal market. Moreover, criminalizing the practice further restricts women’s abilities to access remedies in cases where their rights have been violated. Commercial surrogacy should not be equated with the sale of
children. Criminalizing or banning surrogacy could, *inter alia*, limit the decision-making power of women who act as surrogates, their ability to negotiate fair conditions, their access to reparations and remedies in cases of violations of their rights, and their access to information upon which to give their informed consent to act as a surrogate and throughout the surrogacy arrangement.

The Special Rapporteur on the sale and sexual exploitation of children recently highlighted the negative impact of criminalization of surrogacy in Cambodia and its adverse impact on the rights of children born of surrogacy arrangements, women acting as surrogates and intending parents.

**Human rights-based regulatory framework**

**Regulations and oversight mechanisms are necessary** to ensure the surrogates’ free consent, freedom of movement, and physical integrity protects these rights while guarding against abuse of other core rights. Ensuring women’s human rights in the context of surrogacy requires the introduction of regulatory structures to address power dynamics and unequal bargaining power between actors in a surrogacy arrangement, including women acting as surrogates, to prevent coercion, discrimination and violence, deprivation of liberty, and exploitation and to ensure the respect, protection and fulfilment of human rights, including their sexual and reproductive health and rights.

A States’ failure to introduce proper regulatory frameworks around surrogacy that guarantee the rights of women who act as surrogates, including their right to have access to available, accessible, acceptable and quality sexual and reproductive health information and services free from discrimination, coercion and violence, may be considered to reflect an insufficient prioritization of women’s health, safety, and their autonomy in decision-making.

**Participation**

Finally, the experiences and voices of persons who act as surrogates and their full, effective, and meaningful participation in all areas that concern them is of primary importance to ensure that their rights are respected, protected and fulfilled. States have a human rights obligation to ensure effective participation of those persons affected in development of laws and policies.

To be consistent with the principle on meaningful participation, the State parties’ laws and regulations to address surrogacy should be developed with significant and meaningful engagement from people most impacted, including persons acting as surrogates, intended parent(s), and children born of surrogacy arrangements.

**VI. Recommendations**

Reflecting on the information and concerns expressed in this submission, we respectfully request the Committee to urge the State party to take immediate steps to address the serious human rights violations and the discriminatory impact on women acting as surrogates resulting from the State party’s efforts to restrict access to and criminalize surrogacy by:

1. **Repealing the Ministry of Health decision** (Prakas, October 24, 2016) which criminalizes all forms of surrogacy and adopting measures to end the practice of prosecuting women acting as surrogates;
2. Developing a **human-rights based regulatory framework** on surrogacy to ensure that the rights of women who act as surrogates to equality and non-discrimination, dignity, and bodily autonomy and sexual and reproductive self-determination are respected, protected, and fulfilled. This would include revising the draft law on surrogacy to ensure that it is **developed in consultation** with the various stakeholders impacted, including surrogate women, intended parent(s), and, where possible, individuals born through the surrogacy process;

3. Ensuring **access to the full range of sexual and reproductive health services** including maternal health care services for women acting as surrogates throughout the surrogacy process i.e. during implantation, pregnancy and for a reasonable period of time following conclusion of the pregnancy.

If you have any questions or would like further information, please do not hesitate to contact Mrs. Ros Sopheap, Executive Director of GADNet and the Secretariat of GADNet (ed@gadc.org.kh and +855 12 627 857) or Jihan Jacob, Legal Adviser/Consultant for Asia, Center for Reproductive Rights (jjacob@reprorights.org).

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4. Id.


12 Erin Handley & Kong Meta, 'I will not give them the baby': the plight of Cambodia's detained surrogates, THE GUARDIAN, Oct. 2, 2018, available at https://www.theguardian.com/global-development/2018/oct/02/i-will-not-give-them-the-baby-plight-cambodia-detained-surrogates-

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