# EUROPEAN POLICY AUDIT ON FERTILITY (EPAF)

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## **ABOUT FERTILITY EUROPE**

# Main goals:

- Build a strong cross border network amongst European patients
- Share best practices
- Promote social change regarding the perception of infertility
- Promote education in the field of reproductive health care



## **ABOUT FERTILITY EUROPE**

# We promote:

- Patient empowerment
- The fight against health inequalities and discrimination
- The support of quality care, patient safety and patient centered treatments
- The development of ethical guidelines and regulations within each European country



## **ABOUT FERTILITY EUROPE**

## **Our achievements:**

- Meetings with national officials
- Written statements of support
- Published policies
- Published statements about infertility



# FERTILITY EUROPE MEMBERS 24 members in 22 countries

De Verdwaalde Ooievaar Netwerk

Fertiliteit/BELGIUM

Iskambebe/BULGARIA

Sdruzhenie Zachatie/BULGARIA

Association Roda/CROATIA

Adam/CZECH REPUBLIC

Lapsettomien yhdistys Simpukka/FINLAND

Maia/FRANCE

Magna Mater/GREECE

Kiveli/GREECE

Tilvera/ICELAND

National Infertility Support & Information

Group/IRELAND

Chen/ISRAEL

Amica Cicogna/ITALY

Malta Infertility Network/MALTA

Nas San/MONTENEGRO

Freya/THE NETHERLANDS

Ønskebarn/NORWAY

Nasz Bocian/POLAND

Associação Portuguesa de

Fertilidade/PORTUGAL

Asociatia SOS Infertilitatea/ROMANIA

Sansa za roditeljstvo/SERBIA

Barnlängtan/SWEDEN

Fertility Network UK/UNITED KINGDOM

Çider/TURKEY



# EUROPEAN FERTILITY WEEK (EFW)



#fertilitymatters #4oreasons













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# INFERTILITY IN EUROPE

- ≥25 million people face difficulties in conceiving in Europe
- One in six/five people in their reproductive age





# WHO's DEFINITION OF INFERTILITY

# **World Health Organisation defines:**

"infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months"

. . .

"it is the choice of each individual and couple, within their own sense of conscience, to determine if they intend pregnancy, and if so, the size of their family unit and the timing of when to have a child or children".



Joint project of Fertility Europe and ESHRE



- Started in 2016
- An overview of key facts and statistics related to fertility
- Includes a detailed overview of policies and regulations in 9 EU member states
- An effective and simple communication tool that patient groups, healthcare professionals and interested health advocates can use

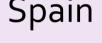


Country selection was to ensure a meaningful and balanced geographical scope of analysis.

## The 9 countries chosen were:

The Czech Republic







Romania

**United Kingdom** 









Germany

France

Italy

Poland





#### Main areas of interest:

- Key Facts and Figures
- Infertility Policies
- Screening and diagnosis
- Treatment and reimbursement / state funding
- Awareness raising activities
- ♥ Future outlook



### CZECH REPUBLIC

FRANCE
GERMANY
ITALY
POLAND
ROMANIA
SPAIN
SWEDEN
UNITED
KINGDOM

#### **Key Facts and Figures:**

Mean age of woman at the first childbirth: 29.9 years

#### Treatment and Reimbursement / State Funding:

- Wide variety of treatments available
- reimbursement of fertility treatments is 100 % for up to 4 cycles IVF and six IUI for women aged 22-39 years.

There is a law about Medically Assisted Reproduction (MAR).

#### **Future outlook:**

- A new "Family Policy" is under development.
- Request that the state increases its financial support of MAR and broader accessibility.



CZECH REPUBLIC

#### **FRANCE**

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#### **Key Facts and Figures:**

Mean age of woman at the first childbirth is 30.3 years

#### Treatment and Reimbursement / State Funding:

- A wide variety of treatments available
- 100 % coverage for women under 43 years including 4 IVF treatments and up to six IUI treatments.

Access to MAR is regulated under the 1994 ethichs law including 3 other laws.

#### Future outlook:

- Increasing interest in the cause of male infertility
- Recent debates around access to MAR for same sex couples called into question the need to increase access in general.



CZECH REPUBLIC FRANCE

#### **GERMANY**

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#### **Key Facts and Figures:**

Mean age of woman at the first childbirth is 30.9 years

#### Treatment and Reimbursement / State funding:

- Egg donation and surrogacy not allowed.
- Embryo freezing possible only under certain circumstances as an emergency measure.
- Statutory health insurances reimburse 50 % of the first 3-4 attempts and some federal states provide 25 % respectively of the remaining 50 % of private contributions.
- These conditions applicable only to married couples.

"Embryo protection act" and regional guidelines for reproductive treatment regulate access to MAR.

#### Future outlook:

Patient organisations petitioning for an amendment to the "Embryo Protection Act" to allow access to egg donation and surrogacy as well as improved access to embryo freezing, PGD and PGS.

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CZECH REPUBLIC FRANCE GERMANY

#### **ITALY**

POLAND ROMANIA SPAIN SWEDEN UNITED KINGDOM

#### **Key Facts and Figures:**

Mean age of woman at the first childbirth is 31.8 years

#### Treatment and Reimbursement / State funding:

- Donor gametes allowed, surrogacy not available.
- Access to MAR treatments only available upon presentation of a 'Certification of Infertility'
- Funding varies between regions, however, IVF is generally covered at 65 %

MAR is regulated by law

#### Future outlook:

- In July 2016 the Ministry of Health reformed the basket of publically funded healthcare services to include all fertility treatments to ensure consistancy across the country.
- Revised list of health services covered under the public health system was published on 12th of January 2017 and is expected to, over time, equalise regional differences in treatment access.

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CZECH REPUBLIC FRANCE GERMANY ITALY

**POLAND** 

ROMANIA SPAIN SWEDEN UNITED KINGDOM

#### **Key Facts and Figures:**

Mean age of woman at the first childbirth is 29.1 years

#### Treatment and Reimbursement / State funding:

No reimbursement / state funding for MAR treatments but some basic screening examinations are covered.

"Infertility Treatment" legislation entered into force in 2015 and according to one of its articla, embryo donation is compulsory in some cases.

#### Future outlook:

There are social and bioethical debates is Poland about infertility treatments characterised for example by stigma and family pressure. A numerous attempts to amend the legislation have been made to stop IVF treatments in Poland.



CZECH REPUBLIC FRANCE GERMANY ITALY POLAND

#### **ROMANIA**

SPAIN SWEDEN UNITED KINGDOM

#### **Key Facts and Figures:**

Mean age of woman at the first childbirht is 29.9 years

#### **Treatment and Reimbursement / State funding:**

- IVF and embryo transfer are the only partially funded treatment options.
- Couples must meet certain eligibility criteria
- No cover of medical exams nor medication

There is no specific law regulating MAR.

#### **Future outlook:**

Draft MAR legislation is currently under discussion.



CZECH REPUBLIC FRANCE GERMANY ITALY POLAND ROMANIA SPAIN

**SWEDEN** 

KINGDOM

UNITED

#### **Key Facts and Figures:**

Mean age of woman at the first childbirth is 31.8 years

#### Treatment and Reimbursement / State funding:

- treatments are state funded for therapeutic purposes (e.g. individuals diagnosed as infertile due to medicalcondition(s) or if hereditary diseases are suspected to impact the pregnancy or child).
- Treatment reimbursement schemes differ by regional community.

MAR is addressed under the "National law 35/1988".

#### **Future outlook:**

National debate remains active around patient choice and reproductive rights. Although this is a social debate, it has influence on access and availability of MAR treatments.

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#### **Key Facts and Figures:**

Mean age of woman at the first childbirth is 31 years.

#### Treatment and Reimbursement / State funding:

- Almost complete coverage within public healthcare system: six IUI treatments and 3 IVF treatments.
- There are regional variations in access to MAR treatments, especially with regards to wait times and psychological counselling availability.

In 2014, the Swedish Association of Local Authorities and Regions published a "Nationwide Infertility Recommendation", which outlines the national policies for MAR.

#### Future outlook:

A proposed change to the legislation is currently under review including for example the freezing time of embryos, double gamete donation and surrogacy.



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**KINGDOM** 

#### **Key Facts and Figures:**

Mean age of woman at the first childbirth is 30.2 years

#### Treatment and Reimbursement / State funding:

Consistent state funding of treatments in Scotland, Wales and Northern Ireland but in England the funding varies by region.

While there are no legislative acts or strategies that reference an individual's right to infertility treatment, there are also no legal restrictions to the availability of MAR based on marital status or sexual orientation.

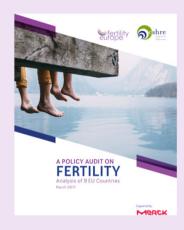
#### Future outlook:

Unfortunately it is expected state funded treatment to become increasingly difficult in the coming years. Brexit also poses uncertainty for UK patients in being able to work closely with patients from other EU members states on common objectives.

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# DOWNLOADED HERE: WWW.FERTILITYEUROPE.EU







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## HEALTH LITERACY, STIGMA AND TABOOS

- Limited information and education on infertility (all countries)
- Infertility and fertility protection underestimated and misunderstood
- Awareness campaigns mainly by patient groups and health professionals, few governmental
- Stigma and taboos: infertility is seen as a social rather than medical condition



#### INFERTILITY LEGISLATION

- All 9 had legislation governing MAR independently or part of other legislative framework
- Treatment eligibility criteria (age, sexual orientation, marital status) differ significantly
- Two countries (Czech republic and Spain) rank among highest in Europe for infertility treatments to nonnationals



# TREATMENT: ACCESS AND REIMBURSEMENT/FUNDING

- Availability differs across these countries
- Czech Republic and UK have the largest number of options availabe
- Some countries restrict the availability of some treatments with rules, conditions and structures
- All recommend psychological counselling



## REIMBURSEMENT/STATE FUNDING

- Variety of biological factors determine eligibility for treatments with age as the common criteria in all 9 countries
- In Italy and Spain a medical certificate is required
- > IVF the first line of treatment although reimbursements are at various levels
- Regional variations in state funded MAR in some countries
- Political priorities and public attitudes determin scope and availability



#### ACCESS TO TREATMENTS AND THE LACK OF IT

#### Access limitations:

- Availability of treatments and/or medical procedures
- Eligibility criteria either for treatment as such or for funding
- Funding and reimbursement
- Excluding certain procedures
- Regional disparities



When IS the limited access to treatments justified?

- When it's not safe
- When it's not efficient
- When it's not fair



When is the limited access to treatments NOT justified?

- When it IS safe
- When it IS efficient
- When it IS fair
- If justified with discrimination against sexual orientation, life choices or ideology



Consequences of limitations?

- Medical tourism
- Risky decisions
- Risk of exploitation



Price of limitations?

- Perpetuating stigma
- Lack of understanding
- **⊌** Taboos
- Compromising safety and fairness
- Lack of control



What can be done?

- Recognize the existing need and follow it
- Do not ignore the current world
- Se inclusive, not exclusive
- Concentrate on how, not on who
- Make it safe, efficient and fair for those in need of help



How to continue?

- Further research, study and data to understand the needs of infertility patients
- Honest dialogue between patients and all stakeholders





Daily ale Mail

First test-tube baby is born and medical history made as

a mother's dream comes true







