

# ACCESS TO ART IN EUROPE

## BARRIERS TO ACCESS

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PARLIAMENTARY ASSEMBLY COUNCIL OF EUROPE

Strasbourg, Feb 22, 2018



# INFERTILITY IN EUROPE

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- Total fertility rate in EU 1,58 : Greece 1.30 - Spain, Poland 1.32 - Germany 1.47 - UK 1.81 - Sweden 1.88 - France 2.01
- Infertility affects 1 in 6 couples, 25 million European citizens in total
- Need for MAR also single women and same-sex couples
- Large differences in access to MAR in Europe, due to varying legislation and reimbursement policies

# A POLICY AUDIT ON **FERTILITY**

Analysis of 9 EU Countries

March 2017



## CONSIDERABLE STIGMA AND TABOOS

- ▶ Perception that it is a social rather than a medical condition
- ▶ Difficulty discussing with the partner and healthcare provider
- ▶ Limited information and education
- ▶ Infertility and fertility protection underestimated and misunderstood

# BARRIERS TO ACCESS TO INFERTILITY SERVICES

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- Legislation and regulation
- Treatment availability (anonymous gamete donation, surrogacy, PGD)
- Eligibility criteria (sexual orientation, marital status, age)
- Reimbursement / state funding
- Information and education concerning (in)fertility
- Vulnerable groups (people living in poverty, migrants, LGBTI)

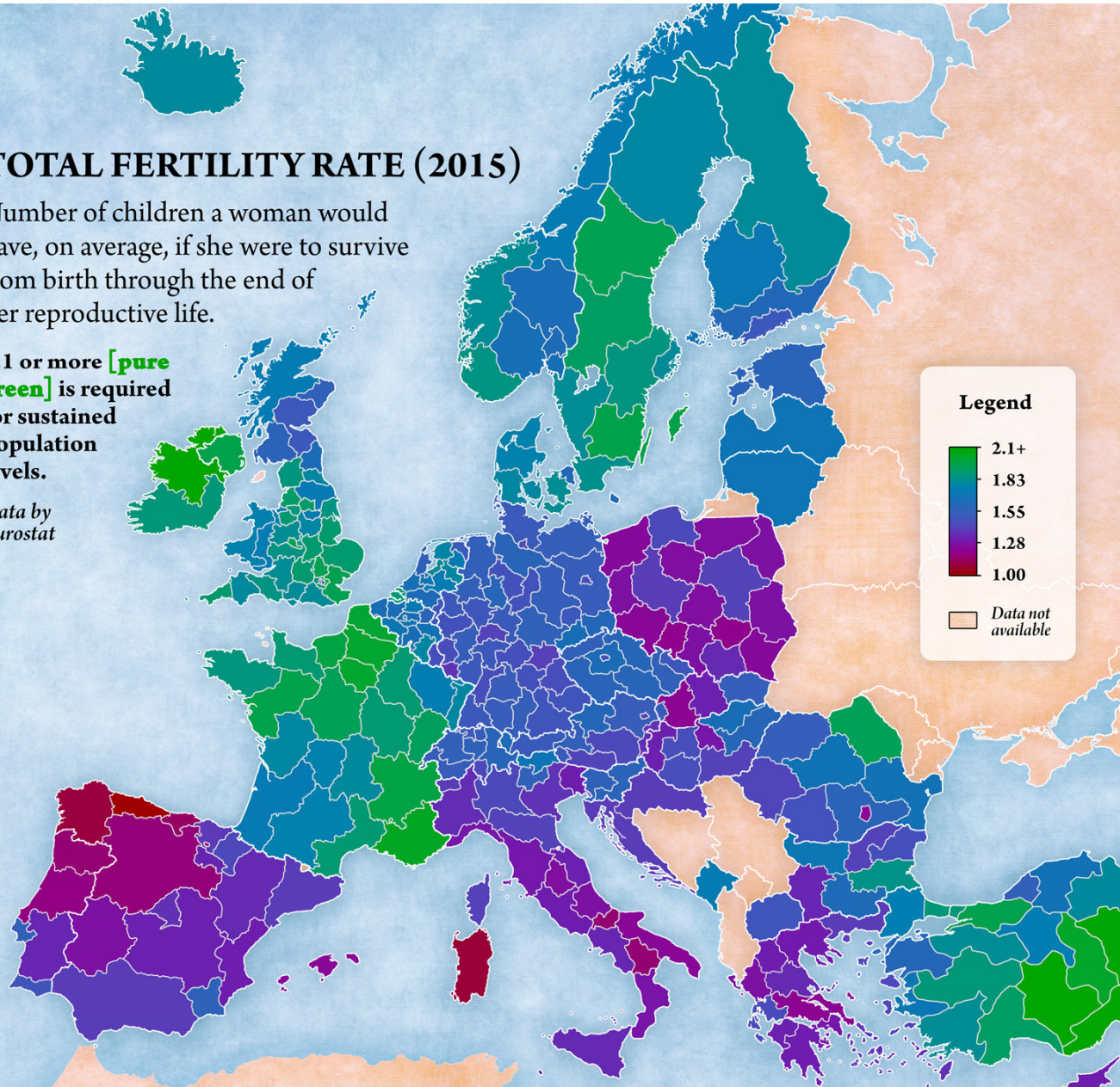


## TOTAL FERTILITY RATE (2015)

Number of children a woman would have, on average, if she were to survive from birth through the end of her reproductive life.

2.1 or more **[pure green]** is required for sustained population levels.

*Data by Eurostat*





**FamiliesAndSocieties**

Working Paper Series

Changing families and sustainable societies:

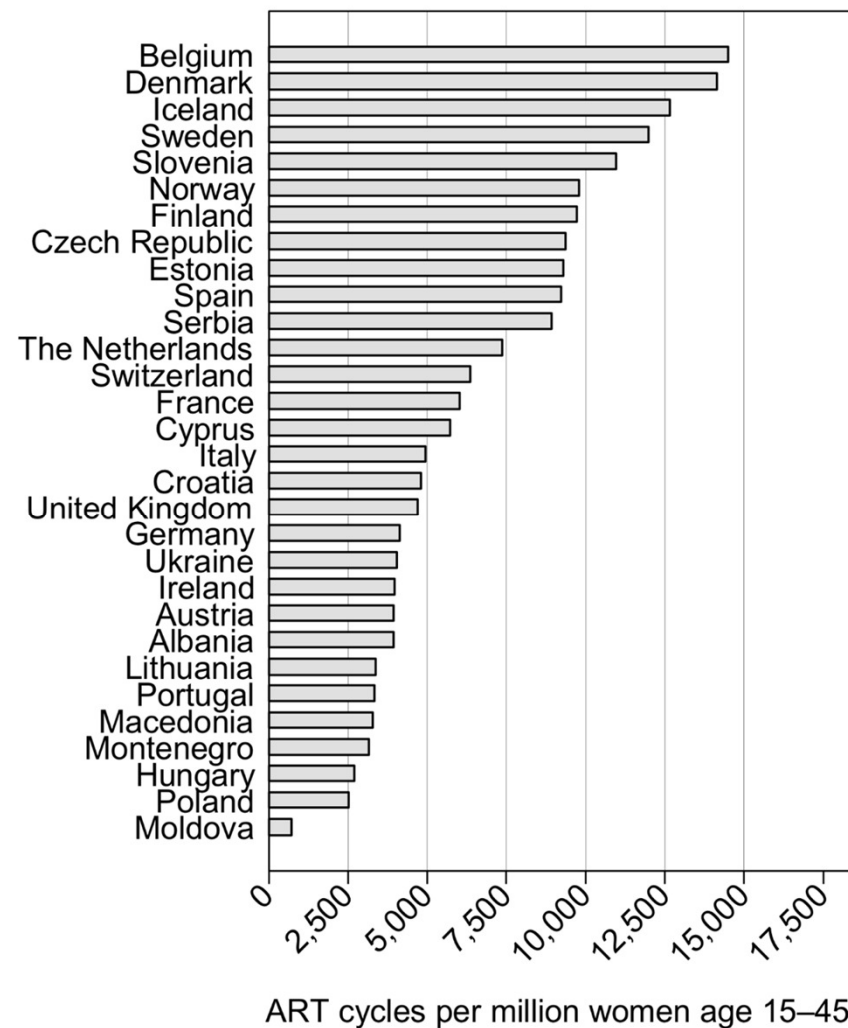
Policy contexts and diversity over the life course and across generations

**43 (2015)**

## Assisted reproductive technology in Europe. Usage and regulation in the context of cross-border reproductive care

Patrick Präg and Melinda C. Mills

A project funded by European Union's Seventh Framework  
Programme under grant agreement no. 320116





Hindawi Publishing Corporation  
BioMed Research International  
Volume 2014, Article ID 307160, 14 pages  
<http://dx.doi.org/10.1155/2014/307160>

*Review Article*

# **The Evolution of Legislation in the Field of Medically Assisted Reproduction and Embryo Stem Cell Research in European Union Members**

**Francesco Paolo Busardò,<sup>1</sup> Matteo Gulino,<sup>1</sup> Simona Napoletano,<sup>1</sup>  
Simona Zaami,<sup>1</sup> and Paola Frati<sup>1,2</sup>**



Country	Eligibility criteria to access MAR	Type of fecundation			PGD	Gender selection	Destination of surplus embryos and gametes			
		Homologous	Heterologous	Surrogacy			Donation	Cryopreservation	Postmortem fecundation	Research on surplus embryos
Austria	Married or stable couples	Yes	No	No	Undefined	Undefined	Forbidden	Undefined	Forbidden	Forbidden
Belgium	No restrictions	Yes	Yes	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed <sup>(d)</sup>	Allowed <sup>(e)</sup>	Allowed <sup>(f)</sup>
Bulgaria	Couples/single women	Yes	Yes	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed	Forbidden	Allowed
Croatia	Couples/single women	Yes	Yes	No	Undefined	Allowed <sup>(c)</sup>	Allowed	Allowed <sup>(d)</sup>	Forbidden	Undefined
Cyprus	Married couples	Yes	UN	UN	Undefined	Undefined	Undefined	Undefined	Forbidden	Undefined
Czech Republic	Married couples	Yes	No	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Undefined	Undefined	Forbidden	Allowed
Denmark	Couples/single women	Yes	Yes	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed <sup>(d)</sup>	Forbidden	Allowed <sup>(f)</sup>
Estonia	Couples/single women	Yes	Yes	No	Undefined	Undefined	Allowed	Allowed	Forbidden	Allowed
Finland	Couples/single women	Yes	Yes	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed	Forbidden	Allowed <sup>(f)</sup>
France	Married or stable couples	Yes	Yes <sup>(a)</sup>	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed	Forbidden	Allowed
Germany	Married or stable couples	Yes	Yes <sup>(a)</sup>	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed	Forbidden	Forbidden
Greece	Women up to 50 years old	Yes	Yes	Yes	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed <sup>(d)</sup>	Allowed <sup>(e)</sup>	Allowed <sup>(f)</sup>
Hungary	Couple/single women	Yes	Yes	No	Allowed <sup>(b)</sup>	Allowed <sup>(c)</sup>	Allowed	Allowed	Forbidden	Allowed <sup>(f)</sup>
Ireland	No specific legislation	UN	UN	UN	Undefined	Undefined	Allowed	Undefined	Forbidden	Forbidden



	Marriage required	Stable relationship permitted	Singles permitted	Lesbians permitted
Austria	Yes	Yes	No	No
Belgium	Yes	Yes	Yes	Yes
Bulgaria	Yes	Yes	Yes	Yes
Croatia	Yes	Yes	No	No
Czech Republic	Yes	Yes	No	No
Denmark	Yes	Yes	Yes	Yes
Finland	No	Yes	Yes	Yes
France	No	Yes	No	No
Greece	No	Yes	Yes	No
Hungary	Yes	Yes	Yes	No
Ireland	No	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	Yes	Yes	Yes
Russia	Yes	Yes	Yes	No
Slovenia	No	Yes	No	No
Spain	Yes	Yes	Yes	Yes
Sweden	Yes	Yes	No	No
Switzerland	No	Yes	No	No
Turkey	Yes	No	No	No
United Kingdom	No	Yes	Yes	Yes





## ESHRE Task Force on Ethics and Law 23: medically assisted reproduction in singles, lesbian and gay couples, and transsexual people<sup>†</sup>

G. De Wert<sup>1,\*</sup>, W. Dondorp<sup>1</sup>, F. Shenfield<sup>2</sup>, P. Barri<sup>3</sup>, P. Devroey<sup>4</sup>,  
K. Diedrich<sup>5</sup>, B. Tarlatzis<sup>6</sup>, V. Provoost<sup>7</sup>, and G. Pennings<sup>7</sup>



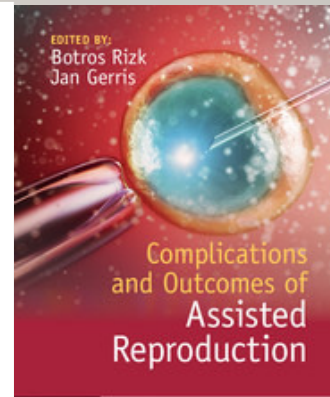
**ABSTRACT:** This Task Force document discusses ethical issues arising with requests for medically assisted reproduction from people in what may be called ‘non-standard’ situations and relationships. The document stresses that **categorically denying access to any of these groups cannot be reconciled with a human rights perspective.** If there are concerns about the implications of assisted reproduction on the wellbeing of any of the persons involved, including the future child, a surrogate mother or the applicants themselves, these concerns have to be considered in the light of the **available scientific evidence.** When doing so it is important to avoid the use of double standards. **More research is needed** into the psychosocial implications of raising children in non-standard situations, especially with regard to single women, male homosexual couples and transsexual people.



Chapter  
**19**

## Impediments, Challenges, and Hurdles for Lesbian, Gay, Bisexual, and Transgender Persons Seeking Reproductive Medicine

Petra De Sutter



### Conclusion

In conclusion, giving access to fertility services for LGBTQI persons is a matter of human rights and is fully endorsed by both ESHRE and ASRM, the two largest professional fertility organizations. Although there do not seem to be negative consequences for the children born in LGBTQI families, we need more long-term follow-up studies, especially in gay and transsexual families. Although many countries have put in place nondiscriminatory legislation to protect LGBTQI rights, some do not grant access to fertility services, and even when access is granted, the quality of these services needs to be improved and adapted to the specific needs of LGBTQI persons.

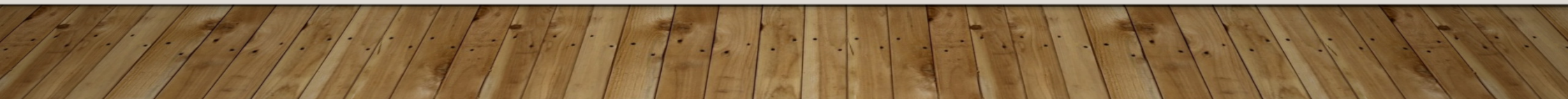




 **Emmanuel Macron** ✓  
@EmmanuelMacron

Le fait que la PMA ne soit pas ouverte aux couples de femmes et aux femmes seules est une discrimination intolérable. #CausettePrésidente

20:35 · 16 févr. 17



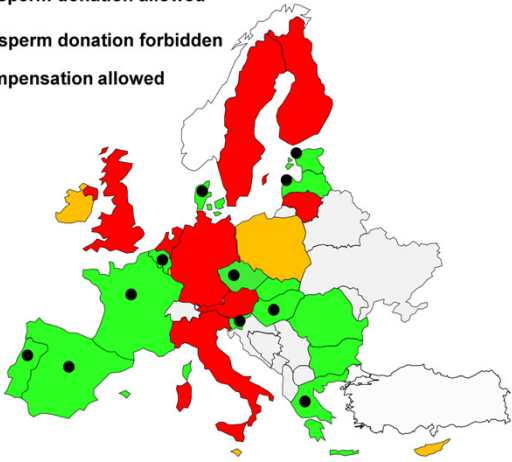
# COMPARATIVE ANALYSIS OF MEDICALLY ASSISTED REPRODUCTION IN THE EU: REGULATION AND TECHNOLOGIES (SANCO/2008/C6/051)

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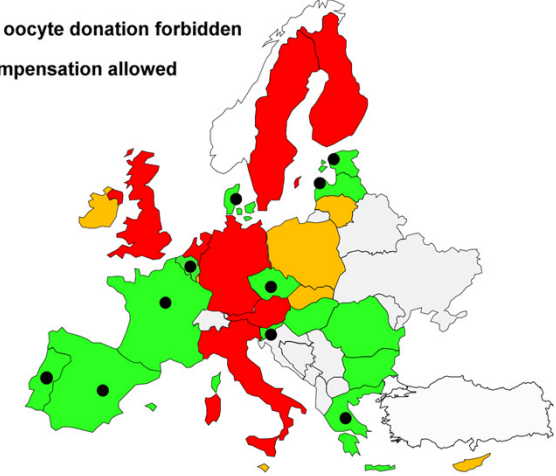




- Sperm donation not regulated
- Anonymous sperm donation allowed
- Anonymous sperm donation forbidden
- Financial compensation allowed

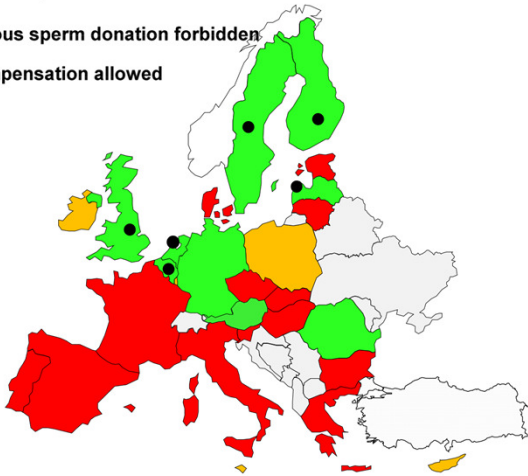


- Oocyte donation not regulated
- Anonymous oocyte donation allowed
- Anonymous oocyte donation forbidden
- Financial compensation allowed

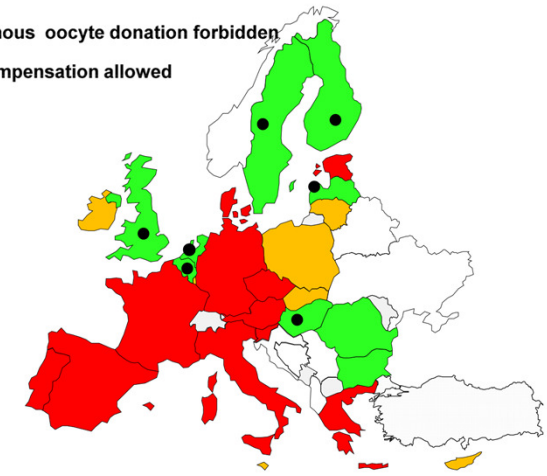


# SPERM AND OOCYTE DONATION

- Sperm donation not regulated
- Non anonymous sperm donation allowed
- Non anonymous sperm donation forbidden
- Financial compensation allowed

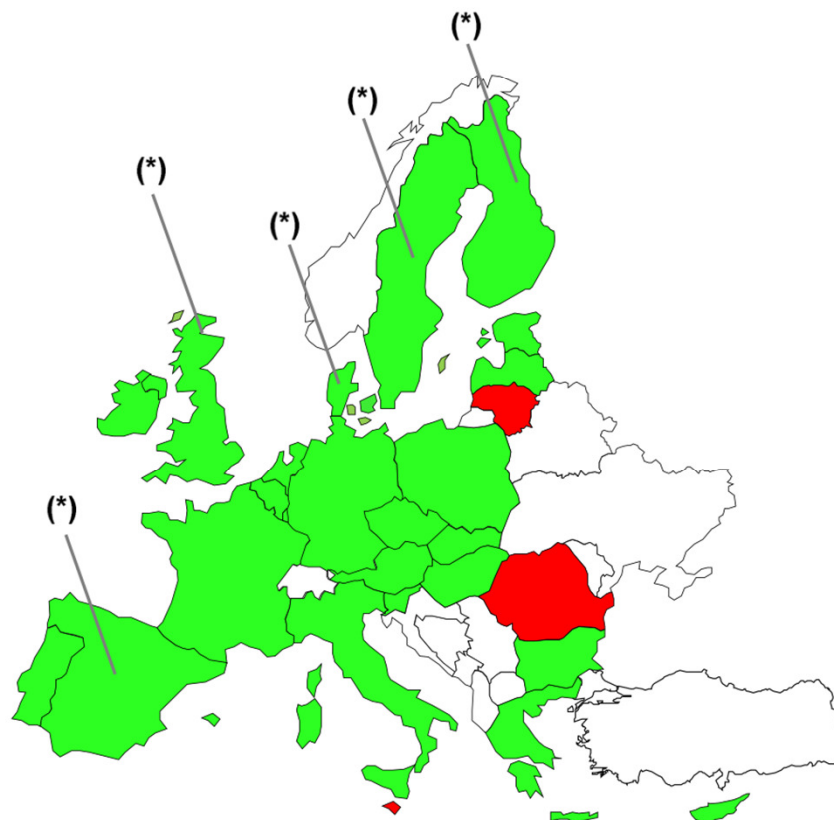


- Oocyte donation not regulated
- Non anonymous oocyte donation allowed
- Non anonymous oocyte donation forbidden
- Financial compensation allowed



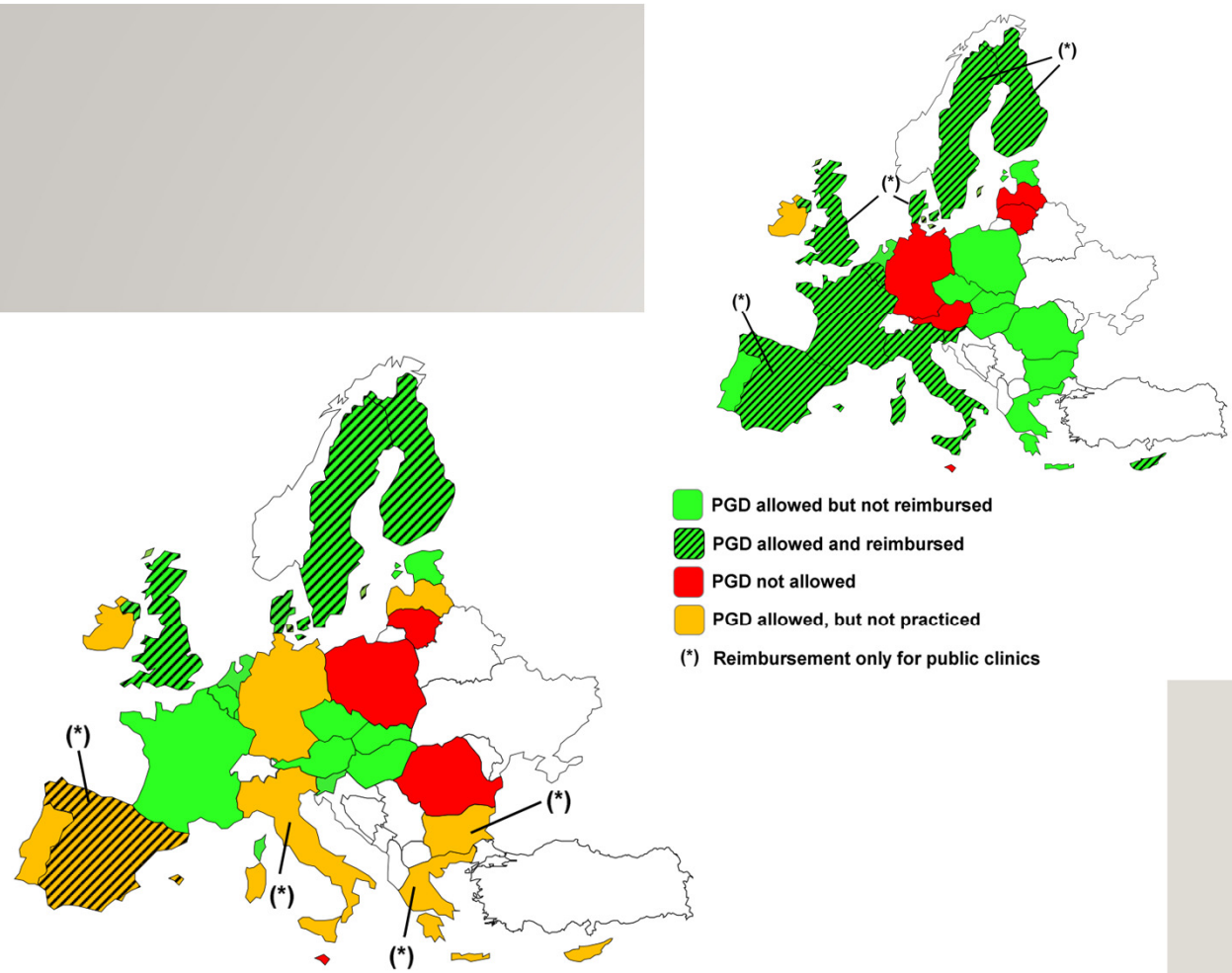
# REIMBURSEMENT

- Reimbursement for MAR - treatments
- No reimbursement for MAR - treatments
- (\*) Full reimbursement only for public clinics



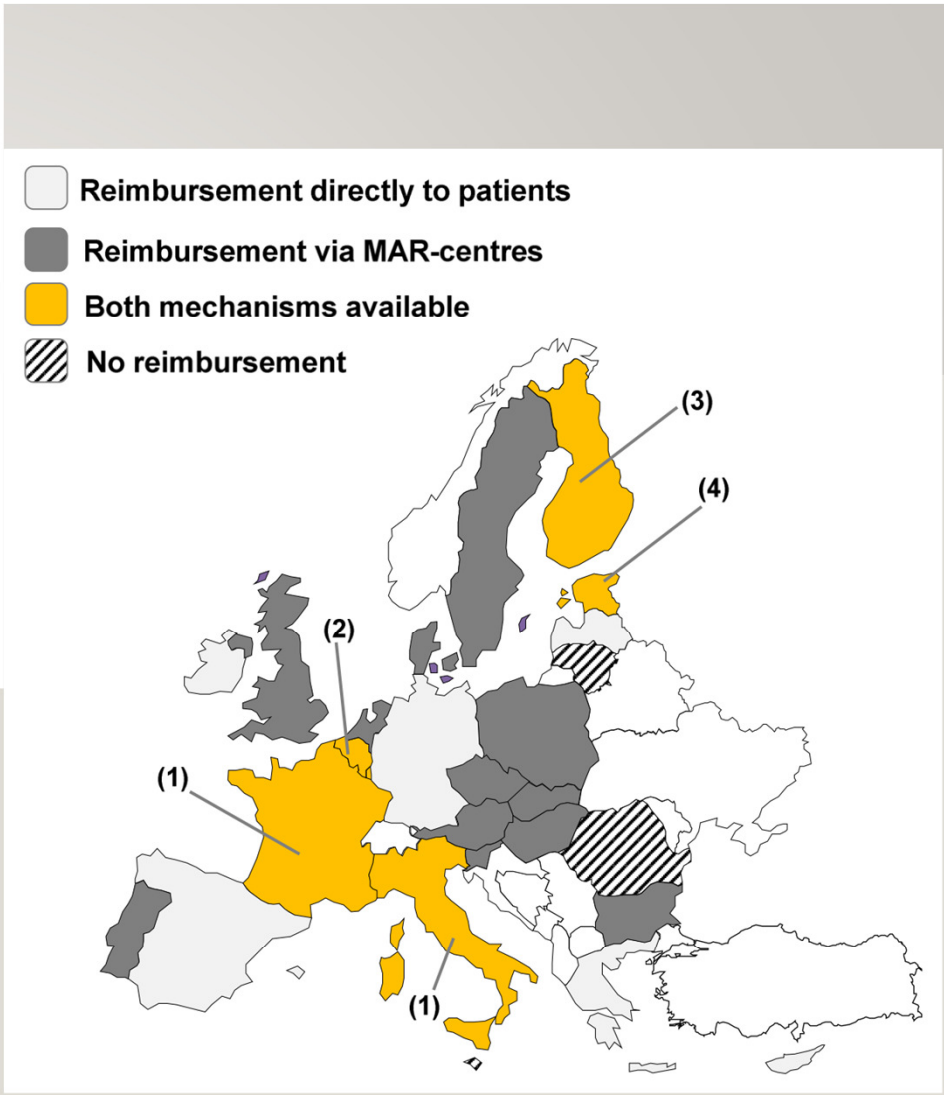
Austria	Fixed, non adaptable
Belgium	Fixed, non adaptable
Bulgaria	Fixed, non adaptable
Cyprus	Fixed, non adaptable
Czech R	Fixed, non adaptable
Denmark	Fixed, adaptable
Estonia	Fixed, adaptable
Finland	Not specified
France	Fixed, adaptable
Germany	Unlimited
Greece	Fixed, adaptable
Hungary	Fixed, non adaptable
Ireland	Not specified
Italy	Fixed, adaptable
Latvia	Unlimited
Lithuania	
Malta	
Netherlands	Not specified
Poland	Fixed, adaptable
Portugal	Fixed, adaptable
Romania	
Slovakia	Fixed, adaptable
Slovenia	Fixed, non adaptable
Spain	Fixed, adaptable
Sweden	Fixed, adaptable
UK	Fixed, non adaptable
Luxembourg	Fixed, adaptable



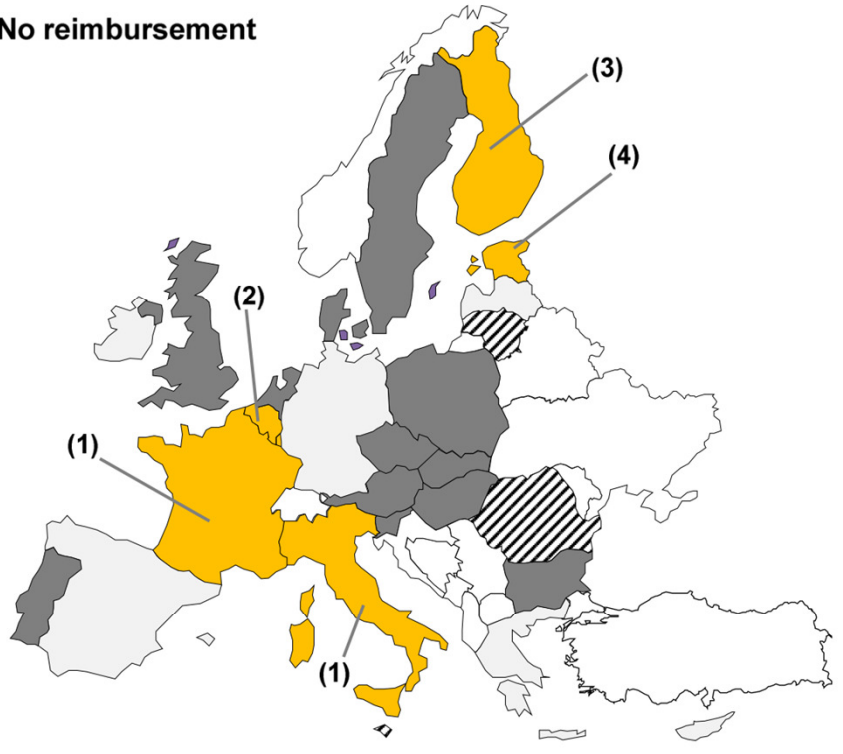


- PGD allowed but not reimbursed
- ▨ PGD allowed and reimbursed
- PGD not allowed
- PGD allowed, but not practiced
- (\*) Reimbursement only for public clinics

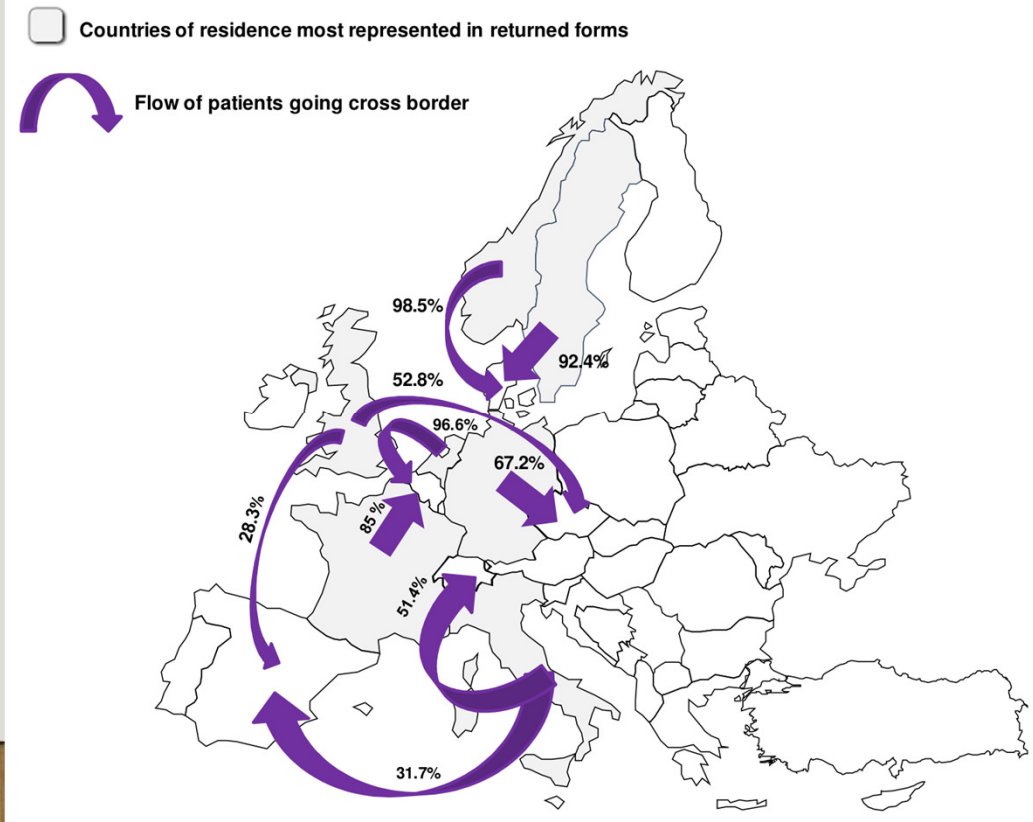
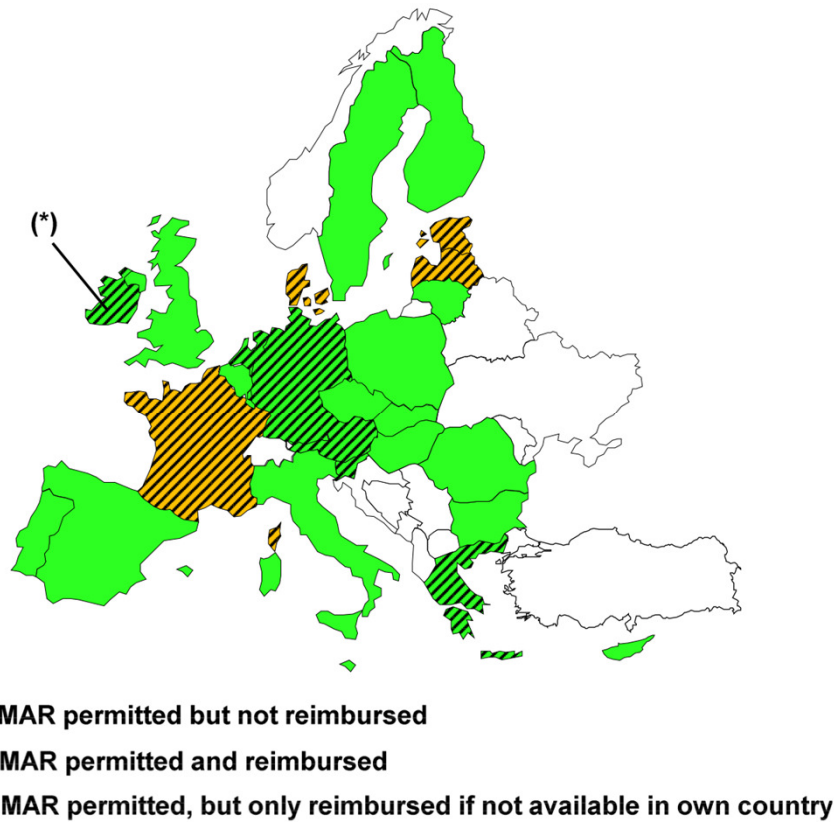
- Full reimbursement for IVF/ICSI (> 80% reimbursed for clinical/laboratory phases)
- Partial reimbursement for IVF/ICSI (not both phases reimbursed or total reimbursement < 81%)
- No reimbursement for IVF/ICSI
- (\*) % reimbursement not specified
- ▨ Reimbursement only for public clinics



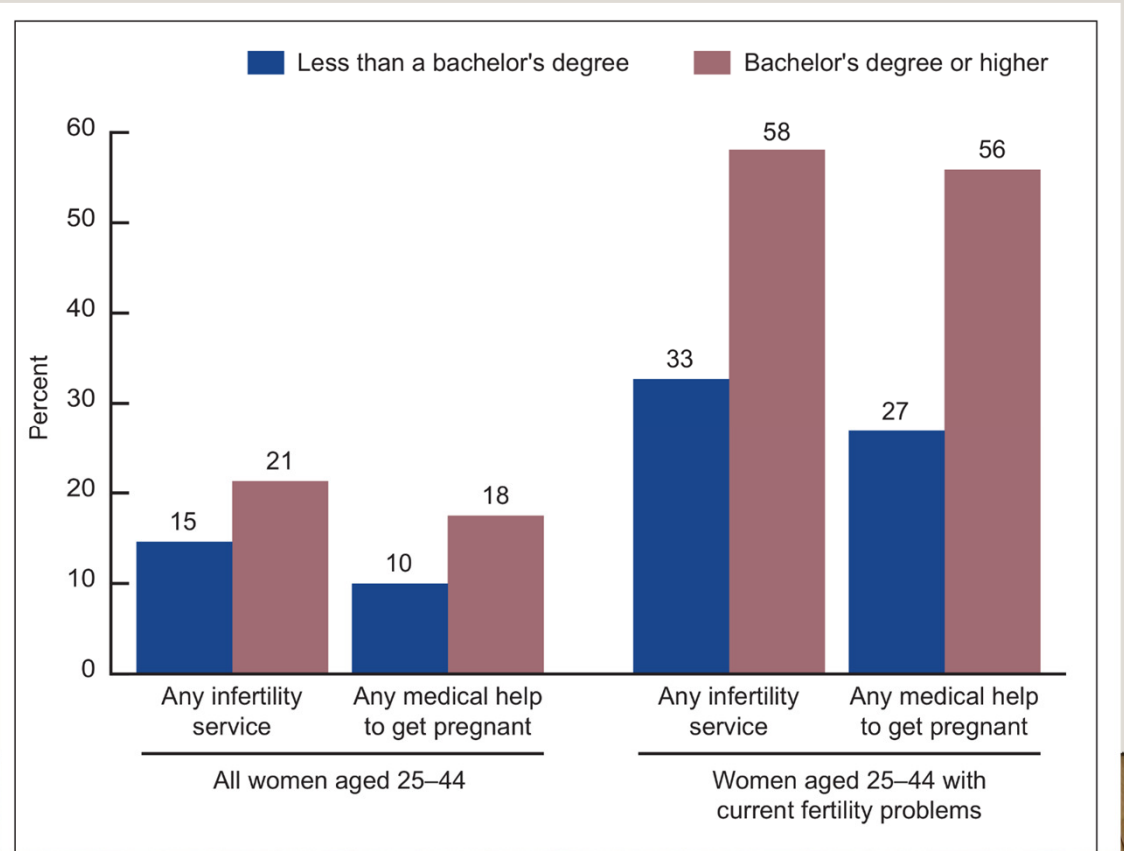
- Reimbursement directly to patients
- Reimbursement via MAR-centres
- Both mechanisms available
- No reimbursement



# CROSS-BORDER REPRODUCTIVE CARE IN EUROPE



# ACCESS TO FERTILITY SERVICES AND EDUCATION



G. NARGUND

## Why Fertility Education is needed in schools

FACTS VIEWS VIS OBGYN, 2015, 7 (3): 189-191



Fertility education needs to be at the top of the agenda if we want to make a major impact in preventing infertility. We have been successful in reducing teenage pregnancies through Sex and Relationship education (SRE) and education on contraception. Sex and relationship education is for now and fertility education is for the future. Conception and contraception are two sides of the same coin. We need to empower our young people with education on fertility so that they can stand a better chance of falling pregnant when they choose to. Education empowers.

The Guardian

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Sex education

### Schools failing to teach pupils about infertility

Why doesn't sex education cover infertility, when five children in every class are likely to experience it?



<b>Goal A: Promote sexual health and well-being and sexual rights</b>	<b>Goal B: Promote reproductive health and well-being and reproductive rights</b>	<b>Goal C: Strive for universal access to sexual and reproductive health and rights and reduce inequities</b>
<p><b>Objective 1:</b> Address violations of human rights related to sexuality.</p> <p><b>Objective 2:</b> Promote people's ability to engage in safe and satisfying sexual relationships.</p> <p><b>Objective 3:</b> Attend to people's needs or concerns in relation to sexuality.</p>	<p><b>Objective 1:</b> Foster the exercise of reproductive rights.</p> <p><b>Objective 2:</b> Reduce unmet need for contraception.</p> <p><b>Objective 3:</b> Reduce avoidable maternal mortality and morbidity including that due to unsafe abortions.</p> <p><b>Objective 4:</b> Reduce avoidable perinatal mortality and morbidity.</p> <p><b>Objective 5:</b> Promote prevention and provide diagnosis and treatment for infertility.</p>	<p><b>Objective 1:</b> Establish and review sexuality education programmes.</p> <p><b>Objective 2:</b> Expand scope and reach of adolescent sexual and reproductive health services.</p> <p><b>Objective 3:</b> Establish and strengthen access to sexual and reproductive health services for populations with special needs.</p> <p><b>Objective 4:</b> Integrate sexual and reproductive health into national strategies and programmes.</p> <p><b>Objective 5:</b> Develop whole-of-government and whole-of-society approaches for effective and equitable implementation of programmes.</p>

## The new WHO European Action Plan for SRH and Rights 2017-2021

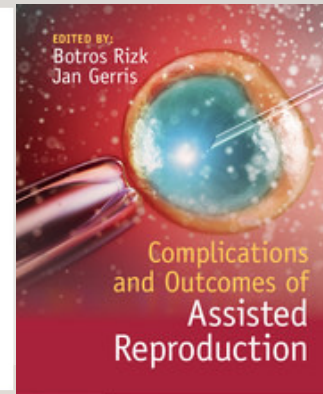
Chapter

# 20

## Political Emotions and Reproductive Medicine

From Individual Suffering to European Regulation

Petra De Sutter



Thank you for your attention !

IVM as a useful approach in modern ART.  
LAST WORD: THE RUSH TO PUBLISH 33



It is because of these emerging demands on our Society that we are also putting new structures in place. The importance of being politically aware and connected is continually increasing. This is why we are involved in the Alliance for Biomedical Research in Europe (BioMed Alliance), which represents the interests of 21 leading research-oriented medical societies with European institutions. ESHRE also collaborates more and more formally with organisations such as the European Union, Council of Europe and WHO. Similarly, new directives, guidelines and regulations are being proposed and implemented, and it is clearly important that we are heard and involved in these political and regulatory decisions. This is why we are now setting up a new European affairs committee, to keep special watch on matters arising and be present in the political arena. Similarly, a new ethics committee is already in place and we plan to establish a certification committee to make sure that our booming certification programmes each works towards harmonised and common goals. It is our hope and conviction that these changes will enhance and simplify communication within ESHRE and with the rest of the world - and in so doing further strengthen the place of ESHRE in reproductive science and medicine.

*Kersti Lundin*  
ESHRE Chairman 2015-2017

