



## Member of European Parliament demands “sustained action to address infertility health inequalities”

**Brussels, 28 March 2017** -- MEP Norica Nicolai (ALDE, RO) hosted a debate in the European Parliament on the state of play of infertility policy in the European Union. Her call for action comes with the release of a policy audit that reveals numerous barriers to access infertility services across the European Union. [The report](#) supported by Merck and produced by Fertility Europe and the European Society of Human Reproduction and Embryology, a coalition of patient advocates and infertility medical specialists, presents a comparative and factual account of the national situation and policies across nine EU Member States: the Czech Republic, France, Germany, Italy, Poland, Romania, Spain, Sweden and the United Kingdom.

*“As policymakers, our duty is to develop and implement policies that serve the people we are entrusted to represent. The findings from this study cannot be ignored. It is our obligation to further analyse the results and change how we view and prioritise infertility”, said MEP Norica Nicolai (ALDE, RO), host of the policy launch event. Vice – President of the European Parliament and Spanish MEP, Ramón Luis Valcárcel (EPP), has shown his support through a video message where he urges policy makers, medical specialists and patients to work together to secure the well-being of our society and the future of Europe in times of demographic decline that is testing our social model. Moreover, MEP Beatriz Becerra (ES, ALDE) has concluded the event by restating the need for better coordinated efforts to improve fertility policies across Europe. Last, but not least, Louise Brown, the 1<sup>st</sup> IVF conceived baby stated in the context of the meeting that: “Infertility has always been an issue. My birth gave real hope. A way of beating infertility that really worked.”*

Fertility Europe (FE) and the European Society of Human Reproduction and Embryology (ESHRE) developed this report to break the wall of silence on infertility. The document exposes significant access barriers to infertility treatment, pointing to much needed education efforts to address social stigma and inclusion on the public health agenda.

Additionally, the audit found that treatment availability is subject to high regulatory variation, most significantly in reimbursement / state funding levels and eligibility criteria. It also illustrates limited information and education on infertility, a common reality observed across all nine countries in this study.

Infertility and fertility protection remain underestimated and misunderstood. With as many as 25 million EU citizens affected by infertility, the EU has a crucial role to play in bringing infertility to the public health agenda. Infertility is a medical condition, not a choice. However, solutions can be realised



through prevention strategies, time off for treatment, and finally, financial support for continued research studies that contribute to comparative data and best practice sharing.

MEP Norica Nicolai, ESHRE and FE, therefore, call for urgent action to prioritise infertility policies both at Member State and EU levels. Their call to action lists the following five key recommendations as the principal steps to improve infertility policies in Europe:

1. Remove barriers to access infertility treatment by making it a priority on the public health agenda and prevention strategies.
2. Include fertility policies in the national demographic plans to address EU's low fertility rate (1.58) which is below the stabilising rate needed to maintain population size (2.1).
3. The top-level dialogue on the 'Strategic engagement for gender equality 2016-2019' set to take place in 2018 between the Council, the European Parliament and the European Commission should have infertility as one area of action to promote gender equality and correct this gender-specific misunderstanding<sup>1</sup>.
4. Infertility is a medical condition but this is not reflected at the workplace the same way any other medical condition is. Patients need to have flexible working time while seeking treatment. The European Pillar of Social Rights is the right EU-level framework to address this.
5. The European Commission should put forward a new Comparative Analysis of Medically Assisted Reproduction in the EU, as the 2008 study (SANCO/2008/C6/051) is outdated, in order to foster best practices among Member States on fertility policies.

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### **About the partners**

#### **Fertility Europe**

*With member representation from over 20 European countries, Fertility Europe (abbreviated "FE") is the Pan-European organisation representing infertility focused associations. FE national organisations work tirelessly to assist those with difficulties conceiving. Their goal is to improve the rights of individuals affected by infertility by building stronger cross border networks amongst European patients. These synergies foster the sharing of best practices, social change in perception of infertility and increase education in the protection of reproductive health. FE's work aims to promote: patient empowerment, the fight against health inequalities and discrimination, the support of quality care, patient safety and patient centred treatments, as well as the development of ethical guidelines and regulations within each European country.*

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<sup>1</sup> 'Strategic Engagement for Gender Equality 2016-2019', European Union, 2015, p. 20, LINK: [http://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/strategic\\_engagement\\_for\\_gender\\_equality\\_en.pdf](http://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/strategic_engagement_for_gender_equality_en.pdf).



For more information about FE, visit: <http://www.fertilityeurope.eu/>.

#### **The European Society of Human Reproduction and Embryology**

*The European Society of Human Reproduction and Embryology (abbreviated "ESHRE") is a scientific society incorporated as an international non-profit organisation. ESHRE's main aim is to promote interest in, and understanding of, reproductive biology and medicine. It does this through facilitating research and the subsequent dissemination of research findings in human reproduction and embryology to the general public, scientists, clinicians and patient associations. It also collaborates with politicians and policy makers throughout Europe. It promotes improvements in clinical practice through organising teaching and training activities, developing and maintaining data registries and providing guidance to improve safety and quality assurance in clinical and laboratory procedures.*

For more information about ESHRE, visit: <https://www.eshre.eu/>.

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