

European Fertility Week 2020:  
2–8 November 2020



## “Fertility Europe Brief on Equitable Access to Treatments”

**Today, across Europe, more than 25 million citizens are affected by infertility.** Among those, many are still struggling to get access to the appropriate information, diagnosis and treatments.

This regrettable situation is mainly due to constraints at national level that fall outside the medical scope of protecting the safety of patients, children or donors. **Inequitable access to fertility treatments is rather a consequence of cultural, ideological or economic restrictions**, many of which have been studied over the recent years<sup>1</sup>.

Against this background, Fertility Europe has been [calling](#) for a couple of years on European policymakers to ensure equal, fair and safe access to fertility treatments. Progress has been slow, however, in removing existing barriers.

For this reason, **this year’s European Fertility Week, organised on 2-8 November, aims to shed light on seven issues that must be addressed urgently to allow equitable access to fertility treatments across Europe.**

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Is your country supporting everyone's right to try to have a child?

**Join us in calling for equal, fair and safe access to fertility treatments for all Europeans!**

[#EuropeanFertilityWeek2020](#)  
[#Right2Try](#)



### Availability of information

While access to fertility information allows for better choices, improves self-care, and raises awareness of options to build a family, limited access to education and information about fertility is common across Europe.

- 🗣️ **Fertility Europe calls on public authorities to provide better information and education about fertility and infertility.**



### Male screening and diagnosis

Male factor infertility occurs in circa 40% of the cases where couples are experiencing infertility. However, men do not typically seek healthcare unless they face an acute medical need. 25% of the time, a reproductive health examination does not take place.

- 🗣️ **Fertility Europe calls on national health authorities to combat the stigma and misinformation around male infertility.**



### Treatment eligibility

Access to fertility treatments can be impeded due to prescriptive eligibility criteria related to a patient's sexual orientation, marital status, or age. In addition to being discriminatory, these criteria also differ significantly across European countries.

- **Fertility treatments of scientifically-proven benefit to patients should be made available, irrespective of the patient's age, sexual orientation, or marital status.**



### Availability of treatment options

People faced with infertility should have the right to choose between different treatment options, which is still not the case everywhere. For example, egg donation is still not permitted in a handful of European countries. Similarly, surrogacy (a legal agreement, whereby a woman agrees to bear a child for another person or persons) is allowed or performed in less than a third of European countries.

- **Fertility Europe calls on national authorities to remove barriers to access to fertility treatments by making this a priority on the public health agenda.**



### Accessibility

Even when fertility treatments are available, there are often rules, conditions and structures in place that may make treatment availability more restrictive. A practical consequence of accessibility difficulties is the increasing movement of people seeking fertility treatments on other European countries, which can be associated with high risks of health dangers.

- **Fertility Europe calls on public authorities to put the necessary frameworks in place to ensure an optimal accessibility to fertility treatments for all patients.**



### Reimbursement / State funding

While most European countries provide some level of government funding for fertility treatments, many are underfunded or restricted. Age is one of the most common factors determining an individual's eligibility for fertility treatment reimbursement by the state. Other criteria used to limit public reimbursement of fertility treatments include the existence of previous children, or a maximum number of treatments/treatment cycles publicly supported.

- **Fertility screenings, medications and treatments should be reimbursed / state funded.**



### Accompanying care

Access to psychological counselling is not systematic in the framework of fertility investigations and treatments. People should be offered implications counselling, particularly if their treatment includes the use of donated and/or donating gametes and embryos or surrogacy.

- **All those undergoing fertility treatments should be entitled to equal access to patient-focused medical care.**