State of the science IVF survey shows wide country to country variation in available treatments

Report presented at IFFS/ASRM joint meeting in Boston

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Assisted Reproduction Technologies (ART) such as IVF (In Vitro Fertilisation) and ICSI (Intracytoplasmic sperm injection) are amongst the most heavily regulated forms of medical treatment. There are still large country to country variations in the regulation and treatment which is available to prospective parents.

The IFFS (International Federation of Fertility Societies) Surveillance Report is produced every three years. International clinicians are asked to provide details on the state of ART in their country. The collated results allow international comparisons to be made, as well as showing trends since the last report in 2010. The 2013 Surveillance Report is being presented to the ASRM/IFFS joint meeting in Boston on 17 October.

60 countries are included in the new report, which compares 20 main topics, such as:

- The number of centers in each country, and how these have changed since 2010
- The legal framework – what is allowed in each country
- Marital status – which countries require marriage, and which will treat single and gay parents
- Which countries allow sex selection and Preimplantation Genetic Diagnosis (PGD)

IVF continues to grow, although this growth seem slower than in previous reports. There has been a consistent trend towards greater quality control, a broader access to services, and more safeguards.

Recent years have seen a growth in people travelling to access fertility treatment outside of their home country (cross-border reproductive care)*. This survey shows that there is wide variation in what is available in each country.

Some highlights of the survey include:

- **Number of centers** There has been a modest growth in the number of IVF centers worldwide. Some countries, such as Brazil and Russia, have seen significant growth
- **More laws** There is a general trend towards greater legislation. Of countries which responded, 31% used only legislation to regulate ART, 21% used only guidelines to regulate ART, 37% used both legislation and guidelines, and 9% had no regulations or guideline at all.
- **Who pays?** Around half of the countries which responded report IVF funding via a national health system. Often the payment systems are very different, for example Spain pays for IVF under the age of 40, South Korea pays up to the age of 44. In Sweden, 60% of costs are paid by the government, with the patient picking up the remaining 40% of the bill.
- **Marital status** Most of the 62 countries surveyed require marriage before allowing treatment, however 26 countries allow singles and 14 allow lesbians to receive ART. These trends towards single/lesbian treatment are increasing.
- **Multiple pregnancy** Many countries are concerned about the risks associated with multiple pregnancy, and more and more clinics worldwide are restricting the number of transferred embryos to one or a maximum of two.
• **Egg freezing**  
42 countries allow egg freezing, but there are huge differences in what this means from country to country. Some limit the storage period to 5 years, some to the end of a woman’s “normal” reproductive life, whereas in others there is no limit.

• **Sperm donation**  
Some countries allow only anonymous sperm donation, others only allow the exact opposite (so that donors can be identified). Some do not allow sperm donation for ART at all, e.g. Italy and Austria.

• **Surrogacy**  
IVF surrogacy is not allowed in the majority of countries. Where it is allowed, many countries have unique restrictions, for example in Brazil the surrogate mother must be related to one of the genetic parents. There are increasing concerns about the commercialisation of surrogacy.

Commenting on the Surveillance Report, principal author Professor Steven Ory (Florida, USA) said

“This report shows that ART is becoming a mature technology, with increasing emphasis on safety and regulation.

*Each country tends to regulate in accord with its own cultural and religious environment, meaning that there are significant differences from country to country.*

*In practical terms, this affects such things as the cost of ART, and what is allowed in each country. Most prospective parents prefer to be treated in a local center, but we do find that some parents are travelling to countries which will allow them to receive treatment, such as PGD or surrogacy, which would not be available to them at home. It is important that patients and administrators understand that choices may be different in different countries*”.

ENDS

**Notes for editors**

**Press office contact details:**

IFFS Press Office, Tom Parkhill, tom@parkhill.it telephone +44 131 208 3008

ASRM Press Office, Eleanor Nicoll enicoll@asrm-dc.org

Press Room at IFFS-ASRM meeting 617-954-3445

*An embargoed copy of the full report can be downloaded at: [http://www.iffs-reproduction.org/?page=SurveillanceHidden](http://www.iffs-reproduction.org/?page=SurveillanceHidden)*


This report is being presented at the 69th ASRM Annual Meeting held Conjoint with IFFS Boston Convention & Exhibition Center, Boston, Massachusetts, USA, [http://www.asrm.org/IFFS-ASRM2013/](http://www.asrm.org/IFFS-ASRM2013/)

Representing more than 50 fertility societies from around the globe, the International Federation of Fertility Societies (IFFS) is the world’s principal international fertility organization. The IFFS was founded in 1951, and held its first congress in New York in 1953. The IFFS mission is to stimulate basic and clinical research, disseminate education and
encourage superior clinical care of patients in infertility and reproductive medicine. Website: http://www.iffs-reproduction.org/

The American Society for Reproductive Medicine, founded in 1944, is an organization of more than 7,000 physicians, researchers, nurses, technicians and other professionals dedicated to advancing knowledge and expertise in reproductive biology. Affiliated societies include the Society for Assisted Reproductive Technology, the Society for Male Reproduction and Urology, the Society for Reproductive Endocrinology and Infertility, the Society of Reproductive Surgeons and the Society of Reproductive Biologists and Technologists.