

Improving access and affordability of fertility treatment in low to middle income countries

SINGAPORE: Mounting concerns about access to infertility treatment in low to middle income countries and measures to address the problem have come into sharp focus at the 10th Congress of the Asia Pacific Initiative on Reproduction (ASPIRE).

Countries including Indonesia, Thailand, China, India, Pakistan and Bangladesh are among those where infertility treatment is in high demand, but is either unaffordable or inaccessible where hospitals and clinics providing these services are beyond reach of many rural populations.

Fertility physician and decision scientist, Dr Sorapop Kiatpongsan, told the ASPIRE Congress today that there was a significant lack of reported data on access to fertility treatment in many other countries in the Asia Pacific region adding that “no data does not mean no problems.”

ASPIRE is a unique task force of clinicians and scientists involved in the management of fertility and assisted reproductive technology (ART) throughout the region. The ASPIRE Congress is being presented in virtual format – <https://aspire2021.cme-congresses.com> – to fertility specialists in over 100 countries.

Dr Kiatpongsan from Chulalongkorn University in Bangkok, Thailand and Visiting Professor at Sasin School of Management, is recognised globally for his research on policy and innovation to enhance health and economic development.

Infertility affects one in six couples globally as is defined as the failure to conceive after a year of unprotected intercourse, or the inability to carry pregnancies to a live birth. The causes of infertility are equally shared between males and females.

The World Health Organisation (WHO) has stated that infertility in low to middle income countries – where accessibility and affordability are major constraints – is more than a health problem and is a social and public health issue that continues to be neglected.

At the ASPIRE Congress, Dr Kiatpongsan reviewed latest research in IVF and other assisted reproductive technologies in low to middle income countries, including a detailed analysis funded largely by the WHO and supported by the United Nations Human Reproduction Program bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health.

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He said that while fertility treatment was available in a number of low to middle income countries in the Asia Pacific, it was not subsidised by governments with notable exceptions including Singapore and Korea. Other issues included many fertility clinics, for example in India, not being registered with a regulating body or reporting assisted reproductive technology cycles.

“Infertility and assisted reproductive technology are not considered a priority in many low to middle income countries because of factors including restricted budgets, other health priorities, limited experience of providers and inadequate facilities for performing procedures,” he explained.

Dr Kiatpongsan said lower cost assisted reproductive technology was available in some low to middle income countries with cost cutting measures including mild ovarian stimulation protocols, novel simplified embryo culture systems and improvements in clinical organisation.

“However, recent research by Chiware et al.* found no studies from low to middle income countries reporting the implementation of low cost assisted reproduction that is effective, accessible and affordable to most of those in need of the services,” he added.

Dr Kiatpongsan said there was an abundance of evidence that government investment in subsidised fertility treatment programs were repaid many times in economic and social returns, for example in tax payments from IVF offspring over their working lives and reduced health costs from the impacts of infertility, including mental illness.

“Our research group has reviewed evidence on the long-term economic impact of assisted reproduction and found that 10 out of 11 countries had a positive return on investment of about 354 per cent,” he said.

He told the ASPIRE Congress today that while subsidised fertility treatment from public health funds was not a policy priority in many countries, other strategies to address the need could include paid medical leave from work, child support, travel reimbursements for patients and integrating IVF services within existing health facilities.

“Other issues can and should also be addressed including cultural barriers to treatment, locations of hospitals and clinics offering fertility services, and a willingness to provide those services in various conditions and settings,” he said.

The ASPIRE Congress continues in virtual format until Sunday 9 May.

** Chiware TM, Vermeulen N, Blondeel K, Farquharson R, Kiarie J, Lundin K, Matsaseng TC, Ombelet W, Toskin I. ^[1]IVF and other ART in low and middle-income countries: A systematic landscape analysis. *Hum Reprod Update*. 2021*

Interview: To arrange an interview with Dr Sorapop Kiatpongsan please contact Trevor Gill, ASPIRE Media Relations on lighthousepr@adelaide.on.net