



For Universal Access to Fertility Treatments

Introduction

The European Union and its Member States have a responsibility to ensure **universal access to healthcare**. This commitment is enshrined in the **European Pillar of Social Rights**¹, with Principle 16 stating that *"Everyone has the right to timely access to affordable, preventive and curative health care of good quality."* It also aligns with the **United Nations Declaration of Human Rights (Art. 25)**² and **Sustainable Development Goals (SDGs)**, particularly the goal of achieving **Universal Health Coverage for All by 2030**, which the European Union has committed to supporting.

Already in 1994, at the International Conference on Population and Development (ICPD)³, 179 governments agreed that all countries should strive to give everyone access to reproductive health care, including "prevention and appropriate treatment of infertility", through primary healthcare systems.⁴ However, **access to fertility treatments across Europe remains unequal**.⁵ Insufficient service availability, discriminatory eligibility criteria and lack of public funding create **unjust barriers** to care. No one should be denied access to fertility care based on criteria that fail to uphold human rights.

Infertility, defined by the World Health Organisation (WHO) as a disease of the male or female reproductive system resulting in the inability to conceive after 12 months of unprotected sexual intercourse, affects approximately 1 in 6 people of reproductive age worldwide. However, the need for fertility treatment does not result only from infertility. The WHO recognises this: "A wide variety of people, including heterosexual couples, same-sex partners, older persons, individuals who are not in sexual relationships and those with certain medical conditions, such as some HIV sero-discordant couples and cancer survivors, may require infertility management and fertility care services. Inequities and disparities in access to fertility care services adversely affect the poor, unmarried, uneducated, unemployed and other marginalized populations"⁶. For all those who are involuntarily childless, fertility treatments are an essential healthcare need.⁷

A lack of access to fertility treatments has severe consequences for individuals and society

Restrictions on access to fertility treatment can severely impact individuals and society. Without timely and affordable care, people may end up having no children or fewer than they hoped for, affecting their life plans and well-being. Infertility is linked to a higher risk of

¹ https://employment-social-affairs.ec.europa.eu/european-pillar-social-rights-20-principles_en

² <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

³ <https://www.unfpa.org/icpd>

⁴ UNFPA State of World Population 2023.

<https://www.unfpa.org/sites/default/files/swop23/SWOP2023-ENGLISH-230329-web.pdf>

⁵ European Atlas of Fertility Treatment Policies 2024 <https://fertilityeurope.eu/atlas2024/>

⁶ <https://www.who.int/news-room/fact-sheets/detail/infertility>

⁷ <https://fertilityeurope.eu/about-fe/our-mission/white-paper2023/>



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mental health issues such as anxiety and depression,⁸ and can strain relationships and hinder social participation. The need to self-fund treatment adds financial stress, often compounded by lost income due to prolonged medical procedures.

Barriers to care can also drive people toward unsafe alternatives - such as unregulated donations, cost-cutting treatments, or seeking cross-border reproductive care - raising risks related to ethical standards, continuity of care, legal parenthood recognition, and the rights of donor-conceived individuals. These challenges do not affect all groups equally: racialised people, people with disabilities, same-sex couples, trans individuals, and single people, etc., often face additional discrimination. While infertility can affect anyone, the medical and emotional burden of treatment falls mainly on women, reinforcing gender inequalities. Financial barriers further deepen socio-economic divides, limiting access to those who can afford private care and excluding many others.

All safe, effective and ethical fertility treatments should be accessible.

Fertility treatments are constantly evolving, and new procedures are regularly developed. When determining which treatments should be accessible, policymakers should consider the following criteria:

- **Safety and effectiveness:** only treatments with sufficient evidence of safety and effectiveness should be made accessible. Governments should actively support research and the collection of safety and effectiveness data on new procedures to ensure that safe and effective treatments quickly become accessible to all who can benefit from them.
- **Ethics:** all fertility treatments should be in line with ethical standards, considering the rights, safety, well-being and potential long-term implications for all involved in the treatment, including the offspring, intended parents and other parties such as gamete donors or surrogates.

Alongside any fertility treatment, patients should have access to **mental health support and counselling implications**.

Ensuring access to fertility treatments requires a proactive approach from governments.

One way to make fertility care more accessible is to start approaching infertility in the same way as any other condition that requires treatment, rather than as elective procedures available to those who can afford them. Ensuring **meaningful and fair access** to fertility treatments requires:

- **Legal and regulated availability:** Fertility treatments should be permitted and regulated to provide a legal framework. For all involved and ensure adherence to recognised safety, quality and ethical standards, rather than being banned or

⁸ Depression, anxiety, quality of life, and infertility: a global lens on the last decade of research - Fertility and Sterility, [https://www.fertstert.org/article/S0015-0282\(24\)00016-5/fulltext](https://www.fertstert.org/article/S0015-0282(24)00016-5/fulltext)



restricted.

- **Adequate service provision:** Sufficient fertility services should be available to avoid long waiting times and excessive travel distances.
- **Public funding:** Fertility treatments should be funded as other essential healthcare services to be accessible to all who need it. Access to fertility care for all should be reimbursed through the national healthcare coverage system. Not covering the costs means discriminating against those without the financial means to pay for treatment themselves. Policymakers should also issue clear regulations for employers to provide protected time off and flexible work arrangements for individuals undergoing fertility treatment.
- **Accessible information:** Access to treatments also entails empowering people with the knowledge they need to identify their own care needs and seek treatment. People must have access to information about infertility and available services through education and public awareness campaigns. Moreover, healthcare professionals (such as general practitioners) should be trained to recognise infertility and refer patients appropriately and timely.
- **Equal treatment for all:** Every individual who needs fertility treatment should be able to access it without discrimination. This includes the removal of discriminatory eligibility criteria, such as requiring a specific diagnosis, marital status, sexual orientation or gender identity.
- **Continuous monitoring of accessibility:** governments should install mechanisms to continuously evaluate fertility treatment uptake and outcomes by different population groups and identify unmet needs.

Conclusion

Governments must adopt a rights-based and evidence-based approach to fertility care. Ensuring **equal and fair access** to fertility treatments for all who need them is a matter of reproductive justice and universal access to healthcare. Moreover, countries that invest in publicly funded fertility care often see long-term health, social, and economic benefits.⁹

Individuals must be empowered to make informed decisions about their reproductive lives, whether they want children or not, free from discrimination, coercion, financial burden, or political interference.

⁹ Connolly M, Kotsopoulos N, Li J, Chambers G. Estimating the Fiscal Value of Children Conceived from Assisted Reproduction Technology in Australia Applying a Public Economic Perspective. *JHEOR*. 2025;12(1):148-154. doi:[10.36469/001c.133796](https://doi.org/10.36469/001c.133796). PMID:40255453



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A society that truly values reproductive autonomy and universal access to healthcare is one where all people have the support and resources they need to **decide freely whether, when, and how many children they wish to have.**