



CANADIAN FERTILITY AND ANDROLOGY SOCIETY
SOCIÉTÉ CANADIENNE DE FERTILITÉ ET D'ANDROLOGIE

The Case for Public Funding of In Vitro Fertilization (IVF) with Elective Single Embryo Transfer (eSET) in Canada

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According to the World Health Organization (WHO) infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.

In Canada, infertility impacts the lives of 10 to 15 per cent of reproductive age couples, and results in considerable psychological distress including low self-esteem, depression, diminished well-being, and feelings of sexual inadequacy and isolation.

Provincial and territorial health plans currently cover the cost of the investigation of infertility, confirming that they recognize infertility as a legitimate medical condition. However, too many jurisdictions do not pay for even the most basic fertility treatments. The Canadian Fertility and Andrology Society (CFAS) believes that the treatment of infertility is as important as many other services currently funded publically.

In Vitro Fertilization (IVF) is the most effective treatment for most causes of infertility, and when combined with elective single-embryo transfer (eSET) minimizes the risk of multiple pregnancy. However, the high cost of IVF limits access for many who would otherwise benefit from this treatment. As a result, many patients resort to alternative treatments that have a lower chance of success and/or a higher risk of multiple pregnancies.

Public funding of IVF with eSET has been shown to reduce the risk of twins and highorder multiples that may result from fertility treatments dramatically. The risks associated with multiple pregnancies include prematurity, prolonged admission to neonatal intensive care units, a greater risk of neonatal death and long-term disabilities such as cerebral palsy and blindness.

Public funding for fertility treatment has a direct influence on access to care and treatment utilization. In the absence of public funding for fertility treatment, individuals with greater financial resources are better able to overcome their condition and build their family than those



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with a lesser means, in opposition to the principal of universality which is the foundation of Canada's healthcare system.

Worldwide, an increasing number of countries fund IVF. The vast majority of European countries cover three or more treatment cycles. In the United States, a country that has long resisted the public funding of health care, an increasing number of states require private insurance policies to cover IVF treatment.

The CFAS recognizes that public funding of IVF in Canada is an investment in our future that would reduce inequity in access to fertility care and improve the health of patients and their children alike. By not funding IVF, provincial and territorial governments invite continued suffering from a disease for which effective treatments exist. If Canadian governments wish fully to support their citizens suffering from infertility, then the CFAS believes that they should fund IVF with eSET.