



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

Position Statement on Publicly - Funded IVF Treatment in Canada

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The Canadian Fertility and Andrology Society (CFAS) supports fully the provision of publicly funded in-vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) treatment across Canada. Infertility has been defined by the World Health Organization as 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 [1]. Since infertility has been defined as a disease, and its associated diagnostic and surgical management deemed “medically necessary” by provincial medical insurance plans, full infertility treatment including IVF and ICSI must also be made available as a funded service, and easily accessible to all Canadians.

Canada is one of few developed countries that do not fund all infertility treatments. In order to ensure that provincial medical insurance programs are in compliance with the Canada Health Act (Section 9 – Comprehensiveness), CFAS believes that fully-funded infertility treatment must be provided to all insured persons, as defined by the Act. In addition, funding must be adequate to ensure sustainability of services, regardless of where the services are delivered.

A randomized controlled study has shown IVF/ICSI to be an extremely effective treatment for infertility [2]. Economic studies in many jurisdictions have established the overall positive financial returns and benefits to society of fully-funded IVF. In 2009 the CFAS commissioned a pan-Canadian study to analyse the costs associated with IVF treatment and its delivery within quality-managed clinic environments [3]. The CFAS fully endorses this study as a primary guiding factor in the development of any publicly-funded system providing IVF treatment. That report should be used in conjunction with sound multiple pregnancy prevention initiatives, especially single embryo transfer [4], as the model to best serve the needs of subfertile Canadians.

References

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