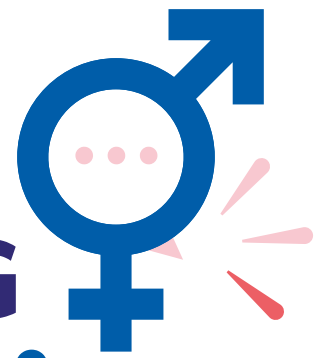




MANIFESTO

TACKLING ♀ infertility



MAKING REPRODUCTIVE HEALTH A EUROPEAN AND NATIONAL PRIORITY TO CLOSE THE FERTILITY GAP

Coordinated by **Prof Samir Hamamah** with the collaboration of **Prof Christine Decanter (FR)**, **Prof Rachel Levy (FR)** and **Prof Iwona Szymusik (PL)**.

With the contribution of Dr William Akakpo (FR), Dr Tal Anahory (FR), Prof Robert Ancuceanu (RO), Dr Paola Anserini (IT), Prof Jean-Marc Ayoubi (FR), Dr Joëlle Belaïsch-Allart (FR), Prof Nicola Colacurci (IT), Dr Juan José Espinós (ES), Prof Renato Fanchin (FR), Dr Anne Guivarc'h-Leveque (FR), Dr Monika Lukasiewicz (PL), Dr Anne-Laure Marguliès (FR), Prof François Olivennes (FR), Dr Maëllis Peigné (FR), Prof Antti Perheentupa (FI), Prof Bruno Salle Leyris de Campredon (FR), Prof Nicole Sängler (DE), Dr Nathalie Sermondade (FR), Dr Charlotte Sonigo (FR), Dr Luis Vicente (PT) and associations Asso'SOPK, Bamp!, Fertility Europe, SOPK Europe and SOS Infertility.

There is no doubt that Europe and the rest of the world face a major fertility crisis. In 2022, the total fertility rate in the European Union (EU) was 1.46 live births per woman¹ while the replacement level required to maintain Europe's population levels is 2.1². In the medium-term, that means Europe's population will get smaller and Europeans older.

If no adequate actions are taken, this fertility crisis will provoke disastrous consequences for European societies, ranging from labour shortages to unsustainable welfare systems declining living standards, and a loss of global competitiveness. Therefore, socio-economic and health drivers behind Europe's declining birth rate must be addressed and addressed quickly.

We, healthcare professionals and patient representatives, urge European leaders to urgently develop a comprehensive program and implement actions to protect reproductive health and fertility, recognising these as fundamental human rights and prioritizing them at the national and EU levels.

¹ Eurostat, Fertility Indicators, updated on 3 September 2024

² ESHRE, Factsheet on infertility, published in August 2021

Europe's current fertility rate does not reflect the number of children Europeans would like to have. This difference between the planned and actual number of children born, known as the fertility gap, calls for the implementation of tailored healthcare, social and labour policies to help those Europeans who wish so to conceive a child. Everyone who desires to have a child should be able to pursue this personal life project in a supportive environment. This includes empowering them to decide freely about their reproductive life planning and providing guidance on reproductive health to support a healthy pregnancy and newborn.

To address this ongoing crisis, EU institutions and Member States must collaborate within their respective areas of competence, to ensure access to sexual and reproductive health services and information, as well as equitable and universal access to assisted reproductive technologies (ART) when required. It is essential to set up the conditions that empower individuals to exercise self-determination, eliminate all barriers to accessing infertility treatment—whether financial, social or otherwise—and promote shared responsibility, which is a crucial component of advancing

gender equality, thus supporting citizens in their desire to have children.

National and EU-wide initiatives are essential to support research and innovation, disseminate good practices, and ensure fairness and equity for European citizens affected by infertility. To meet the most urgent reproductive health needs, **we declare that European and national authorities should work closely with healthcare professionals, patient associations, as well as public and private stakeholders on three priorities:**

- 1. Enhancing information, education, and prevention** on fertility, including in sexual and reproductive education programs.
- 2. Promoting a discrimination-free, family and fertility-friendly society and workplace.**
- 3. Improving diagnosis and treatment** for infertility.

PRIORITY 1

Enhancing information, education and prevention on infertility, including in sexual and reproductive education programs

Objective:

INFORM AND EDUCATE THE PUBLIC AND RELEVANT PROFESSIONALS ABOUT SEXUAL AND REPRODUCTIVE HEALTH, SO THAT EVERYONE WANTING TO HAVE CHILDREN IN THE SHORT, MEDIUM, OR LONG TERM CAN MAKE FULLY INFORMED DECISIONS. THE AIM IS TO HELP CITIZENS PROTECT THEIR FERTILITY AND ENCOURAGE THEM TO SEEK MEDICAL ADVICE EARLIER IN THE EVENT OF INFERTILITY.

TRAINING AND INFORMATION SHOULD BE NEUTRAL, WITHOUT PASSING ANY VALUE JUDGEMENT OR INJUNCTIONS WHILE SEEKING TO BREAK STIGMA AND TABOOS ABOUT INFERTILITY AND ITS MEDICAL TREATMENTS.

THEY SHOULD COVER THE IMPACT OF AGE (WOMEN AND MEN), LIFESTYLE AND ENVIRONMENTAL FACTORS ON FERTILITY, INFORM ABOUT AVAILABLE TREATMENTS, THEIR EFFICACY, AND THEIR LIMITATIONS (PARTICULARLY IN RELATION TO THE AGE OF PATIENTS AND ITS IMPACT ON THE "CONCEPTION WINDOW"). THEY MAY ALSO DEAL WITH GAMETE DONATION AND SELF-PRESERVATION.

ACTION 1:

Guarantee access to comprehensive sexual and reproductive education in schools and in universities

- Reproductive health education should be integrated into education programs for adolescents and young adults, including in biology courses and sexual and reproductive education classes, to ensure comprehensive understanding and informed decision-making.
- Teachers and other education professionals responsible for informing teenagers and young adults about reproductive health should receive advanced training to ensure they are well-equipped to deliver accurate and effective information.

ACTION 2:

Increasing public awareness on fertility and infertility

- Public health authorities should launch public awareness campaigns, using communication channels fitting each population group they want to reach and developing tailored messages that resonate with target audiences.
- Public health authorities should promote proactive health behaviours by educating citizens about lifestyle choices that can positively impact fertility, such as minimizing exposure to reprotoxic substances, maintaining a balanced diet, and staying physically active.
- Guarantee equal and equitable access to fertility treatments, regardless of personal characteristics or circumstances.

ACTION 3:

Raising fertility awareness among professionals

- Knowledge and training of all primary care professionals involved in preventing and managing infertility should be enhanced and maintained so that they can better inform, diagnose, and redirect patients. This includes healthcare professionals who regularly interact with the general population, such as GPs, obstetricians, gynaecologists, midwives, urologists, dietitians and psychologists.
- This could include the organisation of workshops and seminars, as well as the development of Massive Open Online Courses (MOOCs) on reproductive health for doctors and nurses, ensuring they are equipped with the latest information and best practices.

PRIORITY 2

Promoting a discrimination-free, family and fertility-friendly society and workplace

Objective:

INFORM AND EDUCATE THE PUBLIC AND RELEVANT PROFESSIONALS ABOUT SEXUAL AND REPRODUCTIVE ENSURE UNIVERSAL AND EQUITABLE ACCESS TO FERTILITY TREATMENTS WHILE FOSTERING A SUPPORTIVE PROFESSIONAL AND SOCIAL ENVIRONMENT FOR CITIZENS WHO WANT TO HAVE CHILDREN SO THAT THEY CAN REALISE THEIR FAMILY PROJECT. MANY EUROPEANS DELAY OR GIVE UP ON HAVING CHILDREN DUE TO EXTERNAL PRESSURES, EVEN THOUGH THEY SHOULD NOT HAVE TO CHOOSE BETWEEN PARENTHOOD AND A SUCCESSFUL CAREER OR SOCIAL LIFE. WE ARE COLLECTIVELY RESPONSIBLE FOR SUPPORTING THEM WITHOUT DISCRIMINATION.

ACTION 1:

Enforcing workers' right to fulfil their parenthood project

- The workplace must take responsibility for addressing the fertility crisis and support employees with their parenthood journeys (e.g. offering flexible work arrangements, such as remote work options and flexible hours to accommodate infertility treatment needs, or developing innovative programs to help workers in need to access ART)
- Public authorities and employers should adopt strong gender equality and equity measures and combat discrimination to ensure that motherhood does not hinder careers or lead young women to delay pregnancy.
- European countries should also strengthen the rights and protection of employees affected by infertility (e.g. creation of specific medical leaves for male and female engaging in a fertility journey).

ACTION 2:

Improving work-life balance for parents

- Public policies and employers should facilitate the lives of working parents to take care of their young children without worrying about their careers or financial independence (e.g. offering suitable childcare, reducing working hours for pregnant women and parents of young children, and ensuring the right to paid and shared parental leave to enable parents).
- Managers need to be informed and trained to change mentalities in the workplace and ensure pregnancy and parenthood are no longer considered a barrier to their career aspirations.

PRIORITY 3

Improving diagnosis and treatment for infertility

Objective:

FAVOUR EARLY CARE, EXPAND ACCESS TO INFERTILITY TREATMENTS FOR ALL WHO NEED IT AND IMPROVE THE QUALITY OF PROTOCOLS TO INCREASE SUCCESS RATES. BETTER PREPARE AND SUPPORT PATIENTS UNDERGOING OR WILLING TO UNDERGO INFERTILITY TREATMENT, THUS LIMITING THE NEGATIVE PHYSIOLOGICAL, PSYCHOLOGICAL, AND FINANCIAL IMPACT ON PATIENTS AND COUPLES AND REDUCING THE NUMBER OF TREATMENT FAILURES AND ABANDONED CYCLES.

ACTION 1:

Ensuring equal, equitable, inclusive, safe, timely and universal access to diagnosis and the right treatment for all

- National policies should ensure equal, equitable, inclusive, safe, timely and universal access to diagnosis, treatment, and general support in the patient journey, without any form of discrimination (women and men, same sex couples, single patients).
- Public policy should facilitate access to ART and donation centres for all patients, regardless of where they live (equal access between regions, between urban and rural areas, etc.) to reduce waiting times.

ACTION 2:

Increasing public funding and European cooperation for diagnosis and infertility treatments

- Member States should make infertility diagnosis and treatments affordable by providing sufficient public funding for the whole range of tests, treatments and support that allow people a reasonable chance to have children.
- Within the limits set by EU law, Member states should authorise compensation for gamete donations and encourage gamete self-preservation. At EU level, greater harmonisation of gamete donations across countries is required.

ACTION 3:

Improving the quality of care for patients dealing with infertility

- To improve quality of care, we recommend a patient-centred approach including non-compulsory psychological support before, during and after active treatment,
- High quality of care also implies communication and honesty. Healthcare professionals should be encouraged to manage patients' expectations by increasing transparency about their treatments and their chances of success.

