Is IVF good value for money? Why funding of assisted reproduction is sound fiscal policy

EurekAlert

Considering an average treatment cost of approximately ?15,000 to conceive an IVF-child, this represents an 8-fold return on investment (ROI) for governments [1].

While the costs of MAR treatment represent a substantial proportion of a patient's annual disposable income, MAR typically represents less than 0.25% of total national healthcare expenditure. By comparison, obesity accounts for 10% and 2-4% of total health care spending in the US and Europe respectively.

MAR treatments elicit significant medical, reproductive and economic influence in developed countries with 3.5 million children estimated to have been born worldwide since 1978. These children make up a substantial proportion of national births with up to 4.1% in Denmark and 3.3% in Belgium. In the US, Europe, and Oceania over 600,000 treatment cycles resulted in 120,000 children being born in 2005.

The European Society of Human Reproduction and Embryology (ESHRE) Task Force on 'Reproduction and Society' reviewed the economics of MAR to evaluate the benefits of funding of MAR for society and to inform policy makers on effective, safe and equitable financing of MAR.

Dr. Mark Connolly and colleagues who published this review paper in the journal *Human Reproduction Update* based their findings on key epidemiological and economic studies.

Affordability of IVF is one of the main drivers of treatment utilisation, choice of treatment, and embryo transfer practices which ultimately influence the multiple birth rate and infant outcomes. Although the poorer clinical outcomes are well known, the indirect costs and hence the economic burden associated with MAR multiple birth children - which may extend well beyond the perinatal period - are less appreciated.

Lack of affordable treatment may force patients and clinicians to opt for cheaper fertility treatments such as stimulated intrauterine insemination and ovulation stimulation which have less controllable means of minimising multiple births. If treatment is appropriately funded, there is less of a financial incentive to achieve pregnancy in a limited number of cycles.

Additionally, restricted treatment and limited financial access coerces some patients to seek cross border reproductive treatment in countries where cheaper or less restrictive treatments are offered. The ESHRE Task Force on 'Cross Border Reproductive Care' showed in a recent survey that, of those patients that sought

cross border reproductive care, only 13% received partial reimbursement and 4% total reimbursement in their own country. Different standards of care and less responsible embryo transfer practices are amongst the risks patients' face when going abroad [2].

Public funding of MAR ranges from virtually no subsidisation in the US to funding of a limited number of cycles based on female age in most European countries. Many politicians have justified limited funding with the view that infertility is a socially constructed need rather than a medical disorder. 'The few studies we found on financial access to treatment suggest that affordability is a powerful determinant of whether couples will pursue treatment,' recalls Dr. Connolly. The cost (as percentage of an individual's annual disposable income) of a single fresh MAR cycle can range from 50% in the US to 20% in the UK and the Nordic countries. After government subsidies the costs in the US remained unchanged, but fell to 12% in the UK and in Scandinavia.

So far very few studies exist that have evaluated MAR children in terms of fiscal implications, and although an 8-fold ROI for any government is quite substantial, the ESHRE Task Force calls for caution 'these results need to be applied in a policy framework and in the broad context of other governmental policies. The creation of a child leads to increased government expenses in the short-term, and the ROI in future taxes is not received until more than 30 years later once these children enter the workforce.'

The authors conclude that the way MAR is subsidised in different healthcare settings and for different patient groups has far-reaching consequences for access to treatment, clinical practice, and infant outcomes. MAR children deserve the best start in life, and as discussed in this review, affordable treatment can make economic sense as well.

SOURCE [1]

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http://www.mdtmag.com/news/2010/06/ivf-good-value-money-why-funding-assisted-reproduction-sound-fiscal-policy?qt-most_popular=0

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[1] http://www.eurekalert.org/pub_releases/2010-06/esoh-iig060810.php