

# International Federation of Fertility Societies Surveillance 2013: preface and conclusions

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Surveillance is a triennial worldwide compendium of national rules and regulations for assisted reproductive technology. It was last published in 2010. (Fertil Steril® 2014;101:1582–3. ©2014 International Federation of Fertility Societies.)

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## PREFACE

The current version of Surveillance has undergone considerable evolution. The highly accomplished leadership team of Drs. Howard Jones, Jr., Ian Cooke, Roger Kempers, and Doug Saunders have retired from their editorial duties after committing over a decade to the inception, development, and production of Surveillance. Their vision, insights, and extraordinary productivity made Surveillance an ongoing successful venture. Of the 2010 editors, only Dr. Peter Brinsden has continued. A larger editorial board was assembled for this edition of Surveillance, and Paul Devroey and I were enthusiastically supported by the talented writing group of Drs. Manish Banker, Peter Brinsden, John Buster, Moïse Fiadjoe, Marcos Horton, Karl Nygren, Hirshikesh Pai, Paul Le Roux, and Elizabeth Sullivan. We also wish to thank the

International Federation of Fertility Societies (IFFS) officers, Board of Directors, and administrative staff for their support and aid.

The transition to a Web-based survey progressed considerably for Surveillance 2013. Redshift Technologies was engaged to develop and refine a custom online survey based on the previously used questionnaire intended to be accessible to international participants. The advantages of this system included the ability to create a more user-friendly survey with internal validation systems and data analysis in place. The system created an enormous multinational database and facilitated the extraction of data for producing this report. It provided central data analysis immediately available to the editorial group. The Surveillance 2013 editors are very appreciative of Ethan Wantman at Redshift whose imagina-

tion and energetic commitment to the project were essential to its completion. Also, the editors are deeply indebted to Kathleen Miller who solved the hitherto insurmountable problem of converting the large cumbersome Excel spreadsheets into concise, legible, print format-ready tables.

For the 2013 survey, requests to participate were emailed to 216 individuals potentially representing over 150 countries. The list was primarily developed from past participants. Ultimately, 60 countries provided sufficient information to be used in the analysis. The number of responses to individual questions from participants ranged from 0 to 205 and a minimum of 32 responses were required for inclusion in the report. Most of the chapters reflect a variable number of responses from the 72 respondents representing the 60 countries. Although the total number of respondents that logged onto the website was comparable to the response noted in the 2010 survey, the 60 countries included this year is less than the 105 noted in 2010 but consistent with the 59 national participants in 2007. However, response rates for some topics, such as insurance coverage, were more extensive for this

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S.J.O. has nothing to disclose. P.D. has nothing to disclose. M.B. has nothing to disclose. P.B. has nothing to disclose. J.B. has nothing to disclose. M.F. has nothing to disclose. M.H. has nothing to disclose. K.N. has nothing to disclose. H.P. has nothing to disclose. P.L.R. has nothing to disclose. E.S. has nothing to disclose.

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year's iteration. A top priority for the next version will be to secure broader international involvement.

Surveillance offers a snapshot of international in vitro fertilization (IVF) applications as they existed in the fall of 2012. The document attests to the consistencies in practice around the world and highlights local differences that reflect cultural and other preferences. The data compiled herein reflects the understanding of one or two well-informed individuals in each respondent nation of the status of assisted reproductive technology (ART) within their country. As such, there are intrinsic potential errors of omission and commission inherent in the methodology of collection.

Trends noted in Surveillance 2013 include a more modest growth in the number of new IVF facilities over previous intervals. Although considerable variation in approaches to safety and quality control is noted among countries there appears to be a consistent overall trend towards broader access to reproductive services with more safeguards for the stakeholders. Over three quarters of the respondents for this survey felt that laws and guidelines enacted over the past three years have had a salutary effect on the practice of ART.

## CONCLUSIONS

Surveillance 2013 reflects the international maturation of IVF as a clinical practice. The results here suggest a more incremental growth of the number of IVF clinics and perhaps the number of IVF cycles being performed. Although there have been isolated episodes of resistance to ART such as in Costa Rica, there appears to be broader acceptance of the legitimacy and effectiveness of ART and it is performed or permitted in

all countries surveyed. Most countries have experienced increased access to ART services and increasingly participants are concerned that it be provided in a safe and fair manner. Increased surveillance of labs and stronger sanctions for violations were noted by this year's respondents. More clinics worldwide are further restricting the number of embryos transferred. There appears to have been little change in the evolution of statutes or guidelines to address the welfare of the child over the past three years.

IVF is generally practiced with broad social tolerance and a trend was noted towards greater inclusiveness and disclosure in dealing with issues such as anonymity with donor gametes. While there are significant differences in various countries approaches to application of donor gamete therapy, probably culturally determined, there appears to be wider consensus about more ethically contentious issues such as gender selection which is practiced in a minority of countries sampled and reproductive cloning which is almost universally shunned. Experimentation on the embryo is permitted in relatively few countries.

There has been enthusiastic acceptance and utilization of newer technologies. Preimplantation genetic diagnosis is performed more commonly and there is renewed interest in preimplantation genetic screening. Newer practices such as in vitro maturation and fertility preservation options for oncology patients such as sperm, oocyte and embryo cryopreservation are being introduced in a number of centers.

The entire International Federation of Fertility Societies Surveillance 2013 document is available online at: <http://www.iffs-reproduction.org/?page=Surveillance>.