

Fertility Tourism Survey 2020

A study exploring the rational of fertility tourism written by:

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FertilityClinicsAbroad.com

In association with:

Fertility Network UK

EggDonationFriends.com

WhereIVF.com

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1. EXECUTIVE SUMMARY

1.1 Introduction

The International Fertility Company is an online platform which offers information, help and practical assistance to anyone considering travelling for fertility treatment. Based in the U.K. and U.S. it promotes and shares information on clinics, clinicians, products and support.

Fertility Network UK is a registered charity that provides essential support services to couples that struggle to conceive.

Egg Donation Friends, whereivf.com, Fertility Clinics Abroad are part of the IVF Media network, online portals which provide information to patients seeking fertility treatments across the globe.

This report looks at the drivers behind fertility tourism; patient expectation and helps to identify the additional resources patients would like to see in future provision.

Presently, there appears to be very little substantive work on the numbers of fertility patients who travel for treatment and a similar lack of work around what motivates patients to travel. Throughout this survey report we will draw comparisons where relevant to a report undertaken by Fertility Clinics Abroad and Fertility Network UK in 2017 – ‘Understanding the Drivers Behind Fertility Tourism in the UK’. Whilst the 2017 report is restricted to UK patients it does provide us with a benchmark from which to compare certain responses.

The 2020 online research project was conducted in the month of May 2020 during the Covid-19 pandemic and against the backdrop of border closures and travel restrictions.

The project received 527 completed respondents; 77% of whom had never previously travelled for fertility treatment. The response rate ensures that this report is one of the largest ever undertaken examining the motivation behind fertility tourism for individuals and couples around the world.

This research comes at a time when there is uncertainty about travel, at least in the short term. Fertility clinics are now beginning to treat patients again after many months of inactivity due to the pandemic. A period which understandably has created more anxiety and frustration for a patient group that already experiences high levels of stress associated with infertility. Return to practice will certainly result in a surge of patients trying to access treatment and therefore this report is timely, signposting why someone would travel; the service they demand and the response treatment providers should offer.

We hope this report will act as a catalyst for improving choice, standards and best practice for all those patients who are seeking to travel.

1.2 The 2020 Survey in context

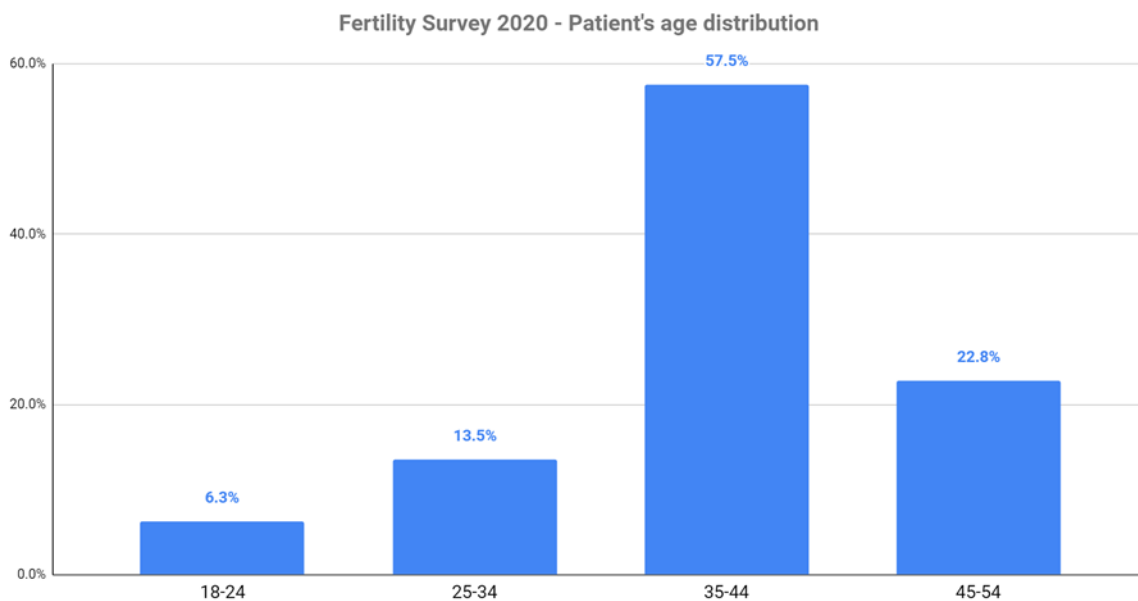
A total of 527 anonymous online survey forms were completed and returned.

88% of respondents were women.

The age breakdown of respondents was as follows;

| | |
|---------|-----|
| 18 – 24 | 7% |
| 25 – 34 | 13% |
| 35 – 44 | 57% |
| 45+ | 23% |

Interestingly this age breakdown is roughly in line with feedback from clinics who treat international patients which suggests that fertility travel is most prevalent amongst the 35 – 44 age group.



The survey was promoted on websites and digital platforms predominantly written in English. We assumed therefore that the majority of respondents would be based in the UK. Whilst this was the case, it was only just the case as the breakdown below shows.

| | |
|----------|-----|
| England | 41% |
| Wales | 7% |
| Scotland | 5% |
| Northern | 3% |
| Other | 44% |

97% of all respondents indicated that they were currently seeking to travel for treatment. From this number the following treatment types were identified.

| | |
|------------------------|-----|
| Donor egg treatment | 42% |
| IVF with own eggs | 32% |
| Surrogacy | 10% |
| Donor embryo treatment | 7% |
| Sperm donation | 6% |

1.3 Why Travel

In the 2017 report cost was king for the majority of respondents – nearly 70% of them indicating that cheaper prices abroad were driving them to consider fertility travel. Whilst cost remained an important driver for younger respondents in 2020 it became less so with older patients who were more concerned about the availability of donors, wider treatment options, success rates and feedback from patients who had previously travelled.

The law in the UK regarding around releasing a sperm, egg or embryo donor’s personal information to people conceived from their donation changed in 2005. From that date anyone having being conceived from a donation in a UK clinic could find out specific information regarding the donor at the age of 16 and 18. Whilst there are still countries that offer ‘anonymous’ donor treatment many others have adopted the stance taken by the UK.

This split between anonymous and non-anonymous donor treatment has historically led some fertility clinics to base their marketing strategies around the provision of non-anonymity assuming that for many patients the offer of a ‘unidentifiable’ donor would be a major driver in their decision to travel.

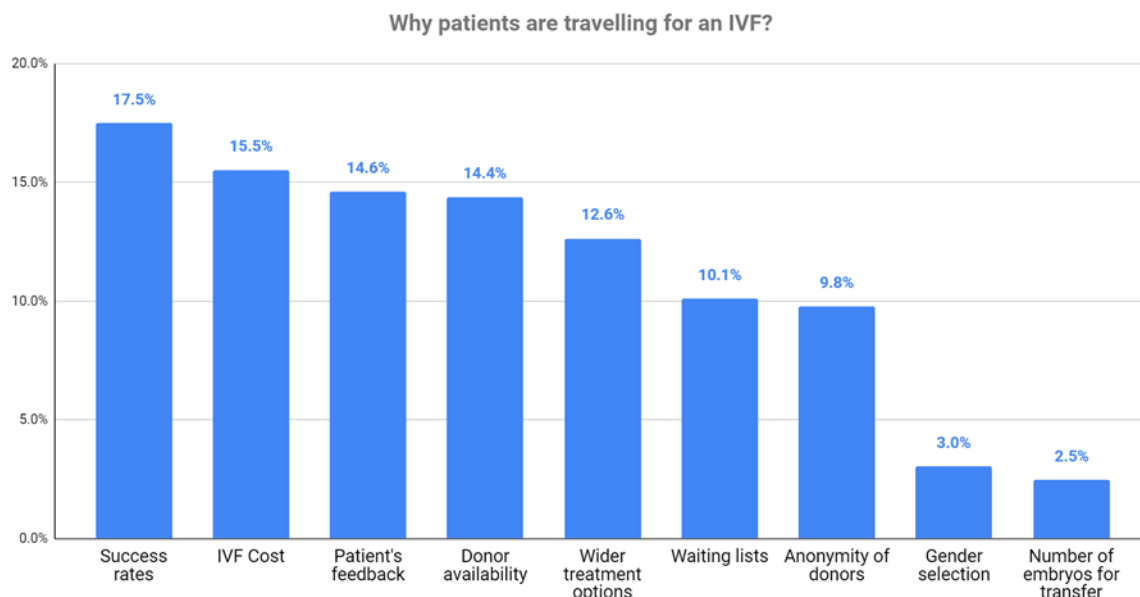
The results from this survey seem to question this assumption with anonymity not being an issue at all for 18 – 24-year olds and only a slight interest amongst 25 – 34-year olds. Even amongst older patients the issue of anonymity is less important than waiting lists, success rates, treatment availability and patient feedback.

This is important feedback and something that might have an impact on the way international clinics devise marketing strategies in the future. Access to such things as DNA home testing kits and similar mean that ‘unidentifiable’ donors may not always be so. Clinics looking to encourage international patients may well have to reassess the emphasis they place on anonymity as one of their pull drivers and identify other drivers which have more impact on patients segmented by age, country location or required treatment.

Respondents were given an opportunity to identify the most important reasons why they would travel. The following reasons were given by age.

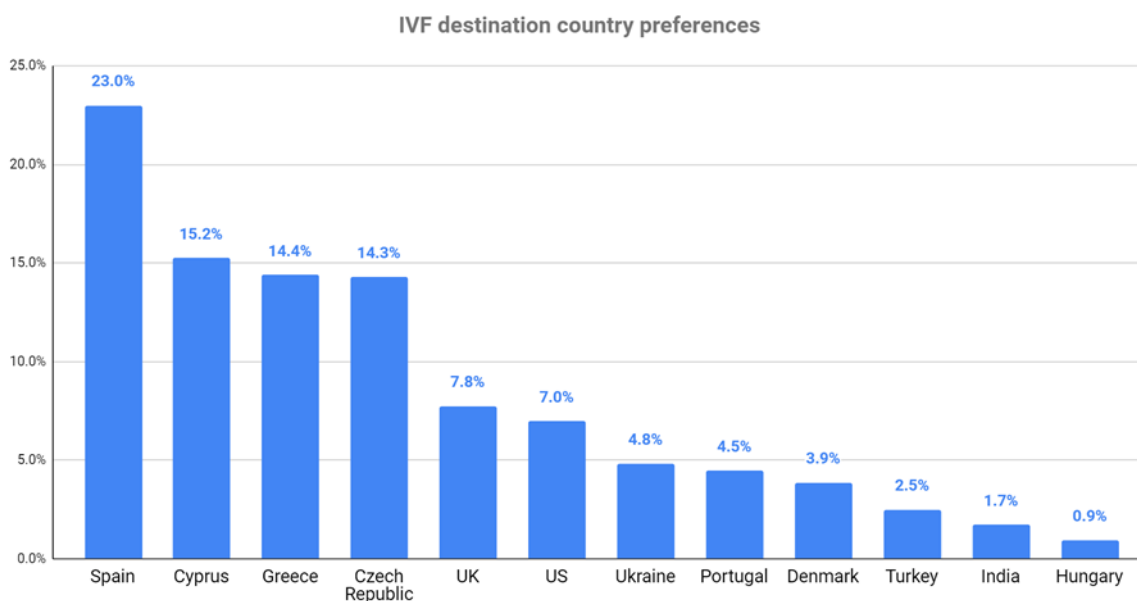
- 18 – 24:** 74% of those who answered the question identified cost as the main driver behind their decision to travel alongside the absence of waiting lists which was flagged by 20% of respondents.
- 25 – 34:** Cost was still a major factor with this age group with 25% of those who answered the question stating it was their main consideration. The availability of donors and treatment (12% and 14% respectively) were important but access to anonymous donors only accounted for 14% of responses.
- 35-44:** We begin to see a change in emphasis when we consider this age group and their responses. Whilst cost and anonymity were a consideration attracting 11% and 10% of responses respectively the main reasons for travel were the success rates advertised by clinics (20%), feedback from patients (19%) and the wider availability of donors (16%) offered by international clinics.
- 45+:** Interestingly, results from the group representing patients over 45 roughly mirrored those from the 35 – 44 age group. Cost and anonymity attracted 13% and 9% of responses respectively whilst success rates advertised by clinics (16%) was the main consideration followed by donor availability (14%), treatment options (13%) and feedback from patients (13%).

The survey indicates that patients of different ages do have different drivers for travel. As we get older cost becomes less important than waiting lists, treatment availability and success rates. It would suggest that those clinics seeking to encourage international patients should develop different marketing strategies for different ages and within those ages and pay particular attention to the specific reasons why these patients travel.



The 2020 Survey showed a marked difference in country choice with respondents identifying 12 countries they would consider travelling to. Spain remains the number one country of choice with 23% of patients saying they wanted to visit the country; 15% of patients preferred Cyprus and 14% routed for both Greece and the Czech Republic.

The Ukraine and the United States accounted for a collective 12% of respondents due to the wider availability of commercial surrogacy and almost 8% of patients identified the UK as the place to visit for treatment due to the high regulatory framework surrounding fertility treatment and very good success rates.



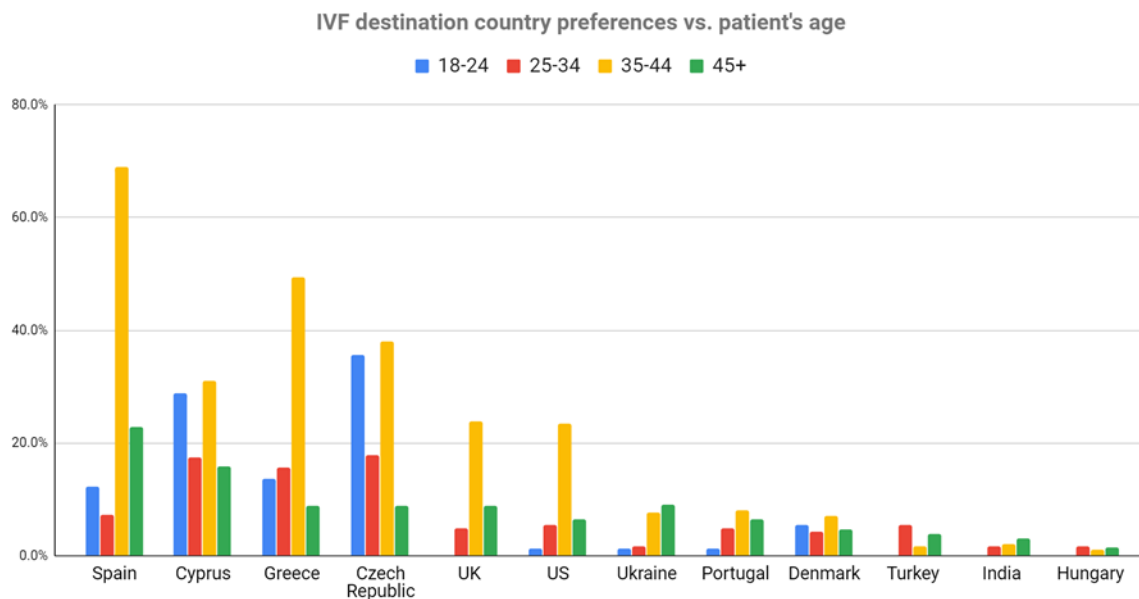
Other countries mentioned by patients included India, Malaysia, Canada, Portugal, Turkey and Denmark – further indication of the global nature of the fertility tourism industry.

The picture becomes very interesting when we drill down into the different age groups and ask them which countries they wish to travel to.

Amongst the 18 – 24 and 25 – 34 age groups an overwhelming 79% of patients identified the Czech Republic, Greece and Cyprus as their ideal destination whilst only 32% of the over 45 chose the same three countries.

One in three of the 35 – 44 age group chose Spain as their ideal destination and one in four of those aged 45 and above. This compares to only one in six from the 25 – 34 age group.

Over 90% of those wanting to travel to the U.K., U.S. or Ukraine were in the 35 – 44 and over 45-year groups.



One reason for the differences in country choice stems from the motivation for travel. Younger patients would seem attracted to countries where treatment is cheaper whilst older patients tend to choose the more established destinations such as Spain and the U.K. where they perceive treatment quality to be higher and are not so concerned about cost.

There is also a correlation between age and those who chose the U.S. and Ukraine as destination with 98% of patients being aged over 34.

1.4 How much?

The 2017 report concluded that the vast majority of patients were willing to pay between £1000 and £5000 for their treatment.

By 2020 patient expectation regarding costs has changed dramatically. 51% of respondents now assume that once all costs have been taken into consideration, they would expect to pay over £5,000 for a single treatment.

This percentage may have been influenced by the 10% of respondents who were seeking commercial surrogacy and were consequently prepared to spend an awful lot more on treatment but it still represents a large number of people who recognise the cost implications of fertility treatment.

The survey shows the extent to which people are prepared to fund treatment with around 70% of those questioned prepared to use their life savings. Other popular ways to fund treatment were to ask for help from family and friends (favoured by 60% of 18 – 24 year olds); securing banks loans (favoured by one in four 25 – 34 year olds); and online requests for financial help such as Crowd Funding favoured by almost 12% of all respondents. Re-mortgaging properties was a less popular route to covering treatment costs with only 5% of respondents.

1.5 Why wouldn't you?

Assuming respondents have accepted the costs involved in accessing fertility treatment and travelling to their preferred destination what else would affect their decision to choose a treatment provider outside their home country?

Once again responses varied dramatically by age.

The 18 - 24-year-old group overwhelmingly cited perceived language difficulties (48%) and being away from family and friends (27%) as potential barriers to accessing treatment abroad.

Anxiety about communication dropped to 6% in the over 45 group and 10% in the 35 – 44 group who both identified the level of regulation being the crucial determinant of travel choice.

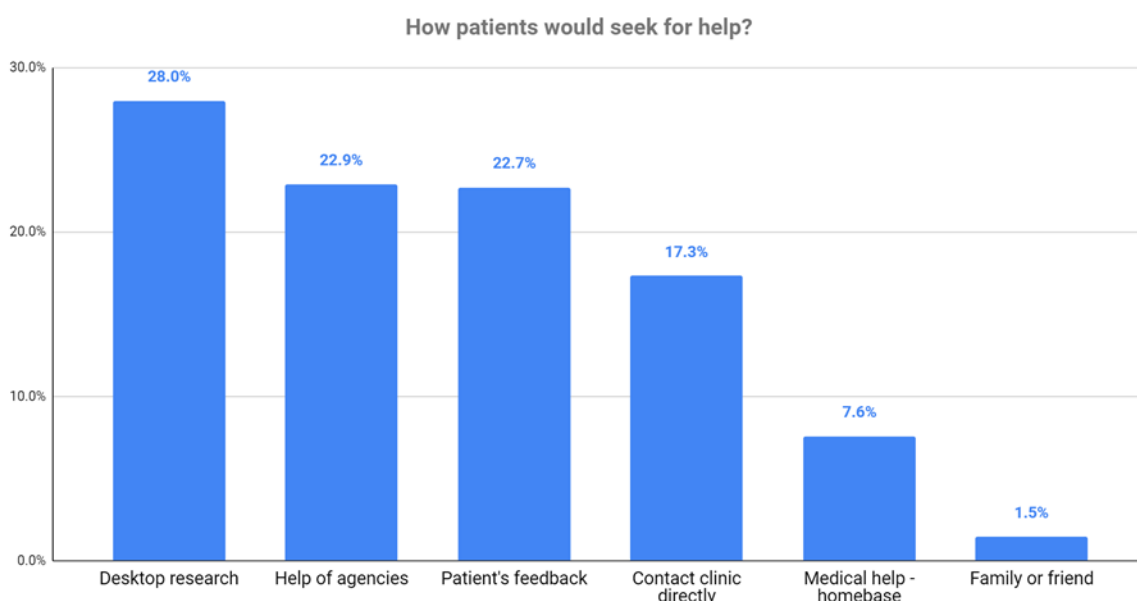
Interestingly only 4% of respondents said they would be put off travelling by hearing individual horror stories online.

1.6 Where & How would you seek help?

According to the survey the fertility patient is becoming ever more resourceful, using a combination of methods to assess their treatment options. Only 17% of those questioned would contact a clinic directly in the first instance with the majority relying on self-guided research or peer review.

The 18 – 24 and 25 – 34 groups are least likely to contact a clinic directly with over 50% stating they would carry out desk top research and seek the opinion of those who had already travelled for treatment.

Only 8% of these groups would seek the initial help of a medical professional.



The picture once again changes for the older groups that were questioned. Patients over 35 were more likely to seek the help of third-party agencies such as the International Fertility Company (65%) or contact clinics directly (75%).

When it comes to travel 21% of patients said they would be happy to make arrangements themselves, but the vast majority would seek the help of the treatment provider or specialist IVF travel company (79%).

Despite respondent's readiness to use diverse means to gain information on treatment options and clinics an astounding 88% said they wanted more information to be made available.

Where would patients like this additional information to come from? We ranked the most popular sources of help identified by patients.

Online consultations

Online 'walk throughs' of clinic facilities / meet the staff

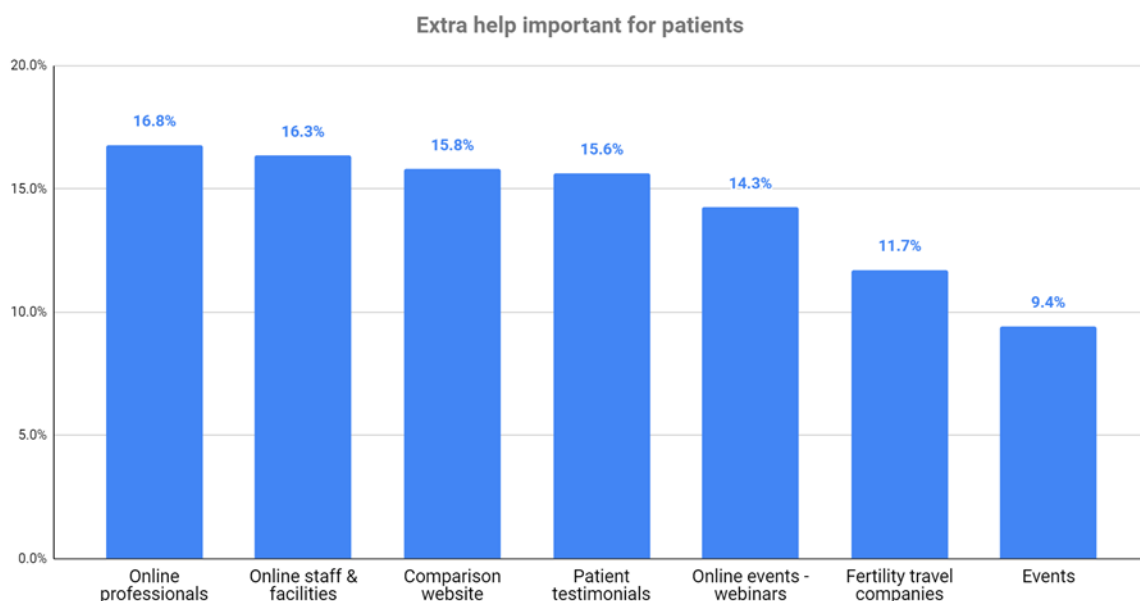
Clinic comparison websites

More patient testimonials

More face to face (small scale) events

More dedicated fertility travel companies

It will be interesting to undertake a further study to see if the apparent hunger for online help is a symptom of the current pandemic the world is facing at the time of writing or whether there is a general trend away from physical interaction.



Patients were encouraged to comment on a range of suggestions and indicate their preference by choosing as many options as they saw fit. This section of the survey was particularly well received with participants choosing over 2,500 options.

From this we ranked the most popular suggestions.

Pre travel tests in the patient's own country

Meet the clinic events in the patient's own country

Complementary therapies whilst at clinic

Wellness packages combining treatment and spa like treatments

Counselling and support whilst at clinic

Pre travel counselling

Post travel counselling

Pre travel tests in the patient's own country was a deal breaker for all those patients who completed the survey and it was the most popular form of help identified by all age groups.

A dedicated home-based service prior to travel would be welcomed by the vast majority of those who travel. Many personal comments received during the survey period indicated a 'wrap around' service that combined home and away based support would encourage a greater uptake in the number of patients who would travel. Comments included.

"There is only so much we can or want to do as a couple. We want to do our own research to a point but it would be great to be interact online with different clinics, speak to the doctors, see the facilities and then meet in person with our short list"

"We like the idea of having all our tests at home to cut down on the time spent away"

The other element that patients indicated would make the fertility tourism experience that much better would be the introduction of wellness activities. Patient's want to 'de-medicalise' the experience by making the clinic visit as natural and relaxing as possible;

"I want to enjoy the whole experience. I don't want to go to a clinic, be treated like a number and be sent home. I want to combine treatment with therapy and be able to enjoy myself. I want to go to a beautiful country and feel beautiful"

“We went to Greece and had the total spa experience – we didn’t get our baby but we will go again. They made us feel so special”

“I forgot I was there for a medical procedure – it felt natural”

Finally, patients want support when they get home too;

“The last time we left an international clinic we felt a bit lost. We had our treatment which turned out to be successful by the way but it would have been nice if the clinic had referred us to a home-based partner who we could keep in touch with”

1.7 Conclusion

The overriding conclusion from the research is that there remains a significant appetite for fertility travel - over 97% of respondents saying they are actively considering it.

Cost does not appear to be the most important driver for all travellers with the possible exception of younger patients who do not have comparable access to funds than their older counterparts.

Surprisingly, the provision of anonymous donors is also not the main determinant for the fertility traveller – although important for some. The availability of donors; the option of different treatments and feedback from patients who have returned from treatment are however significant drivers for people.

Setting aside travel restrictions due to the Covid-19 pandemic travel had become easier and cheaper. As a result, more fertility clinics were opening in diverse locations and the fertility tourist was really spoiled for choice. Countries that have traditionally done well in treating international patients continue to do so – Spain, Greece and Cyprus remain popular but new markets such as the Czech Republic and Ukraine are increasing in popularity.

Efficient and reliable regulatory frameworks are also key drivers for patients and this is a reason for patients seeking treatments in countries like the United States and the United Kingdom. Visitors to treatment providers in these countries are not necessarily driven by price but by the reassurance and perception that they will receive high quality regulated treatment which is delivered professionally.

There are no guarantees in fertility. Successful treatment depends on multiple factors and is delivered by well trained, experienced professionals who use the most advanced scientific techniques to help patients.

It is consequently not cheap. This survey demonstrates that amongst those who travel for treatment there is an acceptance that most treatments will exceed £5,000. Many who can, will self-fund via savings, bank loans and help from friends and family. For those that cannot, crowd funding, re-mortgaging and credit card payments are used.

There is not a generic fertility tourist. Each has a different portfolio of needs, requirements, expectations, doubts and anxieties and needs to be treated as an individual. This survey indicates that the younger patient tends to be more anxious about perceived difficulties like language issues whereas the older patient tends to be more concerned about the legal and statutory framework in which the clinic works.

Similarly, the older patient is more inclined to use the services of a third party to help with finding a clinic, communicating with clinics staff as well as travel and accommodation arrangements.

Some will want digital and virtual contact; others are looking for physical interactions with clinics; some will travel and remain at the clinic for the shortest time possible; others are looking for a longer 'spa like' experience.

Why would you travel is a question we will continue to ask patients. For some it is difficult to comprehend why someone would travel hundreds or even thousands of miles for a medical procedure. For many however it is an option.

We hope this survey has cast some light on what patients are looking for in their fertility journey and will be helpful to those who follow and are considering travelling.

This survey is also for clinics. It is hoped that treatment providers find value in what their consumers are saying.

Clinics who help international patients work hard. They recognise that they are not necessarily the cheapest option and people begin treatment for all kinds of reasons. They invest heavily in marketing; create spaces and teams that are multi-lingual and promise 24/7 personal care.

It is hoped that this survey will further assist those clinics who already receive international patients by helping them develop future services which are, in part, shaped by patients themselves.

It will also be of interest to those clinics who only serve domestic patients. Fertility tourism is evolving and there is no reason for it not to continue to grow post Covid-19 – a good clinic is a good clinic and is recognised as so by increasingly well read and researched patients. As more countries receive larger numbers of international patients' clinics will do well to recognise, encourage and welcome the fertility traveller. Their business may depend on it.