Executive Summary

Within the scope of its duties and powers, the Portuguese Health Regulatory Authority (ERS) has carried out several regulatory interventions in the field of Medically Assisted Reproduction (MAR), which have identified constraints in access to the first hospital fertility support consultation (CAF), particularly with regard to referral criteria, compliance with Guaranteed Maximum Response Times (TMRG), timely and adequate access to 1st and 2nd line MAR techniques, and also the existence of constraints related to the criteria for access to public funding defined by the Central Administration of the Health System (ACSS).

In this context, on 16 May 2024, the Board of Directors of ERS determined the opening of a monitoring process, registered internally under No. PMT/004/2024, within which this study is included, with the aim of monitoring access to MAR techniques, characterising the public and private offer and analysing the evolution of the activity carried out by the authorised centres delivering these techniques.

Thus, this study aims to promote the legal framework applicable to Assisted Reproductive Technology (ART) and users' rights in accessing such healthcare services, and to analyse the procedures implemented in National Health Service (NHS) establishments to guarantee access to these techniques. It also aims to characterise the public and private provision of ART care, evaluate access to this type of care, and analyse the evolution of the activity of ART healthcare providers between 2021 and 2024.

According to the data collected, it was possible to conclude that in mainland Portugal, in 2024, there were nine public centres and seventeen private centres authorized to provide ART techniques. The NUTS II region of the North had the highest number of ART centres, both public and private, contrasting with the NUTS II regions of the West and Tagus Valley and Alentejo, which had neither public nor private offerings.

In 2024, there was a 20.5% increase in the number of first consultations carried out in the NHS compared to 2023, with a median waiting time for a first

consultation of 142 days and a TMRG non-compliance rate of 68.5%, corresponding to a reduction of 26 days and 13.5 percentage points (p.p.), respectively, compared to the previous year.

On the other hand, there has been a consistent increase in the number of users on the waiting list for a first consultation (CAF) since 2021. Of the users who were waiting for their first fertility support consultation at the end of 2024, 43.0% had already exceeded the applicable TMRG.

The increase in the number of initial fertility support consultations was accompanied by an increase in the total number of first-line techniques performed in public ART centres, with the sole exception being in 2023, due to the decrease in intrauterine artificial insemination (IUI) that has been recorded over the last four years.

As for second-line ART techniques, between 2021 and 2024 there was an increase of approximately 30.6% in the number of techniques performed, with only a reduction in the number of *in vitro* fertilization (IVF) procedures recorded in 2024.

Hospital units located in the NUTS II regions of the North and Centre performed the highest number of ART techniques (48.7% and 25.2%, respectively). This result contrasts with that obtained in the analysis of first consultations, which led to the conclusion that the NUTS II region of Greater Lisbon had the second highest volume of first consultations performed between 2021 and 2024.

Regarding the waiting time for access to ART techniques, it should be noted that it was only possible to assess waiting times for a small sample of users (23.7%), due to limitations of the computer systems in use in hospitals, which do not allow for the complete and reliable collection of data on waiting times for all techniques.

The data analysed showed that second-line ART techniques have longer median waiting times than first-line ART techniques, which may be justified by the greater complexity associated with these techniques. Specifically, waiting times for access to IVF and Intracytoplasmic Sperm Injection (ICSI) were longer than one year, while the waiting time for access to AI was 163 days and for Ovulation

Induction (OI) 204 days. At the regional level, the NUTS II regions of the Setúbal Peninsula and Greater Lisbon had the highest median waiting times for the period analysed.

On the other hand, private centres also showed an increase in the number of cycles performed, justified by the increase in the number of IVF/ICSI procedures, since AI procedures also decreased. The activity conducted by private centres located in the NUTS II region of Greater Lisbon accounted for 54.1% of all ART activity carried out by the private sector.

In conducting this study, several requests for institutional cooperation were made, namely to the National Council for Medically Assisted Procreation (CNPMA), which, in response to the request, highlighted the urgent need for investment in human resources, infrastructure, equipment, and information systems, reinforcing the recommendations contained in the report on expanding public programs for access to ART and promoting donations to the Public Gamete Bank (BPG).