

PROBLEMS TODAY

1. Too few women are offered treatment
2. The infertility treatment starts too late
3. Best in class IVF treatment is not available

SOLUTION

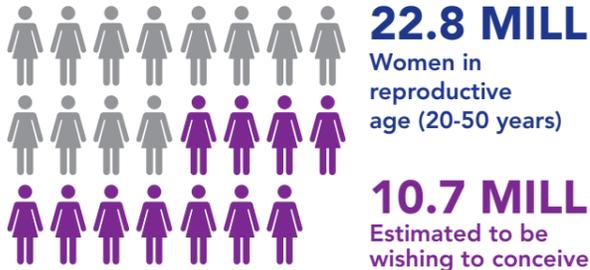
- ✓ Introduce best in class treatment to increase the birth rates
- ✓ Triple the IVF treatment capacity

POTENTIAL OUTCOME



ADDING 7 MILLION BABIES BY 2043

1. TOO FEW WOMEN ARE TREATED



Treatment offered today



Treatment NOT offered today



Total need of ART



2. IVF TREATMENT STARTS TOO LATE

Japan JSOG & US SART Data 2015	Age	< 35	35-37	38-40	41-42	> 42	Total
Number of transfers Japan		57.977	50.960	63.308	38.498	31.006	= 241.749
Live births per transfer Japan		31.8%	26.9%	19.0%	10.5%	4.2%	= 20.0%
Live birth rate per transfer US		45.8%	38.4%	29.1%	18.2%	9.4%	= 37.6%

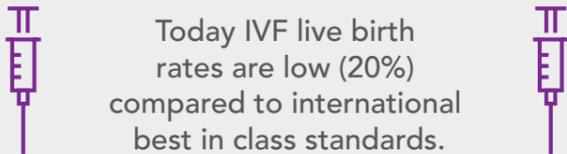
TOO FEW WOMEN ARE TREATED WITH IVF

0.4 mill women treated today



3. ACCESS TO OPTIMAL STANDARD IVF TREATMENT IS NOT AVAILABLE

IMPROVE TREATMENT



EFFECTIVENESS CAN BE IMPROVED BY:

- Including ideal stimulation
- Giving access to pre-implantation genetic screening (PGS & PGD)
- Allowing egg donation (older women)
- Considering sperm donation programs

EFFICIENCY GAP IN IVF TREATMENT OFFERED

Improving the effectiveness of treatment aiming for SART rates will almost **double birth rates!**



IVF SUCCESS RATE



Based on SART data 2014/15

SOLUTION AND OUTCOME

PROVIDE ACCESS TO BEST IN CLASS IVF TREATMENT

US STANDARD Success rate:

37.6%

RE-ALLOCATE AND EXPAND TREATMENT CAPACITY

- Start treatment earlier
- Treat broader target group
- Re-allocate treatment from IUI to IVF and increase number of treated patients

IVF OUTCOME SCENARIO

IVF X 3
(800.000 treatments)

=

300.000
live births per year

(SIX-FOLD INCREASE IN OUTCOMES)



GOVERNMENT CALL FOR ACTION

PROVIDE GOVERNMENT OVERSIGHT AND TRANSPARENCY FOR PATIENTS

- Outline who to treat when
- Regulate processes including equipment and consumables
- Introduce system of accreditation of clinics and individuals
- Drive quality by publishing data for individual IVF clinics

