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Cross-border assisted reproduction care in Asia: implications for access, equity and regulations

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Abstract: *This paper gives an overview of the global commercialised market in assisted reproduction treatment in low-resource countries in Asia and raises concerns about access and equity, the potential commercial exploitation of the bodies of subaltern women to service the demand for donated ova and surrogate pregnancy, and the need for protections through regulations. A lack of systematic data about cross-border reproductive care is a significant obstacle to debate and policy intervention. Little is known about the extent, experience or conditions of cross-border reproductive care outside of Europe and the United States. Further research is needed in Asia on the local effects of this trade upon local health systems, couples seeking care, and those women whose body tissues and nurturing capacities facilitate it. More attention needs to be paid to the provision of publicly funded reproductive health services to address the inequitable distribution of treatment and to investigate means to regulate this trade by governments, international NGOs, professional organisations and civil society groups in developing countries. The global trade in assisted reproduction challenges us to balance the rights of individuals to pursue health care across national borders with the rights of those providing services to meet their needs, especially vulnerable groups in situations of economic disparity.* ©2011 Reproductive Health Matters. All rights reserved.

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THE last decade has seen a rapid expansion of international cross-border trade in medical services, chiefly providing care for mobile patients who have the personal resources to travel. In the past, medical travel was associated with travel to wealthy nations for specialised health care unavailable elsewhere, but now it has expanded to include travel by wealthy patients to developing countries. Trade in medical services to foreigners is promoted as a new export opportunity for developing economies to generate foreign revenue, investment capital and tax revenue.[1] It was estimated to be worth US$60 billion in 2008 and is expected to grow to US$100 billion by 2020.[2]

The growth of this market has become intertwined with the trade policies of many countries as an economic strategy for developing economies, linked into the overall trade in services ratified under the General Agreement on Trade in Services (GATS) (1995) governed by the World Trade Organization (WTO).[3] Economic pressures such as the Asian economic crisis of 1997 have encouraged governments in a number of low-resource countries to find additional sources of revenue and resources to sustain health service provision in their own countries. The trade is facilitated by the growth of private corporate hospitals, the ease of international travel and global communication, and the increasing portability of health insurance.

One category of this trade involves the movement by patients across international borders to undertake assisted reproduction treatments and

surgery. It was first described by Knoppers and LeBris in 1991 as "procreative tourism" to describe patients exercising "their personal reproductive choices in other less restrictive states".[4] This includes travel for IVF (in vitro fertilisation), ICSI (intracytoplasmic sperm injection) and associated procedures, such as PGD (pre-implantation genetic diagnosis), gamete and embryo donation and surrogate pregnancy. Throughout this paper, I use the term cross-border reproductive care consistent with the standardised definition proposed by the European Society of Human Reproduction and Embryology (ESHRE),[5] rather than "reproductive tourism" or "infertility tourism"[6,7] to avoid an association with touristic activities.[8]

In this paper, I give an overview of three issues arising from cross-border reproductive care in low-resource settings in Asia. In it, I am particularly referring to the movement of women and men from developed economies to employ the services of private medicine and doctors – and in some cases the bodies of poorer women – in developing countries to pursue their reproductive goals. Some of the concerns raised in this paper may also be applied to cross-border travel for reproductive care between two high-income economies, or to the regional movement of couples within Asia to obtain services or expertise not available in their home countries. However, I argue that cross-border trade involving patients from high-income countries in Europe, the United States or Australia to low-income countries in Asia, raises particular concerns about its effects on access and equity, in the context of the ongoing discussion of the effects of the commercialisation and privatisation of reproductive health services in this journal.

Petchesky[9] has argued that neo-liberal, market-oriented approaches to delivering reproductive health services are failing to deliver real progress in addressing the reproductive and sexual health needs of the majority, and that the lack of public accountability within the "free market" endangers standards of quality, access and the protection of human rights. In this paper, I suggest that the development of cross-border reproductive care in Asia for export diverts resources and personnel towards those able to mobilise the financial resources to travel, while the majority of infertile couples continue to have little or no access to treatments. The second issue that this paper examines is the potential for the exploitation of subaltern women in Asia to service the demand for gametes and surrogacy within the global reproductive trade. Finally, I summarise the prospects for regulation of this trade.

This overview is informed by work completed for a broader anthropological study of the use of assisted reproductive technologies in Thailand across seven months' fieldwork in 2007–2008. The broader study involved interviews and observations in three private clinics and two public infertility clinics, and interviews with 31 patients and staff, which included six foreign patients/couples who had travelled to Thailand.[8]

Recent trends in reproductive medical travel

Although no accurate statistics on the numbers of patients travelling cross-border for reproductive care exist, particularly in developing countries,[10] survey evidence suggests the market is growing. In 2010 approximately 6% of Canadian IVF patients went to the United States for treatment, 80% of them for anonymous donor eggs, while 4% of IVF patients in the United States were from other countries.[11] In Europe, major hubs for assisted reproduction treatment include Spain, Belgium, Cyprus, and the Czech Republic. A 2010 European Society of Human Reproduction and Embryology (ESHRE) survey of 44 clinics in six European countries estimated that 11,000–14,000 patients sought treatment in other European countries annually.[5] Jordan, Israel and South Africa are important hubs in the Middle East and Africa.

In Asia, India and Thailand are major hubs for international assisted reproductive care, and as such are the focus of this paper, although Singapore, Malaysia and South Korea are increasingly important as destinations, especially for regional patients. These services have usually evolved through a combination of sophisticated medical infrastructure and expertise, particular regulatory frameworks (or the lack of them), and lower wage structures, which allow for lower, competitive costs. In addition, good tourist infrastructure and visa requirements, government policies supportive of medical travel in general, and the availability of translators, religious affiliation (for example Muslim patients may prefer to travel to Malaysia for care) all play important roles in determining the popularity of these sites.[12]