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A scoping review of publicly-funded services for donor-assisted human reproduction in selected countries

Plain Language Summary

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Donor-assisted human reproduction (DAHR) involves having a baby with help from someone who donates sperm, eggs, or embryos (donor materials). In some countries, if you need DAHR treatment, this is provided free of charge by the government (publicly funded). This report describes publicly-funded services for DAHR in 10 countries: Australia, Denmark, England, France, Germany, Northern Ireland, Portugal, Scotland, Sweden and Wales. Surrogacy, where a woman or birthing person (the surrogate) carries and gives birth to a baby for someone else, is not included within this report.

This report found that DAHR treatments which involve placing sperm into the womb (called 'IUI') or creating embryos in a lab (called 'IVF' or 'ICSI'), using donor eggs, sperm or both, are at least partly funded by the government in nine of the selected countries. Germany does not publicly fund any DAHR treatments. The rules for who can access DAHR treatments are often the same as the rules for who can access other fertility treatments. Each country has different rules about funding the use of donor eggs, sperm, and or embryos. Usually the treating healthcare professional decides who to treat and the DAHR treatment that is provided. Some situations where donor materials might be used include:

- in couples, if there is a risk of passing a genetic disease to a child, or if someone in the couple is infertile
- in same-sex couples
- in single people.

We found that most DAHR treatments are fully paid for by public healthcare or national health insurance systems in two countries. However, in seven countries people still pay some of the cost. For example, patients pay for some treatment costs in Australia, some medication costs in Denmark and Portugal, and for donor sperm in some parts of England. In 9 of the 10 countries, access to DAHR services is through the person's family doctor or consultant.

Donor materials mainly come from licensed fertility clinics or regulated sperm or egg banks. Often, donor materials come from other countries if that is approved by the relevant authorities. In Denmark, France, and Sweden, when unknown donors are used, the doctor is responsible for assigning donor materials to the person receiving treatment. Decisions on accessing and destroying donor materials are guided by national laws and ethical rules, and often depend on consent, changes in personal circumstances (such as the breaking up of a couple undergoing treatment) and how long materials can be stored.

In most of the countries, the national government, or department of health has overall responsibility for DAHR services. In some countries, there are laws that say how many times a donor can donate, how many children can be born from their donations, or how many families can have children using their donor materials. It ranges from an egg donor being

allowed to donate four times in their lifetime in Portugal, to a sperm donor being allowed to donate to 12 families in Denmark.

Many countries considered the principles that guide decision-making and behaviour around DAHR treatment. This includes making sure the person receiving treatment has enough information to understand and agree to treatment and explaining that DAHR does not guarantee the ability to get pregnant. These principles also focused on fair access to DAHR treatment and that ensuring that people conceived using donor material have the right to know where they came from.

This report describes publicly-funded services for DAHR in 10 selected countries. The findings of this report will inform the consideration of and development of a policy for DAHR services in Ireland.

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