Promoting Women's Health and Building a Fertility-Friendly Society

Merck KGaA, Germany

Executive Summary

The global landscape of women's health and fertility support is undergoing a strategic transformation, shifting from mere medical interventions to integrated solutions, from disease treatment to preventive care, and from focusing on individual health to optimizing the social environment.

First, the principle of *prevention first* is guiding early intervention in women's health. Internationally, thyroid function screening has been widely incorporated into routine preconception and prenatal care, with many countries lowering screening thresholds to improve early detection rates. Global experience also shows that ovarian reserve assessment has become a recommended health management measure for women over 35.

Second, diversified support systems, such as financial subsidies and commercial insurance, have become key enablers of assisted reproductive services (ARS). Developed countries have enhanced ARS accessibility through public health insurance, private insurance, and corporate benefits.

Third, the international community is working to improve paid maternity and parental leave policies, promote flexible work arrangements, and support corporate fertility-friendly initiatives. Efforts are also being made to eliminate the social stigma surrounding infertility, establish community support networks, and foster a societal consensus that supports childbirth, thereby creating a comprehensive fertility-friendly social environment.

Against the backdrop of profound demographic shifts, China faces multiple challenges, including population decline, declining fertility rates, and increasing health concerns related to female reproduction. These challenges are mainly reflected in two aspects: deficiencies in the women's health management system and imbalances in the development of the assisted reproductive service system.

Thyroid diseases, which are highly prevalent among women, have a significant impact on fertility and pregnancy outcomes. However, public awareness remains low, and thyroid function screening has yet to be systematically integrated into basic healthcare services and routine health checkups. Additionally, the lack of standardized mechanisms for ovarian reserve assessment results in limited

awareness among older reproductive-age women regarding their fertility potential, leading to missed optimal conception windows and exacerbating infertility issues.

Despite the large scale of China's ARS system, it faces three major challenges. First, low patient consultation rates and delayed diagnosis severely affect treatment outcomes. Second, the absence of a national-level quality control framework compromises service quality and patient safety. Third, there is no systematic, multidisciplinary collaboration for fertility preservation in special patient groups, such as those with cancer, causing many to miss critical opportunities for reproductive protection. Although the national policy framework has been continuously refined and ARS has been included in health insurance coverage across most provinces, workplace support for women of reproductive age remains inadequate. Furthermore, persistent public misconceptions and social stigma surrounding infertility contribute to a societal environment that discourages childbirth.

Based on global trends and China's current situation, this report proposes the following policy recommendations:

First, improve the early intervention system for women's health. It is recommended to include thyroid function screening as a basic health management program for reproductive-age women, encourage enterprises and institutions to incorporate thyroid function testing into female employee health checkups, and establish an ovarian reserve assessment and counseling service system to achieve early detection and early intervention, thereby protecting women's reproductive health.

Second, optimize the assisted reproductive service system. It is recommended to establish a national quality control framework for assisted reproduction, improve the tiered diagnosis and referral mechanism, strengthen multidisciplinary collaboration in fertility preservation for special patient groups, enhance treatment success rates, and optimize resource allocation efficiency.

Third, build a diversified fertility support system. It is recommended to improve financial subsidy policies for assisted reproduction, strengthen public education and psychological support for infertility, encourage enterprises to create fertility-friendly workplaces, eliminate barriers to childbirth, and enhance reproductive willingness.

As a global leader in technological innovation, Merck is committed to advancing early intervention in women's health, improving the quality of assisted reproductive services, and leading corporate fertility-friendly practices. Through concrete actions, we support the Chinese government's policy objectives of promoting women's health and building a fertility-friendly society, contributing to

the advancement of women's health and fertility initiatives in China, and supporting the implementation of the Healthy China strategy and long-term demographic balance.

Against the backdrop of profound demographic shifts, the international community has adopted a more systematic and holistic policy approach to women's health and fertility support. Currently, China faces multiple challenges, including population decline, declining fertility rates, and increasing health concerns related to female reproduction. This report examines these issues from two dimensions: women's health and fertility support, aiming to contribute corporate insights to China's efforts in promoting women's health and building a fertility-friendly society.

1. Global Trends and International Experience

The world is undergoing significant demographic transformations, with both developed countries and emerging economies facing declining fertility rates and delayed childbearing. Against this backdrop, international approaches to women's health and fertility support are undergoing systematic changes, leading to three key trends.

1.1 Early Diagnosis and Treatment: International Practices in Early Intervention for Women's Health

1.1.1 International Standards and Practices in Thyroid Health Management

According to the 2023 report by the International Endocrine Society, approximately 8-12% of women worldwide experience some form of thyroid dysfunction during their lifetime, with reproductive-age women being particularly affected. There is broad international medical consensus on the link between thyroid dysfunction, female infertility, increased miscarriage risk, and fetal developmental abnormalities.

Early intervention in thyroid health has become an integral part of women's health management globally. The 2022 clinical guidelines jointly issued by the American Thyroid Association and the Endocrine Society explicitly recommend that all women planning to conceive or already pregnant undergo thyroid function assessments, especially those at high risk due to a family history of thyroid disease, autoimmune disorders, or previous thyroid conditions. The 2023 updated prenatal guidelines from the UK's National Institute for Health and Care Excellence mandate thyroid function evaluation during the first prenatal visit, with regular follow-ups for high-risk women.

Many countries have actively lowered the threshold for thyroid function screening. Canada includes thyroid testing as a basic service under its public healthcare insurance, covering annual checkups for all women of reproductive age. Australia's *Women's Health Program* offers free thyroid function assessments for women over 35. In Germany, occupational health insurance includes thyroid

function testing as a standard checkup item for female employees, with costs jointly covered by employers and health insurance. These measures have significantly improved early detection and intervention rates, providing essential protection for women's reproductive health.

1.1.2 Fertility Assessment and Preservation

With the increasing trend of delayed childbearing, ovarian reserve assessment has become a forefront practice in international reproductive medicine. Israel has introduced the *Fertility Health Program*, incorporating ovarian reserve assessment into its national health insurance, offering regular evaluations for women aged 25-40. Singapore has implemented the Future Family Plan, encouraging women to complete their first ovarian reserve assessment before age 30 and providing personalized fertility planning services.

Globally, multidisciplinary collaboration plays a crucial role in fertility preservation for special patient groups. The 2023 updated guidelines from the European Society for Medical Oncology require oncologists to discuss potential fertility impacts with reproductive-age patients before treatment. The U.S. has established the *Oncofertility Consortium*, which has over 100 affiliated centers worldwide to provide fertility preservation services and long-term follow-up support for cancer patients.

1.2 Institutional Safeguards: International Experience in Reproductive Service System Development

1.2.1 Assisted Reproductive Policies and Regulatory Frameworks

As infertility rates rise globally, governments increasingly prioritize policies and regulations governing assisted reproductive technology (ART), establishing comprehensive legal, regulatory, and ethical oversight systems. The UK's *Human Fertilization and Embryology Act* and France's *Bioethics Law* clearly define ART application boundaries and the rights and responsibilities of stakeholders, providing a stable legal framework for industry development. These countries have established dedicated regulatory bodies, such as the UK's Human Fertilization and Embryology Authority, responsible for policy implementation and industry oversight. Australia's Reproductive Technology Accreditation Committee enforces mandatory accreditation and periodic assessments for all ART centers, while Canada's Assisted Human Reproduction Act imposes strict institutional qualification and technical application regulations. These regulatory frameworks ensure professional standards and safety in service provision. Additionally, ethical oversight mechanisms play a crucial role. The American Society for Reproductive Medicine's Ethics Committee regularly issues guidelines, while New Zealand's Advisory Committee on Assisted Reproductive

Technology provides case-specific ethical reviews. These frameworks balance technological innovation with ethical constraints, ensuring ART practices align with bioethical principles. International experience demonstrates that a well-structured regulatory system is essential for the healthy development of ART services. Such frameworks not only standardize technology applications and ensure safety but also enhance accessibility and equity, offering valuable insights for optimizing China's ART system.

1.2.2 Quality Control Systems to Ensure the Safety and Effectiveness of Assisted Reproductive Services

Quality control in ART is crucial not only for medical safety but also for improving treatment success rates and optimizing resource allocation. Globally, strict quality control frameworks have been established to ensure service safety and effectiveness. In the U.S., the National ART Surveillance System, jointly developed by the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology, standardizes evaluation metrics and publicly reports performance data, fostering industry competition and technological advancement. The European Union's Tissues and Cells Directive sets unified ART quality standards, regulating the entire process from gamete retrieval to embryo transfer.

1.2.3 Subsidy Programs to Support Assisted Reproductive Services

With rising global infertility rates, ART has become a critical fertility support tool. According to the 2024 European Society of Human Reproduction and Embryology Report, over 2.5 million ART cycles are performed annually worldwide, resulting in approximately 600,000 births, representing 1-5% of total live births. Many countries have introduced policies to enhance ART accessibility through financial support mechanisms.

Developed nations widely support ART through public funding and insurance schemes. Israel has the world's most generous public support system, offering unlimited in-vitro fertilization (IVF) cycles until a woman has two children. France's national health insurance covers four IVF cycles and six artificial insemination cycles, providing 100% reimbursement for women under 40. Belgium employs a tiered reimbursement system, adjusting insurance coverage based on patient age and previous treatment history to optimize resource allocation. Corporate subsidies also play an essential role in ART support. The U.S. Fertility Benefits Coalition has encouraged employers to integrate ART into employee health insurance plans. As of 2023, approximately 68% of large U.S. companies offer some form of ART benefits. According to PwC's 2024 Global Employer Survey, large corporations provide an average annual ART subsidy of

$25,000 per employee, with tech giants like Google and Apple offering up to $75,000. International experience highlights that a comprehensive ART subsidy framework, combining public insurance, corporate benefits, and innovative payment models, can significantly enhance service accessibility. This approach offers valuable lessons for China's ART policy development.

1.3 Social Environment: Global Trends in Building a Comprehensive Fertility-Friendly Society

1.3.1 Optimizing Workplace Policies to Support Women in Balancing Work and Parenthood

Developed countries increasingly recognize that creating a workplace environment that supports women in balancing work and parenthood is key to boosting fertility rates. In recent years, international innovations in workplace policies have followed three major trends:

First, paid parental and maternity leave policies have been significantly improved. Sweden's *Shared Parental Leave program* grants 480 days of paid leave per couple, with 90 days reserved for each parent and the remainder flexibly allocated, effectively promoting gender equality. Germany's *Parental Period policy* allows parents to adjust their work schedules flexibly for up to three years after childbirth, with options for full-time, part-time, or extended leave, while ensuring job security.

Second, flexible work arrangements have been widely implemented. The Netherlands' *Working Hours Adjustment Act* grants employees the legal right to modify their working hours and patterns based on family needs. In the UK, the *Right to Request Flexible Work* policy entitles all employees to apply for flexible work arrangements, and employers must provide reasonable consideration and cannot reject requests without justification. These policies help reduce the risk of career interruptions due to childbirth.

Third, corporate-led fertility-friendly initiatives are expanding. Singapore has introduced a Workplace Fertility-Friendly Certification program to recognize companies that provide specialized support for employees undergoing infertility treatments, including flexible work arrangements, special medical leave, and psychological counseling services.

1.3.2 Cultivating Social Consensus to Eliminate Fertility Barriers

Establishing a societal consensus and cultural environment that supports childbirth is crucial for enhancing fertility intentions. Public education, media outreach, and community services play a vital role in fostering pro-fertility social attitudes and eliminating psychological and societal barriers to childbirth. This is

an essential component of building a fertility-friendly society. Developed countries have implemented several key measures in this regard: Firstly, **eliminate social stigma and discrimination against individuals facing infertility challenges.** For example, Australia's public education program *"The Fertility Journey"* raises public awareness about infertility through media campaigns, community events, and school education, helping to reduce social prejudice. Secondly, **enhance public fertility health literacy through comprehensive education initiatives**. Denmark has integrated fertility health education into secondary school curricula to increase adolescent awareness of optimal reproductive timing and associated health risks. Thirdly, establish robust community support networks that provide resources and emotional assistance. Singapore has set up Family Service Centers within communities to provide counseling, training, and mutual support services for couples of reproductive age and new parents. Meanwhile, South Korea encourages community residents to form mutual aid groups to share childcare responsibilities and alleviate the burden on individual families.

2. Insights and Analysis in China Context

China is undergoing a major demographic shift, prompting the government to adopt proactive measures. *The Healthy China 2030 Plan* explicitly sets the goal of "*increasing the screening rate and early diagnosis rate of common diseases among women*". The Measures for Accelerating the Improvement of Fertility Support Policies and Promoting the Construction of a Fertility-Friendly Society, issued in October 2024, further emphasize the importance of enhancing coverage for fertility-related medical expenses. In terms of service capacity, China has achieved near-international standards in assisted reproductive technology (ART) services, establishing a nationwide network of 622 ART medical institutions. These advancements provide a solid foundation for addressing fertility challenges, demonstrating that China already possesses a favorable policy environment and practical foundation for promoting women's health and fostering a fertility-friendly society. However, gaps in the fertility healthcare service system, particularly deficiencies in early intervention for women's health and limited support for assisted reproduction, remain core barriers to fertility intentions. This report focuses on these challenges, analyzing the current state of women's health and fertility support in China.

2.1 Deficiencies in China's Early Intervention System for Women's Health

2.1.1 Lack of Systematic Inclusion of Thyroid Function Screening in Basic Healthcare

Thyroid disorders are highly prevalent among Chinese women. According to epidemiological surveys, 10–15% of Chinese women suffer from thyroid dysfunction, a prevalence rate comparable to global levels. However, awareness and treatment rates remain significantly low. China has yet to incorporate thyroid function screening into routine women's health management.

Internationally, countries such as the U.S., the U.K., and Australia have made thyroid function testing a standard component of reproductive-age women's health check-ups and prenatal screenings. In contrast, most regions in China continue to classify thyroid screening as an optional test. While China's 2019 Guidelines for the Diagnosis and Treatment of Thyroid Diseases During Pregnancy and Postpartum and the 2022 Guidelines for the Prevention and Management of Thyroid Diseases During Pregnancy recommend screening for reproductive-age women, these guidelines lack enforceability and have low implementation rates and limited coverage.

The core challenges in China's thyroid health management require comprehensive solutions focusing on three critical areas. Firstly, we must eliminate social stigma and discrimination against individuals facing infertility challenges, particularly given the low awareness among reproductive-age women regarding the impact of thyroid disorders on fertility that has resulted in low voluntary screening rates. Unlike China, countries such as Germany and Australia have successfully increased public thyroid health awareness to over 80% through targeted public education initiatives. Secondly, we need to enhance public fertility health literacy through comprehensive education initiatives to address China's healthcare system that prioritizes treatment over prevention, where resources remain heavily concentrated on disease treatment with insufficient investment in preventive screening for chronic conditions like thyroid disorders. For comparison, Canada covers TSH (thyroid-stimulating hormone) screening under universal healthcare, achieving a coverage rate of 98%, whereas China's thyroid function tests largely require out-of-pocket payment. Thirdly, we must establish robust community support networks that provide resources and emotional assistance to overcome the weak interdepartmental coordination where health management for working women is poorly integrated with medical services, and thyroid function tests are rarely included in workplace health check-ups.

2.1.2 Lack of Ovarian Reserve Assessment and Fertility Counseling Services

As the age of first childbirth continues to rise, ovarian reserve assessment has become increasingly important for guiding fertility decisions. The proportion of advanced maternal age pregnancies in China has surged from 2.96% in 1996 to 31% in 2016, exceeding levels in most Western countries. At the same time,

infertility rates are rising, with 18% of Chinese women experiencing infertility, up sharply from 11.9% in 2007.

Alarmingly, nearly 30% of reproductive-age women in China have ovarian reserve dysfunction, yet most remain unaware of their condition. Although the 2022 Expert Consensus on the Diagnosis and Treatment of Diminished Ovarian Reserve encourages ovarian reserve assessment for women of advanced maternal age, this recommendation has not been translated into concrete policies or service frameworks.

China's lack of a systematic ovarian reserve assessment mechanism exacerbates missed fertility windows, increased infertility risks, and growing pressure on assisted reproductive services.

The key reasons for this deficiency include: (1) A lack of preventive healthcare awareness: Unlike developed countries, where fertility health management has shifted toward early-stage intervention, China's medical system remains focused primarily on treatment rather than prevention. (2) Limited service accessibility: While AMH testing and antral follicle counts are commonly performed in tertiary hospitals, primary care facilities lack the necessary equipment and expertise, hindering standardization. In contrast, countries like Denmark have fully integrated ovarian reserve assessment into community healthcare services. (3) Weak integration between assessment and fertility counseling. In China, fertility consultation services following ovarian reserve testing are insufficient, preventing women from receiving personalized reproductive planning advice. This significantly reduces the practical utility of assessments.

2.2 Urgent Need for Quality Enhancement and Structural Optimization in Assisted Reproductive Services

2.2.1 Absence of National Quality Control Standards for Assisted Reproduction

Although China has the world's largest ART sector, its quality control system remains underdeveloped, creating a significant gap compared to international standards.

Current deficiencies in China's assisted reproductive technology (ART) sector present significant obstacles to quality care delivery. The lack of unified quality evaluation standards creates a problematic environment where ART clinics use varied protocols and benchmarks, ultimately leading to inconsistent service quality and treatment outcomes across facilities. This standardization gap is compounded by weak national data collection and monitoring systems, as China lacks a centralized ART registry essential for tracking patient data and treatment

success rates that could inform evidence-based improvements. Furthermore, the sector suffers from limited transparency in service quality, leaving patients in a position where they struggle to access performance data from ART providers, which substantially hinders their ability to make informed decision-making about their reproductive healthcare options. These interconnected challenges create a system where quality assurance, data-driven improvement, and consumer empowerment are significantly compromised.

Unlike the SART (U.S.) and EUTCD (EU) frameworks, China has no national-level ART quality control system. Although the 2018 Expert Consensus on Key Quality Indicators for Assisted Reproductive Technology provides industry guidance, it lacks enforceability and a clear implementation pathway.

2.2.2 Deficiencies in the Hierarchical Diagnosis and Referral System for Infertility

China has become the world's largest market for assisted reproductive technology (ART). As of June 2024, 622 licensed medical institutions offer ART services, including 463 facilities providing in vitro fertilization (IVF). Over 1 million ART cycles are performed annually, resulting in more than 300,000 births. However, delayed medical consultation and regional disparities remain major challenges.

A study published in the *Chinese Journal of Reproductive and Contraceptive Medicine* found that Chinese infertility patients, on average, attempt natural conception for 2.7 years before receiving a diagnosis. If unsuccessful, they wait another two years before seeking ART treatment, far exceeding the international standard of one-year diagnosis and timely intervention. The consultation rate for infertility in China is only 46.5%, significantly below the global average. Regional disparities are pronounced: 78.6% of infertility patients in western China attempt natural conception for over two years, much higher than 62.4% in the east and 61.1% in central China.

Compared to international practices, China's ART services face three major gaps: (1) Lack of early screening and referral mechanisms. Countries like the U.S. and Australia have established standardized infertility screening and hierarchical diagnosis systems, whereas Chinese patients often seek treatment at non-specialist or primary care facilities, delaying optimal intervention. (2) Social stigma and misconceptions discourage timely medical consultation. Infertility remains stigmatized in Chinese society, reducing patients' willingness to seek professional treatment. In contrast, public education campaigns in Europe have raised infertility treatment rates to over 85%. (3) Absence of proactive interventions for high-risk groups. Internationally, women over 35 routinely undergo infertility risk

assessments and early interventions, but China has yet to implement similar screening and early warning systems.

2.2.3 Insufficient Multidisciplinary Collaboration in Fertility Preservation for Special Populations

Advancements in cancer and chronic disease treatments have increased the demand for fertility preservation among special populations. Since 2018, China has introduced several guidelines, including the Expert Consensus on Clinical Practice for Female Fertility Preservation and the Expert Consensus on Ovarian Tissue Cryopreservation and Transplantation, which recommend egg, embryo, or ovarian tissue freezing for cancer patients wishing to preserve fertility.

However, China lags behind international best practices, such as the U.S. Oncofertility Consortium and Europe's Fertility Preservation Pathway, due to three major barriers: (1) Lack of multidisciplinary collaboration. Fertility preservation involves at least 13 specialties, including oncology, reproductive medicine, and endocrinology, but interdisciplinary cooperation is weak, and no standardized multidisciplinary care model exists. (2) Low awareness among non-reproductive specialists. Oncologists and other specialists rarely discuss fertility preservation options with patients before treatment, limiting patient awareness and opportunities for intervention. (3) Unclear referral pathways. Many patients miss the optimal window for fertility preservation due to a lack of clear referral standards and channels. These gaps prevent many long-term cancer survivors and patients with good prognoses from preserving their fertility, impacting their quality of life and long-term well-being.

2.3 Lagging Development of a Diversified Fertility Support System

2.3.1 Insufficient Financial Support and Insurance Coverage for ART

China has made significant progress in fertility support policies. As of October 2024, 27 provinces have included ART services in public health insurance, outpacing many countries in policy development. However, there are significant gaps in implementation that hinder the effectiveness of China's fertility healthcare financing framework. The current system offers only limited insurance coverage, with reimbursement restricted to certain medications and basic ART procedures at notably low reimbursement rates, positioning China substantially behind the comprehensive coverage models established in Israel and France. Compounding this challenge is the weak participation from commercial insurance providers and corporate benefit programs; unlike the U.S. and U.K., where private insurers and employers actively contribute to ART costs, China's commercial insurance sector has not yet developed specialized ART products, and corporate subsidies for

fertility treatments remain exceptionally rare. This financing gap is further widened by minimal employer support for fertility treatments; while in the U.S., approximately 68% of large companies offer ART benefits with annual subsidies averaging $25,000 per employee, the Chinese corporate landscape presents a stark contrast, with only a limited number of foreign firms and technology companies providing such support, leaving the vast majority of female employees without access to financial assistance for fertility treatments.

2.3.2 Insufficient Public Education and Psychological Support for Infertility

Public misconceptions and social stigma surrounding infertility persist, leading many patients to delay seeking medical help due to concerns or undergo repeated treatments at uncertified institutions, missing optimal intervention opportunities. Compared to international public education initiatives such as Australia's Fertility Journey and Japan's Fertility Health Week, China lacks systematic efforts to enhance public awareness of reproductive health. Moreover, psychological support services are severely lacking. Studies indicate that 30.9% of assisted reproductive patients exhibit depressive symptoms, yet less than 20% receive professional psychological intervention. In contrast, the UK's Fertility Mental Health Alliance provides comprehensive free psychological counseling for infertility patients, while Australia ensures that every assisted reproductive center is staffed with a dedicated psychological counselor. A 2021 study published in *China Journal of Birth Health & Genetics* confirmed that psychological interventions significantly improve clinical pregnancy rates among assisted reproductive patients. This underscores that psychological support not only enhances patients' quality of life but also directly impacts treatment outcomes. China urgently needs to implement a nationwide infertility prevention and public education program to improve public awareness and eliminate social stigma. Simultaneously, specialized psychological counseling services should be established within assisted reproductive centers to provide continuous psychological support for patients.

2.3.3 Insufficient Workplace Support for Fertility

Most Chinese enterprises lack systematic policies to support female employees' fertility needs. Additionally, assisted reproductive treatments are time-intensive, requiring frequent medical visits, examinations, and surgical interventions, which often conflict with regular work schedules. However, China lacks targeted workplace support measures, such as flexible work arrangements and specialized medical leave, for employees undergoing fertility treatments.

3. Policy Recommendations

Based on a systematic analysis of global trends and an in-depth examination of China's situation, this report presents targeted policy recommendations to establish a comprehensive women's health and fertility support system. As a technology-driven company with a 90-year history in China, Merck remains committed to its mission of advancing science and improving quality of life. Leveraging its expertise in healthcare and life sciences, Merck will actively support the implementation of government policies, contribute to the Healthy China Strategy, and help achieve long-term demographic balance.

3.1 Strengthen Early Intervention in Women's Health

3.1.1 Integrate Thyroid Function Screening into Basic Healthcare Services

Chinese cohort studies have confirmed that thyroid function abnormalities during the preconception period can lead to decreased fertility, increased miscarriage risk, and adverse pregnancy outcomes. International experience demonstrates that the widespread implementation of thyroid screening can reduce related pregnancy complications by approximately 35%, yielding significant health and economic benefits. It is suggested that relevant departments issue guidance documents on thyroid health management, explicitly incorporating thyroid function screening into basic medical services for the following three population groups: annual health examinations for women of reproductive age, preconception examinations for women planning pregnancy, and systematic examinations during pregnancy. It is recommended that relevant departments introduce incentive policies to guide enterprises and institutions to include thyroid function testing as a standard component in annual health examinations for female employees. Simultaneously, it is proposed that thyroid-stimulating hormone testing be incorporated into basic public health service programs and fundamental medical insurance coverage, thereby reducing screening barriers and improving coverage rates.

3.1.2 Establish a Fertility Assessment and Counseling System

The proportion of women with advanced maternal age pregnancies in China has risen to 31%, the infertility rate has reached 18%, and abnormal ovarian reserve function affects nearly 30% of women of reproductive age. The "2022 Chinese Expert Consensus on Clinical Diagnosis and Treatment of Diminished Ovarian Reserve" explicitly recommends that women of advanced maternal age evaluate their ovarian reserve function. In August, Academician Qiao Jie mentioned in an exclusive interview with People's Daily Online that, "For the reproductive-age population, we encourage the inclusion of fertility-related examinations in routine physical examinations. In the absence of other disease impacts, we recommend that both men and women begin fertility assessments starting at age 28". It is recommended to incorporate ovarian reserve function assessment (including

AMH testing and antral follicle count) into the recommended health management program for women over 35 years of age who desire to have children, and to make it an optional component of premarital medical examinations. Simultaneously, it is important to establish effective integration mechanisms between assessment results and fertility counseling services to provide scientific family planning guidance for couples of reproductive ages.

3.2 Optimize the Assisted Reproductive Services System

3.2.1 Develop a National Quality Control Framework for ART

China has become the country with the largest volume of assisted reproductive technology implementation globally, yet it has not established a unified quality control system. It is necessary to establish a nationally unified quality control standard system for assisted reproductive technology, including the development of a key quality indicator database, assessment tools, construction of a national monitoring platform, and regular issuance of quality report cards. Quality indicators should encompass process and outcome measures such as clinical pregnancy rates, cumulative live birth rates, cycle cancellation rates, complication incidence rates, and multiple pregnancy rates, providing objective references for patients selecting medical institutions.

3.2.2 Build a Systematic Hierarchical Diagnosis and Referral Network for Infertility

Clear hierarchical diagnosis and treatment technical protocols and referral standards should be formulated, defining the scope of diagnosis and treatment and capability requirements for primary healthcare institutions, secondary hospitals, and assisted reproduction centers. A standardized two-way referral mechanism should be established to ensure patients receive appropriate levels of medical services at appropriate times, thereby improving the utilization efficiency of assisted reproductive resources and shortening patient treatment pathways.

3.2.3 Enhance Multidisciplinary Collaboration for Fertility Preservation in Special Populations

Fertility preservation for special populations, such as those with cancer and autoimmune diseases, requires systematic policy support. It is recommended to develop fertility preservation management standards, authorize provincial health commissions to conduct qualification certification for fertility preservation centers, and simultaneously require tertiary hospitals to establish multidisciplinary collaborative diagnosis and treatment models involving oncology, reproductive medicine, endocrinology, and other specialties to provide comprehensive fertility preservation services for special populations.

3.3 Establish a Diversified Fertility Support System

3.3.1 Expand Financial Support and Subsidy Policies for ART

Building upon the foundation of including assisted reproductive technology in medical insurance coverage, it is recommended to encourage local governments to establish special subsidy funds to provide additional financial assistance for specific populations (such as low-income families and couples of advanced age). It is suggested that fiscal departments introduce preferential tax policies to encourage enterprises to provide subsidies for assisted reproduction expenses for employees and include related expenditures within the scope of pre-tax deductions for corporate income tax. Additionally, financial institutions and insurance companies should be supported in developing specialized insurance products and inclusive financial services for assisted reproduction to reduce the economic burden on families.

3.3.2 Strengthen Public Education and Psychological Support for Infertility

In response to insufficient public awareness about infertility and social discrimination phenomena, it is recommended to organize and implement a national infertility prevention and treatment science popularization education plan. Through media dissemination, community activities, school education, and other channels, public awareness of reproductive health should be improved and the stigmatization of infertility eliminated. Simultaneously, psychological consultation clinics should be established in assisted reproduction centers to provide comprehensive psychological support services for patients.

3.3.3 Promote Fertility-Friendly Workplace Policies

The workplace environment is an important factor affecting reproductive decision-making. It is recommended to develop “Enterprise Fertility-Friendly Practice Guidelines” that specify concrete measures to support employee reproduction. The government can establish “Fertility-Friendly Enterprise” certification, providing tax incentives and government procurement preferences to enterprises that adopt positive measures, thereby guiding enterprises to provide flexible work arrangements, special medical leave, psychological support services for employees, and to include assisted reproductive expenses within the coverage of supplementary medical insurance.