构建生育友好型社会：
女性健康产业视角下的观察与建议

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摘要

在全球人口发展格局深刻变化的背景下，低生育率、老龄化程度持续加深与生育年龄推迟，已成为多国面临的共性挑战。面对这一趋势，国际社会围绕保障生殖健康权益、降低生育全周期成本、完善生育健康服务形成了广泛共识，为生育友好型社会建设提供了有益借鉴。当前，中国正处于人口结构深度转型的关键时期。构建生育友好型社会，既是回应人民群众对美好生活向往的民生实事，更是推动人口高质量发展、支撑中国式现代化的战略基石。

作为深耕女性健康领域的跨国企业，欧加隆持续关注并积极参与中国生育友好型社会建设。结合行业实践与市场调研，我们从五大核心领域提出观察：一是青少年生育力保护方面，生殖健康科普与服务体系正在逐步完善，但性教育覆盖与青少年专属服务仍有提升空间；二是生育力评估与孕前服务方面，评估门诊建设已取得积极进展，但评估体系的标准化与育龄人群覆盖面有待拓展；三是辅助生殖保障方面，医保覆盖已实现多省份突破，但顶层设计与多元支付机制仍需持续优化；四是生育力保存方面，政策法规体系正在适应新的人口形势，单身女性生育力保存的制度化管理尚在探索之中；五是出生缺陷预防方面，三级预防体系已基本建立，但孕前针对单基因遗传病的一级预防推广力度与筛查诊疗协同机制有待加强。

[1] 本报告仅代表企业相关研究观点，不代表论坛主办单位和承办单位立场和观点。

基于上述观察，本报告提出五点建议：一是强化全人群生育力保护科普，完善青少年生殖健康服务体系；二是健全生育力评估体系，扩大孕前生育服务的覆盖范围；三是完善辅助生殖医保多元支付政策，切实降低患者诊疗负担；四是探索完善生育力保存政策体系，规范相关技术的临床应用；五是完善出生缺陷三级预防体系，强化孕前单基因遗传病一级预防的核心作用。

欧加隆始终致力于以临床需求为导向，推动女性生殖健康领域的药品研发与服务创新。我们相信，在政府引导、产业协同与社会各界的共同努力下，中国有望逐步构建起“政策有支撑、服务能可及、成本可承受、权益有保障”的生育友好型社会新格局，为助力实现人口高质量发展、全面推进健康中国建设注入持久动力。作为全球领先的女性健康企业，欧加隆承诺将继续深耕中国，通过推动女性健康早期干预、提升生殖健康服务质量、引领企业生育友好实践等具体行动，与各方携手，为中国女性健康和优生优育事业贡献产业智慧，与人口高质量发展和健康中国战略同向而行。

一、全球人口生育形势新变化与生育友好建设的国际共识

（一）全球低生育率与人口结构转型成为共性趋势

联合国《世界生育报告 2024》[1] 显示，全球人口发展已进入低生育率、慢增长、老龄化深度交织的阶段，2024 年全球平均总和生育率降至 2.2，已逼近 2.1 的生育更替水平，预计 2100 年将降至 1.8。发达国家超低生育率问题持续加剧，2024 年韩国总和生育率仅 0.73、日本 1.22、德国 1.45，均远低于人口更替水平；发展中国家生育率虽然高于发达国家，但整体也呈快速下降趋势，成为影响全球人口结构调整的重要因素。低生育率引发的劳动力供给萎缩、人口抚养比攀升、社会保障体系承压等连锁反应已在全球显现。

而生育年龄推迟、不孕不育率上升进一步加剧了上述挑战。世界卫生组织数据显示，全球约六分之一的成年人面临不孕不育困扰。特别是西太平洋地区，不孕不育率高达 23.2%，是推动全球生育率的下行趋势的主要地区[2]。在此背景下，构建生育友好型社会、通过系统性政策与服务支持降低生育成本、提升生育健康水平，已成为全球各国应对人口结构挑战的核心共识。

（二）生育友好型社会建设的国际实践与核心方向

不同国家基于自身人口形势与社会基础，形成了差异化的生育友好建设模式，但其核心均围绕保障生殖健康权益、降低生育全周期成本、完善生育健康服务三大方向展开。

全球超 50 个国家和地区允许因非医疗性因素进行冻卵，通过规范冻卵年龄、限定使用条件、定期续签协议等方式，在满足女性生育力保存需求的同时规避伦理与技术滥用风险[3]。法国政府于 2026 年 2 月颁布一揽子 16 项生育政策，其中就包括将向 29 岁公民提供生育指南，涵盖避孕与性健康知识，提醒其生育能力随着年龄下降，并告知民众辅助生殖医疗服务与精子、卵子冷冻服务的获取渠道等[4]。英国、日本将辅助生殖技术纳入医保[5]，瑞典为青少年提供免费生殖健康检测与避孕咨询，芬兰实现 3 岁以下婴幼儿托育服务全覆盖，医疗与育儿服务的普惠性大幅降低家庭生育负担[6]。荷兰构建从孕前筛查到新生儿干预的全周期出生缺陷预防网络，将常见遗传病携带者筛查纳入常规孕前检查，通过技术手段提升生育质量[7]。

这些国际实践经验不仅为中国人口政策设计提供了前瞻参考，也反映了临床技术更新和医药健康产业发展在生育友好型社会建设中的重要推动作用。生殖健康药品、辅助生殖技术、出生缺陷筛查等领域的发展，是提升生育健康服务水平、落实生育友好政策的关键环节。

欧加隆始终深耕女性全生命周期健康领域，以“让每一位女性拥有更美好、更健康的每一天”为愿景，持续关注全球生育友好建设的前沿趋势与实践经验。

二、中国生育友好建设核心领域的行业观察与现实挑战

国家统计局 2026 年 1 月发布的数据[8]显示，2025 年末全国总人口 14 亿人，全年出生人口 792 万人，人口负增长态势受到广泛关注。同期，据联合国人口署数据[10]，中国 2025 年总和生育率为 1.02，处在相对较低的生育水平。与此同时，中国女性婚育年龄也呈现不断推迟的趋势。据第七次人口普查数据显示，中国女性初婚平均年龄从 2000 年的 23.3 岁延迟至 2020 年的 28.0 岁[11]。平均生育年龄从 25.8 岁推迟至 29.2 岁[12]。在一些经济发达地区，如上海，2024 年女性平均生育年龄已达 32.6 岁[13]。医学研究表明，女性卵巢功能从 30 岁开始下降、35 岁急速下滑。据全国育龄人群生育健康监测数据[14]显示，不孕不育率已从 2007 年的 11.9%上升至 2020 年 17.6%。

同时，人口老龄化与生育率下降挑战叠加。2025 年末，中国 60 岁及以上人口占比达 23.0%[8]，进入中度老龄化社会。在“一老一小”的双重压力下，生育友好型社会建设成为未来人口高质量发展的核心举措。面对人口形势变化，中国生育政策持续优化完善，政策重心从生育数量调控转向生育健康保障与生育环境营造。在国务院层面，2014 ~ 2025 年先后出台“二孩政策”、“三孩政策”、《关于加快完善生育支持政策体系推动建设生育友好型社会的若干措施》等一系列生育政策，并陆续在各个部委层面跟进落实。2023 ~ 2024 年间各地医保局陆续将辅助生殖技术项目纳入医保支付范围，2025 年 1 月国家卫健委发布《关于推进生育友好医院建设的意见》，明确提出“强化生育评估指导、鼓励设立生育评估门诊”。这一系列举措体现了对生殖健康和生育质

量的高度重视，也为女性健康及相关产业发展提供了积极的政策环境，给予了明确的方向性指导。

基于行业实践与市场调研，本报告从青少年生育力保护、生育力评估与孕前服务、辅助生殖健康、生育力保存、出生缺陷预防等关键领域展开观察。我们看到，中国生育健康服务体系正在快速发展，同时在一些细分领域仍有待与社会期待共同进步的空间，这也为政府、产业、学界及社会各方携手合作，进一步完善服务体系提供了新的契机。

（一）青少年生育力保护：生殖健康科普与服务体系正在逐步完善，但性教育覆盖与青少年专属服务仍有提升空间

青少年作为未来生育核心群体，其生育力保护是生育友好型社会建设的基础，当前中国青少年生殖健康领域呈现行为提前与认知相对落后的矛盾，生殖健康科普与服务体系有待完善。中国计划生育协会 2022 年调查数据[15]显示，每年 24 岁以下未婚青少年人工流产数占全国总数的 40%以上，其中部分青少年有多次人工流产经历。在接受流产的青少年中，相当比例未采取有效避孕措施，核心原因在于科学避孕知识的普及仍有待加强。国家卫生健康委数据[16]显示，2020 年中国每年人工流产约 900 万人次，重复流产率 55.9%，重复流产在青少年群体中较为常见，对女性远期生育健康带来的影响值得关注。

总体来看，青少年群体对生育力保护相关知识的了解仍有进一步提升的空间。在校园健康教育方面，关于生育力定义、保护方法、科学避孕等内容的系统性教学有待深化；基层医疗机构针对青少年的专属生殖健康咨询服务尚在逐步完善之中，流产后关爱服务的专业性指导也需要进一步加强；部分基层药品流通环节在服务青少年群体时存在顾虑，正规渠道的可及性有待提

升；家庭与学校的协同教育机制仍在探索过程中，青少年生殖健康知识体系建设需要社会各界持续关注与共同推进。

（二）生育力评估与孕前服务：评估门诊建设已取得积极进展，但评估体系的标准化与育龄人群覆盖面有待拓展

随着婚育年龄的推迟，生育力评估在孕前健康管理中的重要性日益受到关注。目前，育龄人群对生育力评估的认知仍在逐步提升过程中，孕前生育服务体系的覆盖范围与服务内容也有待根据人口发展新形势进行动态优化。相关研究[17]显示，中国女性中8~15%面临卵巢功能减退风险，可能对生育能力产生影响。由于对自身生育功能变化的了解有限，部分有需求的夫妇在寻求专业诊疗前往往经历较长时间，错过了更早干预的窗口。近年来，国家相关部门已明确鼓励医疗机构设立生育评估门诊，但门诊的实际使用率仍有提升空间，这在一定程度上反映出公众对生育力评估的认识尚处于培育阶段。

从服务供给端看，当前生育力专项评估主要在部分医院开展，尚未在常规体检服务中形成常态化机制。育龄人群多处于事业发展关键阶段，工作繁忙、就医时间有限，常规体检本可成为开展生育力评估的重要窗口，但目前体检报告中涉及生育健康的内容尚未充分发挥宣教作用。国家层面的免费孕前优生健康检查项目已实施多年，服务对象仍以农村计划怀孕夫妇为主，针对城市晚婚晚育群体的生育力动态评估尚未形成系统安排，检查项目也未能完全围绕生育力早期筛查进行及时更新。据北京妇产医院、上海一妇婴等妇幼专科医院公开科普介绍：从技术角度看，女性生育力评估在临床层面已具备较好的可操作性，通过相关检测手段可以较为有效地判断卵巢储备功能，硬件设备和专业能力方面也已具备推广基础。如何将现有的技术优势与育龄人群的实际需求更好对接，是服务体系优化过程中值得关注的方向。

（三）辅助生殖技术：医保覆盖已实现多省份突破，但顶层设计与多元支付机制仍需持续优化

随着不孕不育率上升，辅助生殖技术已成为帮助有需求的家庭实现生育的重要途径。目前，中国辅助生殖技术的临床成功率已达到与国际先进水平相当的水平[18]。2024 年以来，全国各省份已陆续将辅助生殖技术项目纳入医保支付范围，政策覆盖面不断扩大，已惠及超过 100 万人次[19]。在政策推进过程中，辅助生殖领域的医保政策系统性、地区间保障水平的均衡性以及患者的诊疗负担仍是值得关注的问题。

医保政策层面，现行的医保服务报销规范制定于 1999 年，其中关于不育（孕）症诊疗项目的支付描述有待结合当前人口发展形势进行更新完善。目前，部分与不孕不育相关的检查费用在妇科就诊时可获得报销，而在生殖科就诊时则面临不同的支付政策。据测算[20]，在一个辅助生殖治疗周期中，检查费用达 5000 元以上，占整个治疗费用的 20~30%，是患者自费负担的重要组成部分。此外，各地在医保支付的技术项目范围、报销周期等方面存在一定差异，多数省份对基础技术服务项目设定了一定周期内的支付限制，患者如需多个周期治疗或采用部分延展技术，仍需自费承担相关费用[21]。从国际经验看，部分发达国家对辅助生殖治疗的报销比例相对较高，且可覆盖更多治疗周期。例如在欧洲、澳大利亚、日本等地，一次辅助生殖总费用报销比例可达 70%以上，报销 3~6 个周期[5]，为中国进一步完善辅助生殖医疗保障政策提供了有益参考。

（四）生育力保存：政策法规体系正在适应新的人口形势，制度化管理尚在探索之中

2024 年中国 25~40 岁年龄段的未婚女性高达 2500 万人[22]，《中国辅助生殖研究报告 2023》[23]指出，超过六成受访女性对通过卵母细胞冷冻技术保存生育能力持积极态度，其中 30 至 34 岁群体及高学历群体的关注度更为突出。

从技术层面看，中国卵母细胞冷冻技术日趋成熟，采用“玻璃化冷冻技术”的冷冻卵母细胞复苏率可达 90%[24]，临床应用可行性得到广泛认可。

在现行政策框架下，中国目前尚未对单身女性实施生育力保存技术开放。应当看到，相关政策制定至今已有二十年左右，期间中国人口发展形势发生了显著变化：出生人口数量有所下降，婚育年龄持续推迟，生育政策不断完善，生殖医学技术取得长足进步，社会对生育观念的认知也日趋多元。近年来，多位医学界代表委员就相关政策完善提出建议，呼吁结合新的人口形势开展深入研讨。与此同时，部分有需求的女性选择赴海外进行卵母细胞冷冻，这不仅增加了个人经济负担，也面临医疗质量保障、跨境法律纠纷等现实风险。从更宏观的视角看，通过国内规范的医疗服务满足女性生育力保存需求，有助于更好地保障个人健康权益，也有利于加强人类遗传资源管理，实现保护与利用的平衡。

（五）出生缺陷预防：三级预防体系已基本建立，但孕前针对单基因遗传病的一级预防推广力度与筛查诊疗协同机制有待加强

遗传性罕见病相关的出生缺陷具有先天性、终生性特点，是提升出生人口质量的重要课题。研究 [25] 表明，全球已知罕见病超 7000 种，其中约 80%与遗传因素相关，50%在出生时或儿童期发病；出生缺陷导致的婴儿死亡率占比超 20%，为婴儿死亡首要原因。据相关研究 [26]，中国罕见病患者超 2000 万人，总出生缺陷发生率约 5.6%，按 2023 年出生人口 902 万人计算，每年新增出生缺陷儿超 50 万，其中遗传性罕见病占比超 60%。每个罕见病儿童给家庭及社会都会带来一定程度的负担。世界卫生组织提出的三级预防体系表明，部分出生缺陷可通过科学干预实现有效预防。

从遗传性罕见病的预防实践来看，当前中国出生缺陷预防工作更多体现在产前诊断与选择性终止妊娠的二级预防，以及新生儿早期诊断的三级预防

层面，孕前携带者筛查等一级预防措施的普及仍处于逐步推广阶段。尽管从临床角度，在 2021 年已形成《单基因病胚胎着床前遗传学检测专家共识》，为单基因病胚胎基因筛查提供临床指导，但在实际执行层面仍面临多方面因素影响。国家免费孕前检查项目以基础筛查为主，针对遗传性罕见病的扩展性携带者筛查多由个人自费完成，费用因素仍是扩大覆盖面的考量要素之一。同时，针对不同地域和家族史特点的个性化筛查产品研发仍有待加强。在筛查与诊疗的协同方面，孕前筛查、产前诊断与新生儿干预之间的服务衔接有待进一步顺畅。罕见病治疗药品的可及性是国际性难题，目前已知的遗传性罕见病中仅有 10%左右有对应的治疗药品，且部分药品尚未纳入保障范围，相关家庭在筛查后仍可能面临后续诊疗路径不明确的困境。此外，区域间防治能力发展不均衡，部分基层医疗机构的遗传优生咨询能力建设有待加强，临床诊断、婚前孕前检查等信息尚未实现有效整合，数据共享机制仍在探索之中。这些都为完善遗传性罕见病综合防治体系提供了持续努力的方向。

三、女性健康产业视角下构建生育友好型社会的政策建议

基于上述观察，结合全球生育友好建设的国际经验、中国生育健康领域的行业现实，以及女性健康产业的实践探索，我们从生育力保护与科普、生育力评估与孕前服务、辅助生殖医保保障、生育力保存政策优化、出生缺陷预防体系完善等五个方面，形成初步思考与建议，以期为推动生育友好政策落地、助力人口高质量发展提供参考。

（一）强化全人群生育力保护科普，完善青少年生殖健康服务体系

推动将生育力保护知识纳入学龄人群相关课程体系，系统普及生育功能随年龄的变化规律、科学避孕方法、重复流产对女性生育功能的影响、生育力评估方式等内容，从源头提升青少年的生殖健康认知水平。

支持基层医疗机构逐步完善青少年生殖健康咨询服务，规范流产后关爱服务流程，加强术后生殖健康防护指导。鼓励药品流通环节合规保障青少年群体的生殖健康产品可及性，通过正规渠道满足合理需求。

倡导依托官方媒体和公益平台开展生育力保护科普宣传，提升育龄人群对生育力变化规律的认知，引导科学规划婚育安排。

（二）健全生育力评估体系，扩大孕前生育服务的覆盖范围

推动完善孕前健康检查服务体系，在现有工作基础上，逐步扩大服务覆盖人群，关注城市晚婚晚育群体的生育力评估需求，探索将生育功能筛查纳入相关健康管理项目，为女性提供及时的健康服务。

鼓励社会体检机构将生育力评估相关检查纳入服务选项，依托常规体检窗口开展评估工作，并将体检报告解读作为生育健康宣教的契机，提升公众对自身生育状况的了解。

支持医疗机构落实生育友好相关指导意见，在具备条件的地方探索建设生育力评估特色服务窗口，完善咨询、检测、解读等服务流程，加强院内多学科协作，为有需求的群众提供便捷的诊疗衔接。

探索建立院内外联动服务机制，由公立医院为体检机构提供专业科普支持，在发现异常指标时建立绿色转诊通道，引导患者及时获得专业诊疗。

倡导构建生育友好服务生态圈。生育健康作为一项社会课题，需要政策制定方、医疗机构、产业企业、检测公司、商业保险等多方共同参与，打通服务链条，为适龄人群提供优质、高效的生育支持服务。倡议各方携手搭建生育友好行业生态，助力中国女性生育健康全流程服务体系建设。

（三）完善辅助生殖医保多元支付政策，切实降低患者诊疗负担

建议在政策完善过程中，可统筹考虑将不孕不育患者的合理检查、诊疗服务纳入同等医保报销待遇，推动相关项目报销标准的统一，减轻患者经济负担。

结合各地医疗保障基金实际情况，逐步扩大辅助生殖技术的报销项目范围，合理确定报销周期。在经济条件具备的地区，可探索将胚胎冷冻、复苏、基因筛查等延展技术纳入报销考量。推动辅助生殖医疗资源与药品流通网络向基层延伸，完善核心药品的配送体系，提升服务的可及性。

鼓励各地探索多元支付方式，将辅助生殖相关诊疗服务纳入惠民保、商业健康保险的支付范围，构建“医保 + 商保 + 企业 + 患者”的多方共付机制，通过创新支付模式降低患者诊疗负担，同时优化保险运营结构，吸引年轻群体参保。

（四）探索完善生育力保存政策体系，规范相关技术的临床应用

以生育力保存技术为切入点，系统梳理现行政策与当前人口发展形势的适配性，邀请临床专家、育龄群体代表、产业界及相关机构共同参与研讨，将女性生育力保存需求纳入政策完善的统筹考量。

建议开展生育力保存技术的综合评估，从临床有效性、安全性、适应症范围，以及医院管理路径、社会伦理规范等维度进行科学研判，在优势大于风险的适用人群中稳妥推进技术应用，探索更加精准、灵活的管理方式。

参考国际实践经验，完善生育力保存技术的管理制度，明确适用年龄、使用条件、续签规则等关键要素，同时借鉴现有辅助生殖胚胎冷冻技术的院内管理规范，推动实现技术的规范化、可持续管理。

在经济发达、单身育龄女性基数较大、医疗资源较为丰富的地区，可探索开展生育力保存技术试点，在试点实践中不断优化管理制度，逐步积累经验。通过在国内提供规范、可及的生育力保存服务，更好满足女性多元化健康需求。

（五）完善出生缺陷三级预防体系，强化孕前单基因遗传病一级预防的核心作用

持续推动孕前携带者筛查推广工作，将单基因遗传病的扩展性携带者筛查纳入孕前检查推荐项目，推动开发针对不同地域、家族史的个性化筛查产品，提升对单基因遗传病一级预防的覆盖面。

加强出生缺陷筛查与诊疗体系的协同衔接，构建“孕前筛查—产前诊断—新生儿干预”的全链条服务网络，完善罕见病诊疗药品的研发、引进与支付保障机制，推动更多罕见病诊疗药品纳入保障范围，缓解相关家庭的医疗负担。

推动优质医疗资源下沉，持续推动欠发达地区、农村基层医疗机构的遗传优生咨询能力建设，开展基层医护人员专项培训，提升出生缺陷预防的专业服务水平。

探索建立遗传性罕见病与出生缺陷数据共享平台，整合临床诊断、婚前孕前检查、新生儿筛查等信息，为政策完善、产品研发、服务优化提供数据支撑。

四、展望

构建生育友好型社会是一项系统工程，既需要宏观政策引导与制度保障，也需要医疗服务体系的完善升级，更离不开产业创新与社会各界的广泛参与。

当前，中国正处于人口结构转型的关键时期，晚婚晚育成为主流、不孕不育率攀升、生育力保存需求日益凸显等新特征，对生育友好建设提出了更高期待。

作为聚焦女性健康与慢病管理的行业领导者，欧加隆始终立足临床需求，致力于女性生殖健康领域的药品研发与服务创新。依托在生殖健康领域的技术积累与临床研究，我们持续探索从生育力保护、孕前评估到辅助生殖支持的全流程产品与服务解决方案。同时，我们积极投身政企协同的生殖健康科普与公益项目，期望以企业之力助推生殖健康服务的普惠化与标准化，为全球及中国生育友好型社会建设贡献产业价值。在中国，欧加隆正携手医疗机构、体检中心、检测机构、商业保险公司等合作伙伴，共同探索搭建“生育友好行业生态”试点项目，致力于为中国女性生育健康提供更加完善的全流程诊疗服务。

我们相信，随着生育力保护、生育力评估、辅助生殖、生育力保存、出生缺陷预防等生育健康领域政策的不断完善，医疗服务体系与医疗保障体系的持续优化，以及政企协同机制的深度构建，中国将逐步形成“政策有支撑、服务能可及、成本可承受、权益有保障”的生育友好型社会新格局。在“十五五”推动人口高质量发展的战略指引下，随着多方力量的协同推进，我们有信心看到女性生育健康水平稳步提升，生育潜能得到合理释放，为人口长期均衡发展与高质量发展注入持久动力。与此同时，女性健康产业也将在这一进程中迎来更广阔的发展空间，实现产业创新与民生保障的同频共振。

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Building a Fertility-Friendly Society: Insights and Recommendations from the Perspective of the Women's Health Industry

Organon[①]

Executive Summary:

Amid profound global demographic shifts, declining fertility rates, aging populations, and delayed childbearing have emerged as shared challenges worldwide. In response, a strong international consensus is forming around safeguarding reproductive rights, reducing the costs of childbirth, and enhancing reproductive care. China is currently navigating this critical demographic transition with remarkable foresight. We deeply recognize that fostering a fertility-friendly society is not merely a response to the public's aspiration for a better life, but a visionary cornerstone for driving China's high-quality population development and modernization.

As a multinational healthcare company deeply rooted in women's health, Organon's vision aligns seamlessly with China's 15th Five-Year Plan and national health priorities. Guided by our grassroots research and deep respect for local needs, we respectfully share our reflections across five core areas, hoping to contribute a constructive perspective:

- **Adolescent Fertility Protection:** We see encouraging progress in reproductive health education. Building on this, there is a shared opportunity to further enrich sex education and tailor services specifically for youth.
- **Fertility Assessment & Preconception Care:** Commendable strides have been made in establishing assessment clinics. We look forward to seeing the

[①] The views expressed in this report are those of the enterprise research and do not represent the official stance or opinions of the forum host and organiser.

continued standardization of these systems and broader access for the reproductive-age population.

- **Assisted Reproductive Technology (ART) Access:** We celebrate the milestone achievements of expanding medical insurance coverage for ART across multiple provinces, and we fully support the ongoing optimization of top-level design and diverse payment mechanisms.
- **Fertility Preservation:** As regulatory frameworks proactively adapt to demographic changes, the institutional management of fertility preservation for single women remains a valuable area for continued exploration.
- **Prevention of Birth Defects Caused by Genetic Rare Diseases:** A robust three-tiered prevention system has been successfully established. Within this framework, we see great potential in further emphasizing primary prevention—specifically preconception screening for monogenic disorders—and enhancing clinical coordination.

Anchored in our unwavering commitment to clinical safety and efficacy, we respectfully offer the following five actionable suggestions for consideration, standing ready to assist in their implementation:

1. **Strengthen public awareness** of fertility protection and improve reproductive health service systems of adolescents.
2. **Build a robust fertility assessment system** to expand nationwide access to preconception care.
3. **Improve multi-channel payment policies** for ART to Reduce Patient Burdens.
4. **Refine fertility preservation regulations**, standardize the safe clinical application of related technologies.
5. **Reinforce the three-tiered birth defect prevention system**, maximizing the impact of primary prevention for monogenic disorders.

Organon is dedicated to advancing R&D and service innovation strictly guided by clinical needs and patient benefits. We firmly believe that under the wise guidance of government, and through the collective efforts of the industry and society, China will successfully forge a new fertility- friendly paradigm—one that is “accessible,

affordable, and equitable."

As a deeply committed participant in women's health, Organon is proud to be part of China's dynamic healthcare ecosystem and evolving healthcare ecosystem, reaching millions of patients each year across therapeutic areas. Guided by our strategy, "In China, for China; In China, for Global," we are deepening collaboration with local partners, combining our global expertise with local strong innovation capabilities to bring meaningful solutions to patients. Organon is committed to deepening our presence in China and contributing to shared priorities, including the goals of Healthy China.

1. Global Trends in Fertility and International Consensus on Fertility-Friendly Construction

1.1 Low Fertility and Population Structure Transformation as a Globally Shared Trend

According to the United Nations' *World Fertility Report 2024* [1], the world has veered towards a population downturn where low fertility and slow growth are deeply intertwined with population aging. In 2024, the global average total fertility rate (TFR) dropped to 2.2, approaching the replacement level of 2.1, with projections indicating a further decline to 1.8 by 2100. The snowball of ultra-low fertility rates in developed countries is still growing bigger; in 2024, the average total fertility rates in South Korea, Japan and Germany were only 0.73, 1.22, and 1.451—all well below the replacement level. Although fertility rates in developing countries remain higher, they are also rapidly declining, significantly impacting global population structural reorientation. The ripples triggered by low fertility, such as labor supply shrinkage, rising dependency ratios, and burdens on social security systems, have sent tremors to the whole world.

Postponed childbearing and rising infertility rates further aggravate these challenges. According to the World Health Organization (WHO)[2], about one in six adults worldwide face infertility, with infertility rate in the Western Pacific region reaching as high as 23.2%, amplifying the global downward fertility trend. Against

this backdrop, building fertility-friendly societies through systematic policies and service support that lower fertility costs and improve reproductive health has become a global consensus in addressing demographic challenges.

1.2 The Path to Fertility-Friendly Society Construction: International Practices

Countries tailor their fertility-friendly models based on their population dynamics and social bases, yet all converge on the common mission: safeguarding reproductive health rights, reducing costs throughout the fertility lifecycle, and improving reproductive health services. These practices provide a strategic compass for China's industrial development and policy formulation. Over 50 countries and regions permit egg freezing for non-medical reasons, regulating freezing age, usage conditions, and periodic agreement renewals to meet women's fertility preservation needs while avoiding ethical and technical abuses[3]. In February 2026, the French government issued a comprehensive package of 16 pro-natalist policies[4], including providing fertility guidelines to all 29-year-old citizens covering contraception and sexual health knowledge, warning about declining fertility with age, and informing on assisted reproductive services and sperm/egg freezing access. The UK and Japan have included assisted reproductive technologies (ART) in health insurance[5]. Sweden offers free reproductive health testing and contraception counseling to youth, and Finland ensures full childcare coverage for children under three, significantly reducing family burdens related to healthcare and childcare[6]. The Netherlands has constructed a full-cycle birth defect prevention network from preconception screening to neonatal intervention, incorporating regular carrier screening for common genetic diseases into routine pre-pregnancy checks to enhance birth quality through technology[7].

These international efforts indicate that a robust medical health industry is the cornerstone of a fertility-friendly society. The advancement of reproductive health medicines, ART, and birth defect screening products is critical for improving reproductive health service levels and implementing fertility-friendly policies.

Organon's commitment to women's whole-lifecycle healthcare is unwavering.

Guided by our vision to create "a better and healthier every day for every woman," we actively contribute by providing products and continuous medical education spanning the full range of ART procedures. Organon also extends its commitment further by actively participating in government-enterprise collaborative reproductive health education and public welfare initiatives, aiming to translate corporate strengths into a driving engine to promote universal and standardized reproductive health services, thereby contributing industrial values to global and China's fertility-friendly society development. Furthermore, Organon China, explores cooperation with testing companies and commercial insurance firms to pilot a "fertility-friendly industry ecosystem," providing full-process diagnostic and treatment services for Chinese women's reproductive health.

2. Fertility-Friendly Construction in China: Industrial Insights and Real-World Challenges

According to data[8] released by China's National Bureau of Statistics in January 2026, the negative population growth continues its downward trajectory in China. By the end of 2025, the total population stood at 1.4 billion, annual births totaled 7.92 million, dropped from 16.55 million in 2015, a decline exceeding 50%. UN population data[10] indicate China's total fertility rate was as low as 1.02 in 2025, placing it firmly in the ultra-low fertility bracket globally. Meanwhile, Chinese women's age at marriage and childbirth has significantly delayed. The Seventh National Census of China shows the average age of first marriage has increased from 23.3 in 2000 to 28.0 in 2020[11]. The average age of childbirth rose from 25.8 to 29.212, reaching 32.6 in economically developed areas such as Shanghai by 2024[13]. Ovarian function starts to decline after age 30 and drops sharply after 35, making delayed childbearing a key factor behind infertility surge from 11.9% in 2007 to 17.6% in 2020[14].

China is confronting the dual challenges of low fertility and population aging—where those at 60 years and above reached 23%[8] of the population by the end of 2025, a signal that we have entered the moderate aging stage. Under the sandwich

pressures of supporting both the young and the old, fertility-friendly societal construction is a core strategy for China's high-quality demographic development. In response to demographic shifts, China's fertility policies have undergone a profound transformation from "quantity control" to "fertility health protection and optimized fertility environment." Between 2014 and 2025, policies including the "single two-child" and "three-child policy," and the *Measures on Accelerating the Improvement of a Fertility-Supportive Policy System to Building a Fertility-Friendly Society* were introduced. In January 2025, the National Health Commission issued *Opinions on Building Fertility-Friendly Hospitals,* explicitly advocating strengthened fertility assessment guidance and encouragement for fertility assessment clinics. Since 2024, regional healthcare insurance bureaus have successively included assisted reproductive technology services in reimbursement. Policy focus has shifted from loosening fertility quantity limit to improving reproductive health services, reducing childbearing and rearing costs, and enhancing fertility quality, providing a clear roadmap for the development of female health and related sector.

As a pharmaceutical company focusing on women's health and chronic disease management, Organon has presented its insights across five core areas based on industry practice and market research: adolescent fertility protection, fertility assessment and pre-pregnancy services, ART, fertility preservation, and prevention of genetic and rare disease-related birth defects. The current reproductive health service system in China still shows some unmet needs that require continued improvement in policy, regulations, and service supply.

2.1 Adolescent Fertility Protection:

Adolescents' fertility protection is crucial to the construction of a fertility-friendly society, since it is them who will become parents in the future. However, China's adolescent reproductive health field shows a sharp paradox between "early behavior and lagging knowledge," with reproductive health education and service systems urgently needing improvement. According to the China Family Planning Association, yearly, over 40% of national induced abortions occur in unmarried

youth under 24, with 19% experiencing multiple abortions[15]. Most of these youth did not use contraception or relied on ineffective methods like calendar-based contraception, primarily due to lack of scientific contraception knowledge. The National Health Commission data has depicted an alarming picture: about 9 million induced abortions annually in China, 55.9% of which are repeated procedures; adolescents under 20 are the high-risk group for abortions. Complications from abortions, such as intrauterine adhesions and pelvic inflammatory disease, have become major causes of secondary infertility among youth[16].

Insufficient sex education in schools leaves adolescents ill-equipped with essential fertility knowledge. As a result, most of adolescents have a very limited understanding of fertility protection, the harms of repeat abortion, and correct use of contraception products. Grassroots medical institutions lack dedicated adolescent reproductive health counseling windows, and post-abortion care services lack professional reproductive health guidance. Some grassroots pharmacies hesitate to sell contraceptive drugs to youth, driving them to non-regulated product sources. The absence of family and school sexual education further deepens the knowledge gap, rendering adolescents a "vulnerable group" in reproductive health services.

2.2 Fertility Assessment and Pre-pregnancy Services:

With delayed childbearing, fertility assessment has become increasingly important, yet Chinese reproductive-age populations have not formed routine diagnostic awareness. Pre-pregnancy fertility services, in both the coverage and offerings, are insufficiently adapted to new demographic realities. Research[17] shows that 8–15% of Chinese women face diminished ovarian reserve risks, which may lead to low fertility. Most infertile couples wait two or more years before receiving professional treatment, delaying optimal intervention times. Although the National Health Commission encourages establishing fertility assessment clinics, actual patient consultations remain low, revealing weak awareness.

Service supply remains limited, with fertility assessment offered only in certain hospitals and not included in routine social health checks. Many women of

reproductive age juggle demanding careers and full schedules, which can make accessing care challenging. Routine health checkups play an important role in creating opportunities for timely assessment. Although free pre-pregnancy health checks are part of basic public health service, they mainly target rural couples. Regular fertility assessments for urban late marriage and childbirth women are lacking, and tests have not been dynamically updated to focus on early detection of fertility decline. Female fertility assessment involves simple tests—six sex hormones, anti-Müllerian hormone (AMH), antral follicle count—with blood and ultrasound combined to evaluate ovarian reserve. These tests are clinically feasible and easy to promote given existing equipment and physician expertise, but service system design has yet to meet actual demand.

2.3 Assisted Reproductive Technology (ART):

With rising infertility, ART has become critical for overcoming fertility barriers. About 300,000 IVF babies born annually in China, with ART success rates comparable to developed countries[18]. Since 2024, many regions have included ART projects under health insurance, benefiting over one million patient visits[19]. However, the field faces challenges in top-level insurance design, uneven coverage, and considerable patient treatment burden, limiting technology accessibility.

Policy-wise, the National Healthcare Security Administration has yet to issue clear payment standards for infertility diagnosis and treatment. The *1999 Medical Insurance Service Reimbursement Regulations* exclude "various infertility (pregnancy) conditions" from reimbursable services, causing related testing costs to be reimbursable under gynecology but not under reproductive medicine. Testing fees over 5,000 yuan per IVF cycle account for 20–30% of total cost, becoming a major out-of-pocket burden[20]. Local reimbursement policies vary widely in types of covered procedures and payment cycles; most provinces cap reimbursement at two cycles for basic services, with subsequent cycles or advanced technologies requiring full patient payment. A stark contrast emerges when looking worldwide: while China's ART reimbursement stands at only 20–30%, developed countries (European nations, Australia, and Japan) cover 70% or more of total costs and 3–6

treatment cycles, highlighting a significant disparity in patient financial burden[5].

2.4 Fertility Preservation:

As of 2024, China had 25 million unmarried women aged 25–40[22]. *China Assisted Reproduction Research Report 2023*[23] found that over 60% of surveyed women wish to preserve fertility via egg freezing, with the highest willingness among women aged 30–34; higher education levels correlate with stronger motivation. Egg freezing technology in China is maturing, with vitrification techniques achieving near 90% egg survival rates[24] and high clinical feasibility.

However, Under the current regulatory framework, ART for single women haven't been allowed. It is deeply understandable that these regulations, formulated approximately two decades ago, were designed for a different historical context. Since then, China has navigated significant demographic transitions: shifts in birth rates, a growing trend of delayed marriage and childbearing, the progressive optimization of family planning policies, remarkable advancements in reproductive medicine, and increasingly diverse societal perspectives on family building. Recognizing these profound changes, esteemed delegates and experts from the medical community have recently advocated for policy refinement, calling for in-depth evaluations that align with the new demographic realities.

Concurrently, a growing number of women are seeking oocyte cryopreservation (egg freezing) overseas (e.g. USA, Japan, Southeast Asia) to meet their fertility preservation needs, incurring high personal costs and risks such as medical accidents, language barriers, and legal disputes. Viewed through a broader strategic lens, addressing these evolving needs within a standardized, domestically regulated healthcare system would more effectively safeguard women's health.

2.5 Prevention of Birth Defects Caused by Genetic Rare Diseases:

Birth defects caused by genetic rare diseases are congenital and lifelong, severely affecting birth quality. Although China has established a three-tier birth defect prevention system, primary prevention (pre-pregnancy prevention) remains underemphasized, and the screening and treatment systems operate with suboptimal

synergy and limited universality, constituting a major weakness in fertility-friendly construction. A study[25] shows over 7,000 known rare diseases worldwide, 80% caused by genetic defects, 50% manifesting at birth or childhood. Birth defects account for over 20% of infant deaths, serving as the leading cause of such deaths. China has over 20 million rare disease patients, with a total birth defect rate of around 5.6%. With 9.02 million births in 2023, over 500,000 annual birth defects occur, over 60% genetic rare diseases[26]. WHO's three-tier prevention framework confirms that birth defects can be scientifically prevented through intervention.

Currently, China relies mainly on secondary prevention through prenatal diagnosis and selective termination. Pre-pregnancy carrier screening and other primary prevention are insufficiently promoted. Free prenatal screening covers basic conditions, while expanded carrier screening for genetic rare diseases is largely self-paid and costly. Personalized test development based on regions and family history lags. Screening and treatment lack effective coordination; pre-pregnancy screening, prenatal diagnosis, and neonatal intervention are not well-integrated. Rare disease treatment drugs are scarce and exist for only about 10% of known genetic rare diseases, mostly uncovered by insurance, leaving families with diagnosis but no cure. Regional disparities in prevention capabilities are severe; central and western regions and rural grassroots institutions face personnel shortages, limited technical capacity, and weak genetic counseling. They also face a lack of robust data-sharing mechanisms and unified platforms to organize scattered information on clinical diagnosis, pre-marital/pre-pregnancy screening, and newborn screening.

3. Policy Recommendations for Building a Fertility-Friendly Society from the Perspective of Women's Health Industry

Integrating global international experience in fertility-friendly construction, China's industry realities, and women's health industry practice, recommendations focus on six key areas: fertility protection and education, fertility assessment and pre-pregnancy services, assisted reproduction insurance coverage, fertility

preservation policy optimization, improvement of birth defect prevention systems, and establishment of government-enterprise collaboration mechanisms, aiming to promote effective fertility-friendly policies and high-quality population development.

3.1 Strengthen Public Awareness of Fertility Protection and Improve the Reproductive Health Service System for Adolescents

Coordinate education and health authorities to integrate fertility protection knowledge into sexual education curricula for school-age people. Such curricula should introduce fertility definition, patterns of ovarian function decline, scientific contraception methods, damage of repeated abortions to fertility, and fertility assessment methods to raise adolescents' reproductive health awareness from an early age.

Promote grassroots medical institutions to set up exclusive counseling windows for adolescent reproductive healthcare, standardize Post-Abortion Care (PAC) services, enhance guidance on post-procedure reproductive health protection, encourage compliant sales of contraceptive products in grassroots pharmacies to ensure regulated product accessibility, and curb unregulated product circulation.

Carry out fertility protection education for all populations through official media and public welfare campaigns to increase fertility decline risk awareness among reproductive-age groups, and guide scientific planning of marriage and childbirth timing.

3.2 Build a Robust Fertility Assessment System to Expand Nationwide Access to Preconception Care

Refine the *National Free Pre-pregnancy Health Examination Management Specification* to extend services from rural couples to urban late-marriage and childbearing women, upgrading the objective to early screening for fertility decline, and offering free fertility assessments at key fertility nodes such as ages 30 and 35.

Encourage private health examination institutions to include fertility assessment tests (six sex hormones, AMH, antral follicle count) as optional tests, leveraging

routine checkups for fertility assessment, and using report interpretation as opportunities for fertility health education.

Implement the *Opinions on Promoting Fertility-Friendly Hospital Construction,* establishing fertility assessment specialty centers across regions, improving education, consultation, testing, and interpretation services at clinics, strengthening multidisciplinary cooperation within hospitals, and providing one-stop diagnosis and treatment for health problems detected during assessment, e.g., promptly referring patients to reproductive medicine for infertility treatment, so as to streamline procedures.

Establish a coordinated "off-hospital to in-hospital" mechanism, with public hospitals supporting fertility assessment institutions by supplying educational materials and opening green channels for patients with abnormal findings to facilitate timely hospital visits.

Encourage multi-party collaboration to build a fertility-friendly service ecosystem. As a societal issue, reproductive health requires cooperation among policymakers, medical providers, pharmaceutical companies, testing companies, and insurance companies to connect the industry chain, providing quality, efficient fertility support services for eligible couples. Promote joint efforts in creating a fertility-friendly industry ecosystem to deliver comprehensive diagnostic and treatment services for Chinese women.

3.3 Improve Multi-Channel Payment Policies for ART to Reduce Patient Burdens

It is recommended that the National Healthcare Security Administration promptly revise the 1999 health insurance reimbursement regulations by removing clauses excluding "various infertility conditions" from reimbursement, clarifying equal reimbursement rights for infertility diagnosis and treatment, and unifying reimbursement standards for checks in gynecology and reproductive medicine.

Expand the reimbursement scope of assisted reproduction services according to regional insurance fund surpluses and relax reimbursement limits on treatment

cycles. Economically developed areas may refer to Beijing's experience by covering embryo freezing, thawing, and genetic screening without limiting treatment cycles.

Encourage local regions to explore diversified payment models, including assisted reproduction services in critical illness insurance and commercial insurance, building a multi-party payment system involving "medical insurance + commercial insurance + companies + patients" to further lower patient expenses while attracting young populations via reproductive services to improve insurance structures.

3.4 Refine Fertility Preservation Regulations, Standardize the Safe Clinical Application of Related Technologies

Systematically review fertility-related policies from the family planning era. Organize experts, reproductive-age groups, industry companies, and cross-sector agencies need to discuss and update policy content mismatched with current population trends, while considering unmarried women's fertility preservation needs.

The health authorities are recommended to conduct comprehensive evaluations of egg freezing technology from clinical effectiveness, safety, indication range, hospital management pathways, and ethical standards perspectives, scientifically quantifying advantages and limitations to give policy priority for suitable groups with benefits outweighing risks.

Refer to practices in over 50 countries and regions worldwide to improve egg freezing management systems, clarify age limits, usage restrictions (such as allowing frozen eggs from unmarried status to be used only after marriage), and periodic agreement renewals, while drawing on internal management norms for assisted reproductive embryo freezing to realize standardized regulation.

Pilot egg freezing services in economically advanced areas with large populations of unmarried women of reproductive age and high medical standards such as Beijing, Shanghai, Guangzhou, Shenzhen, and Hangzhou, refining systems through pilot experience and gradually expanding coverage.

3.5 Reinforce the Three-Tier Birth Defect Prevention System, Maximizing the Impact of Primary Prevention for Monogenic Disorders

Increase promotion of pre-pregnancy carrier screening, include expanded screening for genetic rare diseases in recommended pre-pregnancy checkups, develop personalized screening products for different regions and family histories, reduce out-of-pocket costs for testing reagents, and expand coverage of primary prevention.

Enhance coordination between birth defect screening and treatment systems, build a full-service network covering "pre-pregnancy screening—prenatal diagnosis—neonatal intervention," improve research, introduction, and reimbursement for rare disease drugs, and include more treatments in insurance catalogs to ease financial burdens on affected families.

Promote high-quality medical resources to the grassroots level, strengthen counseling capabilities in the less developed regions and rural primary care facilities, conduct specialized training for primary healthcare workers, and improve professional birth defect prevention services.

Establish a national unified data-sharing platform for genetic rare diseases and birth defects, integrating clinical diagnosis, pre-marital/pre-pregnancy checks, and newborn screening, providing data support for policymaking, product development, and service optimization.

4. Outlook

Building a fertility-friendly society is a systematic project requiring government policy guidance and institutional guarantees, healthcare system improvements, and innovative support from the women's health industry alongside broad societal participation. China is at a critical stage of population structure transformation, with late marriage and childbirth becoming mainstream, rising infertility, and urgent fertility preservation needs posing higher demands on fertility-friendly construction.

As a pharmaceutical company focused on women's health and chronic disease management, Organon will continue to base efforts on clinical needs, deeply

cultivate drug research and innovation in women's reproductive health, promote the improvement of fertility health service systems, and respond to unmet needs. We believe that with ongoing improvements in fertility protection, fertility assessment, assisted reproduction, fertility preservation, and birth defect prevention policies, continued optimization of medical service and insurance systems, and deep government-enterprise collaboration, China will gradually form a new fertility-friendly social pattern characterized by "policy support, accessible services, affordable costs, and guaranteed rights," effectively enhancing women's reproductive health, unleashing latent fertility potential, and injecting strong livelihood momentum for sustainable, balanced, and high-quality population development. Meanwhile, the women's health industry will embrace new development opportunities in this process, achieving coordinated progress in industrial innovation and public welfare protection.

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