



Call to create minimum standards of cross border reproductive care in the Asia Pacific region

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Cross border reproductive care is a growing global phenomenon allowing people living with infertility to travel to other countries for donor eggs, sperm, surrogacy or IVF treatment.

It provides an avenue to parenthood for couples striving to conceive but who find that fertility treatments are unavailable, illegal or unaffordable at home.

Restrictive legal frameworks, cultural or religious prohibitions, high treatment costs and long waiting lists can present significant barriers for some couples

But because of a diversity of policies, legal architectures and standards, units offering cross border fertility services in the Asia Pacific region face particular challenges. Protecting uniform quality care, reproductive rights of participants and offspring, and patient autonomy in a transparent way while avoiding exploitation are important challenges.

A global conference on fertility health in Beijing has heard an impassioned call to implement minimal standards in cross border reproductive care in the Asia Pacific and beyond.

Speaking at the 2026 Congress of the Asia Pacific Initiative on Reproduction (ASPIRE), Thai fertility specialist Professor Kamthorn Pruksananonda also highlighted the importance of equitable access to fertility treatment in local populations.

He said equal treatment access problems could arise when destination country resources in assisted reproduction were redirected towards foreign demand (which may have greater capacity to pay) leaving vulnerable local populations under-served.

“People striving for parenthood seek timely, safe, and affordable ways to build families,” Professor Pruksananonda explained. “Protecting reproductive rights and patient autonomy requires strong safeguards.

“The Asia Pacific region is too diverse for a single fertility law,” he said. “But it is not too diverse for interoperable minimum standards that maximise safety and equity of access to treatment while protecting intended parents, surrogates, donors, and children across jurisdictions.

“When well-regulated and ethically conducted, cross-border IVF exemplifies how globalisation serves medicine offering hope without borders and creating families across frontiers.

“In the Asia-Pacific region and beyond, embracing the opportunities of cross-border fertility treatment while conscientiously addressing its challenges affirms a future where infertility becomes a surmountable obstacle rather than an insurmountable barrier.”

Professor Pruksananonda, said the issue was particularly pressing in the Asia Pacific region where fertility rates are plummeting below population replacement levels with severe economic and social consequences.

He said there were some clear advantages of cross border reproductive treatment including:

- expanded access to care;
- higher treatment success rates through treatment by renowned fertility specialists and clinics, advanced technology and opportunities for multiple IVF cycles;
- more affordable treatment even considering travel and accommodation costs;
- enhanced personal autonomy in family building empowering individuals to circumvent restrictive social norms and realise reproductive rights in supportive environments; and
- knowledge exchange among clinics.

“But standards need to evolve to drive continuous improvement in safety, efficacy and quality patient care,” Professor Pruksananonda added.

“This includes necessary safeguards and policy responses to reduce the risk of exploitation, particularly of surrogates, to provide legal certainty on parentage and citizenship, to ensure consistency of clinic standards and continuity of care, and to overcome disparities in access to fertility care.

“Infertility is a health issue. Low fertility is a demographic issue. These issues intersect politically, but the ethical framework must ensure reproductive choice and equitable care.”

Professor Pruksananonda said the strongest assisted reproductive technology systems like those in Australia and New Zealand treat data auditing, reporting of treatment success rates and accreditation of clinics as key elements of patient protection.”

He told the ASPIRE Congress that Thailand was an exemplar in boldly introducing regulatory reform in cross border reproductive care.

“Thailand emerged as a global fertility tourism destination over a decade ago attracting international patients with advanced clinics, liberal laws and low costs,” he said.

“As a result, thousands of foreign patients accessed commercial surrogacy arrangements in Thailand.

“However, in 2014 an Australian couple abandoned a twin with Down Syndrome born to a Thai surrogate sparking international outrage and exposing a lack of legal protections.

“In 2015 Thailand passed comprehensive legislation outlawing commercial surrogacy and restricting altruistic surrogacy to married Thai couples.

“International patients were redirected to other properly regulated jurisdictions that protect the rights of all involved in cross border fertility care while preventing exploitation.

“Thailand is a classic example of regulatory reversal. A country once associated internationally with permissive cross-border arrangements re-centered assisted reproductive technology within a tightly controlled legal structure.

“The result was not the disappearance of demand, but a redistribution of where and how that demand is expressed.”

The ASPIRE Congress is being held at the China National Convention Centre in Beijing. More than 3,000 scientists, clinicians, nurses and counsellors in assisted reproduction from around the world are attending the Congress.

For further information, go to <https://www.aspire2026.com>

Interview

Professor Kamthorn Pruksananonda is available for interview. To arrange, please contact Trevor Gill, ASPIRE Congress Media Relations.

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Background

Kamthorn Pruksananonda is Professor of Obstetrics and Gynaecology at the Faculty of Medicine, Chulalongkorn University, Bangkok. He also leads the university's Reproductive Medicine Division and the Human Embryonic Stem Cells Research Centre. Professor Pruksananonda played a key role in the drafting and implementation of Thailand's assisted reproductive technology law and related regulations.