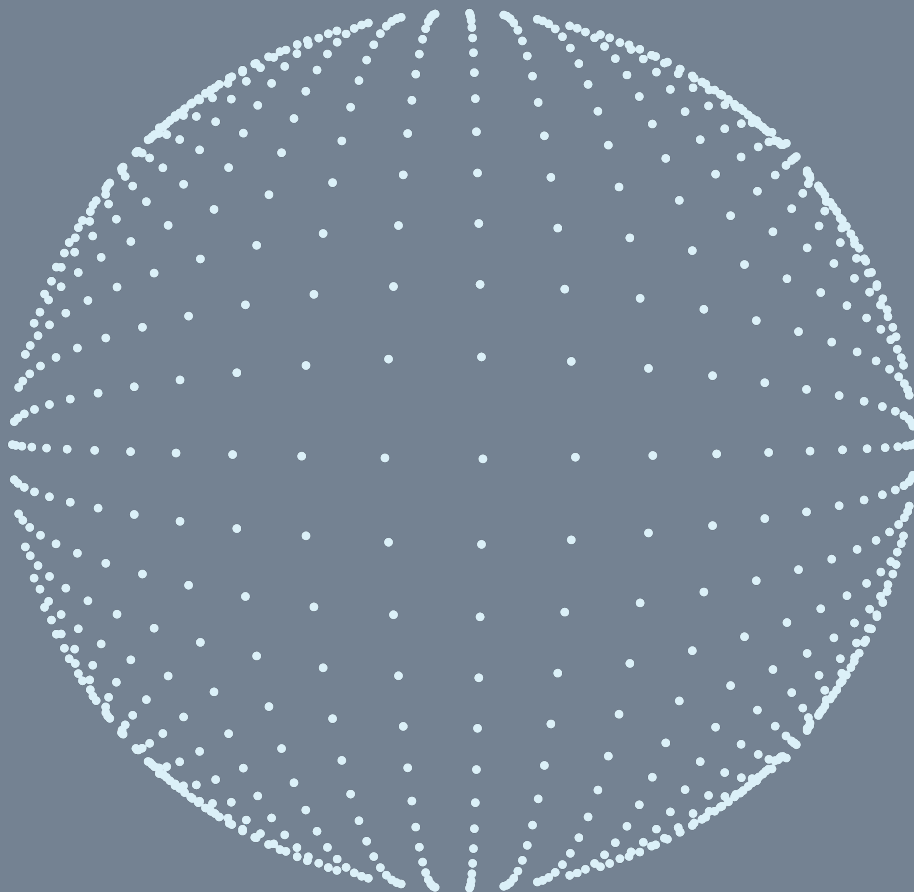


FUTURE
HEALTH | A GLOBAL
INITIATIVE
BY ABU DHABI

The Future of Fertility

From IVF to Integrated
Reproductive Medicine



Knowledge Contributor



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Executive Summary: Redefining Care: Reproductive Medicine at a Critical Inflection Point

Reproductive medicine is entering a new phase. Demand for fertility services is rising, while advances in genomics, artificial intelligence (AI), digital health and reproductive science are expanding both what care can achieve and how it can be delivered. Assisted reproductive technologies (ART) have transformed the treatment of infertility, and in vitro fertilisation (IVF) remains one of the field's most established approaches. But the future of fertility care extends beyond the procedure itself, towards a broader model of reproductive medicine that supports individuals and families across the reproductive-health journey.

Scientific innovation is creating new opportunities to personalise care, improve decision-making and better understand reproductive health. At the same time, important challenges remain. Many people seek care only after fertility has declined; services can be fragmented; access and quality are inconsistent; specialist capabilities must keep pace with increasing complexity; and emerging technologies require appropriate evidence, oversight and governance. These challenges extend beyond what any individual IVF provider can address alone.

Abu Dhabi's response is an integrated approach to reproductive health. Led by the Department of Health - Abu Dhabi (DoH - AD), the Abu Dhabi Programme for the Future of Reproductive Health brings together prevention, screening, genetics, fertility treatment, patient experience, workforce development, digital health, regulation and research within a connected ecosystem. Within this broader programme, an IVF blueprint provides the framework for strengthening the capabilities needed to deliver high-quality fertility care and integrate into the wider reproductive-health system. The aim is not only to improve IVF services, but to strengthen outcomes across the reproductive-health pathway.

Launched by Future Health – A Global Initiative by Abu Dhabi with knowledge contributor PwC Middle East, this whitepaper examines the shift from IVF as a standalone intervention towards an integrated model of reproductive medicine. It considers the scientific developments reshaping the field, the system challenges that may limit their value, Abu Dhabi's emerging response and lessons for other health systems.

A New Phase for Reproductive Medicine

A global analysis published by the International Committee for Monitoring Assisted Reproductive Technologies (ICMART) in 2025 estimated that approximately 9.8–13.0 million infants were born worldwide through assisted reproductive technologies (ART) between 1978 and 2018.¹ ART refers to interventions involving the in vitro handling of human eggs and sperm, or embryos, for the purpose of reproduction.² This reflects the significant contribution of assisted reproduction to helping millions of individuals and families achieve parenthood. As more prospective parents turn to these treatments to start and grow their families, reproductive medicine is entering a new phase.

A rise in maternal age (Figure 1),³ increasing infertility rates (Figure 2),⁴ changing family-planning choices and broader socio-demographic shifts are influencing reproductive health patterns, contributing to demand for ARTs,⁵ which support those experiencing difficulty conceiving a baby.

The World Health Organization (WHO) defines infertility as a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular, unprotected sexual intercourse.⁶ In the absence of concerning clinical history or physical findings, evaluation should, and treatment may, begin after 12 months for women under 35 years of age, after six months for women aged between 35 and 40 years, and more immediately for women over 40.⁷ Infertility remains the primary indication for ART around the world.⁸ The underlying causes of infertility vary, with factors affecting women, men or both partners, while in some cases no cause is identified (Figure 3).⁸



Infertility is a shared reproductive-health issue rather than primarily a women’s-health issue. A recent review describes male and female factors as contributing broadly equally to infertility prevalence, while American Urological Association/American Society for Reproductive Medicine (AUA/ASRM) clinical guidance recommends concurrent assessment of both partners during an initial infertility evaluation where applicable.^{9 10} A more balanced model of reproductive medicine therefore needs to consider male and female reproductive health in parallel, including prevention, diagnosis, fertility preservation and treatment.

With the WHO estimating that approximately one in six adults worldwide experience infertility at some point in their lives,⁶ infertility represents a significant health burden affecting individuals, couples and families, as well as the healthcare systems that support them.

Figure 1:
Average Maternal Age at Childbirth, OECD Countries

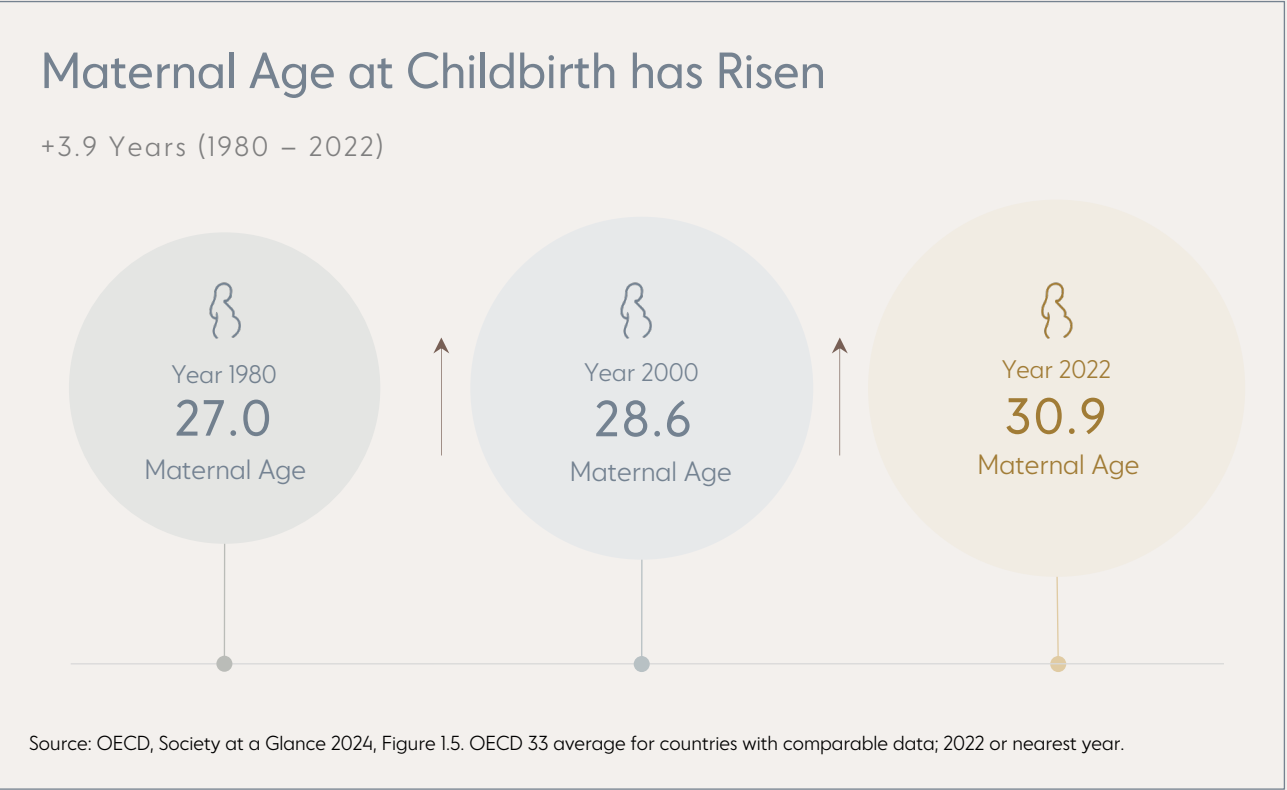


Figure 2:
Global Infertility Prevalence is Increasing

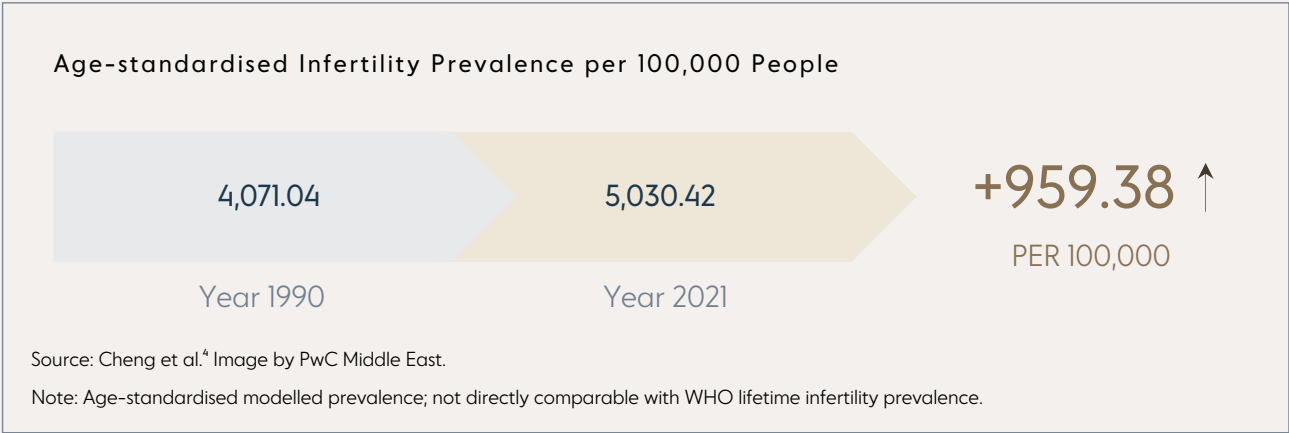
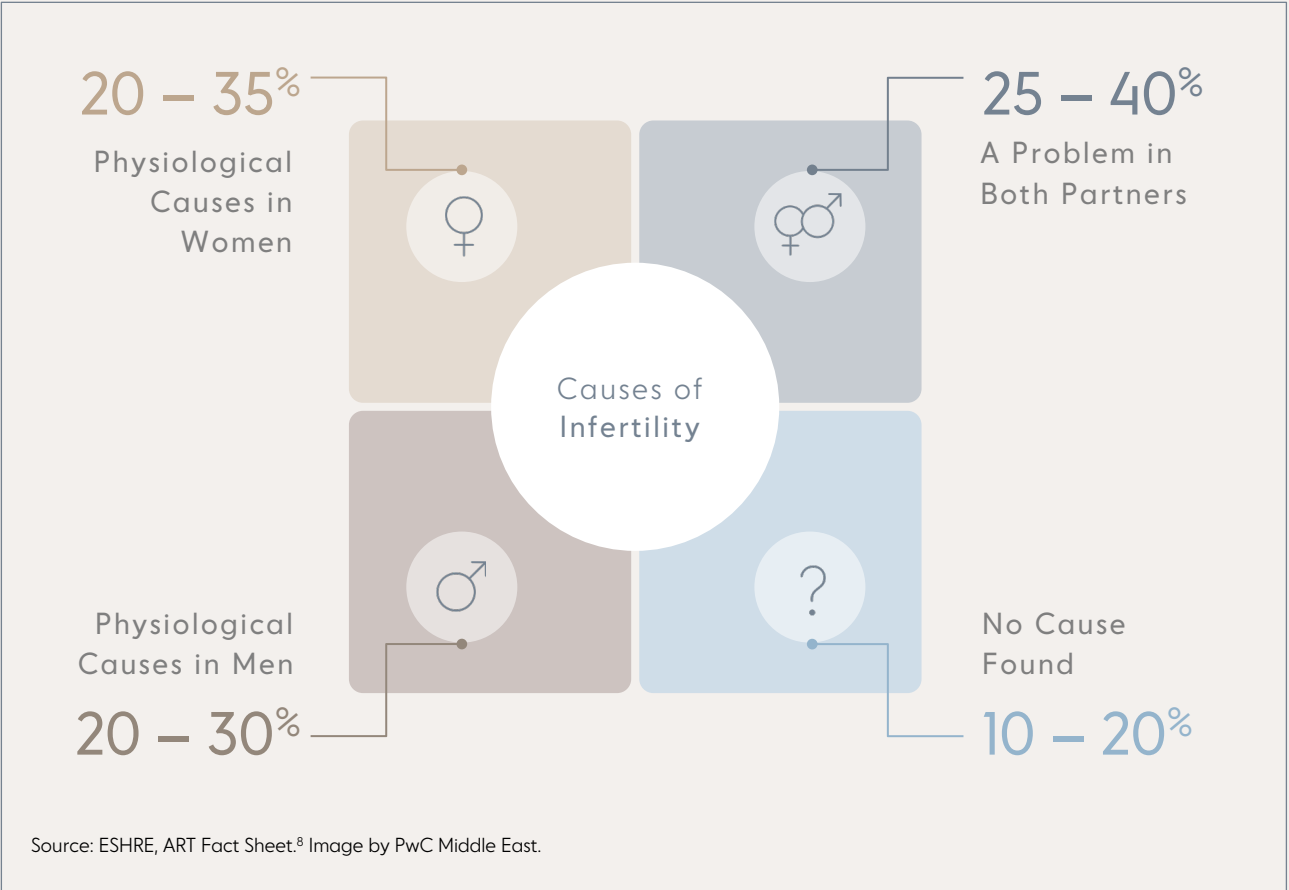


Figure 3:
Causes of Infertility



In vitro fertilisation (IVF) is one of the clearest examples of how far reproductive medicine has advanced and remains one of the most recognised forms of ART. IVF involves fertilising eggs with sperm outside the body before an embryo is transferred to the uterus, and has reshaped reproductive medicine since its clinical introduction in 1978.¹¹

Since then, advances in clinical and laboratory practice have transformed IVF from a pioneering procedure into an increasingly established fertility treatment, expanding its reach and improving clinical outcomes. Recent data from the United Kingdom (UK) illustrate this progress: the number of babies born through IVF more than doubled from approximately 10,200 in 2004 to 21,400 in 2024, while the average IVF birth rate per embryo transferred increased from 20% in 2014 to 30% in 2024. At the same time, the multiple-birth rate declined from 14.4% in 2014 to 3.2% in 2024,¹² following policy efforts to encourage single-embryo transfer and reflecting important improvements in treatment safety.¹³

These advances demonstrate how far IVF has progressed in scale, safety, and clinical outcomes. The next phase, however, is not simply about further optimisation of the existing procedure. Reproductive medicine is entering a more differentiated scientific era where established technologies sit alongside rapidly developing genomic, analytical, and experimental capabilities. Importantly, these innovations are not all at the same level of clinical maturity or supported by the same strength of evidence. The following sections examine several of these developments, from technologies already influencing clinical practice to emerging approaches that remain at an earlier stage of scientific and clinical maturity.

Personalisation and AI-Enabled Decision Support

Ovarian stimulation has long been individualised by clinicians using factors such as age, ovarian reserve and previous treatment response.¹⁴ More recent approaches aim to make these decisions more consistent and data driven. Current guidance emphasises the importance of selecting an appropriate starting gonadotropin dose based on patient characteristics.¹⁵ While evidence suggests that individualised dosing can help reduce excessive ovarian response and ovarian hyperstimulation syndrome, improvements in live-birth outcomes are not consistently demonstrated across all patient groups.¹⁴ Ovarian hyperstimulation syndrome is a potentially serious complication in which the ovaries respond excessively to fertility medication.¹⁶

Machine-learning models may extend individualised controlled ovarian stimulation by integrating multiple clinical, hormonal and treatment-related variables to predict ovarian response, and as a result, supporting the development of customised stimulation strategies.¹⁷ Recent reviews describe AI as an emerging decision-support tool in controlled ovarian stimulation, while also noting that most models still require prospective validation before routine clinical use.¹⁸

The responsible use of AI-enabled decision-support tools depends on the quality and representativeness of the underlying data, validation in relevant populations, human oversight and transparent communication. AI should support, rather than replace, clinical judgement, and its performance should be monitored against patient outcomes, safety and equity.

Reproductive Genomics: From Current Practice to the Scientific Frontier

Reproductive genetics already supports clinical care in defined settings, but the maturity and evidence base of individual technologies differ substantially. Preimplantation genetic testing for monogenic conditions (PGT-M) involves testing embryos for a specific inherited condition when a known genetic risk has been identified, such as sickle cell disease¹⁹ and beta thalassemia²⁰. By contrast, preimplantation genetic testing for aneuploidy (PGT-A), which assesses embryos for an abnormal number of chromosomes, is widely used internationally.²¹ Although aneuploidy is a major cause of first-trimester pregnancy loss, the potential role of PGT-A in selected patient groups continues to be evaluated.²¹

These tests are important because reproductive genomics are beginning to expand the objective of fertility care beyond achieving pregnancy alone. Where clinically indicated and accompanied by appropriate genetic counselling, reproductive genetic testing can help individuals and couples understand their risk of having a child affected by an inherited genetic condition and support informed reproductive decision-making.²² This creates a potential public-health role for reproductive medicine alongside its established role in treating infertility.

Emerging genomic diagnostics may also improve understanding of infertility itself. Exome and genome sequencing are identifying monogenic causes of previously unexplained male infertility, but recent reviews show that diagnostic yield varies and many proposed gene–disease relationships still require validation.²³ This illustrates a wider opportunity for reproductive medicine: to move progressively from treating reproductive phenotypes towards understanding their underlying biology.

Looking further ahead, in vitro gametogenesis (IVG) could be transformative. By seeking to create mature sperm or eggs from pluripotent stem cells, IVG could eventually expand reproductive options for people unable to produce functional gametes, including those with diminished or absent ovarian reserve.²⁴ It could also provide experimental models for investigating gamete development and the genetic mechanisms underlying reproductive disorders.²⁵ In the longer term, IVG might increase the number of embryos available for preimplantation genetic testing, potentially expanding reproductive options for people at risk of transmitting inherited conditions; however, this application remains theoretical with no human safety data and substantial scientific, ethical and societal questions still to be addressed.²⁴

Other emerging approaches are also being investigated, including non-invasive preimplantation genetic testing (niPGT). Unlike conventional PGT, which requires an embryo biopsy to obtain cells for genetic analysis, niPGT seeks to analyse cell-free embryonic DNA present in spent embryo-culture media.²⁶ While attractive in principle, current evidence suggests that the accuracy of niPGT is not yet sufficient for routine clinical use.²⁶

However, accurately identifying embryo DNA remains challenging because the samples may contain contaminating maternal DNA.²⁶ Current evidence suggests that the accuracy of truly non-invasive PGT remains insufficient to justify routine clinical use and that the approach should, for now, remain primarily a research tool.²⁶



The clinical and regulatory maturity of other genetic technologies also varies considerably. Mitochondrial donation is a reproductive technology intended to reduce the risk of transmitting diseases caused by pathogenic variants in the mother's mitochondrial DNA.^{27 28} It combines the nuclear DNA of both parents with the healthy mitochondria from a donated egg, reducing the risk of passing on pathogenic mitochondrial DNA variants.²⁸ The technique has progressed to licensed clinical use in the UK, where it is restricted to people at very high risk of transmitting serious mitochondrial disease with each application assessed individually under a statutory regulatory framework.²⁷ By contrast, heritable human genome editing continues to be the subject of scientific, ethical, and policy debate; the organisers of the Third International Summit on Human Genome Editing concluded in 2023 that "heritable human genome editing remains unacceptable at this time", noting that governance frameworks are not yet in place and that necessary safety and efficacy standards have not been met.²⁹

Fertility Preservation and Pathway Flexibility

Cryopreservation, particularly vitrification, has transformed IVF by enabling eggs and good-quality embryos to be stored for later use by rapidly freezing embryos and oocytes. It supports more flexible treatment timing, fertility preservation for individuals undergoing fertility-impairing treatment and the separation of stimulation from embryo transfer where clinically appropriate.^{30 31 32}

Cryopreservation also plays a central role in fertility preservation beyond assisted reproduction itself. For women, it enables the storage of oocytes, embryos and, in some settings, ovarian tissue, while for men sperm cryopreservation remains a method of preserving reproductive potential before fertility-threatening treatments.³³ Current guidelines from the American Society of Clinical Oncology (ASCO) recommend sperm cryopreservation before gonadotoxic therapy where possible, while testicular tissue cryopreservation in prepubertal boys remains experimental and restricted to clinical-trial settings.³³



With contemporary vitrification, implantation rates for frozen and fresh embryos are broadly comparable, although research continues to examine potential epigenetic and perinatal risks and the extent to which observed differences reflect cryopreservation or underlying infertility.³⁴ The increasing use of frozen embryo transfer also warrants consideration of maternal and perinatal outcomes. Emerging evidence suggests that pregnancy risks may vary according to the method of endometrial preparation.³⁵ Transfer cycles that do not involve formation of a corpus luteum, the hormone-producing structure that forms after ovulation, are associated with worse outcomes, including higher pre-eclampsia risk.³⁵ As storage becomes increasingly central to care, systems must also address counselling, consent, long-term decision-making, storage governance and continuity between fertility, oncology, genetics, and maternal health services.

"The technologies that will matter most in this region are genomics, because carrier screening and embryo testing can prevent inherited disease where it is common; AI in the embryology laboratory, which should make embryo selection more consistent; and better cryopreservation, which gives young cancer patients options they did not have," explains Burjeel Holdings.

Digitally Enabled Patient Experience

IVF has traditionally been clinic-centric, with frequent in-person visits, manual medication scheduling, and limited real-time visibility into treatment progress. Digital health creates an opportunity to make that journey easier to navigate and more connected between episodes of care.

User-friendly medication applications can provide reminders and dosing support; secure portals can enable communication and access to laboratory updates; telemedicine can reduce travel burden; and digital education can provide structured timelines and interactive consent. Studies suggest that fertility-focused applications can improve knowledge, engagement and satisfaction, while telemedicine models report high satisfaction with comparable clinical outcomes, when compared to in-person care.^{36 37}

The opportunity extends beyond convenience: when integrated effectively across the care pathway, digital health can strengthen continuity, communication and patient visibility between touchpoints. Realising this value will require appropriate privacy, cybersecurity, consent, interoperability and data governance.

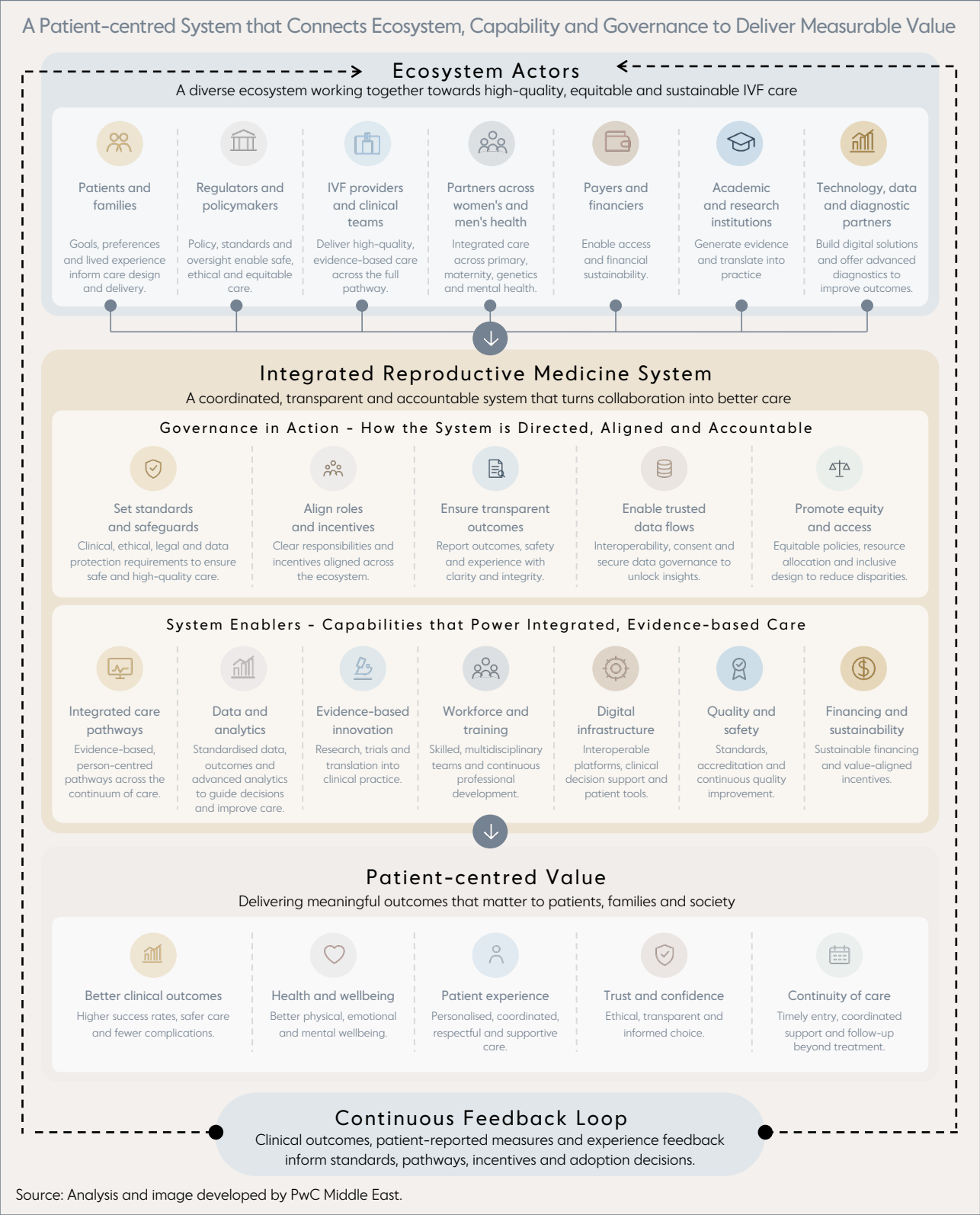
From Individual Advances to Integrated Reproductive Medicine

The opportunities described in this section are individually significant, but their greater potential lies in how they can be connected around the patient journey. Realising that value requires more than the adoption of individual technologies; it requires the clinical, digital, data, workforce and governance capabilities needed to operate as part of a coordinated reproductive medicine system.

By connecting ecosystem actors through a shared governance model and the capabilities required to deliver integrated care, the system shifts from isolated initiatives to a patient pathway focused on continuity of care (Figure 4). This enables clearer accountability, more coordinated adoption and continuous learning from outcomes and patient experience, allowing care models and adoption decisions to evolve over time.



Figure 4:
A Conceptual Model of an Integrated Reproductive Medicine System



Taken together, these advances show that the future of reproductive medicine will not be defined by a single breakthrough. The greater opportunity lies in connecting established care with emerging scientific capabilities, while distinguishing what is proven, what is still being evaluated and what remains experimental. That scientific progress creates significant opportunity, but it does not remove the system challenges that continue to shape when patients enter care, how they experience it, and how reliably innovation translates into value.

Persistent Challenges to Integrated Reproductive Medicine

Nine key challenges are especially significant in shaping the future of reproductive medicine. These challenges increasingly go beyond what an individual IVF clinic can address alone. They raise broader questions about how health systems measure quality, support access, coordinate the patient journey and develop the specialist capabilities needed as reproductive medicine evolves.

Fertility Risks are Often Identified Late, Limiting Opportunities for Prevention

Fertility care often begins only once individuals or couples experience difficulty conceiving. By that point, some reproductive risks may already have progressed and opportunities for earlier prevention, assessment or fertility preservation may have narrowed. The WHO's first global guideline on infertility, published in 2025, reflects this gap, noting the need for greater attention to prevention including earlier fertility information across schools, primary care and reproductive-health services.³⁸

Age-related fertility decline is a clear example. Fertility declines with reproductive ageing, yet awareness of when that decline becomes clinically significant remains limited. The American College of Obstetricians & Gynecologists (ACOG) reports that, in one study of women aged between 18 and 29 years, only 22% could correctly identify the age of marked fertility decline, the fertile window and the fact that ovaries do not continually produce new eggs.³⁹ The same guidance notes that fertility discussions are often initiated by patients rather than routinely incorporated into care, with 52.9% of patients in one study experiencing a year of infertility before seeking medical advice.³⁹

Consider an individual in their early thirties who has no immediate plans to start a family and has never discussed reproductive health during routine care. Several years later, after experiencing difficulty conceiving, they enter the fertility pathway only to learn that age-related decline or another reproductive-health risk may have reduced the options available to them. Earlier access to reliable information, risk assessment and appropriate counselling would not have guaranteed a different outcome, but it could have enabled more informed decisions and earlier consideration of available options.

The challenge also extends beyond age. The WHO identifies preventable or modifiable contributors to infertility including untreated sexually transmitted infections and tobacco use.³⁸ The result is that fertility can remain a reactive area of healthcare: attention intensifies once infertility has emerged, rather than earlier in the reproductive life course when information, prevention or preservation may still influence future options.

Fertility Remains Stigmatised, Preventing People from Seeking Help Early

Infertility is not only a clinical diagnosis; it can also carry significant social and emotional consequences. Evidence shows that stigma can discourage individuals from seeking fertility care and contribute to psychological distress, including depression and social isolation.⁴⁰

Recent research reinforces this link between stigma and help-seeking. A 2025 qualitative study across White, African American and Hispanic women in the United States found that infertility-related stigma affected mental well-being and family relationships and could deter women from seeking treatment.⁴¹ A 2025 systematic review across 48 studies in Africa similarly found infertility stigma to be widespread, with psychological, behavioural, relational and health-related consequences.⁴²

Stigma can also be gendered. Although infertility can arise from either the male or female reproductive system, women may continue to carry disproportionate social blame, while men may avoid assessment because infertility can be associated with masculinity.⁴³ This can reinforce a pattern in which fertility concerns remain private until they become more difficult to ignore.

The psychological burden can continue once patients enter treatment. A study of 2,465 women undergoing IVF and embryo transfer in China reported anxiety in approximately 18% of patients and depression in 27%.⁴⁴ Taken together, the evidence suggests that social stigma may discourage or delay help-seeking, while patients who enter treatment may continue to experience substantial psychological strain.

Care is Fragmented Across Screening, Genetics, Fertility Treatment, and Maternity Services

The reproductive-health journey extends beyond an IVF cycle. The pathway can span from initial consultation and counselling, treatment and embryo transfer, pregnancy confirmation, and early pregnancy monitoring, with multiple clinical and patient-support touchpoints across the journey. These stages may involve different professionals, organisations and information systems, creating several points at which continuity can be lost.

This fragmentation is already visible within fertility treatment itself. The UK's Human Fertilisation and Embryology Authority (HFEA) has noted that patients may face a fragmented journey combining online and in-person, licensed and independent services.⁴⁵ The HFEA's 2024 national patient survey also identified coordination and administration as the aspect of treatment with the highest level of dissatisfaction; patients reported problems including delays, unclear or inconsistent information and difficulty contacting their clinic, while valuing continuity through the same clinician or a named nurse.⁴⁶

Real-world patient experiences illustrate the cumulative effect of these gaps. A recent study of couples navigating infertility in Morocco identified diagnostic delays, frequent changes of doctor, lack of clear information and discontinuous monitoring as experiences during the treatment journey.⁴⁷ Another report similarly notes that infertility care carries substantial emotional, relationship and practical burden, with patients expressing a need for more individualised and coordinated care.⁴⁸

Health Systems Struggle to Keep Regulatory Frameworks Aligned with Rapidly Evolving Reproductive Technologies

Reproductive medicine is developing across areas including AI-enabled decision support, genomic testing, digital care, and emerging reproductive technologies. As these capabilities evolve, existing regulatory frameworks may not always align with the technologies, risks and clinical applications now emerging. The challenge is not simply whether regulation exists, but whether existing laws, regulatory responsibilities and evidence requirements remain fit for technologies that may develop faster than traditional regulatory processes.

This concern is already visible in mature fertility systems. In the UK, the HFEA has noted that parts of the law on the regulation of fertility treatment are “increasingly out of date”.⁴⁹ The regulator has identified developments including online fertility services, artificial gametes and new embryo-related technologies as areas that could expose limitations in the existing framework.⁴⁹

AI provides a further example. AI tools are increasingly being introduced across fertility, yet the HFEA’s 2025 review described its existing regulatory framework for AI as limited, with oversight distributed across fertility, medical-device, professional and data-protection regulators.⁵⁰ The HFEA also noted that it does not itself assess the underlying algorithm or technical architecture of AI tools,⁵⁰ illustrating how new technologies can cut across traditional regulatory boundaries. This also raises questions about how regulatory oversight should address the confidentiality of sensitive patient data, appropriate access controls and security assessments of AI-enabled systems.

Genomic Information is Not Consistently Translated into Routine Reproductive Care

Genomic technologies are expanding the ability to identify inherited risks before pregnancy, investigate some causes of infertility and inform reproductive decision-making. However, generating genomic information is not the same as integrating it into care. For genomic information to influence reproductive outcomes, individuals and couples must be identified at the appropriate stage, results must be interpreted accurately, and those results must be connected with counselling and clinically appropriate reproductive options.

This translation remains inconsistent. A study examining the implementation of preconception reproductive genetic carrier screening in the US found that population-wide preconception screening was “not routinely performed” and that access was often concentrated among people who actively sought screening or were already undergoing fertility treatment.⁵¹

The timing of genomic information also matters. Carrier screening can identify individuals or couples with an increased likelihood of having a child affected by an inherited condition and, where appropriately indicated, support informed decisions about options such as preimplantation genetic testing or prenatal diagnosis.⁵² However, when screening occurs only after pregnancy has begun, or once patients have already entered fertility treatment, some options may become more time-sensitive or practically constrained. Genomic information therefore has greater potential when it is connected upstream with preconception and reproductive-health services rather than treated as a separate specialist test.

Generating genomic data is not enough; its value depends on whether results can be interpreted confidently and translated into informed reproductive decisions. This remains challenging where relevant populations are underrepresented in international reference databases. A 2026 review focused on high-consanguinity populations in the Middle East and North Africa identified “limited population-specific genomic reference databases leading to high rates of variants of uncertain significance”.⁵² Strengthening population-relevant reference data, clinical interpretation and genetic counselling is therefore essential if genomic testing is to provide clear and actionable information for individuals and couples.



Patients Struggle to Navigate a Complex and Emotionally Demanding Journey

The fertility journey may involve diagnostic investigations, repeated appointments, medication schedules, procedures, periods of waiting, and difficult decisions about whether to continue or change treatment. Patients must often manage these demands while coping with uncertainty about whether treatment will result in pregnancy.

The practical demands of treatment can add to this burden. A 2026 study of patients undergoing IVF found that 90% reported missing work to attend appointments, 65% missed professional obligations, and 60% said treatment appointments affected their privacy at work.⁵³ Repeated appointments and procedures must therefore be managed alongside employment, family responsibilities, and patients' preferences about whether and how to disclose treatment.

Price remains a significant emotional and financial barrier. DoH - AD conducted benchmarking for an end-to-end IVF cycle, including consultation, diagnostics and medications required across the treatment pathway.ⁱ

Results placed Abu Dhabi at approximately US\$10,900 which is broadly comparable with the UK and Spain, while the US came in as approximately 28% higher.⁵⁴ The barrier may extend beyond the initial price: where patients may require multiple cycles, additional procedures, medication, travel or accommodation, uncertainty about the total cost can add further strain during an already emotionally demanding period.⁵⁴

Insurance and public funding can reduce the financial burden, but coverage is often uneven and subject to eligibility criteria, treatment limits, co-payments, or plan-specific exclusions. A 2025 peer-reviewed review protocol on ART financing in high-income countries notes that funded IVF may be restricted according to factors such as age, previous children, and duration of infertility, leaving patients to pay out of pocket when eligibility criteria are not met or funded cycles are exhausted.⁵⁵ Coverage therefore matters not only in whether IVF is included, but in the extent and conditions of that coverage.

i: The benchmark covers the associated consultations, diagnostics, and medications across the following stages of IVF: ovarian stimulation, egg retrieval, fertilisation, embryo transfer, egg freezing, and embryo freezing.

Quality and Success Rates are Not Consistently Measured

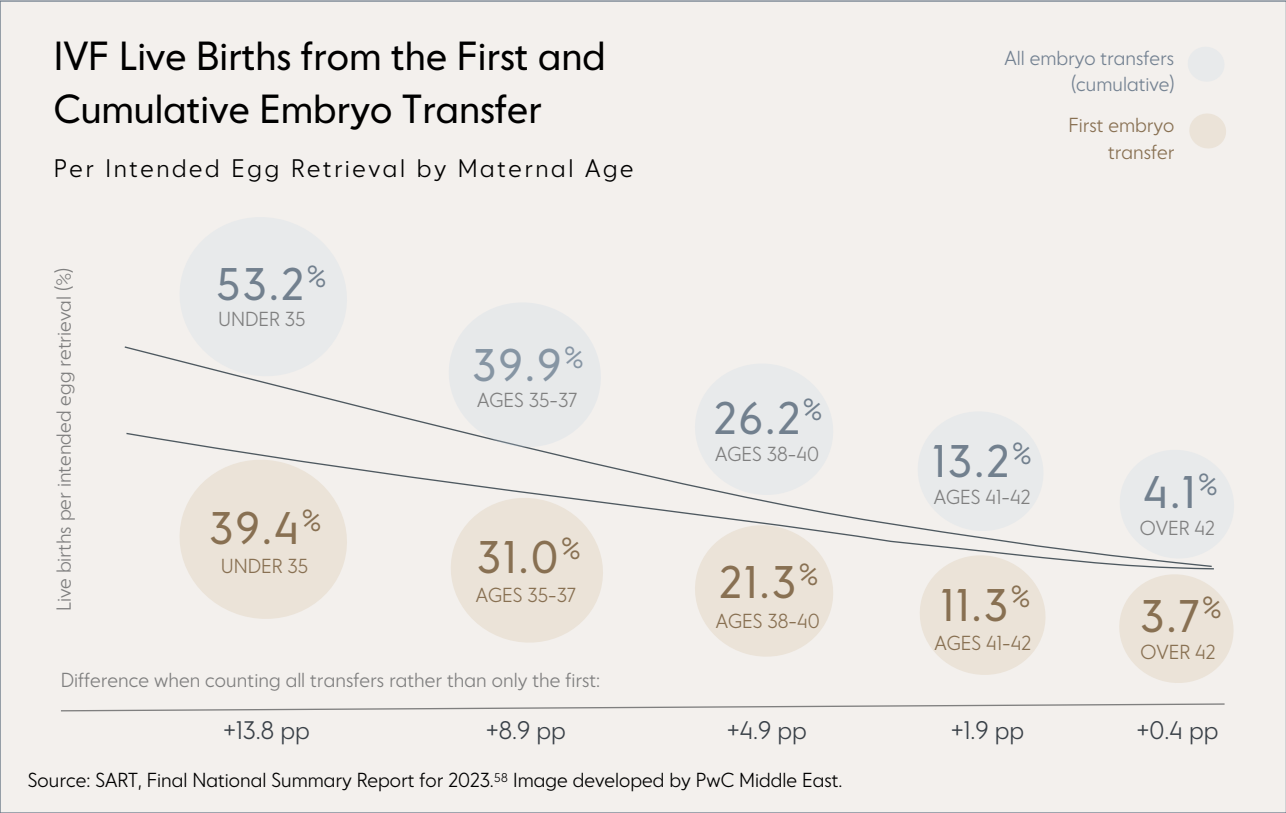
Success rates have improved considerably since IVF was first introduced, but understanding what constitutes “success” is not always straightforward. Reported rates can measure different outcomes at different stages of the treatment pathway, and even when the same measure is used, results can vary significantly according to patient and treatment characteristics.

There is no single measure of IVF success. Outcomes can be reported per intended egg retrieval, per actual retrieval or per embryo transfer, while cumulative measures account for live births resulting from multiple embryo transfers associated with one egg retrieval.⁵⁶ These measures answer different questions and can produce substantially different results.

Patient characteristics add another layer of variation. Age, infertility diagnosis, previous pregnancy history and the ART procedures used can all influence the likelihood of success.⁵⁷ Data from the US in 2023 illustrate the importance of both patient age and how success is measured. Among women under 35 using their own eggs, the live-birth rate per intended egg retrieval was 39.4% when considering the first embryo transfer, compared with 53.2% when including all related transfers within one year (Figure 5).⁵⁸ For women over 42, the corresponding rates were 3.7% and 4.1%.⁵⁸ These differences highlight why IVF success rates must always be interpreted in the context of the patient population and the measure being reported.



Figure 5:
Illustrative IVF Live Births by Maternal Age



These nuances matter because headline success rates influence decisions across the fertility system. For patients, they help shape expectations and treatment choices; Human Fertilisation and Embryology Authority (HFEA) 2024 patient survey found that success rates were among the most important factors considered when choosing a fertility clinic.⁴⁶ For providers, standardised outcome data enable performance to be examined across different patient and treatment groups, while national surveillance systems allow regulators and policymakers to monitor patterns in ART use and outcomes.⁵⁹ For payers, clearly defined outcomes are also important when assessing the cost-effectiveness and value of fertility treatment.⁶⁰

Transparent and standardised outcome reporting is therefore not simply about making clinic performance easier to compare. It enables different stakeholders to interpret outcomes in the context in which they were achieved; it supports more informed patient decisions, meaningful quality improvement, more consistent oversight and better-informed decisions about the value and funding of care.

Specialist Workforce Development Must Keep Pace with Increasingly Complex Fertility Care

Reproductive medicine depends on a highly specialised, multidisciplinary workforce. As treatment becomes more technically complex, health systems need to both recruit experienced professionals, while also establishing the education, supervised training, competency assessment, and ongoing professional development required to build and sustain expertise locally.

The capability requirements are growing. Updated 2026 European Society of Human Reproduction and Embryology (ESHRE) recommendations note that IVF procedures and timelines have become significantly more complex, alongside increasing requirements for technological and informatics competencies, quality management, documentation and reporting.⁶¹ For example, an embryologist whose role may once have centred on routine IVF and intracytoplasmic sperm injection (ICSI) may now need competency in embryo biopsy, fertility preservation, time-lapse technologies and electronic witnessing systems, alongside quality management, and reporting requirements.⁶¹

However, training and professional requirements remain inconsistent. A 2026 framing paper on clinical embryology found that demand for skilled professionals has increased as ART services have expanded and clinical embryology has grown in complexity.⁶² It reported that education and training remain inconsistent internationally, with only a limited number of established frameworks.⁶²

A 2025 international review identified further variation in embryologist certification, duties and staffing recommendations between countries.⁶³ Workforce capability is also not secured through initial training alone. A separate 2025 review called for defined training pathways followed by continuing education and competency evaluation.⁶⁴

Clinical Innovation Can Outpace Robust Evidence and Evaluation

Reproductive medicine is advancing rapidly, but clinical availability alone does not necessarily guarantee that an innovation benefits patients. Before new tests, treatments or laboratory interventions become routine, health systems need structured ways to assess their safety, effectiveness and relevance to particular patient groups.

Fertility-treatment add-ons illustrate this challenge. The ESHRE has developed good practice recommendations on add-ons in reproductive medicine, noting that the innovative nature of assisted reproduction, combined with patients' strong motivation, has contributed to the widespread use of supplementary tests and treatments alongside standard fertility procedures.⁶⁵ However, the recommendations state that evidence regarding the safety and effectiveness of these add-ons is "frequently limited or lacking".⁶⁵

The evidence base is also uneven. Of the 42 recommendations formulated by the ESHRE working group, none was supported by high-quality evidence and only four were supported by moderate-quality evidence.⁶⁵ This illustrates a broader challenge as AI-enabled decision support, genomic analysis, and emerging laboratory technologies enter reproductive medicine. Health systems need transparent pathways for distinguishing what is ready for routine care, what may be appropriate only for defined patient groups and what should remain within research while evidence develops.

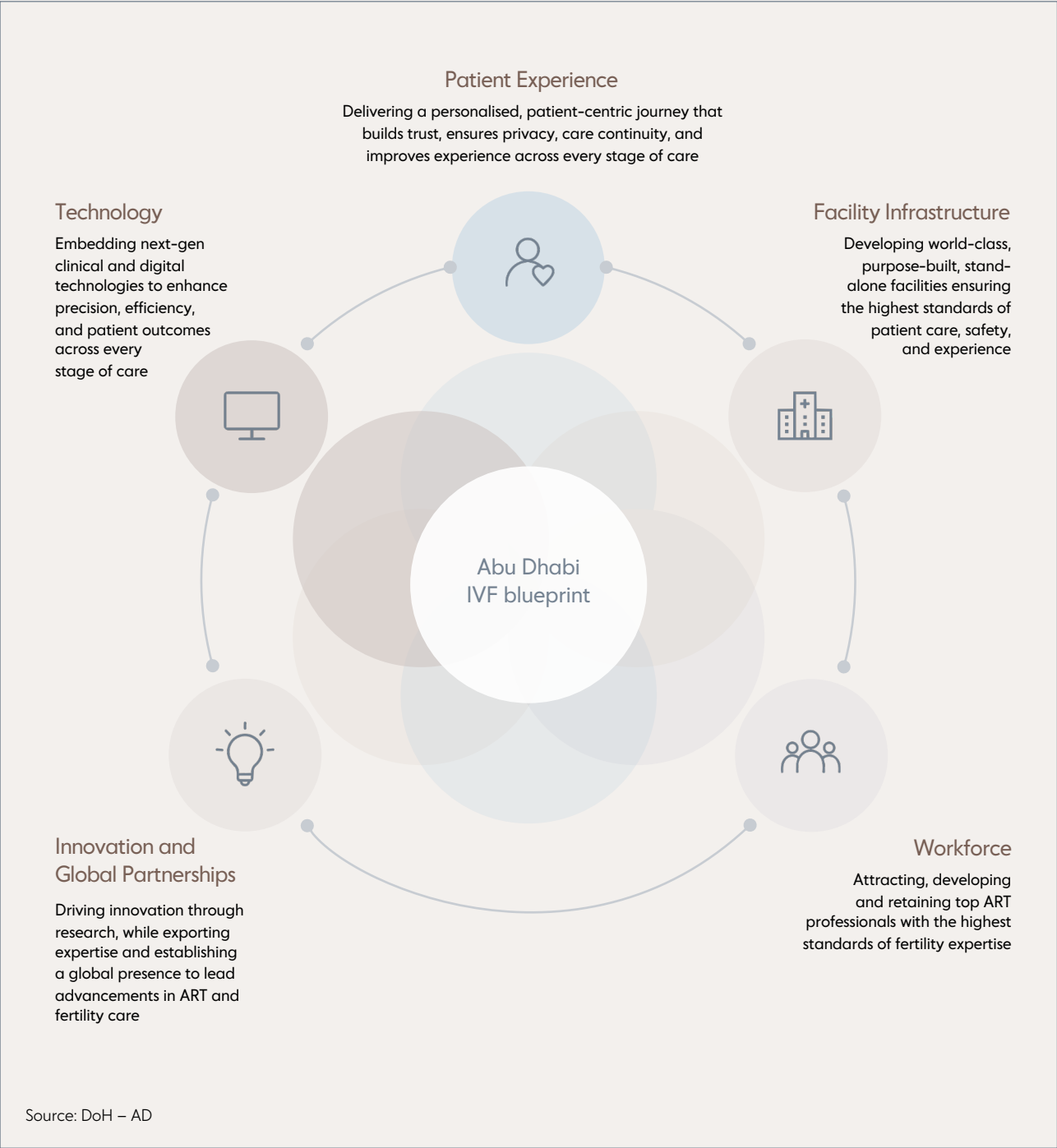
Abu Dhabi in Action: Translating an Integrated Reproductive-Health Ambition into IVF System Change

Abu Dhabi is advancing a broader vision for reproductive health, moving beyond fertility treatment towards an integrated, preventive and personalised model of care. Led by the DoH - AD, the Abu Dhabi Programme for the Future of Reproductive Health sets out a roadmap to 2030, with the ambition of positioning the emirate as a global leader in reproductive health while improving outcomes for individuals and families.⁶⁶

The programme translates this vision into three interconnected pillars: (1) awareness and prevention across life stages; (2) access to and coverage of reproductive healthcare services; and (3) enabling capabilities spanning regulation, genomics and digital technologies. These are underpinned by five guiding principles: shared reproductive-health responsibility between men and women; a whole-of-life approach; equal emphasis on clinical quality and patient experience; outcome-based incentives; and collaboration across government, academia and the private sector.⁶⁷

Within this wider programme, Abu Dhabi's IVF blueprint identifies five complementary focus areas: patient experience, facility infrastructure, workforce, technology, and innovation and global partnerships. Together, these priorities define the capabilities needed to advance IVF care and support its integration into the broader reproductive-health system (Figure 6).⁶⁷

Figure 6:
Focus Areas of the IVF Blueprint



These focus areas are interconnected and supported by wider reproductive-health measures spanning prevention, awareness, financing, and regulation. Their combined contribution is important: advancing IVF care requires not only stronger clinical capabilities, but also the broader system conditions that enable patients to access, navigate, and benefit from those services.

The figure below illustrates how Abu Dhabi is beginning to translate this ambition into action, mapping nine key global reproductive-health and IVF challenges to the measures already in place or being developed across the emirate.

The following subsections examine these responses, highlighting how individual initiatives contribute to a more integrated reproductive-health system.

Figure 7:

Abu Dhabi's Responses to Key IVF System Challenges

Global challenge	Abu Dhabi's response
1. Health systems intervene too late, after fertility has already declined.	Advancing early risk identification through reproductive-health screening, preconception care, premarital genetic screening, and specialist referral pathways.
2. Fertility remains stigmatised, preventing people from seeking help early.	Promoting reproductive-health awareness through community outreach, digital educational resources, and fertility education embedded in primary care.
3. Care is fragmented across screening, genetics, fertility treatment and maternity services.	Connecting care across the reproductive journey through coordinated referrals, structured provider handovers, and clinical information exchange.
4. Health systems struggle to keep regulatory frameworks aligned with rapidly evolving reproductive technologies.	Adapting regulatory frameworks through established clinical guidelines, updated reproductive-health standards.
5. Genomic information is rarely translated into routine reproductive care.	Translating genomic insights into reproductive decisions through genetic screening, counselling, preconception assessments, and exploration of genomic applications in fertility care.
6. Patients struggle to navigate a complex and emotionally demanding journey.	Improving patient navigation and support through dedicated care coordinators, patient education, emotional-support standards, and digital access to IVF services.
7. Quality and success rates are not consistently measured.	Standardising quality and outcome measurement through common performance indicators, age-stratified clinical outcome reporting, and emirate-wide monitoring.
8. Specialist workforce development must keep pace with increasingly complex fertility care.	Expanding specialist capacity and competencies through accredited training, academic partnerships, international talent attraction, and planned specialised infrastructure.
9. Clinical innovation can outpace robust evidence and evaluation.	Connecting research and clinical practice through academic-provider partnerships, coordinated research priorities and mechanisms to support translation into patient care.

Source: DoH - AD, PwC Middle East analysis.

Advancing Early Identification of Reproductive-Health Risks

Abu Dhabi is extending reproductive health services upstream, with greater emphasis on identifying risks before individuals seek fertility treatment. In August 2025, the Abu Dhabi Public Health Centre (ADPHC) expanded its comprehensive screening programme (IFHAS) to include dedicated reproductive health screening for men and women aged 20–35.⁶⁸ The screening incorporates reproductive-health questionnaires and hormonal assessments, supporting earlier identification of potential fertility risks and access to appropriate guidance.⁶⁷

This emphasis on earlier identification reflects a shift towards addressing reproductive health before individuals enter the fertility pathway. "*Reproductive health deserves attention earlier in life, before someone arrives at a fertility clinic,*" explains Dr. Nicole Sirotnin, CEO, Institute for Healthier Living Abu Dhabi (IHLAD). "Understanding genomics, medical history, metabolic health, medications, and relevant lifestyle factors as a young adult can help people identify factors that may affect fertility when they are ready to have children. That conversation should start early and include both partners, to identify risks and address those that can be modified. Additionally, there are exciting scientific efforts to prolong ovarian function, with the potential to extend the fertility window and simultaneously support a woman's healthspan".

Early identification is also supported through preconception care delivered in primary care, where primary care physicians are responsible for initial assessments, risk identification, and coordination of care. The DoH – AD Standard for the Provision of Preconception Care, published in August 2026, specifies structured, risk-based referral pathways to relevant specialists, including fertility and IVF services where indicated.⁶⁹ These measures complement Abu Dhabi's expanded premarital genetic screening programme, which supports earlier identification of inherited risks, genetic counselling, and informed reproductive decision-making.⁷⁰

These measures create opportunities to move beyond identifying risks in isolation, connecting both women and men with appropriate counselling, specialist assessment, and care before pregnancy.

Promoting Reproductive-Health Awareness and Informed Decision-Making

Fertility-related stigma and misinformation can discourage individuals and couples from seeking advice early. To spread awareness and earlier engagement, the DoH – AD has delivered community reproductive-health awareness programmes targeting students, healthcare professionals, and government employees.⁶⁷

Digital channels also improve access to reliable information. Launched in October 2025, Sahatna Space, the health section of TAMM, Abu Dhabi's digital government services platform, provides residents with access to wellness tools and educational articles.⁷¹ DoH - AD has also published information on reproductive health and pregnancy through Sahatna/TAMM.^{67 72}

Education is further embedded into preconception care. The DoH - AD Standard for the Provision of Preconception Care, published in August 2026, requires primary care providers delivering preconception services to include education on fertility and reproductive health for both women and men, including recognising potential health concerns and addressing misinformation.⁶⁹

Hence such initiatives aim to encourage more informed conversations about reproductive health and earlier engagement with healthcare services.

Connecting Care Across the Reproductive-Health Journey

According to Mediclinic Middle East, *"The future of fertility care lies in moving beyond episodic IVF treatment towards a coordinated reproductive-health pathway across the life course," adding that "patients should be supported from fertility awareness and preservation through diagnosis, genetics, treatment, psychological support and pregnancy care by a coordinated multidisciplinary team that remains accountable throughout the journey."*

Abu Dhabi is taking steps to connect reproductive-health services across the patient journey, from early screening and genetic counselling through fertility treatment and maternity care. Its expanded premarital genetic screening programme supports couples identified with inherited risks in receiving counselling and exploring reproductive options, including referral to IVF services where indicated.⁷⁰

The DoH - AD Standard for the Provision of Preconception Care, published in August 2026, requires risk-based, documented and bidirectional referrals between primary care and relevant specialists, including genetics, obstetrics and gynaecology and fertility/IVF services, with shared-care and hand-back arrangements where appropriate.⁶⁹ Further along the pathway, DoH - AD's Standard for Patient Experience in Facilities Providing IVF Services, published in September 2025, establishes requirements for handovers between providers and clinical information exchange through Malaffi, Abu Dhabi's Health Information Exchange. It also requires monitoring of ART pregnancies, delivery outcomes and infant health at 12 months, with outcome updates linked to the corresponding ART treatment cycle.⁷³

This connected model is also reflected in the breadth of care available across Abu Dhabi's major healthcare institutions, where fertility services sit within a wider network. *"Across PureHealth's healthcare network, services span premarital screening, fertility assessment, IVF, pregnancy and delivery. At Corniche Hospital, which has delivered more than 300,000 babies, families can access specialist fertility, maternity and newborn care, demonstrating how reproductive healthcare can extend from planning a family through to childbirth and beyond,"* notes Rashed Al Qubaisi, Group Chief Operating Officer of PureHealth.

As these requirements are implemented and data accumulate, linking fertility treatment with pregnancy and infant outcomes could create an increasingly valuable longitudinal evidence base. With appropriate governance and further integration of genomic and longer-term child-health information, this could support a deeper understanding of treatment effectiveness, safety and offspring outcomes.

Adapting Regulation to Advances in Reproductive Medicine

As reproductive technologies evolve, regulatory requirements must keep pace with scientific advances while safeguarding patient safety and ethical practice. Abu Dhabi's regulatory framework for assisted reproduction is anchored by the DoH - AD Standard for Assisted Reproductive Technology Services and Treatment, which sets requirements for provider duties, facility and professional licensure, quality management, patient eligibility, counselling and information requirements.⁷⁴ This is supplemented by the DoH - AD Clinical Practice Guideline on Assisted Reproductive Technology, which provides guidance on preimplantation genetic testing and fertility preservation through egg, sperm and embryo cryopreservation.⁷⁵ The revised version of the DoH - AD Gestational Surrogacy Standard, effective April 2026, governs full surrogacy, establishing requirements for eligibility, informed consent, clinical and psychological assessment, and regulatory oversight.⁷⁶

Beyond these established instruments, the Abu Dhabi Programme for the Future of Reproductive Health, announced in September 2026, identifies an agile regulatory environment as one of the foundations supporting advances in reproductive healthcare and innovation.⁶⁶

Translating Genomic Information into Reproductive Care

Abu Dhabi's expanded premarital genetic screening programme provides an example of how genomic insights can inform reproductive decisions. The programme was launched in 2022 and by July 2026, 11,748 couples had reportedly undergone screening, with 565 cases of genetic incompatibility identified (approximately 4.8%).⁷⁷ Beyond identifying genetic risks, the programme is supported by genetic counselling services that help couples understand their results and explore available reproductive options, including preimplantation genetic testing and ART, where clinically appropriate.⁷⁷ This approach is reinforced by DoH - AD's preconception care standard, which requires genetic risk assessments to be followed by counselling from qualified professionals.⁶⁹ This regional relevance is also recognised by healthcare providers.

The Abu Dhabi Programme for the Future of Reproductive Health identifies genomics and genetic testing as important components of reproductive care. Abu Dhabi is drawing on a database of nearly one million genomes, alongside premarital and preconception genetic screening programmes, to identify inherited risks and inform reproductive decisions. In an announcement in September 2026, the Abu Dhabi Media Office described the integration of genetic testing and genomic data into assisted reproduction to inform embryo assessment and more personalised treatment.⁶⁶ Abu Dhabi's wider genomic and data capabilities, including the Emirati Genome Program,⁷⁸ Emirates Genome Council,⁷⁹ and M42's analytics capabilities,⁸⁰ could provide a foundation for exploring further reproductive applications, subject to clinical evidence and appropriate governance.

Importantly, the value of identifying inherited risks extends beyond screening itself. When connected with professional counselling and appropriate reproductive options, these insights have the potential to help couples make more informed decisions and reduce the risk of transmitting certain serious inherited conditions.

Improving Patient Experience and Navigation Throughout IVF Care

IVF treatment can be complex and emotionally demanding, requiring patients to navigate multiple appointments, treatment decisions, and uncertainty over outcomes. Through its Standard for Patient Experience in Facilities Providing IVF Services, DoH - AD requires each patient to be assigned a dedicated IVF care coordinator as a single point of contact for appointments, follow-up, communication, and personalised support.⁷³ The standard also requires tailored patient education and sensitive communication following unsuccessful treatment cycles, including counselling and follow-up consultations.⁷³

These requirements are particularly important when patients face difficult treatment outcomes and need clear information and emotional support to make informed decisions about their next steps.

Digital services are also being introduced to simplify the journey. Sahatna Space provides access to healthcare services through TAMM, Abu Dhabi's digital government services platform,⁷¹ and TAMM now enables IVF booking, registration, and remote check-in.⁶⁷ Together, these measures aim to make the IVF journey more navigable while addressing patients' information and support needs.

Establishing Common Standards for IVF Quality and Outcomes

Abu Dhabi has established common definitions for measuring ART quality and outcomes across licensed providers. Through DoH - AD's Assisted Reproductive Technology Treatment Service Jawda Guidance, Version 9, effective from the first quarter of 2026, facilities are required to report standardised indicators, including separate clinical pregnancy and live-birth rates by age group, treatment complications and laboratory outcomes. The latest update also introduced indicators covering oocyte survival after warming, consultation waiting times and appointment availability.⁸¹

These common measures provide a basis for understanding performance across different patient groups and clinical outcomes, rather than relying on a single headline success rate as a measure of quality.

This measurement framework provides a basis for reporting performance at emirate level. DoH - AD reported an IVF success rate exceeding 51% for 2024.⁸² In September 2026, the Abu Dhabi Media Office reported that IVF success ratesⁱⁱ had reached 59% across the emirate, with an ambition to reach 80% as part of the programme's roadmap to 2030.⁶⁶

Building Specialist Expertise and Enabling Infrastructure

Abu Dhabi is working to expand its specialist reproductive-medicine workforce while strengthening the competencies needed for increasingly complex fertility care. In 2025, the Fakhri IVF Centre, in collaboration with DoH - AD, launched the UAE's first accredited three-year Reproductive Endocrinology and Infertility Fellowship for obstetricians and gynaecologists. Accredited by the National Institute of Health Specialties, the programme combines clinical practice, surgical management, research and leadership development.⁸³ The centre has also signed a cooperation agreement with Al Ain University covering planned professional training, internships, joint research and faculty exchange.⁸⁴ In 2026, Fakhri Institute also opened applications for a structured, competency-based Clinical Embryology Training Programme, combining hands-on laboratory training with academic learning to develop specialist embryology capabilities.⁸⁵ Also in 2026, PureHealth launched the SEHA National Fellowship Programme in Reproductive Medicine and Surgery, a three-year programme jointly accredited by DoH - AD and the NIHS, providing Emirati physicians with specialist training at SEHA's Tawam and Corniche fertility centres.⁸⁶ DoH - AD's IVF patient-experience standard requires all staff to complete mandatory training in infection control, data privacy and emergency procedures, alongside provisions for tailored clinical training for doctors, nurses, embryologists and care coordinators, and patient-experience and communication training across the workforce.⁷³

ii: The success rate is the percentage of frozen embryo transfer procedures that result in a viable pregnancy, confirmed by fetal heart activity on ultrasound approximately two to four weeks after a positive pregnancy test, including all pregnancies and embryos regardless of PGT status.⁸¹

These efforts build on Abu Dhabi's wider reproductive-health ecosystem, comprising more than 2,000 clinical, scientific and technical professionals across over 250 facilities, including IVF clinics and other care settings.⁶⁶ DoH - AD also reports the creation of an advisory board bringing together experts from several countries, alongside plans to further strengthen capabilities through Centres of Excellence and purpose-built IVF facilities.^{66 67} As clinical techniques and technologies continue to evolve, sustaining high-quality fertility care will depend not only on expanding specialist capacity, but also on maintaining and developing competencies across the wider multidisciplinary team.

Connecting Research and Innovation with Clinical Care

Abu Dhabi is strengthening links between reproductive research and clinical practice through partnerships that bring together academic institutions and fertility providers. In June 2026, Abu Dhabi University and FertiClinic Group announced a partnership to establish the FertiClinic Reproductive Research Lab, with specialised facilities for IVF, andrology, and cryopreservation research. The collaboration is intended to support joint scientific studies, publications, and knowledge exchange between academic researchers and fertility specialists.⁸⁷

The capabilities required to translate innovation into patient care also extend beyond research institutions and clinical providers to the wider life sciences ecosystem. As Mubadala Bio notes: *"The future of fertility care depends not only on advances in clinical treatment, but also on the life sciences capabilities that support the patient throughout the reproductive-health journey. By localising fertility and women's health medicines, strengthening pharmaceutical manufacturing and building resilient supply chains, we can help bring high-quality treatment closer to patients and support a more connected and dependable model of care".*

The Abu Dhabi Programme for the Future of Reproductive Health also seeks to strengthen collaboration between researchers, innovators, and healthcare providers. As part of the programme, DoH - AD has established the Global Reproductive Health Advisory Council to identify research priorities, strengthen international collaboration, and support the translation of innovations into clinical practice.⁶⁶ The longer-term value of these collaborations will depend on the evidence they generate and how effectively that evidence informs clinical practice and the responsible adoption of innovation.

From Abu Dhabi's IVF Blueprint to Wider Learning and Future Opportunities

The wider value of Abu Dhabi's IVF blueprint lies in what its capabilities can achieve together — creating an impact greater than the sum of its parts.⁶⁷ This section explores select areas that offer transferable insights for other health systems, alongside opportunities for Abu Dhabi to build on its foundations and further advance reproductive medicine.

Advancing Comprehensive and Connected Reproductive Care



Transferable Insight: The Greatest Value of Patient-Centred Care Comes from Connecting Individual Services into a Comprehensive Reproductive-Health Journey, Rather than Improving Each Touchpoint in Isolation.

Abu Dhabi's approach illustrates how early identification, specialist assessment, fertility treatment, and patient support can be brought together through structured pathways and care coordination. This creates a foundation for a more responsive model of reproductive care that extends beyond individual IVF procedures.^{69 73}



The Opportunity: Building on Abu Dhabi's Integrated Care Foundations to Advance More Comprehensive, Personalised Reproductive-Health Pathways.

A promising next step would be to deepen multidisciplinary assessment for both partners, drawing on reproductive urology, andrology, genetics and other specialties where clinically indicated. This could support earlier identification of underlying causes of infertility and more targeted treatment decisions.

Abu Dhabi could also explore more proactive support following unsuccessful IVF cycles, combining clinical reassessment, counselling and psychological support. Understanding which approaches help patients make informed decisions about continuing or changing treatment could generate valuable evidence on improving continuity, patient experience, and clinical outcomes.

Together, these opportunities could help demonstrate how a connected reproductive-health model supports patients more effectively throughout their journey, from prevention and diagnosis to treatment and follow-up.

Connecting Technology and Innovation with Scientific Discovery



Transferable Insight: Technology, Clinical Expertise and Research Partnerships can Generate Greater Value when Connected Around Shared Scientific Questions and Unmet Clinical Needs.

The blueprint recognises that technological advancement and innovation are most valuable when supported by the broader capabilities required to translate scientific progress into clinical practice. Abu Dhabi's genomic capabilities and developing research ecosystem provide a foundation for pursuing opportunities that extend beyond improvements to existing fertility treatments.^{67 66}

David Kavanagh, General Manager, Omics, M42, describes how these capabilities could connect genomic insight with decisions across the reproductive-health pathway: *"Genomics allows reproductive medicine to begin long before a patient walks into an IVF clinic. Through the Emirati Genome Program, population-scale genomic insight is already informing premarital screening, helping couples understand their risk of passing on inherited conditions and make informed choices about their options. The next step is to connect that insight securely across carrier screening, embryo testing and clinical care, so that every decision is guided by evidence relevant to our population and protected by strong governance".*



The Opportunity: Leveraging Abu Dhabi's Genomic Capabilities and Research Ecosystem to Pioneer Advances in Inherited-disease Prevention, Infertility Diagnosis, and Longitudinal Reproductive-health Research.

One promising direction is to strengthen the interpretation of genetic variants that remain insufficiently characterised in international reference datasets. Building on existing screening capabilities, this could improve genetic counselling, reproductive risk assessment, and clinically appropriate options for reducing the transmission of serious inherited conditions.

Further opportunities lie in investigating previously unexplained causes of infertility, including recurrent pregnancy loss, severe male-factor infertility, fertilisation failure, and early embryo developmental arrest. Combining detailed clinical assessments with genomic research could help identify new disease mechanisms and inform future diagnostic and therapeutic approaches.

Looking further ahead, Abu Dhabi has the opportunity to progressively connect parental genomic and clinical information with fertility treatment, pregnancy, birth, and longer-term offspring-health outcomes. As this evidence accumulates, it could enable research into questions that remain difficult to investigate internationally, including the relationships between parental genetics, reproductive interventions, and subsequent maternal and child health.

With sustained research collaboration, appropriate comparison groups and robust ethical and data governance, this would serve as an increasingly valuable scientific resource and a distinctive contribution to reproductive medicine.

Aligning World-class Capabilities around Meaningful Clinical Outcomes



Transferable Insight: The Combined Value of Advanced Facilities, Technologies, and Clinical Capabilities is Realised when they Contribute to Shared Quality Objectives And Outcomes that Matter to Patients.

The blueprint brings together the capabilities needed to advance fertility care, while Abu Dhabi's standardised ART performance framework provides a complementary foundation for aligning providers around common expectations for clinical quality and patient outcomes.^{67 81} This highlights the importance of ensuring that investments across the reproductive-health ecosystem contribute to a shared definition of success.

Mediclinic Middle East describes what a shared definition could include:

"A world-leading fertility system should not be judged primarily by how many cycles it performs or by selectively presented pregnancy rates. Instead success should be measured through cumulative healthy singleton live birth outcomes, safety, time to outcome, patient experience and affordability, with results reported transparently and adjusted for patient complexity."



The Opportunity: Building on Abu Dhabi's Quality Foundations to Establish Shared Clinical Objectives that Raise the Standard of Reproductive Care Across the System.

Future quality objectives could place greater emphasis on achieving healthy live births while minimising avoidable complications and multiple pregnancies. Aligning providers around these outcomes will encourage evidence-based embryo-transfer practices, strengthen clinical decision-making, and support continuous quality improvement.

Over time, as these objectives evolve, they might incorporate maternal and offspring-health outcomes alongside patient experience and wellbeing. This would create a more comprehensive understanding of successful fertility care and help ensure that advances in clinical capability translate into meaningful benefits for patients and families.

By aligning its growing capabilities around common clinical objectives, Abu Dhabi has the opportunity to demonstrate how a coordinated approach to quality can shape clinical practice and raise expectations across the reproductive-health system.

The Future of Fertility is Being Rewritten

The future of reproductive medicine will be shaped by how advances in science, technology, and clinical care come together around the needs of patients. Abu Dhabi's IVF blueprint illustrates the potential of this integrated approach, where the collective impact can be greater than the sum of its parts.

The next frontier is a future where reproductive risks are understood earlier, care is increasingly personalised, and scientific discovery opens possibilities that are beyond reach today. Ultimately, progress will be measured by healthier beginnings, more informed choices, and better outcomes for individuals, families and generations to come.

As Her Excellency Dr Noura Khamis Al Ghaithi, Undersecretary of the DoH - AD, explains: *"Globally, reproductive medicine is entering a new era. Advances in science, genomics, AI and digital health are giving us new ways to understand fertility, personalise care, and improve outcomes for more people. But technology alone is not enough. The real opportunity is to bring research, clinical care and innovation together, so that people experience their care as a single journey rather than disjointed services.*

That is the approach we are building in Abu Dhabi, bringing together policy, clinical expertise, research, technology and collaboration in one connected reproductive-health ecosystem. Through Future Health, we are sharing this approach with the world and inviting others to help shape a future where fertility care is more connected, more accessible, and centred on the needs of every person."



About Future Health – A Global Initiative by Abu Dhabi

Future Health is a year-round platform for global collaboration and transformative health innovation, held under the patronage of His Highness Sheikh Khaled bin Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi and Chairman of the Abu Dhabi Executive Council.

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Future Health is curated and convened by the Department of Health – Abu Dhabi and its Founding Partners M42, PureHealth, the Institute for Healthier Living Abu Dhabi and Mubadala Bio. Mediclinic Middle East serves as a Strategic Partner, and Burjeel Holdings as an Associate Partner.

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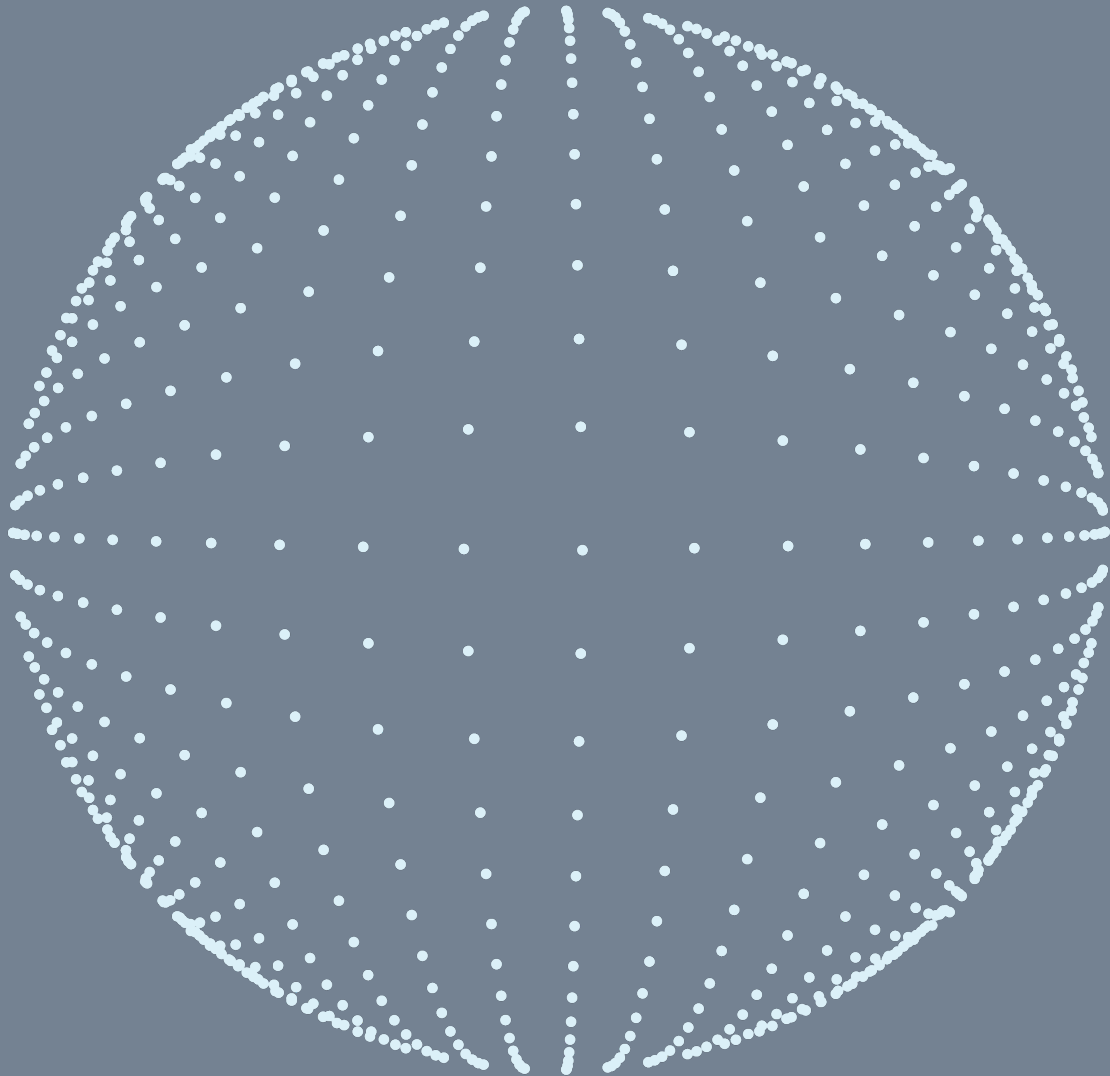
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