INFERTILITY – AN AFRICAN PERSPECTIVE

MANAGING THE NEEDS OF THE INFERTILE COUPLE

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Declaration

No conflict to declare
What is known already

1. Infertility causes suffering
2. ART is central to infertility care*
3. Resources in Africa are limited
4. Universal access to reproductive health

Managing the needs of the infertile couple

**SUFFERING**

- What are the needs?
  - Available, affordable, effective, safe, compassionate, patient-centred care
- How does Africa shape these needs?
- How can we meet the needs?

*Role of ART*
How does Africa shape these needs?

✓ Pro-natalist environment: infertility stigma
✓ Social consequences
  ▪ not unique
  ▪ more frequent
  ▪ more severe
✓ Financial consequences
✓ Marginalised in communities and health systems

Gerrits, FVV 2010, 2:194; Dyer & Patel, FVV 2012, 4:102
How does Africa shape these needs?

- ART export
  - limited data
  - limited local capacity building
- Financial implications
- Inequalities and inequities in access to care
- Ineffective interventions
For example…

Slide courtesy Dr Ndegwa
How can we meet the needs?

- Change patriarchal, gender, pro-natalist norms
- 15 years of social science literature: little change

Infertility around the globe: new thinking on gender, reproductive technologies and global movements in the 21st century

Marcia C. Inhorn¹,* and Pasquale Patrizio²

Overall, access to ART appears to be changing gender relations in several positive ways through: (i) increased knowledge of both male and female infertility among the general population; (ii) normalization of both male and female infertility problems as medical conditions that can be overcome; (iii) decreased stigma, blame and social suffering for both men and women; (iv) increased marital commitment as husbands and wives seek ART services together and (v) increased male adoption

These positive effects on gender can be seen most clearly in the Middle Eastern nation-states that have made ART most accessible. This includes
ART in Africa: survive – thrive – transform

1,359,982 cycles (2012)

World population
“Data make the invisible visible.”

M Gates
Poor-resource settings: invisible dynamics

- More embryos per TF
- Less FET
- Less access
- Higher cost
- Poorer outcomes

DATA
African Network and Registry for ART

Vision: To reduce burden of infertility in sub-Saharan Africa through ART

✓ Available
✓ Accessible
✓ Effective
✓ Safe

✓ Data
✓ Togetherness
ART data network and registry

- Relationships
- Project plan
- Software
- Workshops
- Infrastructure
- Funding
- Website

- Botswana
- Ghana
- Kenya
- Mauritius
- Namibia
- Nigeria
- South Africa
- Uganda
- AFS
- GIERAF
Welcome To ANARA

ANARA is a network which establishes a platform for communication and information sharing of the practice and outcomes of ART in sub-Saharan Africa. The registry arm of ANARA collects and disseminates data on the availability, effectiveness and safety of ART in Africa.

Know More
Project plan: The Latin-American model

- Data anonymity
- Pool, analyse, store
- Report back:
  1. To each clinic: their own data
  2. To each country: national data
  3. To the region: regional data
- Protect ownership
Closing the data gap

- Data from Africa since 2009
- 2012 data: 30 centres from 10 countries
  - Benin
  - Cameroon
  - Ghana
  - Ivory coast
  - Mali
  - Morocco
  - Nigeria
  - South Africa
  - Togo
  - Tunisia

Dyer et al, Hum Reprod 2016, 31(7):1588
## Africa 2012: Fresh non-donor IVF & ICSI

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<td>2910</td>
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"If you want to go fast, go alone
If you want to go far, go together"

- Advanced Fertility Centre (Nigeria)
- Bridge Clinic (Nigeria)
- Centre de FIV Alboustane (Morocco)
- Cape Fertility Clinic (S Africa)
- Care Clinic (S Africa)
- Clinique Biasa (Togo)
- Clinique Kabala (Mali)
- Clinique les Jardins (Tunisia)
- Clinique les Jasmins (Tunisia)
- Clinique Médicale Odyssée (Cameroon)
- Clinique Procrea (Ivory Coast)
- Drs Aevitas (S Africa)
- Durban Fertility Clinic (S Africa)
- Fembryo Fertility Clinic (S Africa)
- Genesis Reprod. Centre (S Africa)
- George Clinic (Nigeria)
- Gynomed (S Africa)
- Hôspital Aziza Othman (Tunisia)
- Medfem Clinic (S Africa)
- Medical ART Center (Nigeria)
- Nisa Premier Hospital (Nigeria)
- Nordica (Nigeria)
- Polyclinique Saint Michel (Benin)
- Pretoria Fertility Centre (S Africa)
- Reproductive Medicine Unit (S Africa)
- Roding Reproductive Centre (Nigeria)
- Ruma Fertility And Specialist Hospital (Ghana)
- Sandton Fertility Centre (S Africa)
- Vitalab Fertility Unit (S Africa)
- Wijnland Fertility (S Africa)
Conclusion

✔ Informed about social reality
✔ Compassionate towards suffering
✔ Skilful in use of limited resources
✔ Tireless in strengthening available, accessible, effective, and safe ART