



RCOG WORLD CONGRESS 2017  
CAPE TOWN SOUTH AFRICA  
20 – 22 March



Royal College of  
Obstetricians &  
Gynaecologists



# INFERTILITY – AN AFRICAN PERSPECTIVE

---

## MANAGING THE NEEDS OF THE INFERTILE COUPLE

Silke J Dyer, PhD, FCOG, FRCOG  
Groote Schuur Hospital  
University of Cape Town

# 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

\*Gianaroli, EurJ Obstet Gynecol Reprod Biol, 2016, 207: 211

# Managing the needs of the infertile couple

## *SUFFERING*

- Resource limitations*
- What are the needs?
    - ✓ Available, affordable, effective, safe, compassionate, patient-centred care
  - How does Africa shape these needs?
  - How can we meet the needs?
- Universal access*

## *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

# 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

human  
reproduction  
update

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

**Marcia C. Inhorn<sup>1,\*</sup> and Pasquale Patrizio<sup>2</sup>**

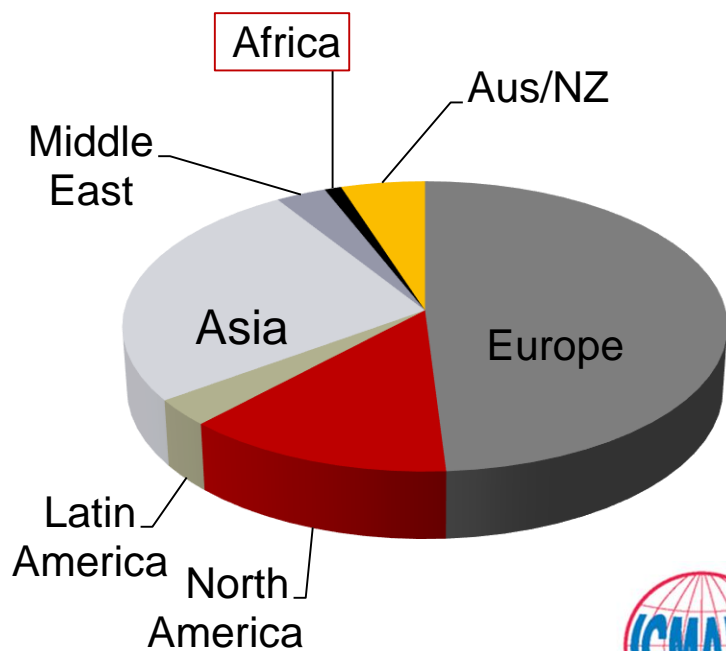


Overall, access to ART appears to be changing gender relations in several positive ways through: (i) increased knowledge of both male and female infertility among the general population; (ii) normalization of both male and female infertility problems as medical conditions that can be overcome; (iii) 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

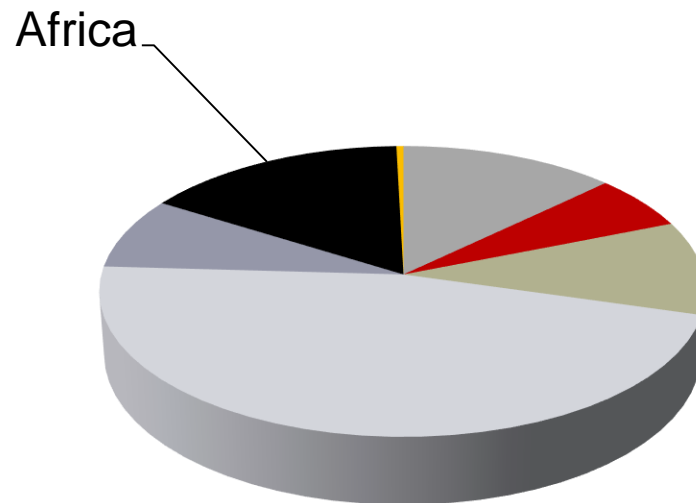
These positive effects on gender can be seen most clearly in the Middle Eastern nation-states that have made ART most accessible. This includes

# ART in Africa: survive – thrive – transform

**1,359,982 cycles (2012)**



**World population**



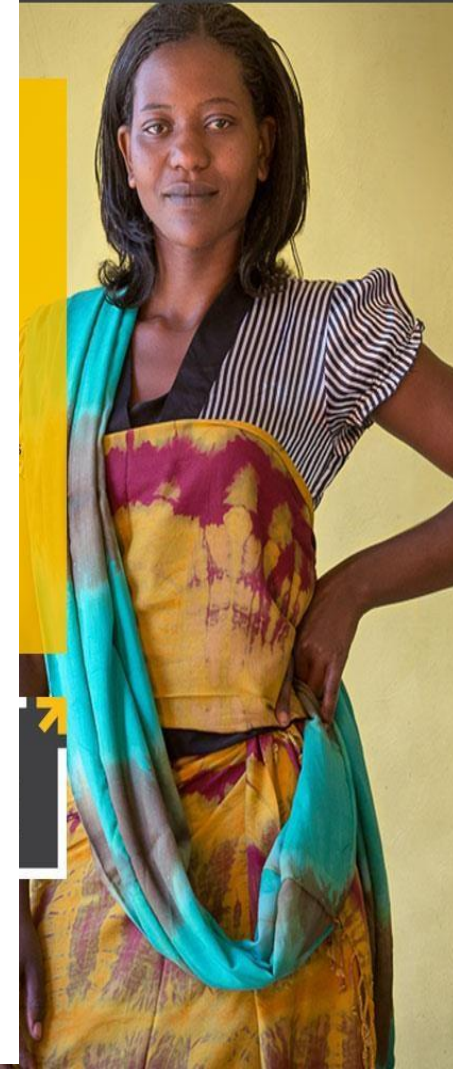
# Women Deliver 2016

“Data  
make the invisible  
visible.”

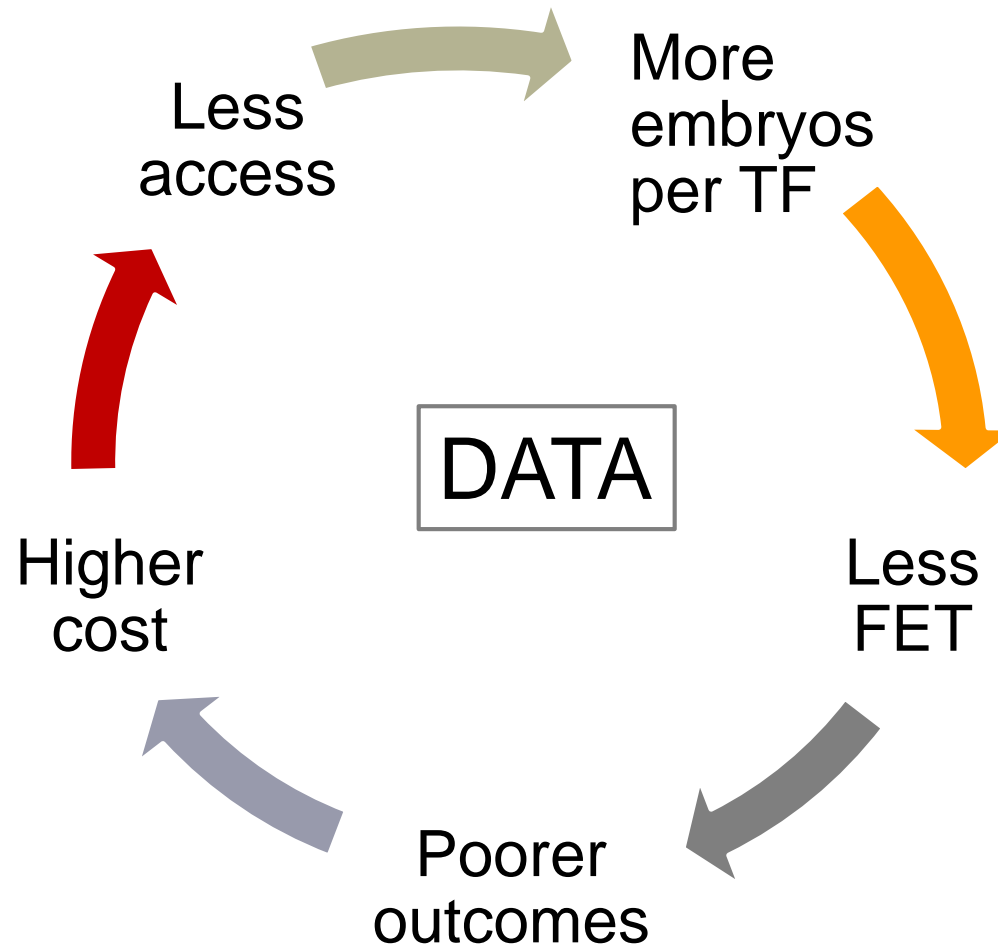
M Gates

u ever wanted to know about...

**THE 4<sup>TH</sup> GLOBAL CONFERENCE**  
COPENHAGEN, DENMARK | 16-19 MAY 2016



# Poor-resource settings: invisible dynamics



# 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



# ANARA-Africa.com



[Home](#)

[About Anara](#)

[Data collection](#)

[Current Activities](#)

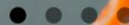
[Registry Login](#)



## 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](#)

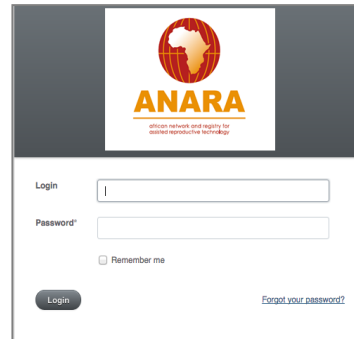


# Project plan: The Latin-American model

ART Centres



Online program



- ✓ 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

human  
reproduction

ORIGINAL ARTICLE *Reproductive epidemiology*

**International Committee for  
Monitoring Assisted Reproductive  
Technologies world report: Assisted  
Reproductive Technology  
2008, 2009 and 2010<sup>†</sup>**

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

## Africa 2012: Fresh non-donor IVF & ICSI

Age	Aspirations	Pregnancies	PR/Asp	Europe 2010
< 35	4470	1655	37.0%	37.5%
35-39	3104	897	28.9%	29.8%
≥ 40	1897	358	18.9%	15.0%
Total	9471	2910	30.7%	-

---

*“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)
- Hôpital 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