



Public-private Interaction: A simple strategy towards making assisted reproduction accessible: A prospective descriptive study

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Declaration of Conflict of Interest

- ▶ I have nothing to declare.

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Objectives & Outline

- ▶ Prevalence of the Infertility
- ▶ The Impact of Infertility
- ▶ The need to provide the service (prevention, diagnosis & treatment)
- ▶ Description of the model : PPI

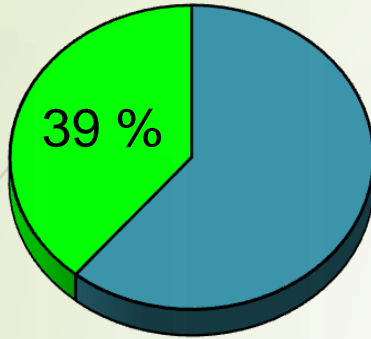
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Definition & Prevalence of Infertility

- ▶ Inability to conceive after 12 months of regular and unprotected intercourse (*NICE clinical guideline 156, 2013*)
- ▶ Infertility 8 – 10% worldwide, developing countries 5 – 30% (*Makuch et al., 2011*)
- ▶ Developing : Tubal occlusion & severe male Infertility (*Van Balen F et al. Hum Reprod 2001; 16: 215-219*)
- ▶ ART : not accessible or affordable (*Habbema JDF. Hum Reprod 2008; 21: 4*)

Tubal occlusion & Male infertility

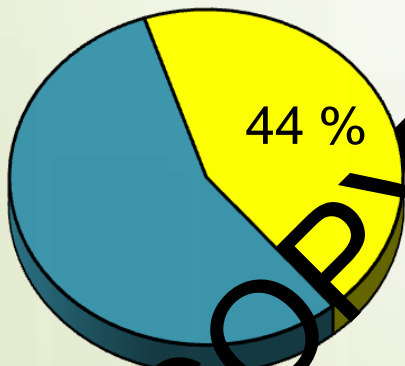
Asia



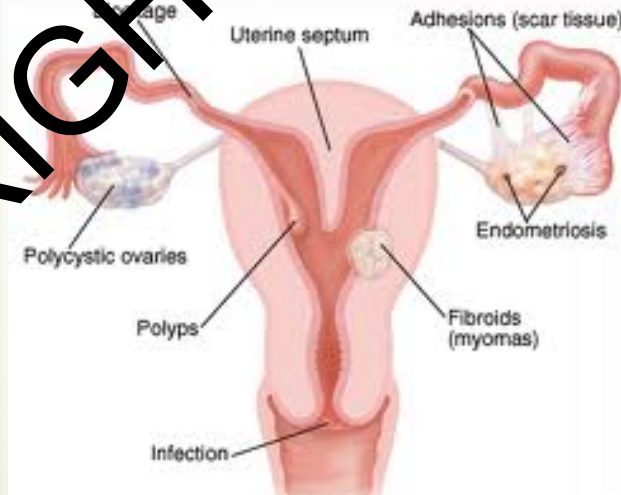
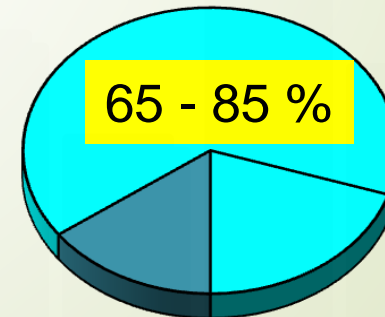
Tubal factor and male factor: why?

- Sexually transmitted diseases
- Post-partum infections
- Illegal abortions
- Urbanisation - ↑ mobility
- Polygamy
- Resistant micro-organisms ...

Latin America



Africa



Definitions of infertility and recurrent pregnancy loss

Practice Committee of the American Society for Reproductive Medicine

American Society for Reproductive Medicine, Birmingham, Alabama

The American Society for Reproductive Medicine has recently revised its definition of infertility and recurrent pregnancy loss. (*Fertil Steril*® 2008;90:S60. ©2008 by American Society for Reproductive Medicine.)

Infertility is a disease,* defined by the failure to achieve a successful pregnancy after 12 months or more of regular unprotected intercourse. Earlier evaluation and treatment may be justified based on medical history and physical findings and is warranted after 6 months for women over age 35 years.

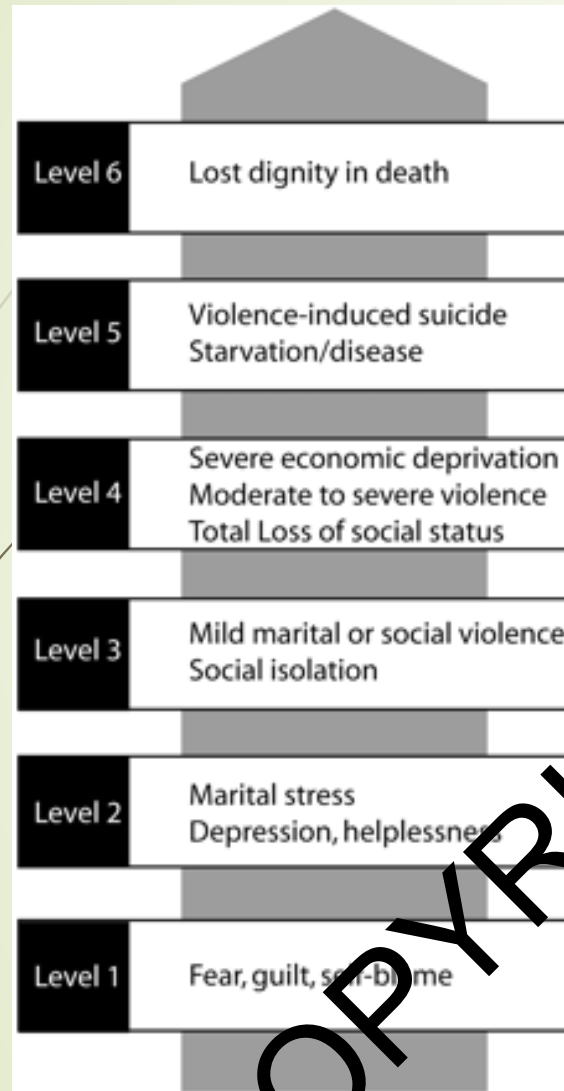


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Psychosocial Consequences of Infertility



High element of abuse whereby the husband is allowed to have extramarital affair and that increasing the risk of new HIV Infections.... *Anecdotal evidence*

Developing/ transitional societies – burden of societal "impairment" is higher in these societies however is not captured in "prevalence" numbers

Developed societies



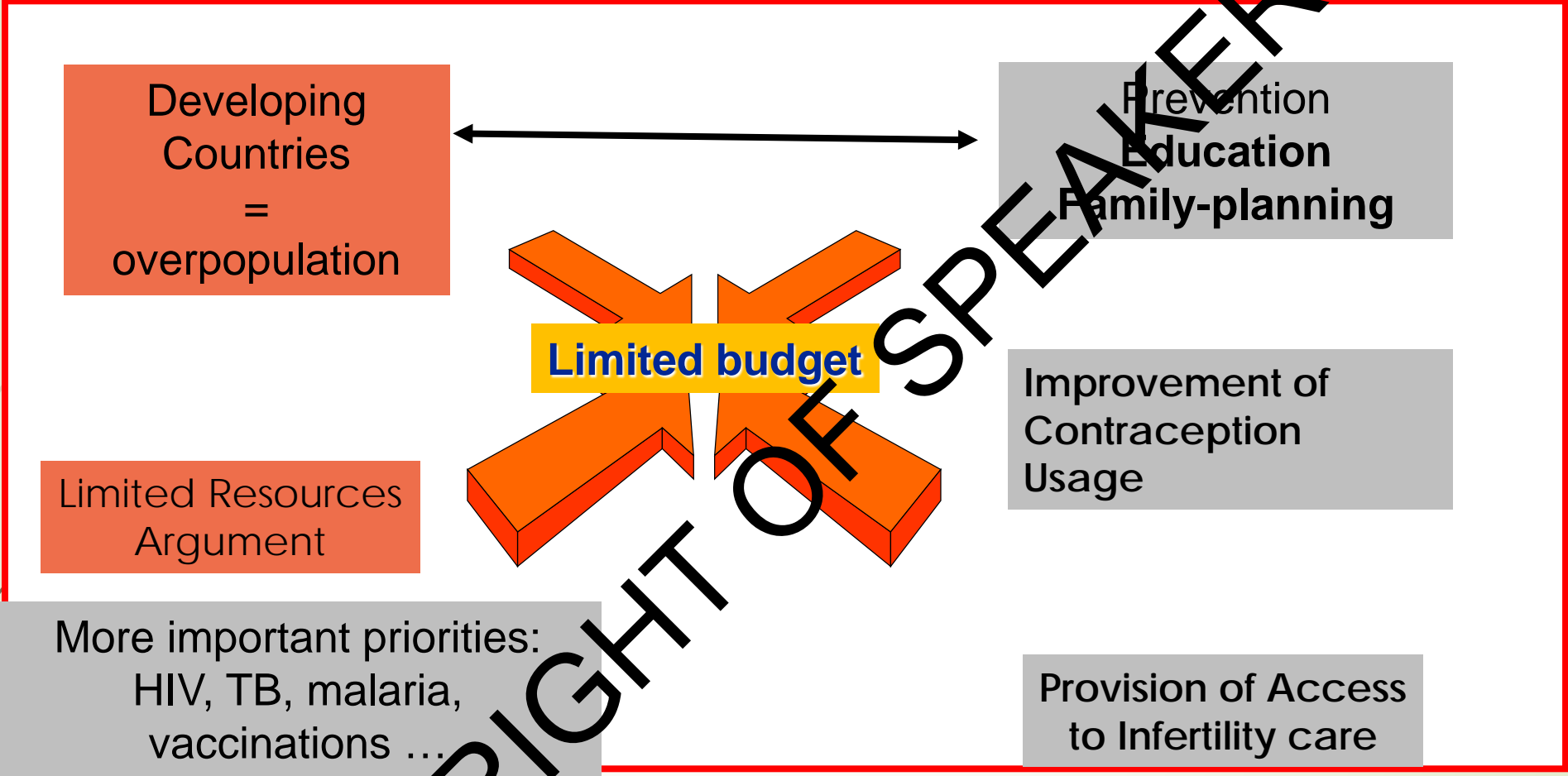
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Position Statements regarding the need to provide Infertility Services:

1. "Men and woman of full age, without any limitation due to race, nationality or religion, have the right to marry and to raise a family". This statement was adopted 60 years ago at the 1948 **UN Universal Declaration of Human Rights** and can't be misunderstood: it implies the right to access to fertility treatments when couples are unable to have children.
2. At the **United Nations International Conference on Population and Development** in Cairo in 1994 the following statement was made "Reproductive health therefore implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so ... and to have the information and the means to do so ..."
3. **UN Millennium Declaration**, signed in September 2000 : "Achieve, by 2015, universal access to reproductive health".
4. In 2001, on the occasion of a **WHO** meeting on "Medical, Ethical and Social Aspects of Assisted Reproduction" in Geneva, a call for the integration of infertility into existing sexual and reproductive health care programmes in developing countries was made.
5. In 2004 the **World Health Assembly** proposed five core statements, including "the provision of high-quality services for family-planning, including infertility services".



Equal access to health care may: reduce high fertility rates, improve contraception usage and possibly reduce new HIV infections.

Cost drivers ART

- USD 3700 / R50 000+ (Private sector)
- 35% Laboratory fees
- 29% Clinicians fees
- 28% Medication
- 8% Clinic fees

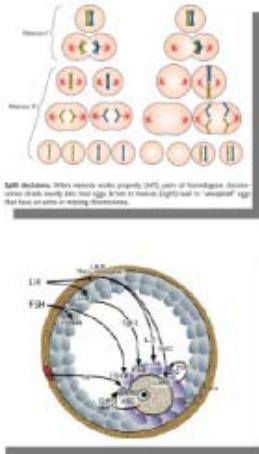
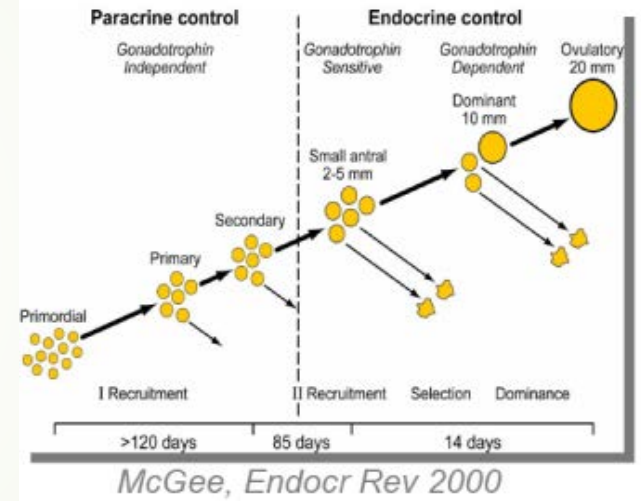


Huyser C et al. Obstet & Gynaecol Forum 2012; 22: 15-21

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Facts : IVF

- 50% Oocytes – abnormal
- 50% Unsuccessful - first attempt¹
- 5% fresh oocytes – live birth²
- Risk of HOMP – single embryo transfer (SET)



1. Ubaldi F et al. *RBM Online* 2007; 14: 675-681.
2. Patrizio P and Sakkas D. *Fertil Steril* 2009; 91: 1061-6.

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Towards making assisted reproductive technology affordable and accessible: Public-private interaction

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Reproductive Medicine Unit, Department of Obstetrics and Gynaecology, Faculty of Health Sciences, Stellenbosch University, Parow, Cape Town, South Africa

- Personnel – hospital & university staff
- Stimulation protocol – mild ovarian (CC & Menopur)
- Laboratory - Oocyte retrieval – light sedation



Perhidine 50-100mg IMI

1-2% Lignocaine in the
vagina (cervical block)

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Tygerberg Low Cost ART

▶ R8000 per cycle (R9000.00)

▶ CRR : Past 9 months (~ 130 patients)

❖ < 38 & 1 embryo : 6%

❖ < 38 with more than 1 embryo: 44%

❖ > 38 with more than 1 embryo: 15%

Unpublished data

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Discussion & Conclusion

- ▶ Feasible & Implementable : Tertiary centres
- ▶ Accessible
- ▶ Reduce inequality
- ▶ Benefits : controlled family planning & lower the risk of new HIV infections

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And the winners will be

Infertile couples

The society

Health care

THANK YOU.....

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