UNIVERSAL ACCESS TO INFERTILITY CARE:
Perspectives from Africa
Fertility Expert Forum 2019
Silke Dyer, FCOG, PhD, University of Cape Town
“Nobody left behind.”

Sustainable Development Goals
UN Human Development Report, 2016
Freedom to access health care, including ART

<table>
<thead>
<tr>
<th>Available</th>
<th>Accessible</th>
<th>Acceptable</th>
<th>Quality</th>
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<tbody>
<tr>
<td>* institutions</td>
<td>* physical</td>
<td>* respectful</td>
<td>* scientific</td>
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<td>services</td>
<td>* financial</td>
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<td>* effective</td>
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<td>skills</td>
<td>* information</td>
<td>* culturally sensitive</td>
<td>* safe</td>
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<td></td>
<td>non-discrimination</td>
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*(ART) Utilization = realized access

ART utilization: global inequality

ART cycles / million population / annum
Outline

1. Access to care
2. Data
3. Collaboration
Universal access to primary care to Fertility downregulation only for those with means to Assisted Reproductive Technology for all in need for progressive realization
Indicator for infertility care

ART utilization
Only indicator at global level
Adopt and promote
Report and monitor

Demand: 1500 couples / million population / annum

ESHRE Capri Workshop Group, Hum Reprod 2001; 16:1518-1526
ART - infertility care

Demand: 1500 couples /million population
Social determinants of health, e.g.
* Gender   Education   Income

Freedom to access health care
Available   * Accessible   Acceptable   Quality

ART utilization (realized access)

ART practices
ART utilization (2014)
Cycles/million population

Full reimbursement

Partial reimbursement

Out-of-pocket payment

2010 – *
1033

239 – *

661 – *

Zegers-Hochschild et al, RBMOnline 2018; 37(6):685-692;
Affordability predicts ART utilization
Correlation coefficient = 0.626

Gender Inequality & ART utilization
Global trends 2002-2012

Source: ART utilisation: ICMART data; Gender Inequality Index: United Nations Human Development Programme
ART utilization predicts SET practice

Correlation coefficient = 0.715

Source: ART utilisation and fresh non-donor single embryo transfer: ICMART 2014 data
Affordability and SET practice

Correlation coefficient $= 0.531$

2014, ANARA data (ART cycles/million population)
Low ART utilization

- Unaffordable
- Unregulated
- Unknown
- Invisible
Strengthen Assisted Reproductive Technology

Together
With data
Develop
Monitor

16 countries - 56 centres

Fresh non-donor IVF & ICSI
Age distribution (interim analysis 2015)

Number of procedures and outcomes

- **Age <=34**: 55.8%
- **Age 35-39**: 29.9%
- **Age>=40**: 14.3%

Aspirations
- Age <=34: 29.9%
- Age 35-39: 29.9%
- Age>=40: 0%

Pregnancies
- Age <=34: 29.9%
- Age 35-39: 29.9%
- Age>=40: 0%

Deliveries
- Age <=34: 0%
- Age 35-39: 0%
- Age>=40: 0%
Fresh non-donor IVF & ICSI: Number of embryos transferred (2015)

Malignant degeneration rate (MDR)

Mean number of embryos per transfer = 2.38

Fresh non-donor IVF&ICSI (South Africa): Outcome by number of embryos transferred

<table>
<thead>
<tr>
<th>Number of Embryos Transferred</th>
<th>Outcome</th>
<th>n</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Embryo Elective</td>
<td>21.7%</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>1 Embryo Non-E</td>
<td>6.7</td>
<td>408</td>
<td></td>
</tr>
<tr>
<td>2 Embryos Elective</td>
<td>44.7%</td>
<td>231</td>
<td></td>
</tr>
<tr>
<td>2 Embryos Non-E</td>
<td>18.9</td>
<td>1323</td>
<td></td>
</tr>
<tr>
<td>3 Embryos</td>
<td>32.5%</td>
<td>249</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>25.8%</td>
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</table>
### Fresh non-donor IVF&ICSI: Gestational age (2015)

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<tbody>
<tr>
<td></td>
<td>22-27 weeks</td>
<td>28-32 weeks</td>
<td>33-36 weeks</td>
<td>&gt;=37 weeks</td>
</tr>
<tr>
<td>Singletons n=1579</td>
<td>2.8</td>
<td>15.1</td>
<td></td>
<td>80.2</td>
</tr>
<tr>
<td>Twins n=647</td>
<td>5.3</td>
<td>7</td>
<td>43</td>
<td>44.8</td>
</tr>
<tr>
<td>Triplets+ n=39</td>
<td>7.7</td>
<td>16.7</td>
<td>41</td>
<td>35.9</td>
</tr>
</tbody>
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Agyepong et al, Lancet 2017; 390(10114):2808-2859
Improving access to ART

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Affordable</th>
<th>Available</th>
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<tbody>
<tr>
<td>Patients</td>
<td>Effectiveness</td>
<td>Training</td>
</tr>
<tr>
<td>Society</td>
<td>Safety</td>
<td>Infrastructure</td>
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<tr>
<td>Government</td>
<td>Stimulation</td>
<td>Drugs</td>
</tr>
<tr>
<td>Health funders</td>
<td>Embryo Culture</td>
<td>Public sector</td>
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<tr>
<td></td>
<td>3rd party funding</td>
<td></td>
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<td>Private-Public P.</td>
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</tbody>
</table>

Network and data

RedLARA: 20th anniversary goal: Better access

Argentina
Uruguay
Costa Rica
Chile
(Paraguay)
(Colombia)

Zegers-Hochschild et al, RBMOnline 7 May 2019
If you want to go fast, go alone, If you want to go far, go together.

— African proverb

**ART Centres**
(16 countries+)

**Fertility societies**
(SASREG)

**RedLARA**
(Fernando Zegars-Hochschild)

**Industry**
(MERCK, Msd, Ferring)

**ICMART**
(David Adamson)

**NRF**

**Anara Operational Team**
(Pavs, Liezel, Inge)
Reproductive Networks in Africa (ESHRE 2019)

ANARA
Network of ART Centres
&
Data voice of ART in Africa

AFFS
Network of Fertility Societies
Universal access to care: far from being universal

ART utilization: indicator for access to care

Better access: together and with scientific data

Ultimate goal
Freedom to access health care
Human right to have children
Wide screen 16:9

Page set up: On screen show
  Headings Font 28 or 32
  Text Font 22, 24, 26 or 28
  References: Font 11

Other Presentations:
- New York: same
- ESHRE ART utilization: Wide screen page set up