

Editorial

The Walking Egg visits South Africa

Infertility care is one of the most neglected health care issues in developing countries, affecting more than 200 million couples. The social stigma of childlessness still leads to isolation and abandonment. Bilateral tubal occlusion due to sexually transmitted diseases and pregnancy-related infections is the most common cause of infertility. Consequently most cases of infertility are only treatable by using assisted reproductive technologies (IVF, ICSI) which are either unavailable or too costly.

December 2007 an expert meeting was organized in Arusha, Tanzania by the Walking Egg non-profit organization in cooperation with ESHRE. This meeting was the start of a global project aiming at increasing the diagnostic and therapeutic options for childless couples in resource-poor countries. To optimise infertility care in terms of availability, affordability and effectiveness, our main objectives are (1) the establishment of a low-cost “one-stop clinic” for the diagnosis of infertility, (2) the simplification of IVF procedures and (3) the implementation of “accessible” infertility services, integrated within health care clinics dealing with good quality family planning, health education, maternity- and child care facilities.

We recently developed a simplified IVF laboratory culture system in which excellent culture conditions are reproducibly obtained without the need for medical gases, complex incubation equipment and expensive infrastructure. An embryo implantation rate of 35% was reported which to date has resulted in eighteen healthy babies.

Time has come to start with accessible and affordable infertility centres worldwide. Lowering the cost of the diagnostic phase, using mild and less expensive ovarian stimulation protocols in combination with the simplified IVF procedure will make it possible to reduce the costs for IVF by almost 80%.

But it remains important to go on with clinical research on different aspects of the low-cost IVF strategy: which ovarian stimulation protocol(s) are to be used, how many motile spermatozoa do we need to be successful with this method, prevalence studies on infertility in developing countries, socio-cultural follow-up of the different projects etc.

Therefore we decided to organize a meeting in South-Africa, bringing together the main actors in this project and representatives of the interested centres and patient groups in Africa.

The final objective of the Walking Egg Project is the implementation of infertility services in many developing countries preferably integrated in existing family planning and mother care services. We hope that this meeting will encourage people to go on with this very controversial but much needed project.

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