Infertility in developing countries: Why should we care?

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According to WHO data more than 180 million couples in developing countries suffer from primary or secondary infertility. The social stigma of childlessness still leads to isolation and abandonment in many developing countries. Differences between the developed and developing world are emerging because of the different availability in infertility care and different socio-cultural value surrounding procreation and childlessness. Although reproductive health education and prevention of infertility are number one priorities, the need for accessible diagnostic procedures and affordable reproductive technologies (ART) is very high. The success and sustainability of ART in resource-poor settings will depend to a large extend on our ability to optimise these techniques in terms of availability, affordability and effectiveness.

Accessible infertility treatment can only be successfully introduced in developing countries if socio-cultural and economic prerequisites are fulfilled and governments can be persuaded to support their introduction. We have to liaise with the relevant authorities to discuss the strengthening of infertility services, at the core of which lies the integration of infertility, contraceptive and maternal health services within public health care structures.

Universal access to infertility care can only be achieved when good quality but affordable infertility care is linked to more effective family planning and safe motherhood programmes. To achieve this goal, only a global project with respect to socio-cultural, ethical, economical and political differences can be successful. After a fascinating period of more than 30 years of IVF, only a small part of the world’s population benefits from these new technologies because these techniques or whether unavailable or too costly. Time has come to give equitable access to effective and safe infertility care in resource-poor countries as well.