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# The fertility care gap in the Global South: lessons from The Gambia, West Africa, and ways forward to establish fertility care for all

The Fertility Care in the Global South Network

## Abstract

Infertility is a neglected global public health issue affecting an estimated 56–72 million couples worldwide. The prevention and management of infertility was recognized as a basic component of sexual and reproductive health at the landmark 1994 International Conference on Population and Development, yet progress in this area remains limited. Interdisciplinary research has been conducted in The Gambia, West Africa, since 2016, with communities, women’s organizations, clinicians, and health policy and systems stakeholders, to identify key gaps in fertility care, and to better understand the delivery of infertility services. A partnership between the Ministry of Health, Safe Haven Foundation, and international researchers helped create The Gambia’s National Infertility Awareness Campaign and gave birth to the Fertility Care Policy Dialogue supporting the inclusion of infertility in The Gambia’s new 10-year National Health Policy. It also helped to establish the White Rose Interdisciplinary Network on Fertility Care in the Global South. To date, the network has more than 60 members globally, including researchers, health workers, policy makers, and activists who work together on infertility awareness raising, policy change, and system strengthening, with the aim of improving equitable access to fertility care for all. Here, we introduce the network and draw on key lessons from ongoing infertility-related research in The Gambia.

**Keywords:** Fertility care, Global South, Health systems, Infertility services

## Introduction

Infertility is a long-standing reproductive health issue that affects both men and women worldwide, with a particularly high prevalence in many countries of the Global South<sup>[1]</sup>. It remains largely overlooked in terms of global health policy and practice, despite having been endorsed as a core component of sexual and reproductive health almost 30 years ago at the landmark 1994 International Conference on Population and Development (ICDP)<sup>[2]</sup>. The provision of a comprehensive package of care that includes awareness, prevention, and management of infertility,

the so-called “fertility care package” is fragmented or almost completely absent, especially across much of sub-Saharan Africa<sup>[3]</sup>. Reasons for this include, among others, powerful discourses around overpopulation, high costs of assisted reproductive technologies<sup>[4]</sup>, a lack of political interest or commitment, high social stigma attached to infertility, and gendered norms, expectations, and biases<sup>[5]</sup>. Here, we introduce the White Rose funded Fertility Care in the Global South Network and draw on infertility research conducted in The Gambia, West Africa, to highlight key lessons learned and ways forward.

## Creation of the fertility care network

The Fertility Care in the Global South Network was launched in September 2021 with the aim of improving knowledge of infertility and increasing access to fertility care for all through partnership building, capacity development, and research and evidence generation to inform changes in policy and practice. The network comprises over 60 members from 16 countries, across all continents (Fig. 1), including researchers from different academic disciplines, health practitioners, policymakers, lawyers, activists, patient representatives, and other stakeholders. The network brings together the work of infertility experts with decades of experience in the area<sup>[6–13]</sup> with that of infertility students and Early Career Researchers<sup>[3,14–20]</sup>. In The Gambia, Balen, Ceesay, Dierickx, and colleagues have conducted research on infertility since 2016, including ethnographic studies, socio-legal analysis (Benbow et al, unpublished data), and health policy and systems research<sup>[21]</sup>. Research conducted in partnership with Safe Haven Foundation, a Gambian nongovernmental organization focussing on infertility and early pregnancy loss, fostered The Gambia’s

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Members of The Fertility Care in the Global South Network are listed in Supplementary material S1 and S2.

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**Figure 1.** Countries represented by affiliations of members of The Fertility Care in the Global South Network.

National Infertility Awareness Week campaign. More recently, health policy and systems research conducted in the framework of Afferri's PhD included: (i) a systematic review of qualitative evidence<sup>[3]</sup>; (ii) a national survey of infertility services in The Gambia<sup>[20]</sup>; and (iii) qualitative research with health care practitioners and other health system stakeholders (Afferri et al, unpublished data). Importantly, the network and the aforementioned research include active participation of senior national health policymakers and international stakeholders with outputs directly informing policy development in The Gambia<sup>[21]</sup> (Bittaye and Marena, personal communication, December 2022). Moreover, the close collaboration between national policymakers and the network plus the research produced in the country, has enabled the creation of key priorities for fertility care in the new reproductive health strategic plan 2022–2026. This direct focus on infertility in a national health policy represents a novelty for The Gambian health system.

### **Fertility care policy and practice**

While The Gambia, like many other sub-Saharan African countries, faces significant challenges in addressing infertility, it has made some progress in including fertility care in its health sector over the last 5 years, and especially since 2019. Awareness raising, by Safe Haven Foundation and partners, in communities and within the health policy and system arena, has been key in setting foundations for policy development and behavior change. For example, formative research on fertility awareness was used to co-create a National Infertility Awareness Campaign in rural, periurban, and urban areas of The Gambia, aiming to tackle infertility stigma and gender-based disparities in fertility care seeking. Addressing these issues is of key importance because, as highlighted by a recent worldwide systematic review, there is generally low to moderate fertility awareness among people of

reproductive age<sup>[22]</sup>, and men are particularly impacted by lowest levels of awareness. This poses significant challenges in The Gambia given the influential role that men, and extended family members, often elders, play in women's reproductive health decisions and practices, as well as the limited engagement of men with (male) infertility services<sup>[14,20]</sup>. While longitudinal data is currently unavailable, emerging findings from ongoing research on the campaign indicate that there is a high demand for improved information and services, while also highlighting participants' willingness and intention to change their behavior toward increased formal health care seeking for fertility issues (Allen et al, unpublished data). However, awareness raising alone is not sufficient and must be coupled with concrete actions in terms of fertility care policy making and implementation, and improvements in equitable access to infertility services. The overarching aims of The Gambian MoH of "*building partnerships for quality health care for all*" as cited in the current national health policy<sup>[2,3]</sup>, represents fully the vision of the network, and embodies the attention of the health system to the needs of Gambian citizens living with infertility.

With this in mind, in June 2020, The Gambian Ministry of Health, together with researchers working on infertility, hosted its first Fertility Care Policy Dialogue<sup>[21]</sup>. This participatory workshop brought together Gambian health policy makers with activists, patient representatives, lawyers, researchers and key international stakeholders. The 1-day workshop, which was held online, highlighted the importance of supporting couples with fertility challenges, and identified—through a participatory process—10 short-term and long-term priorities for fertility care in The Gambia<sup>[21]</sup>. The political will and commitment shown by Gambian health leadership before, and especially since, the workshop, resulted in ambitious plans to address infertility in a more comprehensive and coordinated way. Fertility care was

subsequently included in the renewed 10-year National Health Policy and in the recently developed Reproductive Health Strategy (Marena, personal communication, December 2022). Plans for the creation of a National Fertility Association as well as discussions regarding The Gambia's first Assisted Conception Unit are now also underway (Bittaye, personal communication, December 2022). However, at the moment, as in vitro fertilization is not currently available in the country, those suffering from infertility either have to accept their situation or, if they can afford it, travel abroad for treatment<sup>[24]</sup>. While such policy intentions are welcomed by reproductive activists and infertility supporters in The Gambia, operationalization of the plans and achieving the goal of "fertility care for all" remain problematical, given resource constraints faced by The Gambian Government and the health sector overall. It is worth noting that The Gambia has signed and ratified several international and regional treaties which contain rights relating to infertility and the Millennium Development Goals (MDGs), and the Sustainable Development Goals (SDGs) are also relevant. However, concern has been expressed regarding the justifiability of such rights. In addition, in Satang Nabaneh's view, regional human rights treaties have had a "very minimal impact" within The Gambia<sup>[25]</sup>.

Mitigating some of these system-wide challenges will only be possible in partnership, whereby health authorities work together with communities, private sector organizations and multilateral agencies, without losing sight of the patient-centered perspective and social determinants of access to fertility care. Moreover, while high political will and fertility leadership within The Gambian government played a major role in the increased prioritization of fertility care, the presence of civil society grassroots organizations such as Safe Haven Foundation also contributed to this development, as have the recent and ongoing research projects and outputs. In the absence of international cooperation agencies that fund infertility-related activities, academic institutions, such as those involved in the Fertility Care in the Global South Network, can provide essential support through collaborative research, and in technical and capacity-building areas. Indeed, it was this unique combination and engagement of local and international academics, activists, and policymakers that generated a critical mass and momentum for addressing infertility in The Gambia, and has been fundamental in shaping the fertility care agenda in the country. The Fertility Care in the Global South Network, which has arisen from these efforts, combines multi-stakeholders' perspectives with a multi-disciplinary impact-driven research agenda. The network also serves as a link between actors across Africa and other regions of the Global South, with the aim of enabling South-South and South-North/North-South partnership building and information sharing. This is essential for enhanced learning across countries that are in different stages of establishing and scaling up fertility care, to bridge current gaps. However, while the network is relatively new, its financial sustainability might pose a challenge in terms of future continuity. To moderate this, funding opportunities, leadership, and continued engagement among members will be pivotal.

## Conclusion

While fertility care still requires significant attention to be scaled up, some progress has been made in terms of infertility awareness

raising, political commitment, and partnership building in The Gambia. Lessons emerging from these recent developments, and from the drive to include infertility in The Gambian health system, could be relevant to other similar settings where infertility remains severely neglected. In some country contexts, including many across the Global South, there is an urgent need for interdisciplinary and intersectional research on infertility that engages academics with civil society organizations and policy practitioners. This collaborative and co-designed approach to research is of utmost importance, particularly where tensions have manifested between the rising demand for fertility care services and the urgent need to de-stigmatize infertility and fertility care seeking, especially among men. Networks such as the Fertility Care in the Global South Network, can help prioritize such research and development, while also supporting evidence-informed policymaking, and enhancing the implementation and scale-up of integrated, low-cost approaches to fertility care. Ending the neglect of people living with infertility is pivotal and can only be achieved by establishing, promoting, and scaling up fertility care for all, as was recommended by the International Conference on Population Development almost 3 decades ago.

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## Conflict of interest disclosures

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## References

- [1] Mascarenhas M, Flaxman S, Boerma T, *et al.* National, Regional, and Global Trends in Infertility Prevalence Since 1990: a systematic analysis of 277 health surveys. *PLoS Med* 2012;9:e1001356.
- [2] Dierickx S, De Proost M, Huang A, *et al.* The Nairobi Summit and Reproductive Justice: unmet needs for people with infertility. *Am J Trop Med Hyg* 2021;104:812–3.
- [3] Afferi A, Allen H, Booth A, *et al.* Barriers and facilitators for the inclusion of fertility care into reproductive health policies in Africa: a qualitative evidence synthesis. *Hum Reprod Update* 2021;28:190–9.
- [4] Ombelet W. Global access to infertility care in developing countries: a case of human rights, equity and social justice. *Facts Views Vis Obgyn* 2011;3:257–66.
- [5] Cooke I, Gianaroli L, Hovatta O, *et al.* Affordable ART and the third world: difficulties to overcome. *ESHRE Monogr* 2008;1:93–6.

- [6] Ramsewak S, Cooke I, Li T, *et al.* Are factors that influence oocyte fertilization also predictive? An assessment of 148 cycles of in vitro fertilization without gonadotropin stimulation. *Fertil Steril* 1990;54:470–4.
- [7] Pacey A, Povey A, Clyma J, *et al.* Modifiable and non-modifiable risk factors for poor sperm morphology. *Hum Reprod* 2014;29:1629–36.
- [8] Pacey A. Is sperm DNA fragmentation a useful test that identifies a treatable cause of male infertility? *Best Pract Res Clin Obstet Gynaecol* 2018;53:11–9.
- [9] Roberts S, McGowan L, Hirst W, *et al.* Towards single embryo transfer? Modelling clinical outcomes of potential treatment choices using multiple data sources: predictive models and patient perspectives. *Health Technol Assess (Rockv)* 2010;14:1–237.
- [10] Hiadzi R, Woodward B. Infertility treatment decision-making in Ghana and contestations that may arise: a prospective sociological study. *Glob Reprod Heal* 2019;4:e32.
- [11] Hiadzi R, Boafo I, Tetteh P. “God helps those who help themselves”: religion and assisted reproductive technology usage amongst urban Ghanaians. *PLoS One* 2021;16:1–13.
- [12] Hiadzi R. Living in a man’s world: an exploratory study of the experiences of Ghanaian women with infertility problems. *Ghana Soc Sci J* 2022;19:32–54.
- [13] Madziyire M, Magwali T, Chikwasha V, *et al.* Investigations and treatment offered to women presenting for infertility care in Harare, Zimbabwe: a cross sectional study. *Pan Afr Med J* 2021;40:191.
- [14] Dierickx S, Oruko K, Clarke E, *et al.* Men and infertility in The Gambia: limited biomedical knowledge and awareness discourage male involvement and exacerbate gender-based impacts of infertility. *PLoS One* 2021; 16:1–12.
- [15] Dierickx S, Rahbari L, Longman C, *et al.* “I am always crying on the inside”: a qualitative study on the implications of infertility on women’s lives in urban Gambia. *Reprod Health* 2018;15:151.
- [16] Dierickx S, Coene G, Evans M, *et al.* The fertile grounds of reproductive activism in The Gambia: a qualitative study of local key stakeholders’ understandings and heterogeneous actions related to infertility. *PLoS One* 2019;14:e0226079.
- [17] Dierickx S, Balen J, Longman C, *et al.* “We are always desperate and will try anything to conceive”: the convoluted and dynamic process of health seeking among women with infertility in the West Coast Region of The Gambia. *PLoS One* 2019;14:e0211634.
- [18] Achinanya A. Stress and Affordability of Assisted Reproductive Treatment: A Comparative Study Between the UK and Nigeria. UK: The University of Sheffield; 2019.
- [19] Oruko K. Perceptions and Experiences of Infertility and Care Seeking Behaviours Among Men in The Gambia, West Africa. UK: The University of Sheffield; 2018.
- [20] Afferri A, Allen H, Dierickx S, *et al.* Availability of services for the diagnosis and treatment of infertility in The Gambia’s public and private health facilities: a cross-sectional survey. *BMC Health Serv Res* 2022;1:1127.
- [21] Balen J, Susan D, Pacey A, *et al.* BRIEF: Fertility care policy in The Gambia 2021–2030. Accessed September 27, 2023. <https://shorturl.at/gBIPT>.
- [22] Pedro J, Brandão T, Schmidt L, *et al.* What do people know about fertility? A systematic review on fertility awareness and its associated factors. *Ups J Med Sci* 2018;123:71–81.
- [23] Ministry of Health & Social Welfare. National Health Policy 2021–2030. 2021. 133.
- [24] Rorke J. Gambian student to use Dundee experience to set up her country’s first IVF. 2021. Accessed December 1, 2022. <https://blog.dundee.ac.uk/one-dundee/gambian-student-to-use-dundee-experience-to-set-up-her-countrys-first-ivf-clinic/>
- [25] Nabaneh S. The GambiaAyeni V. The Impact of the African Charter and the Maputo Protocol in selected African States. Pretoria University Law Press; 2016: 75–94.