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Infertility in Gabon: A survey to determine diagnostics and medical support to patients

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INTRODUCTION:

Africa has been reported to have the highest incidence of infertility globally, with Gabon experiencing one of the lowest birth rates in central Africa. Access to fertility clinics in Africa is limited, and treatment is mostly restricted to private settings. Since no assisted reproduction technology (ART) services are available in Gabon, sub-fertile couples with access to financial means have to travel abroad for diagnostic and therapeutic ART treatment.

AIM:

To conduct a survey among gynaecologists practicing in Libreville (Gabon) to determine the level of infertility assistance available and the feasibility of establishing an intrauterine insemination (IUI) programme in Gabon.

MATERIALS AND METHODS:

The Gabonese Society of Obstetricians Gynaecologists and Reproduction (SGORR) assisted the investigator to identify the 20 practicing gynaecologists in Gabon. The participants were visited twice to handout the questionnaires personally with concurrent interviews/interpretations and then collections of the questionnaires. This descriptive study was conducted in private and public hospitals in Libreville, between July and December 2014.

RESULTS:

All participants reside in Libreville, the political and administrative capital of Gabon. Approximately one third of nationals live in Libreville which is a coastal city controlling export of timber and crude oil. Seventeen (85%) surveys were completed, with three gynaecologists not available during the study. Between 25-50 patients visit gynaecological practices per month and nearly half (45%) of these consultations were infertility related. Male patients were referred to 4 different pathology laboratories in Libreville, where basic semen analyses were performed without any microbiology testing. Respondents (65%) referred female patients for further infertility workup and treatments in Cameroon and Ghana. Approximately one-third of all couples are unable to access further medical assistance.

CONCLUSION:

Participants were in agreement that basic infertility diagnosis/treatment and training programmes including the establishment of ART services are desperately needed in Libreville. Capacity development through basic infertility diagnostic training courses, combined with standardization of spermatological evaluations in the private and public health sectors should be the focal points in the roll-out of fertility treatment in Gabon. Since tubal obstructions are a primary aetiology factor in females in Gabon, a stand-alone IUI program will be ineffective. A reproductive health program is needed to prevent infertility associated pathologies and also a range of ART procedures to assist infertile couples. Gabon, i.e. Libreville has the infrastructure, gynaecological expertise with patient demand and capability to serve as an appropriate base for the advancement of reproductive treatment facilities, in collaboration with ART initiatives from developed countries.