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Message from the President

Richard Kennedy, MD
President, IFFS

Dear Colleagues,

The highlight of the first half of 2018 for the IFFS was our major regional symposia held in Kampala, Uganda. This ground-breaking meeting, held over 3 days, was organised jointly with the African Fertility Society and Ugandan Fertility Society and brought together leading experts to present and discuss opportunities to deliver cost-effective care in resource-constrained settings. The meeting, attended by delegates from across Sub-Saharan Africa was also observed by local, regional and global representatives of the World Health Organisation (WHO), advanced the cause of infertility in this region and continued the long-standing involvement of IFFS in Africa.

The IFFS educational programme has continued at pace with workshops in Panama City (RedLara), Buenos Aires and Vladivostok. Lagos and Tartu are three-day workshops led by Dr Mark Hamilton from Aberdeen and build on the success of the 2017 Romanian workshop aimed at developing capacity and local educational capability. The model for these workshops is a comprehensive curriculum delivered by a multi-professional faculty including a nurse-led day at Lagos. This preludes the strategic evolution of the IFFS to include all professional groups delivering reproductive health care in its organisation and activities.

The world is brought closer together through information technology and the IFFS is accelerating its activities in this domain. We have dipped our toe in the water of live streaming of educational content and to push forward our educational delivery we will develop our web-based learning capability in the coming months. We are now actively engaged in social media and we are undertaking a major refresh of our website due to launch in June. The third issue of Global Reproductive Health is scheduled for publication in June and Editor in Chief, Alan DeCherney has been encouraged by the volume and quality of submissions.

We continue to execute our NSA responsibilities with vigour and our midterm workplan submission to the WHO showed good progress and was well received. We attended the Human Reproduction Programme Policy and Coordinating Committee in March, are continuing to support the development of the WHO Infertility Guideline and are collaborating with the WHO and ARSM led initiative on organisation of a global summit.

Nothing the IFFS does can be achieved without the hard work of the Executive Committee and our Educational Faculty who volunteer their services to further our mission and I am grateful for their wonderful support. Finally, planning is moving ahead for the 23rd IFFS World Congress themed “Transforming the Frontiers of Human Reproduction” to be held in Shanghai 11-14 April, 2019, a significant date for your diaries.

Warm Regards,

Richard Kennedy
President, IFFS

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Member Societies and readers are invited to send all comments, reports or articles of 800 - 1200 words no later than 1st February for the Spring Issue and 1st July for the Autumn Issue. The views expressed in articles in the IFFS Newsletter are those of the authors and do not necessarily reflect the official viewpoint of IFFS.
On November 16-18 last year, we had the opportunity and pleasure to host our annual meeting of the Red Latinoamericana de Reproducción Asistida (REDLARA) in joint with the IFFS. It was held at Hermosillo-Sonora, a small northwestern city of México, it is in the desert near the Sea of Cortez, our traditional foods are beef steaks and big flour tortillas.

We welcomed 120 participants, most of them reproductive endocrinologist and embryologists.

Drs Basil Tarlatzis and Paul Devroey gave lectures approaching how to publish a scientific paper, how to establish an ethics board, use of antagonists of GnRH, and current recommendations on luteal phase support.

We had several discussion panels on comparison of sequential or global culture media, use of novel incubators, genetic pre-implantation diagnosis, an analysis on the CRISPR technology, Dr. José Horcajadas lecture on topics of embryo culture and endometrial receptivity.

Other main topics included current ovarian hyper-stimulation protocols, new alternatives for the treatment of the poor response, tailored patient doses, and oocyte donation programs.

Dr. Roger Molinas from Paraguay discussed about endometriosis surgical treatment and the impact on ovarian function.

We had a lecture from the Mexican Bioethics Commission (CONBIOETICA) on the ethical issues regarding the novel technique on mitochondrial transplantation, we also approached on the ethical and medical implications on the number of embryos transferred and multiple pregnancy rates. We discussed Mexican regulations on surrogate motherhood, its social and ethical considerations.

Fertility preservation was addressed and recommend among the participants as it is done infrequently in our country.

We enjoyed very much having the IFFS represented by Drs Tarlatzis and Devroey in Hermosillo, and we look forward to our REDLARA General Meeting in 2019 which is going to be held at Merida Yucatan, a lovely city nearby majestic archeological sites and beaches, with very good traditional cuisine and folkloric dances. We are working on a very interesting and complete scientific program, we hope we see you in Merida!
In March this year the IFFS hosted in collaboration with The African Fertility Society (AFS) and The Uganda Fertility Society (UFS) jointly a conference on Reproductive Health and Infertility Care.

As support in Africa becomes more urgent and the need for reproductive health becomes mandatory in order to reduce fertility rates but also not least important to implement and support infertility care where needed.

This was the first International Symposium of this kind in Sub-Saharan Africa, providing the first and unique opportunity to meet and exchange knowledge, skill and experience with global leading experts, as well as policy makers, legislators and representatives from industry including specialists and interested gynaecologist, general practitioners and health care providers from Uganda and neighbouring countries.

The three-day conference at the Serena Conference Hotel in Kampala was attended from 250 individuals, including 12 specialist from the IFFS faculty and 26 international speakers. The Presidential Session included excellence such as the Deputy of the President of Uganda, the Minister of Health from Uganda, the WHO Representative from the region and the Presidents from the societies involved.

IFFS is an NSA in official relation with the WHO and they (WHO) has given greatest attention to this particular International Symposium. The head of the Reproductive Health Programme, Mr Ian Askew not only delivered a keynote lecture on the importance of “WHO, NSA’s and Corporate Collaboration”, but also followed the conference with great enthusiasm for almost the whole duration. Further, 3 more WHO representatives from the African Region, from Uganda and the WHO Headquarters delivered presentations or took an active role during the intensive discussions.

The conference topics included the * Reproductive Revolution in sub-Saharan Africa, * Partnering towards Better ART Outcome (Merck sponsored Symposium), * Blood Borne Infections, * Environmental Concerns in Reproductive Health, * Improving Access to Care, * Family Building in Africa – opportunity and challenges, * Strengthening Clinical Management and Research through Data Collection and * Improving Outcomes of Infertility Care in Low to Middle Income Countries. All sessions were concluded by very lively discussions, which finished mostly way over time.

The first day was dedicated to the Pre-Congress Courses: * Ovarian Stimulation, * How to set up an IVF Laboratory, * Fertility Clinic Challenges: psychosocial counselling, infertility prevention, reproductive health promotion, * Office Hysteroscopy, * IVF Data Software Training, * Professional Writing for Publication and Presentation as well as * Media and Reproductive Health. The courses, most of which were full day, were meant for intense interactive working and discussion in small groups of about 25 attendees.

During the breaks a profound professional exhibition of local and regional companies added to the immense interaction between the faculty and the local and regional specialist on the professional level.

The huge expectations of this pioneering event were truly met and revealed the need for continuation. The precious experience stimulated even further concrete plans of action to facilitate our vision: all women and men have access to quality fertility and reproductive health care – also in Africa.

The Place of ART in Africa

Gamal Serour, MD | Past President, FIGO

Since the birth of Louis Brown on 25th July 1978 through IVF, ART now is widely used for the treatment of both male and female infertility. Today globally almost 2 million ART cycles are performed every year. Though Africa constitutes 16% of the world population, yet its share of ART is much less than its fair share of 320,000 cycles/year.

There are several barriers to the wide application of ART in Africa. These include epidemiological, geographic, financial and socio-cultural barriers in addition to the health education barrier, restrictive health policy barrier and health systems barrier.

In Africa there is an increasing demand for ART. Africa, like many parts in the world, is witnessing a changing life style which affects fertility. In Africa infertility is a medico-socio cultural problem with gender based sufferings. Furthermore there is a higher prevalence of STIs and post partum and post abortion infections which contributes to both male and female infertility. This coupled with the fact that treatment of infertility is a human right issue which should not be discriminated on economic, geographic, or racial basis, necessitates finding ways to overcome such disparity in the provision of ART for infertile patients in Africa.

The paper discusses the various possible ways to improve availability and access to ART in Africa. The infertile couples in Africa should not suffer the health, psychological and societal burden of infertility simply because others in the African continent reproduce too many.

The 2030 SDGs agenda has envisaged a better future. One where we collectively tear down the barriers and correct disparities, focusing first on those left further behind.
The Walking Egg Project: promising results with a simplified IVF culture system

Willem Ombelet, MD | Genk Institute for Fertility Technology

Background: Infertility care is probably the most neglected health care issue in resource-poor countries. 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 in developing countries. Consequently most cases of infertility are only treatable by using assisted reproductive technologies which are either unavailable or too costly. Implementation of ART will depend on our ability to optimise these techniques in terms of availability, affordability and effectiveness.

Objectives: The simplification of IVF laboratory procedures is one of the methods to optimise infertility care in terms of availability and affordability.

Methods: A simplified IVF laboratory culture system has been described and published in 2014 in which excellent culture conditions are reproducibly obtained without the need for medical gases, complex incubation equipment and expensive infrastructure (Van Blerkom et al., RBM Online 2014;28:310).

Results: The first results with a closed system designed specifically for low resource settings were very promising with outcome results comparable to regular IVF. According to our recent results the Walking Egg simplified culture system is equally effective compared to ICSI in a selected group of patients, even in moderate to severe male infertility cases. TWE can be used as a high quality but less expensive ART method when compared to regular IVF or ICSI.

Up to December 2017, 110 babies were born after using this simplified method. Perinatal data of 110 newborns (study group) were compared with the perinatal data of more than 3000 babies born after IVF/ICSI in Belgium in 2015 (BELRAP data). A significant lower rate of prematurity (<37 weeks) and low birth weight (<2.5 kg) was observed in the TWE group when compared to the BELRAP data. Birth weights after fresh and frozen-thawed transfer were similar.

Conclusion: Our outcome results using a simplified culturing system clearly show that when IVF is needed, this inexpensive system may make advanced infertility treatment affordable and with respect to outcome, similar to rates reported in high-cost IVF programmes. The perinatal data outcome results are very reassuring. Although prevention is better than cure, we believe it is justified and possible to implement simplified, safe and effective methods of ART in resource-poor countries. We propose a special designed infertility care program leading to a cost effective simplified ART program as a valid treatment protocol in developing countries where prevention has failed.

STD Prevention – Reducing the Global Infertility Burden

Leopold Ouedraogo, MD | WHO

Summary of the presentation

1. Sexually Transmitted Infections (STIs) are a highly endemic public health challenge in the African Region and worldwide. The World Health Organization (WHO) estimates that more than 1 million STIs are acquired every day worldwide.1

2. These STIs have a profound impact on the health and lives of the population worldwide. Syphilis in pregnancy leads to approximately 305 000 fetal and neonatal deaths every year and leaves 215 000 infants at increased risk of dying from prematurity, low-birth-weight or congenital disease. Human papillomavirus (HPV) infection is responsible for over 500 000 new cases and 250 000 deaths from cervical cancer each year.1 STIs such as gonorrhoea and chlamydia are an important cause of infertility; in sub-Saharan Africa, untreated genital infection may be the cause of up to 85% of infertility among women seeking infertility care.1

3. These observations point to the need to reinvigorate the battle against STIs with effective public health strategies. Based on lessons learnt from the former strategy for 2006–2015 and in line with the 2030 Agenda for Sustainable Development, WHO has therefore developed a global health sector strategy on STIs, 2016–2021, which was endorsed by the Sixty-ninth World Health Assembly, prevention being its first strategic objective.

4. High-impact and comprehensive preventive interventions should be closely coordinated with programmes on prevention of HIV, sexual and reproductive health, maternal and child health and immunization. They should include comprehensive health information, education and communication for adolescents and youth, condom programming for dual protection, voluntary medical male circumcision, and Hepatitis B and HPV vaccinations. All pregnant women should be screened for syphilis and HIV, and those who are seropositive should receive appropriate therapy.

5. Preventing STIs will reduce the burden of infertility that affects 1 in 4 couples in developing countries. This infertility is source of dramatic psychosocial consequences such as the loss of gender identity, the systematic loss of self-esteem, the marital instability, the isolation and loss of social status, the ostracism and abuse, the anxiety and depression. Furthermore, the social isolation can lead to murder and suicide. Thus, providing access to community and health care support to help realize a child-bearing choice remains a sensitive but important global public health challenge.

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163 delegates and 12 faculty attended this IFFS Workshop, which was held in co-operation with the affiliated Nigerian Fertility Society (The Association for Fertility and Reproductive Health, AFRH). This was the first such workshop to be held in Africa.

The attendees included doctors, drawn from throughout Nigeria as well as a few from neighboring countries including Ghana and Benin. Most of the doctors were experienced clinicians involved in fertility care, many working in established IVF units in the region. Several were general clinicians with an interest in the specialty. A new development with this workshop was the inclusion of nurses in the programme. More than 50 nurses attended and were able to take part both in plenary sessions and in 3 separate separately organized breakout sessions exclusively available for them.

The Faculty comprised a mix of international clinicians/scientists on-site plus one nursing lead by teleconference. Local clinicians, nurses and a counsellor were also included as speakers. The lectures/sessions covered a wide spectrum of topics complementary to the training course.

The Nigerian Faculty were hugely committed and provided high quality input. Their local insight and experience was enormously helpful in discussion and interactive sessions.

The mix of didactic and interactive components to the program lent for a stimulating and practically useful meeting which was highly rated by both delegates and faculty. The International Faculty provided useful senior input.

The AFRH expressed enthusiasm for the Syllabus and Guide to Learning which can be adapted to consolidate existing training structures in Nigeria. The presence of West African College of Surgeons in an official capacity led to fruitful discussions on a significant IFFS role in peer review of its developing programme in Reproductive Medicine.

Further work in Nigeria will include an IFFS follow-up with the AFRH in the development of a Nurse training programme including on-site support for nursing personnel from the Nigerian College of Midwives. In addition liaison with the WACS and AFRH will continue in determining the structure and syllabus of a local training programme in Reproductive Medicine. IFFS may also provide assistance, if requested, in AFRH engagement with legislature to establish a regulatory model suited to the national need.

More workshops using this successful template are planned in 2019. If any affiliated Society is interested in engaging with the programme please get in touch at m.hamilton@abdn.ac.uk
Dear Colleagues

The International Federation of Fertility Societies (IFFS) and our 2019 World Congress Scientific Committee are honored to announce the 23rd IFFS World Congress, to be held 11-14 April 2019 in Shanghai, China. Themed “Transforming the Frontiers of Human Reproduction” the Congress will highlight contributions from renowned international faculty focused on delivering leading edge research across a range of current issues in our field.

International co-operation and dialogue in fertility diagnosis and treatment can be said to have truly commenced in 1951 in Rio de Janeiro with the formation of the International Fertility Association (IFA). Eminent scientists from around the world became members and the triennial World Congress in Fertility and Sterility was organized and held in New York City, USA, in May, 1953. At the Sixth World Congress (1968) IFFS was formally organized.

For the past fifty years, the IFFS World Congress has been a hallmark of global reproductive healthcare. We have distinguished ourselves in service to our core mission: to emphasize cutting edge basic and translational science; to provide education to practitioners globally; and to promote high standards of care and advocacy for patients.

The 2019 World Congress will examine research and translations on local, regional, and international levels. We sincerely hope you will be able to join us in Shanghai, where 4,000 fellow international specialists will continue to carry this legacy forward.

Sincerely,

Richard Kennedy, MD
IFFS President and Congress Chair

Joe Leigh Simpson, MD
IFFS 2019 Scientific Program Chair

International Calendar

ASRM 2019
Annual Meeting
6-10 October 2018
Denver, CO, USA
www.asrm.org/asrm2018/org

IFFS 2019
23rd World Congress
11-14 April 2019
Shanghai, China
www.iffs-reproduction.org

ESHRE 2019
Annual Meeting
23-26 June 2019
Vienna, Austria

ASRM 2018
Annual Meeting
6-10 October 2018
Denver, CO, USA
www.asrm.org/asrm2018/org
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