



comprehensive plan to address the underlying latent systems failures in our state hospitals. This is a daunting challenge, but it would be refreshing to hear honest commitments to putting things right, rather than the easier option of blaming individuals.

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Service, training and research into infertility in public hospitals in South Africa

To the Editor: I should like to draw attention to the current huge influx of infertile and sub-fertile couples at public sector hospitals. The ability to reproduce is a basic element of reproductive health. The current infertility rate in South Africa is 15 - 20%.¹ The total fertility rate in South Africa is 3.1 – the lowest in sub-Saharan Africa – and is declining.¹

Treatment of infertility is unavailable at the majority of public hospitals. The private sector provides world-class infertility services, inaccessible however to the majority of South Africans. Out of 8 medical schools in South Africa, only 3 practise advanced infertility management. Only 2 universities have HPCSA-recognised sub-specialists in reproductive medicine, who manage infertile couples. Among these sub-specialists, 8 are practising in the Western Cape, 3 in Gauteng and 2 in the Eastern Cape.

Interestingly, only 5 out of 13 sub-specialists are providing services at university and government hospitals; the others are in full-time private practice.

In terms of research, a total of only 22 studies were published in the area of reproductive medicine from 1996 to 2006, mainly from Stellenbosch (8) and Cape Town (7). In terms of focus, only 13 studies^{2,3} focused on investigation and treatment of infertility, implying an unavailability of management facilities. Only one hospital published treatment-related facts.

Lack of clinical research indicates lack of services and skills. The very few facilities and sub-specialists in the government and university sectors are unable to provide services to large numbers of patients, thus failing the poorer classes of South Africans. Formal sub-specialty training is neither easily accessible nor available because of the limited number of centres and recognised sub-specialists.

The time has come to give more attention to this sub-specialty, by provincial health departments, universities and the HPCSA creating more clinicians for practice in public hospitals – which 80% of our population attend. Health policy measures in the area of reproductive medicine are also a real necessity to preserve this basic reproductive right of all couples in South Africa.⁴

All references are available on request.

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