FERTILITY SOCIETY OF GHANA

FERSOG

8TH ANNUAL GENERAL AND SCIENTIFIC CONFERENCE

ALISA HOTEL, TEMA
16th - 18th OCTOBER 2025

THEME:
REDUCING THE BURDEN OF INFERTILITY IN GHANA; PREVENTION, FERTILITY AWARENESS, AND PRESERVATION

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Dr. Michael B. Yakass

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HIS EXCELLENCY

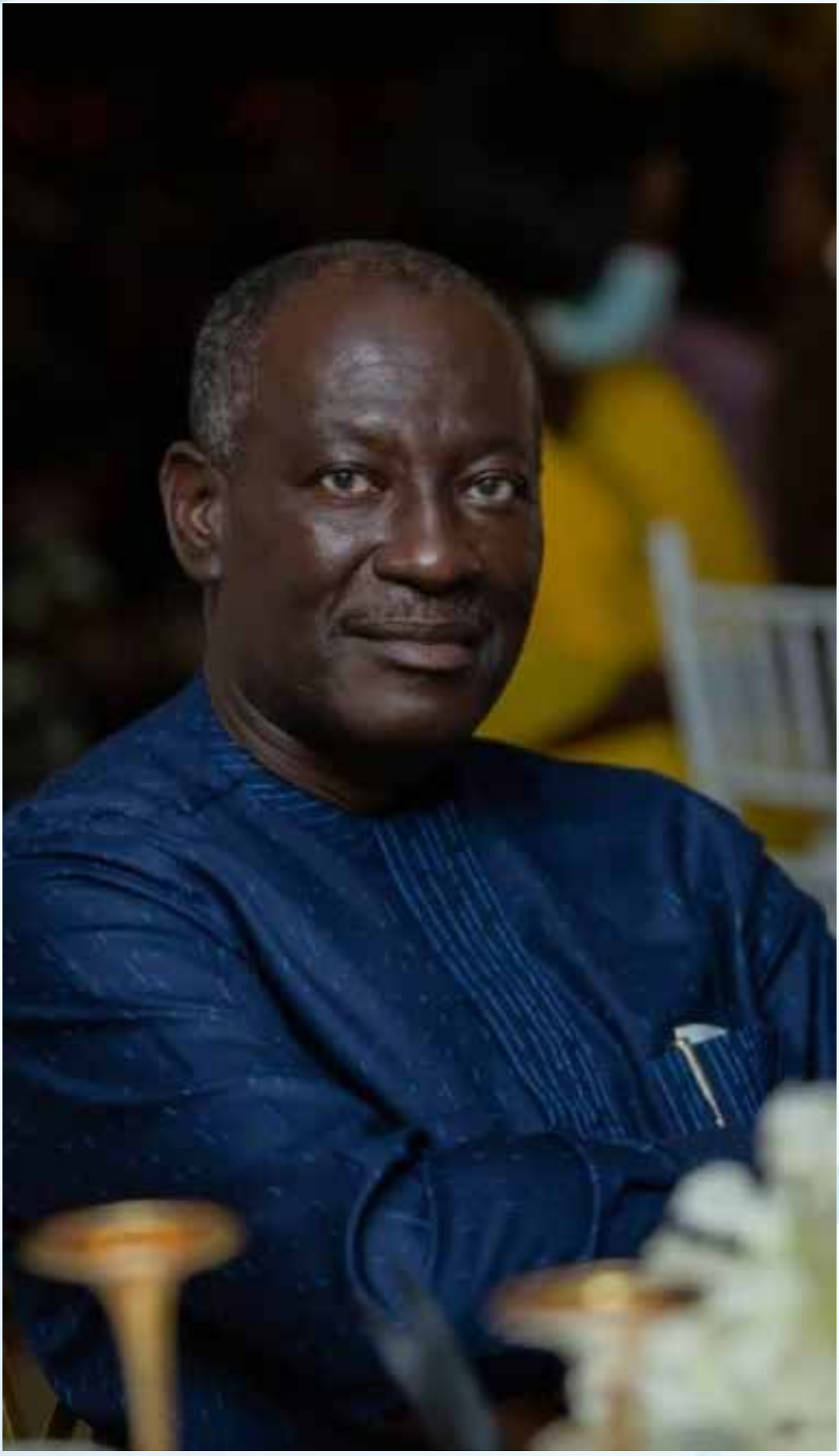
JOHN DRAMANI MAHAMA

PRESIDENT OF THE REPUBLIC OF GHANA

Hon. Kwabena Mintah Akandoh

Hon. Ebi Bright
Tema Mayor

Hon. Lydia S. Alhassan
Special Guest



LOC Chair : Dr. Kwasi Eba Polley

WELCOME ADDRESS BY THE CHAIRMAN OF THE LOCAL ORGANIZING COMMITTEE (LOC)

President of FERSOG Dr Rudolph Kantum Adageba, Immediate Past President Dr Edem Hiadzi, past and present Executive Council Members, distinguished invited guests and esteemed Delegates, ladies and gentlemen.

Good morning and welcome to this AGM! It is both a privilege and a responsibility to stand before you today as the chairperson of the local organizing committee, for this vital conference centered on "Reducing the Infertility Burden in Ghana: Prevention of Infertility, Fertility Awareness and Preservation."

Today, we are united by a common goal: to tackle the multifaceted challenge of infertility and its profound impact on countless lives in Ghana. Infertility is not merely a personal challenge; it carries emotional, social, and economic consequences that resonate throughout our communities. In a society where family and procreation hold significant cultural importance, addressing infertility is not only imperative for individual well-being but for societal cohesion as well.

Today, we convene as experts in the field to explore how we can collaboratively work towards reducing the infertility burden that affects so many in our nation. Our journey begins with a focus on prevention—a powerful strategy that can significantly mitigate risk factors associated with infertility.

Fertility awareness is a cornerstone of our efforts. By promoting education programs that empower individuals with knowledge about their reproductive health, we can pave the way for healthier choices before and during family planning.

Furthermore, we must broaden our reach to include the importance of fertility preservation. In our rapidly changing world, many individuals and couples delay starting families due to education, career objectives, or financial constraints. It is our responsibility to ensure that they are informed about their options for preserving fertility. Methods like egg and sperm freezing should be more widely discussed and made accessible, ensuring that every individual in Ghana has a chance at parenthood, regardless of their life stage.

Our health systems need to be equipped with the knowledge and resources necessary to implement these strategies effectively. This calls for collaborative partnerships—between healthcare providers, government institutions, educational bodies, and community organizations—to create a synergistic approach to fertility health in Ghana.

Throughout this conference, let us engage in open dialogue, share best practices, and explore innovative solutions that can empower our communities. By harnessing the collective wisdom and diverse experiences represented in this room, we can devise effective strategies to reduce the infertility burden in Ghana.

In closing, I extend my heartfelt gratitude to each one of you for your commitment and passion for this cause.

Thank you.

Tema: The Harbour City Where Ghana's IVF Journey Began

Perched on the shores of the Gulf of Guinea, Tema is more than Ghana's industrial capital — it is a city where vision, innovation, and human progress converge. Known fondly as the "Harbour City," Tema has long stood as a symbol of modern Ghana: a place where trade meets technology, and where pioneering ideas set sail toward national transformation.

This year, as the Fertility Society of Ghana (FERSOG) gathers for its 8th Annual General and Scientific Conference, the choice of Tema is no coincidence. It is both a return to roots and a celebration of progress, for it was here, over two decades ago, that the story of assisted reproduction in Ghana began.

Where It All Began: The Birthplace of IVF in Ghana

Long before fertility clinics dotted the Ghanaian landscape, a group of visionary clinicians and embryologists at **Pro Vita Specialist Hospital, Tema,** quietly embarked on a scientific and humanitarian mission — to bring hope to couples struggling with infertility.

It was within the modest but determined walls of Pro Vita that Ghana's first successful in-vitro fertilization (IVF) procedures were achieved. This milestone not only transformed the lives of many couples but also marked Ghana's entry into the global community of countries offering advanced reproductive medicine.

From those pioneering beginnings in Tema, a network of fertility centers, laboratories, and professionals has since flourished across the nation. Today, Ghana boasts world-class IVF laboratories, skilled embryologists, and a growing body of fertility researchers — all tracing their roots, directly or indirectly, to that first spark of innovation ignited in Tema.

Holding this year's conference here, therefore, is not merely symbolic; it is a tribute to the genesis of IVF in Ghana — a recognition of the city's role as the cradle of reproductive science and hope for countless families.

The City of Industry and Opportunity

Tema's historical role in IVF mirrors its broader contribution to Ghana's industrial evolution. Conceived in the early years of Ghana's independence, Tema was planned as a model city — a beacon of modernization. The establishment of Tema Harbour, now the country's largest and busiest seaport, transformed the once small fishing village into the epicenter of Ghana's trade and industry.

Today, Tema serves as the logistical heartbeat of the nation, handling nearly four-fifths of

all maritime trade. The Tema Port Expansion Project, a flagship investment in West Africa, has positioned Ghana as a critical node for regional commerce, while the Tema Free Zones Enclave continues to attract major multinational and local enterprises in manufacturing, energy, and technology.

This blend of enterprise and planning has made Tema a model for economic resilience — an ideal backdrop for a medical field like reproductive science, which itself thrives on precision, planning, and innovation.

Health and Human Development: A Growing Legacy

Beyond industry, Tema is also a city deeply committed to health and well-being. The Tema General Hospital, Narh-Bita Hospital, Pro Vita Specialist Hospital, and numerous private clinics together form a vibrant healthcare ecosystem that has long supported public health and specialized medicine.

The city's accessibility, clean layout, and strong professional community have made it an attractive base for medical specialists, researchers, and laboratory scientists. As reproductive medicine in Ghana evolves — with greater focus on evidence-based practice, regulation, and ethics — Tema continues to symbolize the nation's aspiration to pair industrial progress with human-centered healthcare.

A City of Connectivity, Science, and Spirit

Tema's urban design remains a planner's masterpiece. With its numbered communities, tree-lined roads, and proximity to Accra, it exemplifies deliberate, organized development. The Greenwich Meridian, which passes directly through the city, reminds visitors that Tema stands at the literal and symbolic crossroads between East and West — between tradition and modernity.

For visiting professionals, Tema offers both inspiration and respite. Its beaches, waterfront restaurants, and welcoming atmosphere offer a gentle contrast to its industrious rhythm. It is a city that works, but also one that cares — a fitting home for a conference that celebrates the science of creating life and the compassion that sustains it.

Returning to the Source

As Ghana's fertility specialists, embryologists, nurses, and researchers gather once more in Tema, they return not just to a city, but to the birthplace of their shared journey. The Fertility Society of Ghana's conference here is thus both a homecoming and a recommitment — to innovation, ethical practice, and the collective pursuit of reproductive excellence across Africa.

Tema reminds us that every great story has a beginning — and that from humble beginnings, miracles can grow.

FERSOG President

ADDRESS BY FERTILITY SOCIETY OF GHANA (FERSOG) PRESIDENT

Distinguished Chairman of this official opening ceremony Prof Emeritus, Yao Enyonam KWAWUKUME, Honourable Keynote Speaker and CEO of KBTH, Prof. Titus BEYUO, Hon Chairman of The Parliamentary Select Committee on Health, Dr Mark Kurt Nawane, Registrar of HEFRA, Dr Winifred BAAH, CEO of NHIA, Dr Victor Bampoe, Our host the Hon Mayor of the Tema Municipality Hon. EBI BRIGHT, Nananom, our star sponsor and longtime friend of FERSOG, CEO of LYMENS, Lydia Seyram Alhassan, invited guests from AFRH, SOGOG and other sister organisations, esteemed members of FERSOG, the media, distinguished Ladies and gentlemen, warm welcome to TEMA, the birthplace of IVF in GHANA!

It is with the greatest pleasure and honour that I welcome you all to this year's historic scientific conference and annual general meeting! It is historic in two ways, first, this is the first time we are holding our annual conference in the birthplace of IVF in Ghana, and secondly, to honour the pioneer of IVF in Ghana, DR. JOSEPH MAINOO of blessed memory, unfortunately posthumously though, for being the first to bring this technology to Ghana. Even today, those of us in this field of medical practice are acutely aware of the enormous challenges it takes to set up and run a successful IVF practice. So, you can imagine the enormous challenges it must have taken Dr MAINOO to start his practice. It takes only people of extraordinary courage, determination, vision and foresight to do what he did way back in 1995 when the first IVF baby was born in this city. We are eternally grateful for his pioneering work in ART and may he continue to enjoy eternal rest with his Maker.

Distinguished Ladies and Gentlemen, every year, our society selects a Theme for scientific reflection and deliberation based on the problems we identify in our daily practices as beneficial to first and foremost our patients and secondly to practitioners.

This year's Theme, **REDUCING THE BURDEN OF INFERTILITY IN GHANA: PREVENTION, FERTILTY AWARENESS AND PRESERVATION** is deemed worthy of deliberation because we believe in the proverbial saying that **PREVENTION IS BETTER THAN CURE.** If we as a nation can institute measures that will significantly reduce the burden of infertility, then we can spare a significant number of Ghanaians the need for expensive infertility treatment which is often beyond the means of most ordinary Ghanaians. This conference seeks to passionately discuss the various factors that contribute to infertility and recommend ways and take action to address them.

Today, we have amongst us key dignitaries who we believe can help us chart a new path for our society in our efforts to make ART effective and safer through regulation and also to make basic infertility workup and treatment accessible to most Ghanaians through the inclusion of these services in the NHIS benefit package. WHO has defined infertility as a disease and a major disability, and as a country we must see it as such, just as we see other diseases. Present with us is the Registrar of the Health Facilities Regulatory Agency (HEFRA), Dr WINIFRED BAAH, the chairman of the Parliamentary select Committee on Health, Hon Dr MARK KURT NAWANE, and the CEO of the NHIA, Dr VICTOR KWAME BAMPOE, Our Keynote speaker Hon. Prof TITUS BEYUO. And guess what is common among these powerful personalities? They are all MEDICAL

ADDRESS BY FERTILITY SOCIETY OF GHANA (FERSOG) PRESIDENT

DOCTORS; they are our colleague doctors. They understand the issues, and they have the influence to make things happen in the health sector! We earnestly count on them to use their powerful offices and influence to help us in our efforts to see our regulatory document through to Attorney General and Parliament and, inclusion of an infertility benefit package in the NHIS for Ghanaians suffering from infertility.

Infertility services such as clinical evaluation, semen analysis, hysterosalpingogram, basic female and male hormone profiles, ultrasound scan and IUI are services that can be included in a NHIA benefit package. Currently, any service related to infertility is paid out of pocket by sub-fertile couples. This is not only unfair and discriminatory and also unjust. FERSOG can engage NHIA to come out with realistic fees for these services so that they can be accessed in both public and private facilities. Our distinguished doctor colleagues present here; by doing this, they would have inscribed their names in history as having positively shaped the future of fertility care in Ghana for generations to come. And of course, the good people of Ghana will be immensely grateful to them.

Ladies and Gentlemen, you will all agree that FERSOG has made tremendous achievements since its birth in 2016. (DraftGuidelines for ART regulation in place, Training programmes for Fertility Specialists and IVF specialist nurses, collaboration with Regional and International bodies such as AFFS, IFFS and ASRM, partnership with MERCK for training opportunities for our members). But at the same time, you also agree that there is still a lot more to do. In the coming years, our priorities will be: 1. To have 100% of ART centres registered with HEFRA and FERSOG 2. A 100% submission of ART data to a National ART Registry and ANARA (The African Network and Registry for ART) from all ART centers 3. Working with the NHIA to have a benefit package for sub-fertile couples 4. To come out with programmes for training embryologists and IVF counsellors locally, 5. Lastly but not the least to promote regional collaboration with Fertility Societies in the West African sub-region that will ultimately lead to the creation of Regional Fertility Association.

Distinguished Ladies and Gentlemen, I can say confidently that Ghana is a hub for fertility care in the subregion. Fertility tourism or cross border reproductive care is booming in Ghana. We must therefore, as a nation, put in place all the necessary regulatory measures to make ART safer, effective and efficient to make our country a more attractive destination for ART services. I see a brighter future for fertility care in Ghana, and we must all put our hands on deck to make it happen.

Ladies and Gentlemen, Tema was a purpose-built city by our first President, Dr Kwame Nkrumah to champion his industrialisation agenda. The Tema harbour is probably the most modern harbour in our sub-region. There is a lot to explore and savour in this beautiful port city. Use the opportunity offered by this maiden conference in the city of Tema, the birthplace of IVF, to immerse in the wonders of the city and take a bit of Tema and Ghana back to your homes, cities and countries.

On behalf of the Executive Council, I wish all of you an exciting and enjoyable conference.
Long Live FERSOG and May God Bless our Motherland Ghana!

I THANK YOU FOR LISTENING.

DR. RUDOLPH K. ADAGEBA
President, Fertility Society of Ghana

History of ART in Ghana

Infertility is a major public health problem with devastating consequences.

Childless women can be physically, verbally and psychologically abused especially in developing countries like Ghana. Some of them will go to every extent to find remedy to their predicament, due to family and societal pressures.

Ironically, developing countries like Sub-Saharan Africa have more infertile couples; however, this region is depicted as one with the fewest IVF clinics compared to all other regions worldwide (Inhorn and Patrizio, 2015). Within the region, South Africa, Nigeria and Ghana are referred to as 'comparative regional success stories' (Inhorn and Patrizio, 2015: 6). Nigeria was the first sub-Saharan African country to open an IVF clinic, in 1984 (Giwa-Osagi, 2002).

The first baby born in Ghana as a result of IVF was delivered in 1995 by Dr Joseph Mainoo, Provita Hospital, Tema. Tema Womens Hospital was the second IVF clinic and they had their first IVF birth in 2000.

Lister Hospital was next and had their first success story in 2004. Jubail Hospital then followed with their first delivery in 2008. 2009 was the year for Family Health Hospital as they had their first IVF birth. Since then, there has been a massive increase in the number of IVF clinics in Ghana, all of which are private and have been offering IVF and other high-tech assisted reproductive technologies.

Currently, there are over 30 assisted conception centres with locations in Accra, Tema, Kumasi and Takoradi. An average of about 100-200 cycles annually per center with about 40% live birth rate (LBR) is comparable to international standards. Ghana can boast of fertility tourism or cross border fertility services.

In addition to the clinics good reputations, there are other motivations for women and men to cross borders to visit these Ghanaian IVF clinics (Inhorn and Gürtin, 2011; Inhorn and Patrizio, 2012)

In summary, ART embraces all infertility treatments and is a rapidly developing field of medical practice in Ghana. In spite of this, the techniques are still not available to majority of infertile couples because of its accessibility.

Originally written by
DR. PAUL OWUSU-BAAH
MB CHB (UG), FACOG, FWACS, FGCS
TEMA WOMEN'S HOSPITAL, TEMA

History of
The FERTILITY SOCIETY OF GHANA (FERSOG)

The Fertility Society of Ghana (FERSOG) was launched on the 23rd of September 2016 at the Ghana College of Physicians and Surgeons. Our mission is to "Harness the role of all stakeholders in Assisted Reproductive Techniques in Ghana".

The Fertility Society of Ghana is made up of reputable fertility centers, health experts, policy makers as well as health and allied health professionals and organizations that are interested or involved in the practices or aspects of the practice of Human Reproduction and Embryology in the Ghana.
Each year FERSOG holds a Scientific Meeting attracting experts in reproductive health from around the world to present research, network, share knowledge, and discuss new technologies and treatments with its stakeholders.

Each year lots of women from all over Ghana, West Africa, and various parts of the world access fertility care in Ghana, conceive and given birth using advanced in-vitro fertilization techniques practiced in this country

The objectives of the Society are:-

1. to represent all organizations or persons, with an interest in the main object of the society, nationally and internationally ;
2. to arrange academic symposia, training, research, workshops and conferences for the purpose of furthering the main object of the Society and the delivery of evidence-based reproductive health care ;
3. to facilitate and encourage the highest standards of training and practice in the field of reproductive medicine.
4. to seek improvement in health care services provided in Ghana especially in the field of the reproductive medicine;
5. to provide guidelines to practitioners in the field of reproductive medicine

Plaque Unveiling Ceremony in Honour of **the late Dr Joe Mainoo.**

Date: **16th October, 2025** | Time: **2:00pm**
Venue: **Pro Vita Hospital**

Master of Ceremonies (MC): Call to Order

- Welcome attendees
- Brief overview of the ceremony/ purpose of the meeting
- Opening Prayer

1. **Opening Remarks by President , FERSOG**
   - Declaring purpose of event & highlighting the significance of the event
2. **Optional speeches**
   - few selected colleagues to share their experiences and appreciation
3. **Unveiling the Plaque**
4. **Closing Remarks by CEO of Pro Vita Specialist Hospital**
5. **Photos**

Mc- Nana Fredua Agyeman

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Miss Edith Anyomi

Mr. Prince Owusu-Mensah

Dr. Michael McCarthy

Mrs Georgina Moore

Scientific Committee, FERSOG 2025

Dr. Josephine Kyei
Scientific Committee Chair

Dr. Rudolph K. Adageba

Dr. Mawuse Kanfra

Dr. Michael B. Yakass

Dr. Rosemond Hiadzi

Mrs Diane Amedo

Togbi Ekpe Subo V
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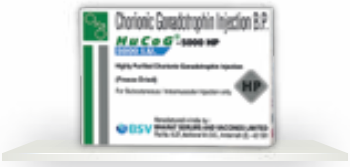

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FERTILITY SOCIETY OF GHANA

FERSOG

8TH ANNUAL GENERAL AND SCIENTIFIC CONFERENCE

Opening Ceremony

1.	Opening Prayer (Dr. Michael McCarthy)	–	2mins
2.	Introduction of Chairperson – MC		
	Acceptance & Opening Remarks by Chairperson		
3.	Cultural Performance	–	10mins
4.	Address by FERSOG President	–	5mins
	Address from Hon. Ebi Bright (Tema Mayor)	–	5mins
5.	Goodwill Messages – AFRH, SOGOG,		
	Hon Lydia S. Alhassan	–	10mins
6.	Cultural performance/Musical interlude	–	5mins
7.	Introduction of Special Guest of Honor – Sabina Dankwa		
8.	Address by Special Guest of Honor – Dr. Mark Kurt Nawane		
9.	Introduction of Keynote Speaker – Dr. Josephine Kyei	–	5mins
10.	Keynote Address - : Prof. Titus BEYUO		
11.	Closing Remarks – Chairperson		
12.	Vote of Thanks – Mrs. Diane Amedo	–	2mins
13.	Closing prayer – (Dr. James Boachie)	–	2mins
14.	Photographs	–	10mins

Chairperson: **Prof. Yao Kwawukume**

MC: **Mrs Afua Dadzie**

FERTILITY SOCIETY OF GHANA

FERSOG

Stay Informed with the **FERSOG e-Newsletter**

The FERSOG e-Newsletter is your trusted source for updates, insights, and stories from the world of fertility and assisted reproductive technologies (ART) in Ghana and beyond. Published weekly, it brings you the latest in research, information, insights, opportunities, policy updates, and professional highlights from across the FERSOG community.

Do 3 things NOW:

1 READ
You can read our articles for free. Just go on our newsletter website https://fertilitysocietyofghana.substack.com/ hosted on Substack, or access it easily through the Substack mobile app (available on both Android and iOS).

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3 SEND
Send us a short article, Paper review, experiences, video presentation or quiz to mccarthymy@gmail.com and contribute your knowledge our growing community of reproductive health professionals.

Stay connected with the pulse of ART in Ghana — every week.

Scientific programme

DAY 1: THURSDAY, 16TH OCTOBER 2025

1. PRE-CONGRESS COURSES

Course 1: The role of the IVF Nurse & Counsellor in ART practice
Target Audience: NURSES/MIDWIVES/COUNSELORS
Moderator: Nana Serwaa / Mrs Abigail Adoma
Session Chairs: Prof. Florence Naab/Dr. Rosemond Akpene Hiadzi

Time	Topic	Speaker
09:00 – 09: 45	The IVF counsellor and client counselling and scheduling	Mr. Samuel Sanaa Brobbey
09:45 – 10:30	The IVF nurse manager and workflow in the IVF Lab	Mrs. Rosemary Essah
10:30 – 11:15	The IVF Nurse and client preparation for egg retrieval and embryo transfer	Mrs. Rosemary Essah
11:15 – 12:00	The IVF nurse and infection control in the IVF unit.	Ms. Lisa Hughes Thompson

Course 2 : The thin endometrium: Best Practices of Endometrial Preparation for FET
Target Audience: CLINICIANS
Moderator: Dr. Humphrey Oduro-Tweneboah
Session Chairs: Dr. Amo Mensah/Togbi Ekpe Subo V (Dr. Francis Damalie)

Time	Topic	Speaker
09:00 – 09:30	Ultrasound Examination of the Plevis	GE
09:30 – 10:00	Physiology of human implantation	Dr. Chike Onuzo
10:00 – 10:30	Methods of evaluating the endometrium	Dr. Michael McCarthy
10:30 – 11:00	Methods of endometrial preparation for FET	Dr. Ellis Nkrumah
11:00 – 11:30	Mastering Natural cycle endometrial preparation	Dr. Derek Amoateng
11:30 - 12:00	Strategies of treating the thin and fluid in endometrium before FET	Dr. Rudolph Kantum

Course 3 : Hands-On Ultrasound Training (GE Sponsored)
Target Audience: CLINICIANS
Facilitators: Facilitators:: Dr. Kingsley Agholor/Dr. Yaw Amo Wiafe

Course 4: Environmental and Lifestyle Factors Impacting Gamete and Embryo development-
Target Audience: EMBRYOLOGISTS
Moderator: Herbert Dankluvi
Session Chairs: Mr. Evans Boffah/ Ms. Mary Otoo

Time	Topic	Speaker
09:00 – 09: 30	Toxins & Oxidative stress on gametes & embryos	Dr. Dickson Mawusi
09:30 – 10:00	Lab environment impact on gametes/embryos	Dr. Eugene Baah
10:00 – 10:30	Nutrition & lifestyle impact on gametes and embryos	Mr. Benjamin Minneaux
10:30 – 12:00	Current Status of Vitrification & Zymot for sperm separation	Dr. E. Enginsu

Day 2: Fri, 17th October 2025
Moderator: Mrs Gina Moore

Time	Topic	Speaker
8:00 - 8:05	Brief Welcome Message	LOC Chair
1st Scientific session: 8:00 - 10:00	**Public Health Strategies for Raising Fertility Awareness in Ghana Session Chairs: Dr. Kofi Amaniampong/ Ellis Fleischer-Djoleto**	
08:10 – 08:30	Exploring the role of early fertility education and the impact on reproductive health outcomes	Prof. Edward T. Dassah
08:30 - 08:50	Impact of Lifestyle & environment on Infertility: Strategies of addressing the increasing prevalence of obesity & other lifestyle diseases in Ghana	Dr. Michael Ntumy
08:50 - 09:05	O-001 - Exploring fertility care experiences of healthcare providers in the Greater Accra Region	Ms. Sarah Akuyo Brown
09:05 - 09:25	Understanding Risk, Shaping Futures: University Students' Perceptions of Infertility in Ghana	Dr. Rosemond Akpene Hiadzi
09:25 - 09:40	Q&A	
09:40 - 10:00	Sponsor Talk	Lymens Generics
10:00 - 10:30	Coffee Break | Exhibition | Poster Viewing	
10:30 - 12:30	Opening Ceremony	
12:30 - 13:00	Photographs	
13:00 - 14:00	Lunch | Exhibition | Poster Viewing	
2nd Scientific Session 14:00 - 15:55	**Infertility Prevention | Embryology | Male fertility Session Chairs: Prof. Yao Kwawukume/Dr. Yaa Baah**	
14:00 - 14:20	Increasing public awareness on Reproductive ageing: what are the best strategies? (Early Identification of Poor Responders: Role of Preemptive Fertility Counseling)	Dr. Padi Ayertey
14:20 - 14:40	Best practices in fertillity preservation for gynaecological pelvic surgeries; dos and donts	Dr. Mawuse Kanfra
14:40 - 14:55	O-002 - Comparative Evaluation of Urinary and Recombinant FSH on Oocyte and Embryo Outcomes in Autologous ICSI Cycles: A Single-Centre Non-inferiority Analysis in Ghana	Dr. Michael B. Yakass

14:55 - 15:15	Minimal access gynaecological surgeries and infertility in Ghana; pros and cons	Dr. Edgar Mocanu
15:15 - 15:35	Reducing the burden of infertility attributable to male genital tract infections	Dr. Yaw Amoah
15:35 - 15:50	Q&A	
15:50 - 16:00	Sponsor Talk	Lymens Medical Supplies
3rd Scientific Session 16:00 - 17:30	**Fertility Awareness | Embryology Session Chairs: Dr. Banful/Dr. Josephine Kyei**	
16:00 - 16:15	O-010 - Experience of Infertility-related stigma in Africa: a systematic review and mixed methods meta-analysis	Mr. Samuel Sanaa Brobbey
16:20 - 16:30	O-003 - Cost analysis of infertility care and the associated drivers in Ghana: a cross-scetional study	Mr. Samuel Offei
16:35 - 16:50	Barriers to assisted Reproductive Technology (ART) services in Ghana: a countrywide cross-sectional quantitative survey of fertility health workers and women with infertility	Togbi Ekpe Subo V. (Dr. Francis Damalie)
16:55 - 17:05	O-004 - Prevalence of infections and sickle cell haemoglobinopathies among egg donors in a private fertility centre in Ghana	Dr. Rudolph Kantum Adageba
17:05 - 17:25	Stress on oocytes and embryos	Dr. E. Enginsu
17:10 - 17:25	Q&A	
17:25 - 17:45	Wrap-Up/Summary	Scientific Committee (Mrs Diane Amedo)
18:00 - 20:00	Akwaaba Night | Cocktail Party	LOC

Day 3: Sat, 18th October 2025

Moderator: Dr. Karen Amaniampong

4th Scientific Session 08:00 - 10:00	**Fertility Preservation Session Chairs: Dr. Edem Hiadzi/Mr. Selorm Quarcoe**	
08:00 – 8:20	Fertility preservation in adolescents and young adults with chronic diseases: Medical and Ethical considerations	Dr. Promise Sefogah
08:20 - 8:35	O-005 - Endometrial thickness versus endometrial sonopattern as determinant of clinical pregnancy following in-vitro fertilization with embryo transfer? - A multicentre prospective cohort study in Ghana	Dr. Derek Amoateng
08:35 – 08: 55	Fertility Preservation in Oncology Patients	Prof. Marouan Brahem
08:55 - 9:10	O-006 - Controlled Ovarian Stimulation Outcomes in WomenClassified as Expected Poor Ovarian Responders Undergoing Self-Cycle Assisted Reproductive Technology in Kumasi, Ghana	Dr. Mawuse Kanfra
09:10 – 9:30	Social/elective egg and sperm freezing: Public awareness, clinical and ethical principles	Dr. Kazim Nouri
09:30 - 9:45	Q&A	

09:45 - 10:00	Sponsor Talk	BSV
10:00 - 10:30	Coffee break | Exhibition | Poster viewing	
5th Scientific Session 10:30 - 12:30	**Fertility Preservation | Embryology Session Chairs: Mrs. Diane Amedo / Dr. Jacob Amoatwo**	
10:30 - 10:50	Ovarian and testicular tissue preservation: what is the evidence and where are we?	Dr. Philip A. Kuffour
10:50 - 11:05	O-007 - Live births following non-invasive preimplantation genetic testing for aneuploidy (niPGT-A) using spent culture medium: First report from Ghana	Mr. Mathias Vondee Teye
11:05 - 11:25	SageGM-CSF; New culture media for better results	Dr. Engin Enginsu
11:25 - 11:40	O-008 - The impact of Antumullerian hormone, Age and Gravidity of oocyte donors on in-vitro fertilization success at Provita Specialist Hospital, Tema	Mr. Nana Fredua Adomako
11:40 - 12:00	Embryological Perspectives on Age-Related Infertility	Dr. Michael B. Yakass
12:00 - 12:15	Q&A	
12:15 - 12:30	Sponsor Talks	LD Collins/Ernest Chemists
6th Scientific Session 12:30 - 14:00	**Male fertility | Artificial Intelligence | Early pregnancy. Session Chairs: Dr. Joseph Homiah / Dr. Afua Gordon**	
12:30 - 12:50	Male sexual dysfunction; the role of the gynaecologist	Dr. Gifty Quarshie Ngissah
12:50 - 13:10	Artificial Intelligence in ART	Dr. Edem Hiadzi
13:10 - 13:40	Prevention of Miscarriage and pre-term birth	Dr. Sanli Erkan
13:40 - 13:55	O-009 - Toxic Shadows: Environmental Contaminants and Reproductive Health Risks in Ghana	Mr. Samuel Sanaa Brobbey
13:55 - 14:10	Q&A	
14:10 - 15:00	Lunch | Exhibition | Poster Viewing	
7th Scientific Session	**Poster Session Turbo Talks Session Chairs: Dr. James Boachie / Dr. Christiana Kuti**	
15:05 - 15:15	P-001 - Diagnostic and therapeutic role of Saline Infusion Sonogram in utero-tubal pathologies among women with infertility in low-resource settings	Dr. Promise Sefogah
15:15 - 15:20	P-002 - Lived Experiences of women with infertility undergoing Assisted reproductive therapy treatment in the Greater Accra Region	Ms Abigail Abena Asiamah
15:20 - 15:30	Q&A	
15:30 - 15:40	Sponsor Talks	
15:40 - 15:45	Wrap-Up/Summary	Scientific Committee (Dr. Josephine Kyei)
16:00 - 17:30	AGM	
18:00 - 22:00	Gala Night | Conference Dinner | Closing Ceremony	LOC

Fertility Society of Ghana (FERSOG) 7th Annual General Meeting

AGM Agenda

1. WELCOME OF MEMBERS TO THE AGM BY FERSOG PRESIDENT
2. MINUTES OF 7TH AGM & MATTERS ARISING
3. HIGHLIGHTS OF THE PREVIOUS YEAR BY FERSOG PRESIDENT
4. PRESENTATION OF AUDITED FINANCIAL ACCOUNTS BY FERSOG TREASURER
5. REPORTS FROM FERSOG COMMITTEES
6. AGENDA FOR 2026:
    - 100% registration of all ART centres with FERSOG & HEFRA
    - 100% Submission of Data to ANARA and NATIONAL ART REGISTRY
    - RATIFICATION OF ART GUIDELINES BY PARLIAMENT
    - Engagement with NHIA to include Basic Fertility Workup & Treatment in NHIS benefits package
    - REGIONAL COLLABORATION WITH FERTILITY SOCIETIES TOWARDS FORMATION OF A REGIONAL FERTILITY ASSOCIATION
    - ELECTIONS
7. OTHER MATTERS
8. ADJOURMENT
9. DINNER/GALA

Abstracts
Orals

ABSTARCT

TITLE: O-001

Exploring fertility care experiences of healthcare providers in the Greater Accra Region

AUTHOR: **Sarah Akuyo Brown (MPhil Midwifery Student)**
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School of Nursing and Midwifery
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Background:
Global concerns have been raised about the decline of Total Fertility Rates (TFR) over the past few decades. In light of the pronatalist orientation prevalent in African society, demand for the services of Fertility Healthcare Providers (FHPs) has increased over the past four decades of their practice. Fertility care experiences differ based on local factors, type of work, cultural and stakeholders' influence on the work environment. This study sought to explore the fertility care experiences of Healthcare Providers in the Greater Accra Region.

Methods:
The study utilized a qualitative exploratory design, employing purposive sampling to recruit 16 FHPs from private fertility clinics. Data was collected through in-depth face to face semi-structured interviews, recorded, transcribed and analyzed thematically.

Results:
The study revealed diverse educational and career progressions for clinicians and embryologists, many of whom hold international qualifications, specializations and fellowships, while fertility nurses predominantly learn on the job. While some participants demonstrated strong commitment, others reported emotional fatigue and job disengagement. Pre-procedure counseling was noted to facilitate client acceptance of negative outcomes. Teamwork emerged as a vital support system, with challenges noted in balancing professional and family responsibilities, particularly among female participants. Common client clinical presentations included advanced maternal age and low sperm count. The study also identified issues such as inadequate facilities, discrepancies in practice guidelines and protocols and the impact of socio-cultural and religious factors on experiences. Participants called for the urgent acceptance of the fertility practice bill and inclusion of fertility care in the Ministry of Health's reproductive policies. Additionally, work-related stress and ethical dilemmas were significant challenges faced by fertility health professionals.

Conclusion:
FHPs, especially fertility nurses, require formal training to practice adequately. Lack of awareness and national fertility policies affects ART practice and requires urgent attention from policymakers, stakeholders, religious leaders and traditional rulers to regulate and support the industry.

Keywords:
Fertility care, Healthcare providers, Experiences

TITLE: O-002

Comparative Evaluation of Urinary and Recombinant FSH on Oocyte and Embryo Outcomes in Autologous ICSI Cycles: A Single-Centre Non-inferiority Analysis in Ghana

AUTHOR

Michael B. Yakass[1,2,*], Eugene Baah[1], Ellis Fleischer-Djoleto[3], James Boachie[1]

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***Corresponding Author:** mbyakass@thefertilitycentrum.com

Background

Controlled ovarian stimulation with follicle-stimulating hormone (FSH) is a critical step in IVF/ICSI cycles. Urinary-derived FSH (uFSH) has been widely used in Ghanaian practice, while recombinant FSH (rFSH) represents a newer formulation that is widely adopted in many regions. International meta-analyses and guideline recommendations indicate that both preparations yield broadly comparable clinical outcomes, with some evidence suggesting differences in oocyte yield or dosing efficiency. However, data from sub-Saharan Africa on laboratory-level outcomes such as oocyte maturity, fertilisation, and blastocyst development remain limited. This study aimed to compare embryology outcomes between uFSH and rFSH in autologous ICSI cycles at a single centre.

Methods

We conducted a retrospective review of all autologous ICSI cycles performed at a single clinic in Accra between January and December 2024. All IVFs and Donor-recipient cycles were excluded. Cycles stimulated with uFSH (January–June) were compared with those using rFSH (July–December). Primary outcomes included oocyte yield, oocyte maturity (MII/oocytes retrieved), fertilisation rate (2PN/MII), and blastocyst formation rate (blastocysts/2PN). Aggregate rates were compared using two-proportion tests, while per-cycle medians were assessed with non-parametric methods.

Results

Seventy-one (71) ICSI cycles met the inclusion criteria, comprising 22 stimulated with uFSH and 49 with rFSH. The mean female age was 36.1 years in the uFSH group and 33.6 years in the rFSH group, $p = 0.12$. Mean number of oocytes retrieved per cycle was similar (13.4 with uFSH vs 12.4 with rFSH, $p = 0.66$). The aggregate maturity rate was 78.6% in the uFSH group and 78.3% in the rFSH group ($p = 0.91$). Fertilisation rates were likewise comparable (76.6% vs 76.4%, $p = 0.95$). By contrast, blastocyst development was significantly higher in the rFSH group at 59.8% compared to 50.8% with uFSH (+8.9 percentage points, $p = 0.049$). Median per-cycle blastocyst rates also trended higher with rFSH (67% vs 50%). All observed values were consistent with internationally reported laboratory benchmarks for ICSI cycles (MII 75–85%, fertilisation 70–80%, blastocyst 45–60%).

Conclusions

In this first Ghanaian evaluation of urinary versus recombinant FSH for autologous ICSI, patient age distributions were comparable between groups. Recombinant FSH was not inferior to urinary FSH in terms of egg yield, maturity, or fertilisation, and was associated with superior blastocyst development. These findings suggest that recombinant preparations are suitable alternatives to urinary gonadotropins and may enhance embryo developmental competence in our local context.

Keywords: Urinary FSH, recombinant FSH, oocyte maturity, fertilisation, blastocyst, ICSI

TITLE: O-003

COST ANALYSIS OF INFERTILITY CARE AND THE ASSOCIATED DRIVERS IN GHANA: A CROSS–SECTIONAL STUDY.

Authors:

Samuel Offei[1*], Adriana Biney[1] Evans Otieku[2], Ayaga Agula Bawah[1]

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Email: Samuelofei19@gmail.com

Background:

Understanding the cost of infertility treatment at assisted reproductive technology (ART) facilities may help change behaviours contributing to infertility among persons within reproductive age in Ghana. Therefore, we aim to quantify the direct cost of infertility care and the associated drivers among patients attending selected ART facilities in the Greater Accra region of Ghana.

Methods:

A cost of illness study in which we utilized cross-sectional data and adopted bottom-up micro-costing approach to quantify the direct cost of infertility. Data was collected from 202 patients seeking infertility care at five selected ART facilities in the Greater Accra region of Ghana between January and March 2025 using a semi-structured questionnaire. Costs were calculated from patients' perspective in local currency and converted into purchasing power parity (PPP) equivalent in United States dollars. The cost analysis was stratified by procedure and type of ART service provider, while the drivers of the cost were analyzed using a generalized linear model with negative binomial regression as a link function.

Results:

Of the selected 202 patients, none of the patients achieved conception during the study period. For those who sought care at private facilities, the mean endpoint cost was valued at US$27,967.02 compared to US$1,996.48 for those who sought care at private facilities. Mean direct medical cost at private hospitals was estimated at US$27,785.4 higher relative to US$1,903.7 at public hospitals representing about 99% of the estimated mean direct cost attributable to infertility care. Nonetheless, IVF was the most expensive procedure valued at US$39,084.87. Beside the procedure type, the cost associated significantly with participants age.

Conclusion:

This study shows that the cost of infertility care may be expensive for an average patient but also preventable. This study calls for deliberate population health promotion and prevention interventions to mitigate behaviours contributing to infertility in Ghana.

Keywords:

Infertility, assisted reproductive technology (ART), cost.

TITLE: O-004

Prevalence of infections and sickle cell haemoglobinopathies among egg donors in a private fertility centre in Ghana

Authors:

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Background

According to the World Health Organisation (WHO), 1 out of every 6 couples suffers from infertility, with almost 48.5 million individuals globally with involuntary childlessness. This 3-year study at the Ruma Fertility and Specialist Hospital Limited (RUMA), examined the screening results of 440 young women who volunteered in the hospital as potential egg donors. Various infections such as hepatitis B, C, syphilis, HIV and genetic disorders such as sickle cell haemoglobinopathies and glucose-6-phosphate dehydrogenase (G6PD) deficiency, were tested among the participants.

Materials and Methods

A cross-sectional study was conducted at RUMA from July 2022 to April 2024. A total of 440 women aged 18–30, who consented to participate in the egg donation program, were enrolled. Demographic data were collected via questionnaires, and blood samples were analysed for blood group, sickling, haemoglobin electrophoresis, and G6PD deficiency using standard methods. Immunochromatographic tests detected hepatitis B surface antigen (HBsAg), syphilis, and hepatitis C antibodies, whilst immunoassays identified HIV-1, HIV-2 antibodies, and HIV-P24 antigens.

Results

Out of 440 egg donors who were screened (mean age =23.95, ± 3.58 years), majority of them were not married (95.45%) and a significant percentage of participants had secondary education (81.36%). HIV was reported as the most prevalent infectious disease at 5.91% (n=26) and hepatitis B was reported at 2.95% (n=13), syphilis at 1.59% (n=7), and hepatitis C at 0.23%(n=1). The total frequency of infectious diseases was 12.73% (n=56). The prevalence of sickle cell haemoglobinopathies was 15.23% (n=67); AS genotype (8.41% n=37) and AC genotype (8.18% n=36). Participants with G6PD deficiency were 2.27% (n=10). Significant associations were observed between infection status and level of education (p=0.04), occupation (p=0.034), and geographic location (p=0.005). Participants with primary education had the highest rate of infection (27.59%).

Conclusion

The results highlight the significance of thorough donor screening guidelines to ensure the safety of assisted reproductive technology.

Keywords

haemoglobinopathies, hepatitis B, HIV, Syphilis, Sickle cell.

TITLE: O-005

ENDOMETRIAL THICKNESS VERSUS ENDOMETRIAL SONOPATTERN AS DETERMINANT OF CLINICAL PREGNANCY FOLLOWING IN-VITRO FERTILIZATION WITH EMBRYO TRANSFER? – A MULTICENTER PROSPECTIVE COHORT STUDY IN GHANA

Authors:

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(1) Ghana Health Service, Ussher Hospital, Accra, Ghana, (2)University of Ghana Medical School, Accra, Ghana, (3)Nursing and Midwifery Training College, Pantang, Accra, Ghana, (4) Finney Hospital and Fertility Center, (5) Lister Hospital and Fertility Center, (6) Family Health University, Teshie, Accra

Objective:

Endometrial receptivity and the window of implantation are critical for successful ART outcomes. Endometrial thickness (EMT) and morphology have been suggested as predictors of endometrial receptivity associated with clinical pregnancy and live birth. This study evaluated the roles of EMT and endometrial pattern (EMP) in predicting clinical pregnancy (CP) among women undergoing in-vitro fertilization or intracytoplasmic sperm injection with embryo transfer (IVF/ICSI-ET) in Accra, Ghana.

Methods:

A multicenter prospective cohort study, recruited women undergoing IVF/ICSI-ET. Women with endometrial pathologies or poorly-controlled chronic diseases were excluded. Data on demographics, medical history, and infertility treatments/interventions were collected. EMT and EMP were measured via serial transvaginal ultrasound scans until a final assessment on the day of initiating luteal phase support and categorized. For EMT : Group 1 (<7mm), Group 2 (7-14mm), Group 3 (>14mm). EMP was also categorized in line with Zhao et al. (2014): A (triple-line), B (intermediate /isoechoic /poorly defined), and C (homogeneous hyperechoic). Data analysis used SPSS-25, including Mann-Whitney tests, logistic regression, and Receiver Operating Curves (ROC).

Results:

368 women aged 23–49 participated, with 52.2% undergoing donor oocyte cycles and 47.8% autologous. ICSI was performed in 52.7% and IVF 174(47.3%). In terms of embryo transfer type, 204 (55.4%) had fresh ET and 164 (44.6%) had frozen ET, with an average of 2 embryos transferred per cycle. Implantation and CP rates were 45.65% and 35.87% respectively.

Median EMT did not differ significantly between implantation and CP-positive and -negative groups (9.6mm for both, p=0.928). ROC analysis identified a best cut-off EMT of 9.45mm; however, EMT categories showed no significant difference in CP rates (p=0.304). In contrast, endometrial pattern was significantly associated with CP; Pattern A and B had higher odds of clinical pregnancy compared to Pattern C (AOR 5.77 and 5.30 respectively, p<0.01).

Conclusions:

Endometrial pattern significantly correlates with clinical pregnancy outcomes in ART, with Pattern C being least favorable whereas EMT alone did not significantly predict CP. Although ROC analysis suggested a best cut-off of 9.6mm, EMT's predictive value was limited. This emphasizes that endometrial pattern may be more relevant than thickness alone in assessing endometrial receptivity for ART.

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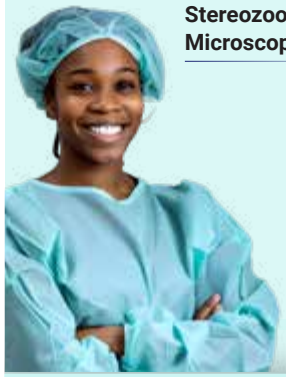

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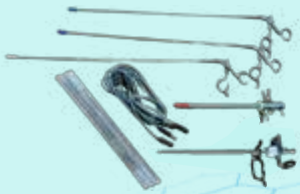

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TITLE: O-006

Controlled Ovarian Stimulation Outcomes in Women Classified as Expected Poor Ovarian Responders Undergoing Self-Cycle Assisted Reproductive Technology in Kumasi, Ghana

Authors:

Mawuse Kanfra[1*], Charles Mawunyo Senaya[2,3], John Jude Kwaku Annan[2,3], Francis Jojo Moses Kwadzo Damalie[3], Rex Mawuli Kwadjo Dzokoto[3], Rudolph Kantum Adageba[4], Mike Addison[5], Edward Tieru Dassah[6], Douglas Aninng Opoku[6,7], Jonathan Gmanyami[6], Alexander Tawiah Odoi[2]

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Introduction:

Poor ovarian response (POR) in ART refers to inadequate response to superovulation regimens, yielding few mature oocytes. This reduces oocyte and embryo yield, live birth rates and ART effectiveness. Managing POR poses challenges in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI), causing a financial burden when self-funded. Fertility specialists and couples need data for counselling and decision-making, especially for women identified as expected POR. Evidence in Africa, particularly Ghana, is limited. This study assessed outcomes of controlled ovarian stimulation (COS) among expected POR women in Kumasi.

Methods:

A multicenter prospective study was conducted from August 2023 to February 2024, involving 117 consecutively selected women with expected POR undergoing self-cycle IVF/ICSI-embryo transfer in ART centres in Kumasi. Participants were classified as expected POR using the Patient-Oriented Strategy Encompassing IndividualizeD Oocyte Number (POSEIDON) criteria. A pretested structured questionnaire collected socio-demographic, obstetric, gynaecological, and COS outcome data. Data were analyzed descriptively and inferentially.

Results:

Participants' ages ranged 27–48 years, with a mean age of 37.5 (±3.7). Majoirty (68.4%) had primary infertility, with a median duration of 6 years. The prevalence of expected POR among the women was 31.6%, with 75.2% in the POSEIDON group 4. The overall cycle cancellation rate was 38.5%. A clinical pregnancy was achieved in 21.4% of the women. COS outcomes (oocytes retrieved, metaphase II oocytes, embryos formed, blastocysts, cancellation, positive pregnancy, and clinical pregnancy rates) did not significantly differ between POSEIDON groups 3 and 4.

Conclusion:

The prevalence of expected POR was substantial among IVF/ICSI women in Kumasi. Clinical pregnancy

rates were low, while cycle cancellation remained high. Controlled ovarian stimulation outcomes did not differ significantly between POSEIDON groups 3 and 4. These findings highlight the need for tailored stimulation protocols and context-specific counselling to optimize outcomes for women with poor ovarian response.

Keywords:
Controlled ovarian stimulation; Expected poor ovarian responders; Intracytoplasmic sperm injection; In-vitro fertilization, Kumasi

TITLE: O-007

Live births following non-invasive preimplantation genetic testing for aneuploidy (niPGT-A) using spent culture medium: First report from Ghana

Authors:
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2. Department of Molecular Biology and Biotechnology, University of Cape Coast, Ghana.

Corresponding Author: Mathias V Teye. E-mail: mathiasteye144@gmail.com

Background:
Preimplantation genetic testing (PGT) requires biopsy of the embryo which can limit the clinical applicability of PGT due its invasiveness. The need for a laser equipment and the extensive expertise required for the biopsy process make it difficult to run PGT programs in low resource settings. Here, we present the first report of babies born in Ghana following non-invasive preimplantation genetic testing for aneuploidy (niPGT-A) using cell-free embryonic DNA in spent culture media (SCM).

Methods:
This is a report on 9 cases involving couples who achieved live births after transferring embryos diagnosed by niPGT-A at Ruma Fertility and Specialist Hospital, Kumasi, Ghana in 2024. A total of 49 SCM samples were collected from 49 expanded blastocysts. Trophectoderm (TE) biopsies were simultaneously taken from corresponding blastocysts for ploidy concordance assessment. Next-generation sequencing was performed on the Miseq® (Illumina, San Diego, USA). Embryos diagnosed as euploid by both niPGT-A and TE-biopsy PGT-A were thawed and transferred.

Results:
Informative results were obtained in 41/49 (83.67%) of SCM samples. In general, 29/41 (70.73%) embryos presented ploidy concordant results between niPGT-A and PGT-A. Of these, 18/41 (43.90%) were euploidy concordant, whiles 11/41 (26.83) were aneuploidy/mosaic concordant. However, 12/41 (29.27%) embryos yielded discordant results of which 4/41 (9.76%) were false negatives (euploid for niPGT-A but aneuploid for PGT-A) whiles 8/41 (19.51%) were false positives (aneuploid/mosaic for niPGT-A but euploid for PGT-A). The sex chromosome concordance was 97.56% (40/41) between niPGT-A and PGT-A. After transferring 13 euploidy concordant embryos, 9 pregnancies occurred resulting in 9 healthy live births (3 boys and 6 girls) in 2024. The gender of the babies at birth agreed 100% with our niPGT-A results.

Conclusion:
Our results suggest that niPGT-A could be a safer, less costly and reliable alternative for aneuploidy and sex determination in IVF embryos, particularly in low resource settings.

Keywords:
non-invasive PGT-A; spent culture medium (SCM); cell-free DNA; aneuploidy; blastocyst.

TITLE: O-008
The impact of Antumullerian hormone, Age and Gravidity of oocyte donors on in-vitro fertilization success at Provita Specialist Hospital, Tema

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Authors:
Adomako Nana Fredua-Agyeman (Provita Specialist Hospital/ Dept. of Molecular Medicine KNUST) , Laing Edwin Ferguson (Dept of Molecular Medicine KNUST), Obirikorang Christian (Dept Of molecular Medicine, KNUST)

Bakcground
Antimullerian Hormone (AMH) in most IVF centers is the first-choice ovarian reserve marker and it is believed to be good predictor of ovarian response and pregnancy outcome. This study aimed at accessing the effect of clinical and biological parameters of oocyte donors on IVF outcome and AMH as a predictive marker for controlled ovarian stimulation.

Method:
A cross-sectional study was employed to sample total of 92 oocyte donors and 184 recipients. Oocytes retrieved from each donor was shared between at most two recipients in the ration 1:2. Basal serum AMH was measured by taking 5ml of oocyte donors' blood on any day of their menstrual cycle to assay for AMH a month before the procedure.

Results:
Data from this study was analyzed with Statistical Package for Social Sciences (SPSS v. 20). AMH, age and gravidity of oocyte donors in this study did not show any significant correlation with pregnancy outcome among the recipients. However, there was a positive correlation between AMH and the incidence of ovarian hyperstimulation syndrome ($P<0.05$). Linear regression analysis showed significance between HMG/FSH and variables leading to pregnancy outcome (AMH $P<0.001$, AFC $P<0.05$ Fertilization 2PN $P<0.05$, Good Blast $P> 0.001$). Age of oocyte donors were significantly associated with increasing number of follicles ($P<0.05$) as well as viable embryos obtained after fertilization ($P<0.05$).

Conclusion:
The study revealed that age of oocyte donors could predict number of follicles and quality of blastocyst for embryo transfer but had no significant positive correlation with pregnancy outcome. AMH is a good predictor of ovarian response to controlled ovarian stimulation. AMH, age and gravidity are not good predictors of pregnancy outcome in a donor egg IVF treatment protocol.

Keywords:
Antimullerian Hormone, Gravidity, Controlled Ovarian Stimulation, gonadotropin, Ovarian Hyperstimulation Syndrome

TITLE: O-009

Experience of infertility-related stigma in Africa: a systematic review and mixed-methods meta-synthesis

Authors

Emmanuel Ekpor[1], **Samuel Sanaa Brobbey[2]**, Cynthia Yaba Kumah[3], Samuel Akyirem[4]

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2. World Bank Africa Centre of Excellence for Public Health and Toxicological Research, University of Port Harcourt, River State, Nigeria.
3. Department of Midwifery, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana.
4. Yale School of Nursing, Yale University, New Haven, CT, United States

Abstract

Infertility is a significant reproductive health issue with high prevalence rates in Africa, where it is often stigmatized. This systematic review characterizes the experience of infertility stigma in Africa. A systematic search of relevant studies was conducted across PubMed, Medline, CINAHL, PsycINFO, Global Health, Scopus, and Web of Science, covering publications from their inception to March 2025. The search incorporated subject headings and keywords related to “infertility” and “stigma,” in combination with terms specifying all African countries. A mixed- methods approach was employed for data analysis, using the convergent thematic QUAL synthesis method. A total of 1987 records were identified, with 48 studies ultimately meeting the inclusion criteria. The analysis revealed four overarching themes in the experience of infertility stigma: (1) Mechanisms of Stigma—factors that drive or perpetuate stigma surrounding infertility; (2) Stigma Marking—the social markers and identifiers that distinguish individuals as stigmatized; (3) Manifestations of Stigma—the varied forms through which stigma is expressed; and (4) Consequences—the psychological, behavioral, relation, and health-related repercussions for individuals experiencing infertility stigma. Infertility stigma was widespread, with a prevalence as high as 64%. However, no interventions were developed and implemented to mitigate this issue. Infertility stigma in Africa is deeply embedded within cultural norms and social structures, significantly impacting the lives of those affected. This review emphasizes the critical need for culturally tailored interventions to alleviate stigma and enhance access to reproductive health services.

Abstracts
Poster

TITLE: P-001

Diagnostic and therapeutic role of Saline Infusion Sonogram in utero-tubal pathologies among women with infertility in low-resource settings

AUTHORS

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OBJECTIVE:

Saline Infusion Sonohysterography (SIS) is an ultrasound-based method of assessing the uterine cavity and fallopian tubes. While a low-resource procedure, there is limited data identifying its feasibility and utilization to diagnose endometrial and tubal pathology among women with infertility in low- and middle-income countries. We analyzed the uterine and tubal pathologies diagnosed on SIS among Ghanaian women diagnosed with infertility.

METHODS AND MATERIALS:

We performed a two-year retrospective descriptive study from 2023 to 2024 of Ghanaian women whose infertility work-up consisted of SIS. SIS data over the study period were retrieved from patients' medical records and included in the analysis. Patients with incomplete data were excluded. We used Stata -17 to complete descriptive statistics.

RESULTS:

Over the period, 585 women diagnosed with infertility were identified as completing a SIS procedure. The mean age was 35.8 ± 5.9 years, and 87.23% were nulliparous.

Common abnormalities detected were: tubal resistance (73.7%), endometrial polyp (35.4%), uterine fibroids (12.5%), endometrial distortion (4.8%), and limited endometrial distension (2.8%). For the 351 patients with tubal resistance, 256 (73.5%) had their resistance surmounted, and 93 (26.5%) required hydrotubation under sedation, of whom 40.3% gained tubal patency. For the 177 patients with endometrial polyps, 56.8% were posterior, 23.9% anterior, and 19.8% fundal.

CONCLUSION:

The most common pathologies detected with SIS among women with infertility were tubal resistance, endometrial polyps, and uterine fibroids. SIS successfully restored tubal patency in the majority of women with tubal resistance and blockage.

IMPACT STATEMENT:

This study underscores the value of SIS as a low-resource diagnostic and therapeutic procedure for female factor infertility in low-resource settings.

TITLE: P-002

LIVED EXPERIENCE OF WOMEN WITH INFERTILITY UNDERGOING ASSISTED REPRODUCTIVE THERAPY TREATMENT IN THE GREATER ACCRA REGION.

Authors

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Background:

Assisted reproductive technology (ART) treatment impacts multiple aspects of women's lives. In Ghana, women undergoing ART face unique challenges related to financial burdens, societal stigma, and limited access to comprehensive counselling and support services.While offering hope to couples battling infertility, it also presents significant physiological, psychological, and sociocultural challenges. However, data is limited on Ghanaian women's lived experiences navigating these challenges in the context of limited support services. Understanding the multifaceted experiences of women undergoing assisted reproductive therapies such as IVF and IUI is crucial for developing targeted interventions, support services, and policies to improve the quality of care and treatment outcomes (Luk & Loke, 2023

Method:

A qualitative phenomenological design was employed, utilizing semi-structured in-depth interviews among women who had undergone or were currently undergoing assisted reproductive technology treatment. Purposive sampling was used to recruit participants. Data were analysed using thematic analysis with Nvivo-14 software. Emerging themes and sub-themes were identified and presented, supported with direct quotes.

Results:

The study revealed multifaceted experiences across four main themes

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Together We Grow

Meet Our Speakers

Bio of Dr. Derek Amoateng, FGCPS, MWACS, MPH, MBChB

Dr. Derek Amoateng is a Senior Specialist Obstetrician-Gynaecologist and Fertility Specialist with advanced training in Reproductive Endocrinology and Infertility. He studied at the University of Ghana Medical School and the Ghana College of Physicians and Surgeons, and further honed his expertise in advanced reproductive medicine both locally and internationally, including rotations at the University of Michigan Centre for Reproductive Medicine and leading fertility centers across Ghana.

His clinical practice covers the full spectrum of women's health — from advanced obstetrics and gynecological surgeries to fertility care, pregnancy, menopause, and beyond.

Dr. Amoateng is an active speaker, presenter, and contributor to leading scientific platforms such as the Fertility Society of Ghana (FERSOG), the American Society for Reproductive Medicine (ASRM), the European Society of Human Reproduction and Embryology (ESHRE), the African Federation of Fertility Societies (AFFS), FIGO, and others. He currently serves as Treasurer of the Fertility Society of Ghana.

Alongside clinical work, he contributes to research and training in assisted reproductive technology (ART), with a special interest in improving IVF outcomes, advancing early pregnancy care, and promoting fertility preservation — including egg freezing — as a vital option for women's reproductive health and empowerment.

Dr. Eugene Baah, FWAPCMLS, ESHRE Cert.

Eugene Baah is an accomplished Clinical Embryologist and Consultant Medical Laboratory Scientist with over two decades of experience in reproductive science and chemical pathology. He currently serves as Director and Senior Clinical Embryologist at The Fertility Centrum, where he leads advanced assisted reproductive technology (ART) operations and laboratory quality systems.

A Fellow of the West African Postgraduate College of Medical Laboratory Science, Eugene holds a Doctor of Medical Laboratory Science from the University for Development Studies and an MPhil in Chemical Pathology from Kwame Nkrumah University of Science and Technology. He is also one of the first two Ghanaians to earn Clinical Embryologist certification from the European Society of Human Reproduction and Embryology (ESHRE).

Eugene has played a pioneering role in Ghana's reproductive medicine landscape, notably as the first clinical andrologist to introduce Sperm DNA Fragmentation Index testing in the country. His research has explored oxidative stress, non-ionizing radiation effects on human spermatozoa, and age-related biochemical changes. A regular participant at ESHRE and ASRM annual meetings, he remains committed to continuous professional development and innovation in fertility diagnostics and embryology.

Eugene is a member of several professional societies, including GACE, FERSOG, GAMLS, ISAR, ASRM, and ESHRE, and continues to mentor young scientists and embryologists across West Africa.

Meet Our Speakers

Dr. Michael Bright Yakass

Michael B. Yakass, PhD, is an ESHRE-certified clinical embryologist and Director of The Fertility Centrum in Accra. Over more than a decade at Lister Hospital & Fertility Centre he led the embryology team and was the local lead in establishing Ghana's first preimplantation genetic testing (PGT) program—work that helped shape contemporary IVF practice in the country. He now combines hands-on ART leadership with research and training as a Postdoctoral Fellow at the West African Centre for Cell Biology of Infectious Pathogens (University of Ghana). His scholarship spans reproductive science and viral immunology, with publications in leading journals, including a Nature paper on a YF17D-vectored SARS-CoV-2 vaccine and related work in EBioMedicine and a chapter in Springer's Textbook of Assisted Reproduction. Dr. Yakass trained as an International Scholar at the Rega Institute, KU Leuven, Belgium and earned his PhD in Molecular Cell Biology from the University of Ghana. His recognitions include the World Bank African Centres of Excellence PhD fellowship and the Global Virus Network Rising Stars mentorship award. He is an active member of ESHRE, the Fertility Society of Ghana (FERSOG), and the Ghana Association of Clinical Embryologists, and is committed to advancing safe, evidence-based, patient-centred IVF across West Africa.

Dr. Gifty Quarshie-Ngissah

An Obstetrician and Gynaecologist with over a decade of experience in private sector health administration and management. She serves as Medical Director at Midway Hospital, a 45-year-old private health facility in Achimota-Abofu. Her clinical interests include fertility management, antenatal care, and delivery.

She holds a Bachelor of Medicine and Surgery from the University of Ghana Medical School and is a member of both the Ghana College of Surgeons and the West African College of Surgeons. Her academic credentials also include a Master's degree in Public Health from the University of Ghana and a certificate in Health Administration and Management from the Ghana Institute of Management and Public Administration. She is currently pursuing an MSc in Sexual and Reproductive Medicine at the University of South Wales.

Driven by her passion for maternal health education, Dr. Quarshie-Ngissah founded Gifty's Bump and Baby Club—a practical antenatal education platform designed to equip and empower expectant parents with relevant, accessible information.

She is a 2018 Mandela Washington Fellow and an alumna of both the Oxford Women's Leadership Development Programme at Saïd Business School, University of Oxford, and the Stanford Graduate School of Business Seed Transformation Program. Dr. Quarshie-Ngissah is married to an orthopaedic surgeon and is the mother of three boys.

Meet Our Speakers

Dr Promise Emmanuel Sefogah
(FWACS, FMAS, MGCS, MPH, DLSHTM, MBChB, BSc)

Dr Promise E Sefogah is a Senior Lecturer in Obstetrics & Gynaecology at the University of Ghana Medical School and a Consultant Obstetrician-Gynaecologist at Korle Bu Teaching Hospital. He is the Lead Consultant, Fertility Specialist and Medical Director at SHAPE Healthcare Specialist Medical Center, with parallel expertise in public health and health services management.

Dr. Sefogah holds a fellowship in O&G from the West African College of Surgeons, an MPH with the Diploma in Tropical Medicine & Hygiene from the London School of Hygiene & Tropical Medicine, and fellowship training in minimal access surgery. He completed additional REI training at the Yale Fertility Center and earned a Fogarty NPGH Postdoctoral Fellowship (University of Michigan) focused on fertility preservation in women with breast cancer.

His advanced surgical exposure includes programs in Belgium and Vancouver, complemented by leadership and management training at ESMT Berlin. A Consultant to WHO on Maternal Mental Health and former WHO Ghana Technical Officer for RMNCAH, he has also consulted for UNICEF and contributed to a global UHC panel at the UK Academy of Medical Sciences. He serves on the Faculty of the Ghana College of Physicians and Surgeons.

His research spans REI, ART, fertility preservation/onco-fertility, maternal mental health, reproductive health financing and fibroids. Dr. Sefogah is General Secretary of SOGOG and National Vice President of FERSOG.

Rosemary Yaamaanan Essah
Nursing Manager, Assisted Conception Unit – Finney Hospital & Fertility Centre.
Clinical Education and Examination Coordinator – Ghana College of Nurses and Midwives (Fertility Department).

Rosemary Yaamaanan Essah is a passionate fertility nurse dedicated to supporting individuals and families on their journey to parenthood. With a master's degree in nursing, she leads the Assisted Conception Unit at Finney Hospital while also serving as Clinical Education and Examination Coordinator at the Ghana College of Nurses and Midwives. Her interests lie in patient counseling, staff development, and improving the quality of fertility services. A proud member of ESHRE and FERSOG, Rosemary is committed to advancing fertility nursing in Ghana and creating positive experiences for patients and professionals alike.

Meet Our Speakers

Lisa Hughes-Thompson

An ESHRE-certified Fertility Nurse and trainee embryologist with over a decade of experience in assisted reproduction. Her career bridges direct patient care, embryology practice, and international leadership, offering a distinctive dual perspective on the IVF nurse's role as the guardian of patient safety and clinical outcomes through meticulous infection control.

Having coordinated more than 1,000 IVF treatment cycles, Lisa brings a deep, practical understanding of how rigorous infection control underpins every phase of the patient journey. Operating at the vital interface between the clinic and the laboratory, she champions the nurse's pivotal responsibility in maintaining the aseptic chain of care.

Lisa currently serves as Deputy Chair of the Nurse Education Committee for the International Federation of Fertility Societies (IFFS) and as Adjunct Faculty Member at the Ghana College of Nurses and Midwives, where she mentors the next generation of advanced fertility nurses and midwives. She is also Ghana's first ESHRE-certified MAR Nurse, and a passionate advocate for excellence in reproductive medicine.

Mehmet Engin Enginsu M.D., Ph.D.

DR. Enginsu was born in Turkey in 1962. After finishing his studies in University of Ankara Faculty of Medicine and became a Medical Doctor in1988, he moved to The Netherlands and started to work as research assistant in University of Limburg Faculty of Medicine, Molecular Cell Biology and Genetics department, Maastricht, He started to work in the IVF unit due to his research on "Male Infertility" and his Ph.D. thesis titled "Morphology and function of human spermatozoa" was accepted on April 1988. He was invited to work on "Micromanipulation with laser" project to Brussels, Catholic University of Leuven, St Luc Hospital in Belgium in May 1994. In March 1995 he was invited to Hacettepe University Faculty of Medicine, Obstetrics and Gynecology Department as IVF laboratory director for the set up of micromanipulation unit and worked as an instructor. In January 1996 he moved to Istanbul to set up an IVF laboratory in American Hospital and worked there as the laboratory director. He then worked in International Hospital, Metropolitan Florence Nightingale Hospital, Şişli Memorial Hospital as laboratory director between 1997 and 2004. Dr. Enginsu have also worked in setting up the IVF unit for Kalamış Tıp Merkezi Istanbul. Between March 2005 to January 2017 he worked as the director of the IVF unit in KadıköyŞifa Hospital Istanbul. Between March 2018 to March 2019 he worked as the Laboratory Director in LIV Hospital Ulus in Istanbul.

He is currently working as a consultant for medical companies both in national and international terms.

Meet Our Speakers

Dr Padi Ayertey

An Obstetrician Gynaecologist and the CEO and Medical Director for Elimmas Health - a women`s health hospital in Accra, Ghana, where he specialises in hysteroscopy, and the management of infertility and PCOS. A graduate of the University of Ghana Medical School, He is a fellow of the West African College of Surgeons and has practiced for over 2 decades. He also holds a Fellowship in Minimal Access Surgery and a Fellowship in Artificial Reproductive Technology.

The bulk of his fertility practise involves women who are beyond the prime age of fertility and he is constantly challenged with finding solutions to help them achieve their wishes.

Dr. Dickson Mawusi

Graduate with a PhD in Human Anatomy, Cell Biology, and Embryology from the Kwame Nkrumah University of Science and Technology (KNUST) in Ghana. Earlier, he was accepted into the School of Medicine at the University of Leeds, Leeds LS2 9JT, West Yorkshire United Kingdom (UK), where he studied for his Master's degree programme (MSc) in Clinical Embryology under the supervision of Prof. Helen Picton, Dr. David Miller, Dr. John Huntriss and Dr. Jan Hogg which prepared him for both clinical work and research in an academic setting and graduated in 2012.

During his PhD studies at the Department of Anatomy, College of Health Sciences, School of Medicine and Dentistry, Kwame Nkrumah University of Science and Technology (KNUST), Amsterdam University – Netherlands, University of Leeds, UK and the IVF Department - Airport Women's Hospital (AWH), Accra, Ghana, under the supervision of Prof. (Mrs.) Chrissie Stansie Abaidoo (Head of Anatomy Department), KNUST, Prof. Frederick Kwaku Addai (former Head of Anatomy Department) of the University of Ghana Medical School (UGMS) and Prof. Kwame Adu-Bonsaffoh (Department of Obstetrics and Gynaecology, University of Ghana Medical School).

Dickson researched into the association of Anti-Mullerian Hormone (AMH) with the quantity and quality of oocytes in women undergoing IVF treatment in Ghana. He started his career as a full-time Clinical Embryologist and Head of the IVF Department at Provita Specialist Hospital, Tema (the first IVF centre in Ghana), founded by Dr Joseph Mainoo, of blessed memory. Dickson has over twenty (20) years of clinical practice in Clinical Embryology, Research, Assisted Reproductive Technologies (ART) and Biomedical Sciences and has contributed to the research works of several local and foreign PhD students, Postgraduate students, Medical Students and Doctors for their additional specialist qualification in reproductive medicine, especially in the area of Embryology.

He is a Senior Lecturer at the University of Health and Allied Sciences (UHAS), Ho and a Postdoctoral student [European Fellowship in Reproductive Medicine – (EFRM)] at the University of Leeds, UK. He has been inducted as a fellow of the West African College of Morphologists (FWACOM).

Meet Our Speakers

Dr. Rosemond Akpene Hiadzi

Senior Lecturer, Department of Sociology, University of Ghana

Dr. Rosemond Akpene Hiadzi is a Senior Lecturer in the Department of Sociology at the University of Ghana, Legon. She holds a PhD in Sociology from the same institution, where her doctoral research examined the strategies and management of infertility among couples in contemporary Ghana. Her scholarly work sits at the intersection of medical sociology, reproductive health, and gender and family studies, with a particular focus on infertility, assisted reproductive technologies (ART), surrogacy, and the psychosocial and ethical dimensions of reproductive care.

Over the years, Dr. Hiadzi has built a distinguished academic and research profile, publishing extensively in reputable international journals such as PLOS ONE, Heliyon, and Reproductive Health. She has presented her research at several local and international conferences, including multiple meetings of the Fertility Society of Ghana, where she has shared insights on male infertility and the sociocultural and ethical issues surrounding ARTs.

Dr. Hiadzi's academic contributions extend beyond research to mentorship and teaching, where she has supervised PhD and master's students and taught courses in Medical Sociology, Culture and Reproductive Health, and Social Psychology. She is also actively engaged in international collaborations, having been a Visiting Scholar at the University of York and the University of Zurich, and a recipient of grants and awards including the IFFS Presidential Award and Erasmus+ Ghana–Sheffield Mobility Program.

As a committed member of the Fertility Society of Ghana, Dr. Hiadzi continues to advance sociological perspectives in fertility research and practice, promoting culturally responsive and ethically sound reproductive health care in Ghana and beyond.

Samuel Sanaa Brobbey

Samuel Sanaa Brobbey is a multidisciplinary researcher, fertility nurse practitioner, and information scientist under the Ministry of Health, Ghana.

He serves as a Senior Health Tutor at the S.D.A. Nursing and Midwifery Training College, Asanta. Samuel is pursuing a PhD in Midwifery at the University of Port Harcourt (ACE-PUTOR), River State, Nigeria and holds qualifications in Fertility Nursing, Information Science, Curriculum & Instruction, and Human Resource Management.

His professional interests span nursing and midwifery education, reproductive health, information science, and disability studies. He has authored and reviewed several international publications, serves as an Associate Editor for the Springer Nature Journal of Systematic Reviews, and is an active member of the Ghana Registered Nurses and Midwives Association as well as an associate member of the Fertility Society of Ghana.

Meet Our Speakers

Dr. Chibuikem N. Onuzo

BSc (Med Sc) FGCS, FWACS Cert LMH (UW)

Dr. Chibuikem N. Onuzo MD is a Consultant Obstetrician Gynaecologist. A graduate of the University of Ghana Medical School, he had his postgraduate training in Obstetrics and Gynaecology at the prestigious Korle-Bu Teaching Hospital. He is a fellow of the Ghana College of Physicians and Surgeons (GCPS) and the West African Colleges of Surgeons (WACS). He also holds a certificate in Leadership and Management in Health from the University of Washington.

Dr. Onuzo is a member of the European Society of Human Reproduction and Endocrinology (ESHRE), the American Society of Reproductive Medicine (ASRM) and the Fertility Society of Ghana (FERSOG). Dr. Onuzo's practice specializes in general and high risk OBGYN, Infertility, Reproductive Endocrinology, Assisted Reproductive Technologies (ARTs) and Minimally Invasive Surgeries (MIS).

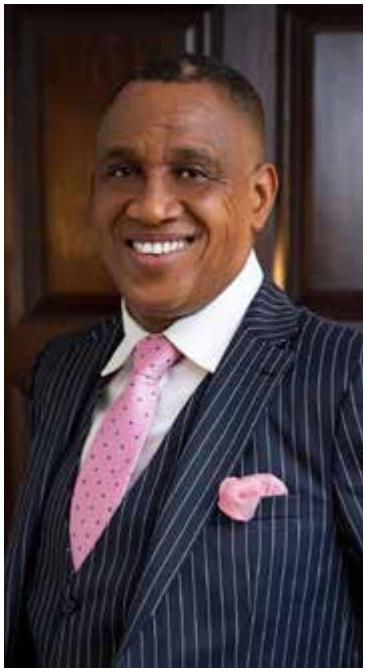
DR FRANCIS JOJO DAMALIE (TOGBI EKPE SUBO V)

Dr. Francis Jojo Damalie is The Chief of Dome-Kpornuga, Anlo-Afiadenyigba, a Senior Lecturer at the Department of Obstetrics and Gynecology, Kwame Nkrumah University of Science and Technology (KNUST) School of Medical Sciences (SMS) - Kumasi, Senior Specialist Obstetrician and Gynecologist of Komfo Anokye Teaching Hospital (KATH) - Kumasi, and the Fertility Consultant of Hallmark Medicals, a Specialist Fertility Hospital in Kumasi. He is also an assistant to The Chair of the Division of Reproductive Endocrinology and Infertility (REI) - Ghana College of Physicians and Surgeons.

He holds Fellowships of The West African College of Surgeons (FWACS), The Ghana College of Physicians and Surgeons (FGCS), The International College of Surgeons, as well as a Postgraduate Master Degree in Reproductive Medicine (MRMed) with Sub-Specialization in Assisted Reproductive Technology (ART) from the prestigious University of New South Wales, Australia. He is also a Clinical Fellow of Rotunda: The Centre for Human Reproduction, Mumbai - India, a pioneering training institution in Assisted Reproductive Technology (ART).

Dr Damalie has insatiate taste for, the validated cutting-edge knowledge and demonstrable skills in Reproductive Endocrinology and Infertility. He is one of the most experienced in the field of Reproductive Endocrinology and Infertility, having worked for many years as Fertility Consultant in many Fertility Hospitals. He comes around with very strong work ethics, trustworthy character, selfless dedication, humility and utmost respect. He is self motivated with a passionate zeal to impart knowledge in Reproductive Endocrinology and Infertility.

Meet Our Speakers



Dr Edem Kojo Hiadzi

Dr E.K. Hiadzi holds qualifications from the University of Ghana Medical School 1982, University of Glasgow and Queen Mother's Hospital, Scotland 1990/ 1993, Fellow of West African College of Surgeons (FWACS) 1996 and Royal College of Obstetricians and Gynaecologists (FRCOG) 2005. He is an affiliate of RCOG, ESHRE, ASRM, IFFS, FIGO and a founding member of AFFS.

He founded Lister Medical Services Limited in 1995 and then Lister Hospital and Fertility Centre in 2004. He spearheaded the formation of the Fertility Society of Ghana (FERSOG) in 2016, and under his presidency developed a curriculum for the training of Fertility Specialists by the College of Physicians and Surgeons, and Fertility Nurses by the Ghana College of Nurses and midwives in September 2024. Lister Hospital has since become a Training Centre for Fertility Doctors and Nurses.

In 2020, he pioneered the first case of Pre-implantation Genetic exclusion of Sickle Cell Disease through IVF in Ghana.

His passion and dedication over four decades continues to shape the landscape of women's health and fertility care with several publications to his name.

Dr E.K. Hiadzi is a true testament to what the transformative power of commitment and expertise achieves.

Dr Yaw Amoah

MbChB - University of Ghana Medical School
FGCS - Ghana College of Surgeons
MBA - University of Applied Science - Ghana
Urologist - KBTH

Dr. Sanli Erkan

Meet Our Speakers

Sarah Akuyo Brown

Sarah Akuyo Brown is a licensed midwife with over sixteen years of professional experience. She holds a Diploma in Midwifery from the NMTC, Kumasi; a Bachelor's degree in Health Science Education (Midwifery option) from the University of Cape Coast; and a Bachelor of Science in Midwifery from Garden City University College.

She just completed a Master of Philosophy (MPhil) in Midwifery with a research focus on infertility. She also holds a diploma in Theology from Assemblies of God Theological Seminary (AGTS). Mrs. Brown has served as a Health Educator for thirteen years and is presently a Principal Health Tutor at the NMTC, Cape Coast.

In addition to her academic and clinical roles, she is an ordained minister with the Assemblies of God Church and has been married to Pastor Josephus Peter Brown for nine years. Her work integrates healthcare and faith-based advocacy, with a particular emphasis on bridging the gap between medical practice and Christian faith. She developed and teaches a curriculum titled "The Pastor and Health" at the Assemblies of God Theological Seminary, where she serves as an adjunct lecturer. She is also a frequent speaker at religious conferences, promoting the acceptance of medical interventions within Christian communities.

Mrs. Brown is the founder of Exceptional Women Fellowship, a non-denominational Christian support organisation established for the past two years to provide holistic fertility care for couples experiencing infertility. The support group has registered about 50 couples, some have successfully had their babies. Her current research is titled "Exploring Fertility Care Experiences of Health Providers in the Greater Accra Region."

Theophilus Owusu Manu

Mr. Theophilus Owusu Manu, is a Medical laboratory scientist with over 14 years working experience. He currently works as the Laboratory Director at the Ruma Fertility and Specialist Hospital and has been with the institution for the past 5 years.

Mr. Owusu Manu has a first degree in Biochemistry (KNUST, Kumasi), a masters degree in Medical laboratory Sciences (University of Ghana, Accra) and currently pursuing a PhD Chemical Pathology (KNUST, Kumasi). With his knowledge and experience in practice, he also mentors and teaches students in the profession and has an 8-year experience as an instructor.

His research areas include prostate and reproductive health, clinical endocrinology, metabolic diseases and toxicology. He is the corresponding author for the study titled "Prevalence of infections and sickle cell haemoglobinopathies among egg donors in a private fertility centre in Ghana".

Meet Our Speakers

Dr Mawuse Kanfra

A distinguished academic and medical professional whose expertise lies in Infertility and Assisted Reproductive Technology (ART). He graduated as a medical doctor from the School of Medical Sciences and Dentistry of the Kwame Nkrumah University of Science and Technology, Kumasi, Ghana, in 2008. He pursued his postgraduate training in Obstetrics and Gynaecology and became a member of the Ghana College of Physicians and Surgeons in 2015.

He is a Reproductive Endocrinologist and Infertility Specialist, and a fellow of the Ghana College of Physicians and Surgeons. He also holds a certificate in Advanced ART and Reproductive Medicine from the Indira Fertility Academy in India. Additionally, he holds certificates in Health Administration and Management from the Ghana Institute of Management and Public Administration (GIMPA) and also in Leadership and Management in Health from the University of Washington (USA). He is a member of both the Society of Obstetricians and Gynaecologists of Ghana (SOGOG) and the Fertility Society of Ghana (FERSOG), where he serves on the Education and Scientific Committee. He is currently the head of the Obstetrics and Gynaecology department of the St Dominic Catholic Hospital, Akwatia.

Dr Mawuse Kanfra is deeply passionate about ART and women's health, and is committed to providing personalised and compassionate care for patients to achieve their goals of parenthood. He enjoys cooking and is also a relationship and family life counsellor.

Mathias Vondee Teye

A Molecular Cell Biologist and Medical Geneticist with several years of experience in genetic testing, genomics and molecular diagnostics. Mathias Vondee's postgraduate and undergraduate trainings spanned the fields of Molecular Biology, Genetics, Biotechnology and Microbiology, making him an interdisciplinary researcher. Over the past five years, his work has focused mainly on advancing reproductive, preimplantation and prenatal genetic care.

Additionally, Mathias Vondee has been at the forefront of pioneering initiatives in the area of reproductive genetics like Ghana's first in-house next-generation sequencing (NGS)-powered preimplantation genetic testing (PGT) lab at Ruma Fertility and Specialist Hospital. Currently, he is the Geneticist and head of the Genetic laboratory of Ruma where he performs preimplantation genetic testing of human embryos to detect aneuploidies (PGT-A) and monogenic disorders (PGT-M), as well as other genetic testing services, making him the first indigenous Ghanaian scientist with genetic testing expertise in PGT.

He is a member of the Royal Society of Biology of the UK and was a recipient of the Queen Elizabeth Commonwealth Scholarship in 2015 – 2018 and the Commonwealth Scholarships and Fellowship Plan (CSPF) research grant in 2016.

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