



## 1 in 6 people globally affected by infertility: WHO

**4 April 2023** - Large numbers of people are affected by infertility in their lifetime, according to a new report published today by WHO. Around 17.5% of the adult population – roughly 1 in 6 worldwide – experience infertility, showing the urgent need to increase access to affordable, high-quality fertility care for those in need.

The new estimates show limited variation in the prevalence of infertility between regions. The rates are comparable for high-, middle- and low-income countries, indicating that this is a major health challenge globally. Lifetime prevalence was 17.8% in high-income countries and 16.5% in low- and middle-income countries.

“The report reveals an important truth: infertility does not discriminate,” said Dr Tedros Adhanom Ghebreyesus, Director-General at WHO. “The sheer proportion of people affected show the need to widen access to fertility care and ensure this issue is no longer sidelined in health research and policy, so that safe, effective, and affordable ways to attain parenthood are available for those who seek it.”

Infertility is a disease of the male or female reproductive system, defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. It can cause significant distress, stigma, and financial hardship, affecting people’s mental and psychosocial well-being.

Despite the magnitude of the issue, solutions for the prevention, diagnosis and treatment of infertility – including assisted reproductive technology such as in vitro fertilization (IVF) – remain underfunded and inaccessible to many due to high costs, social stigma and limited availability.

At present, in most countries, fertility treatments are largely funded out of pocket – often resulting in devastating financial costs. People in the poorest countries spend a greater proportion of their income on fertility care compared to people in wealthier countries. High costs frequently prevent people from accessing infertility treatments or alternatively, can catapult them into poverty as a consequence of seeking care.

“Millions of people face catastrophic healthcare costs after seeking treatment for infertility, making this a major equity issue and all too often, a medical poverty trap for those affected,” said Dr Pascale Allotey, Director of Sexual and Reproductive Health and Research at WHO, including the United Nations’ Special Programme of Research, Development and Research Training in Human Reproduction (HRP). “Better policies and public financing can significantly improve access to treatment and protect poorer households from falling into poverty as a result.”

While the new report shows convincing evidence of the high global prevalence of infertility, it highlights a persistent lack of data in many countries and some regions. It calls for greater availability of national data on infertility

disaggregated by age and by cause to help with quantifying infertility, as well as knowing who needs fertility care and how risks can be reduced.

Available from: <https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility>

## The cholera emergency is avoidable

**22 March 2023** - The world is facing an upsurge in cholera, even touching countries that have not had the disease in decades. Years of progress against this age-old disease have disappeared. While the situation is unprecedented, the lesson to draw is not a new one: safe drinking water, sanitation and hygiene are the only long-term and sustainable solutions to ending this cholera emergency and preventing future ones.

The global cholera situation is concerning, but as we mark World Water Day today, and the historic United Nations Water Conference begins in New York, the Global Task Force for Cholera Control (GTFCC) is appealing to countries and the international community to channel that concern towards concrete action.

First, to prevent future outbreaks, countries need strong public health surveillance systems to quickly identify and confirm cholera cases, allowing for immediate action. Countries with ongoing widespread outbreaks need immediate support to track and tackle the current crisis. We can't solve a problem we can't see.

Second, stop the cycle that takes us from emergency to emergency by investing in water, sanitation, and hygiene (WASH). When there is a cholera outbreak, responders rush in soap and chlorine tablets, bring in safe water in trucks, and build temporary latrines to prevent the outbreak from spreading. While these actions are undoubtedly life-saving, longer-term investments in WASH infrastructure can prevent outbreaks in the first place. Wherever in the world cholera has been eliminated, it has been thanks to improvements in basic water, sanitation and hygiene – access to these is an internationally recognized human right.

Moving from an emergency response to long-term improvements is more effective, because although cholera is a health issue, first and foremost, it is a development issue.

Third, focus efforts on cholera hotspots. Fighting cholera requires a targeted approach centred on hotspots—health zones or districts—where cholera cases are concentrated. Focusing on cholera hotspots more than doubles the return on investments in safe water, sanitation and hygiene: from US\$4.30 to US\$10 for every US\$1 invested.

Fourth, support the development and implementation of national cholera plans, including the budget allocated for WASH. These national plans lay out multisectoral actions needed for sustained cholera prevention and control, including the use of oral cholera vaccines, putting communities at the center.

Poverty, conflict, and disasters continue to fuel cholera, now turbo-charged by climate change. The future presents multiple challenges, but at least for cholera, we have the answer: access to safe water, sanitation and hygiene in cholera hotspots. Urgent, targeted investments will get us there.

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