

Lay summary

In The Gambia, a partnership of stakeholders from various domains including research, grassroots activism, clinicians, and policymakers contributed to an increased awareness of infertility. This, in turn, led to the inclusion of infertility in the national reproductive health strategic plan. An in-country participatory workshop involving participants from both public and private health sectors was held in October 2023 with the objective of identifying priorities for moving beyond planning to implementation, within the context of resource constraints. The top three identified priorities were: (i) training about for infertility training for health providers; (ii) harmonisation of data collection; and (iii) the development of clinical guidelines for infertility management. It is important for the Gambian Ministry of Health to implement these proposed locally-relevant fertility care activities. Despite current and future challenges, having a clear vision and pathway will help establish fertility care in the country, with Gambia potentially leading the way among many other countries.

1 **Implementing fertility care: Insights from a participatory workshop in The Gambia**

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30

31 **Abstract**

32 **Introduction:** The Gambia, West Africa, has made recent progress on infertility, a
33 component of sexual and reproductive health that is lagging behind others. Since 2016, there
34 is favourable policy environment stemming from infertility research and partnership building
35 with national stakeholders and local civil society organisations focussing on infertility. Here,
36 we report outcomes from a participatory workshop on infertility policy implementation in
37 The Gambia and provide insights on setting national priorities for fertility care in resource-
38 limited settings. **Methods:** We conducted a participatory workshop involving 29 participants
39 from Gambia's public and private health sectors. Using selected participatory group work
40 tools, stakeholders identified and prioritised key activities within the framework of five pre-
41 defined areas of action, including (i) creating guidelines/regulations; (ii) recording/reporting
42 data; (iii) building public-private partnership; (iv) training health providers; and (v) raising
43 awareness and health-seeking. **Results:** A total of 17 prioritised activities were proposed
44 across the five action areas, according to short- medium- and long-term timeframes. Three
45 were further prioritised from the overall pool, through group consensus. A Group Model
46 Building activity helped to envision the complexity through elucidating links, loops, and
47 connections between each activities and their expected outcomes. **Conclusions:** The
48 participatory workshop identified actionable interventions for fertility care in The Gambia,
49 with stakeholders setting a clear path ahead. Despite challenges, the continued engagement of
50 Gambian policymakers, practitioners, researchers, and activists in efforts to move beyond
51 policy creation to its implementation is essential. Improving fertility care in The Gambia and
52 other LMICs is feasible with effective collaboration and financial support. **Keywords:**
53 Fertility care, health policy, infertility, participatory workshop, The Gambia

54 **Lay summary**

55 In The Gambia, a partnership of stakeholders from various domains including research,
56 grassroots activism, clinicians, and policymakers contributed to an increased awareness of
57 infertility. This, in turn, led to the inclusion of infertility in the national reproductive health
58 strategic plan. An in-country participatory workshop involving participants from both public
59 and private health sectors was held in October 2023 with the objective of identifying
60 priorities for moving beyond planning to implementation, within the context of resource
61 constraints. The top three identified priorities were: (i) training about infertility for health
62 providers; (ii) harmonisation of data collection; and (iii) the development of clinical
63 guidelines for infertility management. It is important for the Gambian Ministry of Health to
64 implement these proposed locally relevant fertility care activities. Despite current and future
65 challenges, having a clear vision and pathway will help establish fertility care in the country,
66 with Gambia potentially leading the way among many other countries.

67 Introduction

68 The Gambia, a small country in West Africa, has made significant strides in improving sexual
69 and reproductive health (SRH) over the last two decades. For example, the total fertility rate
70 decreased from 5.6 children per woman in 2013 to an estimate 3.5 in 2024 (CIA Factbook,
71 2024). Home deliveries have reduced substantially, and an estimated 98% of pregnant women
72 now receive antenatal care (ANC) from a skilled provider (doctor, nurse, or midwife)
73 (Nigatu, 2023). This SRH success, however, is not comprehensive. Important challenges
74 remain when it comes to, among other issues, adolescent pregnancies, intimate partner
75 violence (Jatta *et al.*, 2021; The Gambia Bureau of Statistics and ICF, 2021), and fertility care
76 (Dierickx *et al.*, 2019; Afferi *et al.*, 2022; Bittaye *et al.*, 2023; Afferi *et al.*, 2024).

77 Despite infertility being recognised as a core component of SRH by the International
78 Conference on Population Development in 1994 (UNFPA, 1994), The Gambia, in line with
79 many other low- and middle-income countries (LMICs) and international health
80 organisations, has paid little attention to this issue. Except for a few studies in the 1990s
81 (Sundby, 1997; Sundby, Mboge and Sonko, 1998), fertility care policy, practice, and research
82 have been largely absent. Since 2016, however, there has been a sustained effort of research
83 from both ethnographic and health policy and systems perspectives. For example, Dierickx
84 and colleagues (2018-2019, 2021) provided an in-depth understanding of the experiences of
85 women and men with infertility among urban and peri-urban populations, while Afferi and
86 colleagues (2022, 2024) offered a comprehensive view of the Gambian health system's
87 response to infertility, and its readiness to implement fertility care in public and private health
88 facilities.

89 While The Gambian health system remains highly dependent upon international aid which
90 might determine the agenda of national policies and activities (Sundby, 2014; Sine, Saint-
91 Firmin and Williamson, 2019), Gambian reproductive activists and some political leaders

92 have been vocal in promoting fertility care interventions (Dierickx *et al.*, 2019). Those
93 interventions include, among others, '*fertility awareness, support and fertility management*
94 *with an intention to assist individuals and couples to realize their desires associated with*
95 *reproduction and/or to build a family*' (Zegers-Hochschild *et al.*, 2017).

96 Other initiatives included some (limited) opportunities for healthcare providers to attend
97 infertility training, albeit abroad (Merck Foundation, 2020). Through early and continued
98 engagement with in-country civil society organisations and key health system stakeholders,
99 researchers were able to support local fertility champions in their aims to increase public
100 awareness of infertility and to improve fertility care policies and services (Dierickx *et al.*,
101 2019; Afferri *et al.*, 2022; Bittaye *et al.*, 2023; Afferri *et al.*, 2024). It is notable that this
102 partnership between academia, civil society, and health policy and system national
103 stakeholders, generated significant momentum for infertility in The Gambia over the last 8
104 years (**Figure 1**). Moreover, it helped facilitate the creation of the Fertility Care in the Global
105 South Network – a platform that combines almost 20 other LMICs from within and beyond
106 sub-Saharan Africa. The network, that embraces more than 50 members including
107 researchers, health workers, policy makers, and activists aims to raise infertility awareness, to
108 strengthen health system and policy change, and to increase access to fertility care for all
109 through partnership building, capacity development, research and evidence generation
110 (Fertility Care in the Global South Network, 2023).

111 As a result, in 2022, fertility care was included as one of the SRH priorities in the National
112 Reproductive Health Strategic Plan 2022-26 (NRHSP), for the first time (Ministry of Health
113 & Social Welfare, 2022). The Gambian Ministry of Health has the responsibility for the
114 allocation of funds and implementation of the strategic plan, in partnership with the regional
115 health teams, the health facilities within its health system, and the international cooperation
116 agencies.

117 The enabling environment, which both facilitated and was facilitated by the network, was the
118 platform upon which Gambian policymakers have strengthened public health policy interest
119 in fertility care, and where it continues to thrive. Yet, while the inclusion of fertility care in
120 the Gambian NRHSP was an important step forward, there are significant challenges in
121 moving from the creation of fertility care policy to its implementation (Afferri *et al.*, 2024).
122 Some of these challenges related to the struggle of the Gambian health system to
123 systematically collect data on the prevalence of infertility and the proliferation of private
124 fertility clinics offering services without clear guidelines or regulations (Afferri *et al.*, 2024).
125 Further, The Gambia has not involvement with the African Network and Registry
126 for Assisted Reproductive Technology (ANARA) due to ART unavailability.
127 Here, we explore mechanisms and timelines for the implementation of fertility care,
128 identified during a participatory workshop with key health system stakeholders, and offer
129 insights into the current state and future prospects of fertility care in The Gambia.

130 **Figure 1. Timeline of factors enabling fertility care inclusion in The Gambia's National**
131 **Reproductive Health Strategic Plan (2022-26)**

132

133 **Materials and Methods**

134 **Background and areas of action**

135 This work builds on earlier research, including a mixed-methods study (Afferri *et al.*, 2022;
136 2024;2024) which highlighted the importance of participation, policy, partnerships and
137 capacity-building to transform fertility care in The Gambia. Drawing on this work and the
138 NRHSP 2022-2026, the study team identified five key areas of action for fertility care
139 implementation. These were: (i) creating guidelines and regulations; (ii) recording and
140 reporting data; (iii) building public-private partnerships; (vi) training health providers; and

141 (v) awareness and health seeking. Each area of action addressed critical aspects of fertility
142 care implementation, providing a holistic perspective on the challenges and opportunities for
143 The Gambia health system.

144 **Participatory workshop on fertility care implementation**

145 A one-day participatory workshop on fertility care implementation was held in October 2023,
146 in Serekunda, The Gambia. The workshop was organised by the Gambian Ministry of Health
147 (MoH), Safe Haven Foundation, a Gambian civil society organisation working toward
148 infertility de-stigmatisation, with the support of the Medical Research Council at the London
149 School of Hygiene and Tropical Medicine, the Gambia Unit (MRCG), and the Fertility Care
150 in the Global South Network. Sixty-four invitations (including eight to private fertility
151 clinics) were sent to selected national and sub-national level stakeholders, encompassing
152 policymakers, regional health teams, international cooperation agencies and health
153 practitioners from both the public and private health sectors in The Gambia (Supplementary
154 Information Table 1B). Invited stakeholders were purposefully selected based on their
155 involvement in reproductive health policy and practice, and according to geography– aiming
156 for representation from each of The Gambia regions (**Figure 2**).

157 **Figure 2. Map of The Gambia, illustrating administrative regions and the capital city,** 158 **Banjul**

159

160 The workshop aimed to elicit areas of action for implementing fertility care, taking into
161 consideration the broader health system context. It was structured into three overarching
162 sessions, namely: (i) presenting research findings and lived experiences of infertility in The
163 Gambia; (ii) group work exercises within each of the five key areas of action for the
164 implementation of fertility care; and (iii) feedback from the groups and plenary discussion,
165 eliciting group modelling and overarching plans for the short, medium and long-term.

166 The group work included 5-7 participants per table, each with one member of the facilitation
167 team and only one area of action to be discussed per group. Participant were free to choose
168 the group/area of action that best suited their background and interest. In the case of any one
169 group being disproportionately larger than others, the facilitation team planned to relocate
170 some participants to smaller groups – however this was not required. Groups received
171 detailed verbal instructions which were also printed on a 1-page information sheet, before the
172 start of the group work. The instructions sheet listed the overall aim and purpose of the group
173 exercise and outlined the various steps of the group exercise. Templates were also included,
174 forming the tools used to reach the desired output. The group work included: (i)
175 brainstorming; and (ii) graphs over time; while the plenary session included (iii) prioritisation
176 exercise - timeline; and (iv) group model building (GMB). Groups were asked to nominate a
177 representative to feedback on behalf of the group, during the plenary discussion.

178 *Brainstorming*

179 Each group was requested to propose as many activities as possible within their allocated area
180 of action and to then brainstorm, discuss, and identify main fertility care activities. The
181 brainstorming activity was an opportunity for the members of the group to eviscerate their
182 area of action and select three/four interventions they deemed to be of highest priority.

183 *Graphs over time*

184 Once the groups had identified fertility care activities pertaining to their area of action, they
185 were required to plot their expectations of changes ‘over time’ using the graphs over time
186 technique (Calancie *et al.*, 2018). Participants were presented with a blank graph template,
187 with time on the X-axis and rate of infertility on the Y-axis. They were instructed to depict
188 the historical pattern and two future paths that they thought would occur: (i) if present trends
189 were maintained; and (ii) once the intervention took place. Participants were particularly
190 reminded to consider the unintended consequences of interventions when plotting the graphs.

191 *Prioritisation and timeline*

192 The groups were then asked to discuss and agree to a timeline for the prioritised activities,
193 according to a short, medium, and long-term framework. Short-term was described as a
194 period including the next 12-24 months following the workshop; medium-term was defined
195 as 24-60 months length, and long-term as over 60 months length from the workshop date.
196 The overall timeline mirrors the current NRHSP 2022-2026, and beyond. The next exercise
197 was to recognise one activity they considered as a priority. During the plenary session, all
198 prioritised activities and timeframes were discussed, and activities were further listed, by
199 priority, to identify the overall combined top three. The combined prioritised activities were
200 verified by reaching a consensus during the plenary discussion. The feasibility of
201 implementation of each of the activities was discussed, within the context of The Gambia,
202 and this was a key criterion in the prioritisation process.

203 *Group Model Building*

204 The GMB approach is a participative strategy that is extensively used to facilitate a
205 systematic reflection among stakeholders and collaboratively explore solutions for
206 multifaceted situations. The application of qualitative system mapping in public health
207 research aims to investigate the origin, contributing elements, and viable solutions or
208 responses to a complicated situation (Siokou, Morgan and Shiell, 2014; Gerritsen *et al.*,
209 2020). During the plenary session, as each of the groups presented their outcomes, a GMB
210 was created '*in real time*' until consensus was achieved among all the participants. The
211 consensus was evaluated through verbal assessment by the participants. The model was later
212 elaborated by the authors, using Microsoft PowerPoint, to show links, loops, and connections
213 between fertility care activities, drawing on the group discussions and existing knowledge.

214 *Workshop evaluation*

215 At the end of the event, participants were requested to complete an anonymous feedback
216 form to analyse the strengths and weaknesses of the workshop and to understand their
217 learning. The form contained nine questions, including four opened ended questions, two
218 were answered through a 5-point Likert scale ranging from “excellent” to “poor”, two rated
219 effectiveness and organisation of the workshop in a scale from 1 to 10, and one question was
220 closed ended, inquiring if the participants would recommend the workshop to their
221 colleagues. The 5-points Likert sections appraised general aspects of the workshop (content,
222 handouts, working groups, venue, and facilitators), and the quality of each of the sessions.
223 Four questions allowed the participants to provide additional comments or feedback
224 regarding the workshop, and to bring up any significant points that were omitted during the
225 plenary discussion.

226 **Results**

227 A total of twenty-nine participants and six facilitators attended the workshop
228 (**Supplementary Information Table 1A and 1B**). Participants included policymakers,
229 policy implementers, and health practitioners from the public and private health sectors. Most
230 participants were male (76%; 22/29), and from the public sector (93%; 27/29). Ten out of 29
231 participants (34%) came from areas of the country considered ‘rural’
232 Participants self-divided into five working groups, selecting an area of action of their choice,
233 with roughly equal numbers per group (4-6 participants and one facilitator per group, with
234 one additional facilitator moving between groups for quality control). Although groups were
235 asked to prioritise only 3 activities, some selected 3, 4, or as many as 5 priorities due to a lack
236 of group consensus on the top 3. A total of 17 priority activities were identified across the
237 five areas of action with some minor overlap between groups. The top three prioritised

238 activities included the development of clinical guidelines, update of the current data
239 collection tool to capture information about infertility, and fertility care training for
240 healthcare providers. Other concurrent activities consisted of infertility awareness messages
241 both at community and national level, research on infertility risk factors, the incorporation of
242 infertility in the recently introduced national health insurance scheme, and the development
243 of a public-private partnership to harmonised services delivery and data sharing (**Table 1**).

244 **Table 1. Fertility care activities identified and prioritised by each of the workshop**
245 **groups**

246 **Activities**

247 **Group Model Building**

248 In the plenary discussion, participants discussed and identified the overall combined top three
249 short-term key priorities as: (i) developing treatment protocols and clinical guidelines for
250 infertility management; (ii) updating current data collection tools and software to include
251 infertility; and (iii) providing specialised fertility training to healthcare providers. Participants
252 also emphasised the urgency of addressing medium- and long-term activities (2025 and
253 beyond) such as research on risk factors for infertility, the incorporation of fertility care (or
254 part of it) in the national health insurance scheme, and fertility awareness messages both at
255 community and national level (**Figure 3**).

256 **Figure 3. A timeline of proritised fertility care interventions according to short-,**
257 **medium- and long-term timeframes**

258

259 The group model (**Figure 4**) depicts the most crucial interventions within the five key areas
260 of action by presenting the prioritised activities of each group. The model was built in real-
261 time while each group was presenting their ideas.

262 **Figure 4. Initial sketch of Group Model Building for fertility care implementation in**
263 **The Gambia, illustrating prioritised activities within the five key areas of action**

264

265 From this initial sketching, the GMB was further elaborated by the authors based on the
266 workshop, showing which activities were acknowledged for having the highest level of
267 implementation priority in the short-term. These were depicted in gradient colours in the
268 middle area of the model, as specialised training for health providers, updating data collection
269 tools, and developing clinical guidelines (**Figure 5**). The model was expanded with links,
270 loops, and connections explaining the intricacy of the relations between fertility care
271 activities. The feasibility of implementation of all activities in a resource-limited context such
272 as The Gambia was discussed and taken into consideration during the prioritisation process.

273 **Figure 5. Final model from Group Model Building for fertility care implementation in**
274 **The Gambia, illustrating prioritised activities and connections and interlinkages**

275 **Evaluation**

276 In term of the evaluation provided, the participants found the workshop useful, including both
277 the dissemination of previous research findings conducted in the country in 2022 and 2023,
278 and the group work carried out during the workshop. All participants (100%; 29/29) reported
279 they would recommend the workshop to colleagues and peers. From the qualitative feedback,
280 participants also indicated the need for further discussions on the psychological support for
281 couples with fertility issues, increasing research focused on risk factors for infertility, and
282 improving the management of couples with fertility issues.

283 *“...the importance of psychological support for people with infertility” (P9; P18)*

284 *“We need to increase or raise awareness on the risk factors associated with infertility” (P4)*

285 *“...I will make sure I investigate [infertility] before giving any treatment” (P2)*

286 Discussion

287 For The Gambia to move from infertility policy creation to policy implementation,
288 stakeholders identified three key priority activities, namely: (i) providing specialised fertility
289 training to health providers; (ii) updating current data collection tools and software to include
290 fertility, for data reporting and analysis; and (iii) developing treatment protocols and clinical
291 guidelines for infertility management. These activities were prioritised by health system
292 stakeholders through group consensus, following rigorous discussion, and by taking into
293 consideration the financial, technical and human resources available within the Gambian
294 health system. They are also grounded in recent evidence from in-country ethnographic and
295 health policy and system research, through which the five areas of action were broadly
296 defined ((Dierickx *et al.*, 2018; Dierickx *et al.*, 2019; Dierickx *et al.*, 2020; Afferi *et al.*,
297 2021; Afferi *et al.*, 2022; Afferi *et al.*, 2024; Bittaye *et al.*, 2023)).

298 The findings underscore critical priorities for the implementation of fertility care in The
299 Gambia. The urgency expressed by participants in addressing these immediate priorities
300 aligns with the need for swift action to remedy existing gaps in fertility care provision.
301 Firstly, training for health providers, which emerged as the top concern, underscores the need
302 to enhance the capacity of healthcare professionals to deliver effective services that include
303 infertility prevention, diagnosis, and treatment. As illustrated by Bittaye *et al.*, 2023, medical
304 staff has shown interest in acquiring additional knowledge and had a positive attitude towards
305 supporting fertility care, mainly with the introduction of ART. As cited in the national
306 reproductive health strategy 2022-2026, The Gambia has planned the training of over 6,500
307 service providers, many of whom working at the primary health level of care, specifically in
308 counselling and referral of infertile couples, and in fertility assessment, infertility prevention
309 and management (Ministry of Health & Social Welfare, 2022). Considering IVF is not yet

310 available in the country, despite the presence of one embryologist (master's degree), training
311 on IVF programme is not yet a priority for the Gambian MoH.

312 Secondly, the need of data collection and harmonisation address a fundamental aspect of
313 healthcare delivery, ensuring that information is efficiently managed and utilised for
314 evidence-based decision-making and bi-directionally shared between public and private
315 health sectors. A recent survey has, indeed, shown how data on infertility is not collected nor
316 systematically reported in the national health management information system leaving
317 important gaps in understanding of the scale of the challenge (Afferri et al., 2022). Finally,
318 the development of clinical guidelines is paramount, providing a standardised framework for
319 fertility care practices. This is essential, given the recent emergence of private fertility clinics
320 in the country. In this sense, regulation about Intrauterine Insemination (IUI) and hormonal
321 stimulation with Clomiphene Citrate – both currently used in The Gambia – are a priority.
322 Additional activities that were proposed and prioritised by the groups include the
323 incorporation of fertility care into the national health insurance scheme, which would signify
324 a notable strategic move towards making fertility care more accessible to a broader segment
325 of the population.

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332 Infertility awareness initiatives and research into risk factors specific to The Gambia, both of
333 which were also proposed, would demonstrate an important commitment to addressing the
334 root causes of infertility and improving public understanding and engagement with fertility

335 care among women and men. For example, on-going research in the country includes the
336 exploration of home-based testing of semen to understand the willingness of men with
337 infertility concerns to engage with the issue and seek healthcare services. Finally, the
338 participants emphasised other areas requiring implementation attention, specifically
339 conducting research to assess infertility risk factors in the Gambian context, and the need for
340 a public-private partnership to harmonise data sharing and the delivery of services. Despite
341 the challenges acknowledged in previous research, including financial constraints and health
342 system obstacles, the engagement of Gambian policymakers in fertility care decision-making
343 stands out as a positive indicator. Indeed, the very recent establishment of a national fertility
344 society and the ongoing clinical guideline development efforts represent an institutional
345 commitment to advancing fertility care in The Gambia. These developments provide a
346 foundation for overcoming challenges and fostering a conducive environment for the
347 successful implementation of prioritised fertility care activities.

348 Long-term partnerships between civil society leaders, health policymakers, healthcare
349 practitioners, and researchers have been a key driver in the recognition of the importance of
350 addressing infertility, starting from policy creation and leaning toward policy
351 implementation. The inclusion of fertility care in the NHRSP marked a shift in the approach
352 to infertility in The Gambia, reflecting a new formal recognition of this condition and its
353 broader implications for health and wellbeing. Recognising the inherent complexity of
354 enacting such an ambition in The Gambia, as in many other LMICs, stakeholders identified
355 key activities with which to begin moving beyond policy development to implementation.

356 The participatory methodology, involving a diverse group of participants from both public
357 and private sectors, and within varied roles (policymakers and healthcare practitioners) is a
358 strength of this workshop. Stakeholders were all familiar with the Gambian health system and
359 were therefore best placed to make such suggestions. In addition, the tools used during the

360 participatory workshop helped participants reflect on and draw upon their combined
361 expertise, knowledge and operational skills to identify priority interventions for fertility care,
362 with consideration of what is feasible within the current context of The Gambian. The
363 utilisation of the GMB added a layer of complexity, aiding in the visualisation of
364 interrelations between fertility care interventions.

365 *Limitations*

366 The workshop recorded a low presence of private clinics despite representatives of those
367 institutions having been invited. This may have hindered complementary information and
368 impacted on the understanding of the perspective of the private health sector for the
369 implementation of the strategic plan. The private health sector, although still relatively small,
370 plays a substantial role in the provision of fertility care in the country. If not addressed, the
371 current low engagement of private facilities within the public health system, might be
372 reflected in poorer future implementation of the NRHS.

373 **Conclusion**

374 Although there are exceptions, in many LMICs policies surrounding infertility care are either
375 non-existent or they remain written but unimplemented. To drive policy implementation on
376 infertility in The Gambia, stakeholders identified priority activities that could take place
377 despite limited resources. The three top priorities were: (i) training healthcare professionals;
378 (ii) improving systems for the collection, reporting, and analysis of data on infertility; and
379 (iii) developing clinical guidelines for infertility management. The Gambian MoH, with
380 support from partners, is responsible for delivering the implementation of fertility care which
381 can start based on with the three prioritised activities. Implementation research can help
382 track and identify how/whether these priorities are comprehensively addressed over time. The
383 plausibility of implementing prioritised fertility care activities remains contingent on
384 continued national leadership and dedication, sustained collaborative efforts and support,

385 financial backing, and a commitment to addressing emerging challenges. Indeed,
386 collaborative efforts and financial support are vital components that will play a pivotal role in
387 the success of these endeavours. In taking this crucial step forward, The Gambia will enter
388 the next phase in translating fertility care policy into action and producing the desired change.
389 Despite existing challenges and health system limitations, the workshop outputs represent a
390 significant step towards realising comprehensive fertility care within the national healthcare
391 framework and The Gambia has shown the potential to be a leading example in the
392 development of fertility care in LMICs.

393 Declaration of interest

394 AA, SD, MB, MM, SMC, HB, and JB declare that they have no competing interests. AAP
395 reports paid consultancy for Cryos International, Cytoswim Ltd, Exceed Health, and Merck
396 Serono in the last two years, but all monies have been paid to the University of Sheffield
397 (former employer). AAP is also an unpaid trustee of the Progress Educational Trust
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402 Authors' contribution

403 AA and JB conceived the workshop. AA drafted the first version of the manuscript. All co-
404 authors (SD, MB, MM, SMC, HB, AAP, JB) contributed to the revision and editing of the
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409

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479 **Supplementary information**

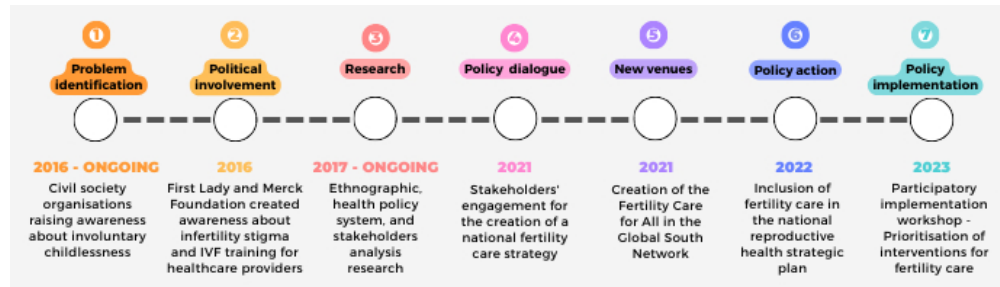
480 **Table 1A. List of facilitators**

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482 **Table 1B. List of participants**

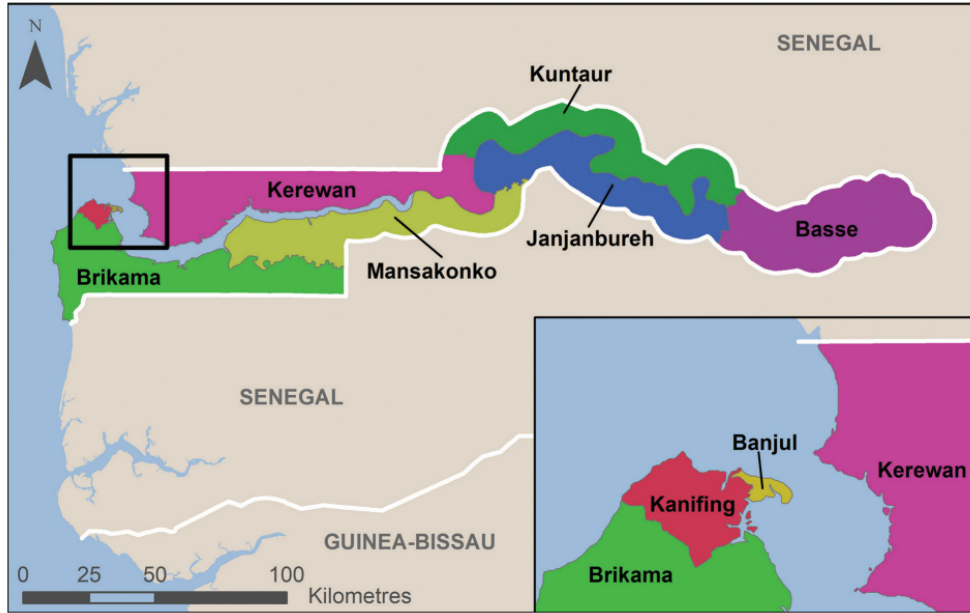
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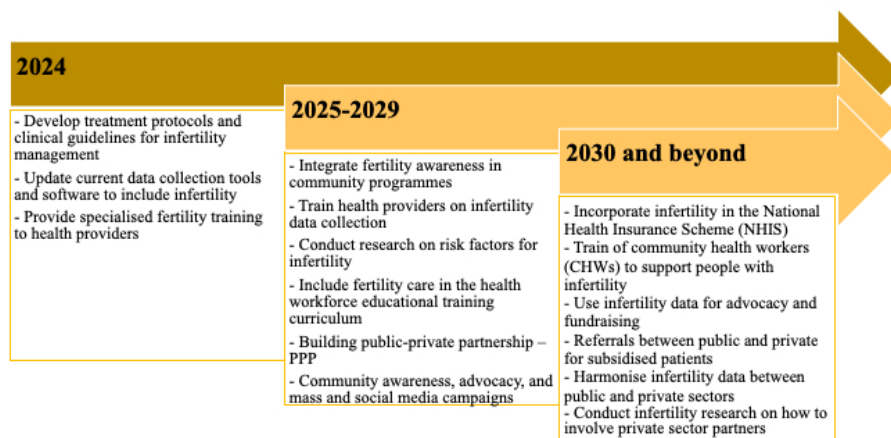


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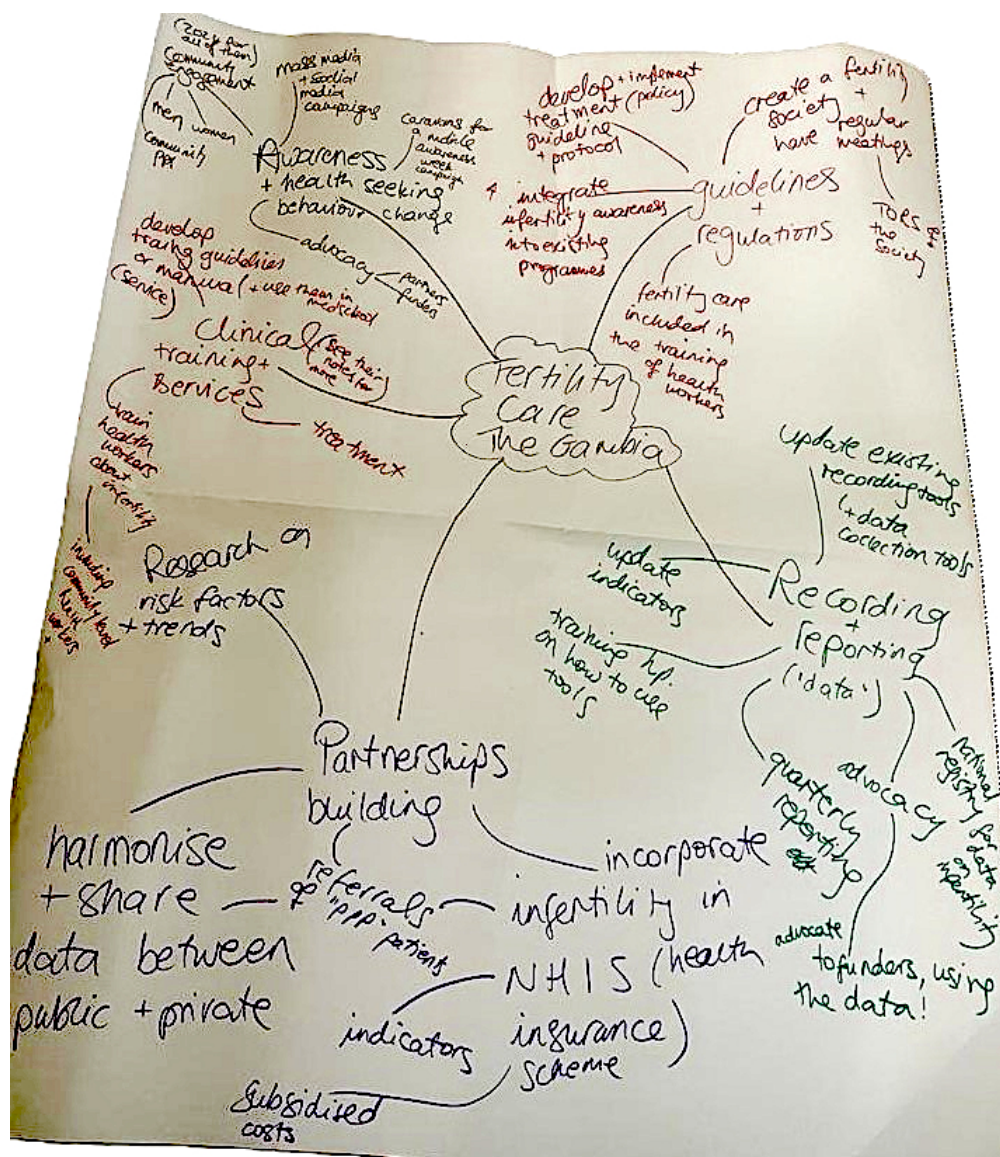
THE GAMBIA



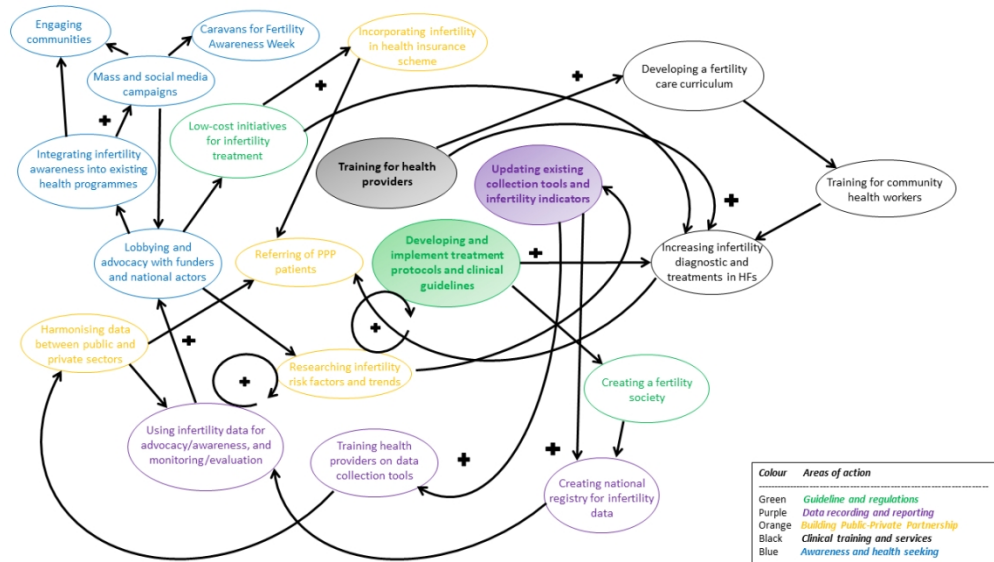
521x353mm (47 x 47 DPI)



338x190mm (54 x 54 DPI)



150x172mm (120 x 120 DPI)



338x190mm (96 x 96 DPI)

Areas of action	Selected fertility care activities ¹
Creating guidelines and regulations for infertility	<ul style="list-style-type: none"> a. Develop treatment protocols and clinical guidelines for infertility management (overall combined priority #3) b. Include fertility care in the health workforce educational training curriculum c. Integrate fertility awareness in community programmes d. Conduct research on risk factors for infertility
Recording and reporting infertility data	<ul style="list-style-type: none"> a. Update current data collection tools and software to include infertility (overall combined priority #2) b. Train health providers on infertility data collection c. Use infertility data for advocacy and fundraising
Building public-private partnerships in infertility	<ul style="list-style-type: none"> a. Harmonise infertility data between public and private sectors b. Incorporate infertility in the National Health Insurance Scheme (NHIS) c. Conduct infertility research on how to involve private sector partners
Providing infertility training for health providers	<ul style="list-style-type: none"> a. Provide specialised fertility training to health providers (overall combined priority #1) b. Develop clinical training manual for infertility management c. Train of community health workers (CHWs) to support people with infertility
Raising infertility awareness and health-seeking	<ul style="list-style-type: none"> a. Conduct community engagement on infertility b. Engage mass media to communicate issues around infertility to a wider audience c. Introduce a National Infertility Awareness Week d. Enhance advocacy on infertility with policymakers, civil society groups, and funders

¹ Overall combined top three prioritised activities illustrated in bold

Supplementary information

Table 1A. List of facilitators

#	Name	Institution
1	Prof. Ms Julie Balen	Canterbury Chris Church University, UK
2	Dr Ms Anna Afferi	University of Sheffield, UK
3	Dr Mustapha Bittaye	Ministry of Health
4	Dr Musa Marena	RMNCAH Unit, Ministry of Health
5	Ms Haddy Bittaye	MRCG @LSHTM
6	Ms Sainey M. Ceesay	Safe Haven Foundation

Table 1B. List of participants

#	Region	Institution	Role and gender
1	Basse	Regional Health Directorate	Director (M)
2	Basse	Basse Hospital	Responsible reproductive health services (M)
3	Kuntaur	BrikamaBa HC	Officer in charge (M)
4	Kuntaur	BrikamaBa HC	Midwife (F)
5	Janjabureh	Bansang Hospital	Medical officer (M)
6	Kerewan	Regional Health Directorate	Director (M)
7	Kerewan	Farafenni Hospital	Administrator (M)
8	Kerewan	Regional Health Directorate	Regional Nurse Officer (M)
9	Kerewan	Regional Health Directorate	Regional Principal Nurse Officer (M)
10	Mansakonko	Bwiam Hospital	Medical officer (M)
11	Brikama	Faji Kunda HC	Officer in charge (F)
12	Brikama	Regional Health Directorate	Regional Principal Nurse Officer (F)
13	Brikama	Sanyang HC	Officer in charge (M)
14	Kanifing	Medicare (private clinic)	Medical director Ob/Gyn (M)
15	Kanifing	Elemat Specialist Hospital (private clinic)	Medical director Ob/Gyn (M)
16	Kanifing	RMNCAH Unit, MoH	Various roles (2 female; 4 male)
17	Kanifing	RMNCAH Unit, MoH	
18	Kanifing	RMNCAH Unit, MoH	
19	Kanifing	RMNCAH Unit, MoH	
20	Kanifing	RMNCAH Unit, MoH	
21	Kanifing	RMNCAH Unit, MoH	
22	Banjul	MoH	Deputy Health Services (M)
23	Banjul	Health Promotion and Education Directorate, MoH	Various roles (2 male)
24	Banjul	Health Promotion and Education Directorate, MoH	

#	Region	Institution	Role and gender
25	Banjul	Pharmaceutic Directorate, MoH	Responsible of commodities (M)
26	Banjul	Laboratory Directorate, MoH	Officer in charge (F)
27	Banjul	EFSTH	Medical doctor (F)
28	Banjul	UNFPA Gambia	Deputy programme analyst RH commodities (M)
29	Banjul	MoH Data Unit	Data manager (M)