Introduction: From reproductive endocrinology to reproductive health.

The short history of a new departure by ESHRE

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'It is not certain that everything is uncertain' Blaise Pascal, *Pensées sur la religion* (1670)

No visitor to the Freer Gallery in Washington should miss the opportunity to visit the Iranian collection and have a look at a beautiful giant bowl dating from the 10th century. There is an inscription (in Farsi) on the backside of the bowl: 'It is said that he, who thinks one opinion is enough, runs a grave risk'. This statement is as true today as it was 1000 years ago. It is particularly true for science and scientists in general and this was the 'leitmotiv' of the Officers of the European Society for Human Reproduction and Embryology (ESHRE), when they embarked on a new venture by organizing the first ESHRE Workshop on September 20th, 1986. The Workshop was entitled 'Current treatments with LH-RH and its analogues', and the recommendations of the Workshop were published the next year (*Hum. Reprod.*, 2, 95–97). The first Workshop was followed during the next decade or so by annual workshops on various aspects of reproductive health, with a sharp focus on infertility.

The physicist and Nobel-laureate, Werner Heisenberg said 25 years ago that 'An expert is someone who knows some of the worst mistakes that can be made in his subject and how to avoid them'. Indeed, the fundamental philosophy of these ESHRE Workshops was (and still is) that an international group of experts should be able to reach consensus on the state of the art in various aspects of reproductive health in general, and infertility in particular, and be able to formulate guidelines based on consensus in order to assist the general practitioner in his daily professional work.

In all fairness, not everyone showed unreserved optimism; the 'pessimists' pointed out that, on occasions, there may be too many uncertainties which could prevent the Workshop from reaching consensus and agreeing on guidelines. The 'optimists', being aware of Benjamin Disraeli's maxim that it is much easier to be critical than to be correct, reminded the 'pessimists' that a consensus *per se* is no guarantee that the views expressed are correct. They said that the Group should trust the very nature of science, which is self-correcting, and strongly felt that by delineating the areas of agreement and disagreement, the Group would be able to single out those issues which require more research. In retrospect, 10 years later, it would seem that the optimists were not wrong.

In their new endeavour, the Organizers were greatly encouraged by the strong support provided both by ESHRE and the National Research Council of Italy, and last but not least by the generous sponsorship, vision and strong conviction of Schering–Italy, that the guidelines produced by these Workshops represent a correctly perceived need of the medical profession within the European Community.

The first Workshop was followed by others organized at yearly intervals on topics such as 'Risks and benefits of steroid replacement therapy', 'Strategies for the treatment of hirsutism', 'Dysfunctional uterine bleeding', 'Recurrent spontaneous abortion', 'Sexually transmitted diseases', 'Unexplained infertility', 'Male sterility and subfertility: guidelines for management' and 'Anovulatory infertility'.

Although particular problems prevailing in developing countries were considered in different contexts, the focus of the Workshops was on the present situation in the developed world, as indicated by the fact that the 73 speakers and 48 invited discussants represented 14 developed countries (Australia, Belgium, Canada, Finland, France, Germany, Greece, Italy, The Netherlands, Norway, Sweden, Switzerland, United Kingdom, USA) and the World Health Organization (WHO). The selection of the speakers from the above countries needs no extra justification, given the fact that the great majority of scientific information on infertility originates from those countries.

Professor J.B.S. Haldane remarked in 1938 that 'We are part of history ourselves, and we cannot avoid the consequences of being unable to think impartially'. The gradually shifting ideology of the Workshops may add to the overall validity of Haldane's thesis. At the time of the first workshops, the various components of reproductive health still formed part of the problem-specific, vertically oriented health care delivery, with few horizontal linkages among its constituents. Entering the 1990s, a major change in the international health philosophy took place and this change was also reflected by the increasing emphasis of the Workshops on the general and public health aspects of reproductive health problems.

Thanks to the joint analysis of the World Bank and WHO, it became apparent that reproductive ill-health accounts for >30% of the overall burden of disease among women and for 12% among men. In view of this, after 1993 reproductive health in the international arena was increasingly addressed politically rather than only in terms of individual well-being. This worldwide process culminated in the United Nations' International Conference on Population and Development, in Cairo, September 1994, which in its Programme of Action adopted the following definition of reproductive health (ICPD document A/CONF.171/13, paragraph 7.2):

'Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease
or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

The above definition, based on WHO's working definition, was endorsed by the United Nations General Assembly in its resolution 49/128, and serves as the basis for action by Member States and for support by organizations of the United Nations system. It also provides a broad and unequivocal mandate for ESHRE in its efforts to improve the human condition.

The ultimate goal for international and national action is to achieve reproductive health for all, and the task of professional organizations such as ESHRE will be to assist the international community by the acquisition, systematization and dissemination of positive new knowledge on ways and means of improving reproductive health.

The task facing humankind at the threshold of the third millennium is a formidable one, when viewed against the global estimates of reproductive ill-health shown in the table below


<table>
<thead>
<tr>
<th>Category</th>
<th>Millions (worldwide)</th>
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<tbody>
<tr>
<td>Couples with unmet family planning needs⁴</td>
<td>120</td>
</tr>
<tr>
<td>Infertile couples⁵</td>
<td>60-80</td>
</tr>
<tr>
<td>Maternal deaths⁶</td>
<td>0.5</td>
</tr>
<tr>
<td>Severe maternal morbidity⁶</td>
<td>20</td>
</tr>
<tr>
<td>Perinatal mortality⁶</td>
<td>7.2</td>
</tr>
<tr>
<td>Infants with low weight at birth⁶</td>
<td>23</td>
</tr>
<tr>
<td>Unsafe abortions⁶</td>
<td>20</td>
</tr>
<tr>
<td>HIV infections by the year 2000⁴</td>
<td>30-40</td>
</tr>
<tr>
<td>AIDS cases by the year 2000⁴</td>
<td>12-18</td>
</tr>
<tr>
<td>Curable sexually transmitted diseases⁶</td>
<td>298</td>
</tr>
<tr>
<td>Female genital mutilation⁶</td>
<td>85-110</td>
</tr>
</tbody>
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⁴Total number; ⁵annual number.

HIV = human immunodeficiency virus; AIDS = acquired immunodeficiency syndrome.

The data in the table indicate that there are ~60-80 million infertile couples around the world. Although infertility per se may not threaten physical health, it has a serious impact on the mental and social well-being of couples and may result in detrimental social consequences, such as divorce or ostracism. Therefore, the 60-80 million infertile couples do provide ample justification for the sharp focus on infertility of the ESHRE Workshops during the past 9-10 years, the more so, since the same period has witnessed a most spectacular progress in the management of infertility and assisted reproduction. Unfortunately, the high cost of some of these procedures makes it virtually impossible to offer them as a public health service in the overwhelming majority of the 144 developing countries or in the 22 countries with economies in transition and thus contributes to the widening gap between the ‘haves and have-nots’ in our two-track society at both the international and the national level.

Moreover, given the pressing needs to combat other areas of reproductive ill-health frequently involving life-threatening conditions, it is likely that the management of infertility will remain a relatively low priority item for some time on the agenda of international and national health authorities. Who then will be able to improve the lot of the infertile couple? The scientists. Only the scientific community of the 21st century will be able to change the situation; continued long-term research effort will result, again, in major progress and will eventually render the prevention and management of infertility widely accessible to all who need it.

Professor G.A.L. Sarton, in the Study of the History of Science (1957), wrote that the acquisition, systematization and dissemination of positive knowledge are the only human activities which are truly cumulative and progressive. 'In fact', he added, 'progress has no definite and unquestionable meaning in other fields than the field of science'. The ESHRE Workshops hope to play a modest, but definite role in the advancement and progress of reproductive health, keeping in mind the words of the poet Robert Browning: 'Progress is the law of life, man is not man as yet'.

ESHRE Workshop References


