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How assisted reproduction works

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KAMPALA. Assisted Reproductive Technology (ART) is taking root in Uganda but before it is fully achieved, Uganda needs to revise its taxation on the provision of this service.

ART was first reported in 1978 in the United Kingdom when the first In Vitro Fertilisation (IVF) baby was born. It was not until about 2005 when the technology reached in Uganda. Mr Obadia Lalobo, the managing director of Paragon Fertility Centre, says Uganda has made significant strides in this field in the last 15 years.

"It's not a primary or secondary health care. Infertility treatment is tertiary care and is highly specialised. As a result, the nature of its practice requires a certain level of training that is currently not being offered in Uganda, leave alone Africa."

Like most innovations in Uganda, legislation comes chasing them. For the 12 years after its introduction, there is no law to regulate the use of ART.

"Just like the mobile phones, the law is playing a catchup game with this technological advancement in the health sector," says Dr Robert Busingye, the president of the Uganda Fertility Association.

Mr Lalobo says his centre has been involved in formulating a draft legislation. "We are part of the fertility association that prepared a draft legislation that was presented to the medical council now before Parliament for proper regulation of the industry. Legislation on what is being done with these human specimens is needed. What you collect and fertilise should be documented."

Currently, the commonly offered services in Uganda are IVF and surrogacy. Mr Lalobo, however, says the costs involved are still high and the practitioners labour to justify it.

"Of the Shs15m paid for IVF only 20 per cent goes to labour; the rest is spent on the consumables." Establishing the facility requires intensive capital investment. "Startup alone require up to \$400,000 in equipment alone, minus infrastructure, and drugs."

Dr Busingye says there is scarcity of specialists, hence relying on imported one because "Uganda does not train embryologists and these are key in the sector; centres hire them from abroad to work on a cycle."

According to Dr Lalobo, "each pair the embryologist handles is charged \$200." Besides the human cost, there is specialised equipment and other sundries needed.

In Uganda, IVF patients are mostly women in their 30s and above. And the older she is, the more complicated it becomes to induce her egg production.

"To stimulate egg production in a 24-year-old, you need a quarter of

the medicine used on a 35-year-old woman," says Mr Lalobo.

Unlike other types of treatment, ART is considered tertiary medication, meaning it is a luxury thus subjecting its medication and consumables to taxation, which are all imported.

"One patient needs up to three vials each costing \$300, they are used once and that's less than 10 per cent of what is needed for the treatment, Mr Lalobo explains.

Also, drugs used in ART are not on the list of the National Drug Authority essential medicine, making them not readily available on the local market. Each fertility centre imports its own according to its demand. "The National Drug Authority requires us to pay import licence for each drug separately because they are not listed as drugs for primary or secondary health care."

Since its inception at Paragon, the treatment has gone to Shs15 million from Shs12 million when it started in 2011. Despite the regulatory and the pricing challenges, there is a human challenge on the side of men.

"Men with a fertility problem are the most uncooperative. They are reluctant, when it comes to giving sperms," Mr Lalobo says.

Despite those challenges, he says their success rate of four to five women

conceiving in every 10 patients is impressive.

Surrogacy

With the introduction of IVE, it comes with other subsidiaries, among them surrogacy. Women who produce eggs but their wombs cannot carry a baby resort to this system to have children. However, some people taking advantage of the absence of legislation in the service try to abuse it. "We had a gay couple asking to have a child through surrogate. Another was a case of a five-person baby where the principal (a couple) [is going to use donated eggs and sperms and find a surrogate] to carry the baby. We insist on a couple of man and woman not a man coming and saying 'I am alone I have the money get me the egg and the woman'. We shall stick to that until [there is] legislation to [regulate it]," says Mr Lalobo.

For one to be a surrogate, she has to be an adult and a mother. She must be physically fit, and without organ defects.

Costs

At Paragon Fertility Centre, the procuring couple pays Shs600,000 for an apartment in Bugolobi flats where the surrogate stays during pregnancy. They also give her Shs300,000 as monthly shopping allowance, between Shs700,000 and Shs1 million as a monthly pay and between Shs1.5 million and Shs3 million upon delivery. However, Mr Lalobo says delivery is strictly by caesarian section. The total cost comes to \$9,000, medical bills inclusive.

Egg and sperm bank

To cater for people who are not able to produce reproductive specimen, Paragon, like other fertility centres, also started a sperm and egg bank. "We don't import them like it is in Europe; we get ours locally from the community. For men we pay between Shs500,000 and Shs1 million on condition that the donor has attained a certain level of education, is of sound mind and is healthy. For the ladies, it's her health and age that matters. The younger she is, the healthier the eggs and we pay from Shs1.5million to Shs2.5 million."



TOMORROW

In the third part tomorrow, we bring you the story of a woman who went from natural birth to IVF and surrogacy.