

# Consult widely before enacting fertility law

**D**aily Monitor on Thursday published a story about ongoing efforts to quicken the establishment of a fertility treatment law, also known as human-assisted reproductive technology, in Uganda.

Dr Richard Mugahi, the commissioner for child and maternal health at the Ministry of Health, said the plans were in advanced stages to put this law in place. He said the Bill looks at "subsidising treatment costs, regulating surrogacy and human cell storage".

The Bill is important given the high infertility rate in the country, with the ministry saying between 10 and 15 percent of couples in Uganda cannot have children due to infertility. Some of these couples have been opting for assisted reproductive technologies like In Vitro Fertilisation (IVF), or artificial insemination.

## The issue:

Fertility law.

## Our view:

Lawmakers need to consult widely so that the concerns of all the stakeholders are captured. And this should be done soon.

Currently, people pay upwards of Shs40 million to access technologies like IVF, an amount which many Ugandans may not afford. But this concern about cost should not be blind to the cost of establishing such technologies, especially for private facilities that are the main providers.

The draft Bill, in 2024, attracted mixed reactions, given some suggestions from some experts that technologies like IVF should only be accessed by couples, not singles.

There have also been concerns about how surrogates should be compensated, where some surrogates are being underpaid and are provided insufficient information before signing the agreement, partly because of the lack of regulatory oversight.

Dr Robert Busingye, a senior consultant obstetrician/gynaecologist at Mulago Specialised Women's and Neonatal Hospital, in his submission to MPs last year, stressed the need for reasonable compensation due to the physical and emotional toll of surrogacy.

He said surrogacy involves significant challenges and a "surrogate needs to be reasonably compensated for carrying the pregnancy, dealing with possible health complications, and undergoing procedures, like caesarean sections".

These concerns need to be thoroughly addressed and harmonised. And this should be done with speed to address the loopholes in access to the services.

The Bill, according to the legislator behind, Sarah Opendi, is meant to "protect persons seeking the human assisted reproductive technology services, providers of the services and children born through human assisted reproductive technology".

Ms Opendi tabled this Bill in October 2023, meaning close to two years have passed, and this important Bill hasn't yet become law.

Human-assisted reproductive technology is currently operating in a legal vacuum with unregulated private agreements, leaving participants vulnerable. Lawmakers need to consult widely so that the concerns of all the stakeholders are captured. And this should be done soon.

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