



## **MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**

### **DONOR FERTILISATION GUIDELINES**

#### **Preamble**

Access to treatment of sub-fertility couples through artificial reproductive technologies have been available in most developed countries for decades. It is common cause that sub-fertility affects some couples in Zimbabwe as evidenced by the inquiry that was received by the Council on 9 January 2017 on the legitimacy of sperm banking in the Country and the regulation thereof. It follows that access to regulated treatment of donor fertilisation is not only necessary but a human right in terms of section 76(1) of the Constitution of Zimbabwe Amendment (No.20) Act 2013. In line with the Council statutory function provided in section 30(1)(i) of defining and enforcing ethical practice Council at its meeting held on 28 March 2017 CONFIRMED the decision of the Practice Control Committee meeting of 10 February 2017 that guidelines on ethical issues surrounding the practise of sperm banking and donor fertilisation be developed that will guide the practice of donor fertilisation treatment.

#### **1. Anonymous versus non-anonymous donation:**

- Regulators and providers of fertility services must keep information about the donors.
- There should be rules to guide access of information from the provider of the service to the recipient, donor and offspring as well as addressing the cultural issues.
- If a donor donated as anonymous they should be protected and there should be a legal process for the donor to be revealed.
- Utilisation of known donors is discouraged but is still permissible and should only be allowed after giving reasons which should be documented and both parties are properly counselled.
- The documented wishes of the Donor should be respected.

#### **2. Disclosure**

- The donor should disclose where else he has donated and his I.D number, date of birth, name and his wishes in respect of donor fertilisations and these should be recorded.

#### **3. Limiting Number of Offsprings**

- The maximum offspring from one donor should be six and the donor must sign a statement indicating how many times and where they have donated sperm.
- The recipient should make an application in a case where the donor has reached the limit of 6.
- This will be considered on merit and the number should not exceed 10.

#### **4. Genetic and Medical Testing**

- History taking, from donors and screening for communicable diseases and other genetic conditions in view of bio medical advances should be mandatory both for the donor and the recipient.
- Counselling of the donor and the recipient should be mandatory.
- In cases where the recipient is in a relationship, counselling should be of the couple not a single partner.

#### **5. Age Requirements for Gamete Donors**

- The minimum age of a donor should be 18 years and all donors should undergo special psychological counselling.
- The maximum age for an oocyte donor should be 35 years and that of a sperm donor should be 45 years.
- The age limits can be waived on merit.

#### **6. Keeping Donor Offspring Registry**

- The responsible facility must have a register of use and disposal of all donations
- The successes and failures must be captured in the register so that there are no excess offsprings than recommended.
- Permission should be granted on application on a case by case basis to allow identification follow up.
- Forced disclosure should not be allowed.
- In the event of abnormal embryos or if the donor is discovered to have an incurable disease or condition that can be hereditary, there will be need for termination of pregnancy.

#### **7. Welfare of Donor Offspring**

- There should be adequate counselling process of both the recipient as well as the offspring at the point at which the offspring realises that they are a donor offspring.
- Any person born out of donor fertilisation will have a right at the age of 18 to inquire whether their prospective partner is related to them without necessarily revealing the donor..
- The donor should not have any legal claim over the offspring and shall not have responsibility towards the welfare of the offspring.

#### **8. Ownership of the Gametes before fertilisation**

- The gametes are owned by the donor and the embryo is owned by the recipient.
- Upon the death of the donor, the successor of the estate of the donor retains the ownership of the gametes of the deceased donor.
- The gametes should be kept by a laboratory up to 10 years after which they should be destroyed.

#### **9. Compensation of the donor of gametes**

- In line with Section 17 of the Anatomical Donations and Post-mortem Examinations Act 15:01, there should not be any payment nor any remuneration to gamete donors.
- The donor should have their expenses covered such as screening tests etc thus compensation of the costs incurred in the process.

#### **10. Sex selection of child**

- There should be no sex selection except on sex linked disorders.

#### **11. Religion of donor and recipient**

- Religion should not be part of the legislation
- Only human sperm should be used

#### **12. Destruction of sperm and embryos**

- Destruction of sperms should be after ten years.

#### **13. Donor Registrar and Data Bank**

- In line with regional and international practice, the Central Government through the office of the Permanent Secretary of the Ministry responsible for Health should be responsible for the Registry and Data Bank.
- In the event that the Ministry has no capacity to be the custodian of such information, the responsible clinics should keep the information until the Ministry has capacity.

#### **14. Annual Report to Central Data Bank**

- It should be mandatory that annual reports from providers be submitted to the Central Registry for follow up purposes.

#### **15. Registration of Institutions and Persons**

- Any Medical Practitioner who is competent in the area and has access to specialist Urology and Gynaecology services, Embryologist and standard laboratory can register for donor fertilisation.
- The institution should have a theatre with recovery for IVF.
- All the listed requirements should be on site.

#### **16. Successor Provider**

- In the event of a collapsed laboratory owner of gametes, the stored gamete is passed to a local competent provider. In the absence thereof, the gametes should be destroyed'.

#### **17. Specimens for Export /Import**

- The Medical Research Council of Zimbabwe regulates the shipment of tissues out of the country especially living tissue.

*Bunachera*  
*26/09/18*



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