LEAD DEBATE ON IN-VITRO FERTILIZATION BILL, 2017 (SB. 127).

Sponsor: Sen. Barau I. Jibrin *(Kano North)*

Mr. President, my Distinguished colleagues, I modestly present to you a Bill for an Act to establish the In-Vitro Fertilization Bill, 2017

The Bill was read for the first time in this Hallowed Chamber on the 12th April, 2016.

Mr. President, my Distinguished colleagues, the In-Vitro Fertilization Bill seeks to regulate IVF process, prohibit certain practices in connection with IVF, establish an IVF Authority; make provision in relation to children born of IVF process.

The Bill defines IVF as fertilization in a laboratory dish or test tube of sperm with eggs which have been obtained from an ovary, whether or not the process of fertilization is completed in the laboratory dish or test tube.

IVF is done to help a woman become pregnant. It is used to treat many causes of infertility, including advanced maternal age; damaged or blocked fallopian tubes, pelvic inflammatory disease or prior reproductive surgery; endometriosis; male factor infertility, including decreased sperm count and blockage; and unexplained infertility.

Mr. President, my respected colleagues, if the Bill is passed into law, Nigeria will join countries like USA, UK, South Africa, Kenya and Australia, which already have legislative framework on IVF procedures.

The first successful birth of a 'test tube baby' occurred in 1978. Louise Brown was born as a result of natural cycle IVF without any stimulation. Robert G. Edwards, the physiologist who developed the treatment, was awarded the Nobel Prize in Physiology or Medicine in 2010.

The Principal object of this Bill is to anchor the existence and practice of in-vitro-fertilization in statute law. While it is acknowledged that infertility affects a lot of women of reproductive age in Nigeria and in-vitro fertilization is often a couple's or individual's only chance at conception there has never been an attempt to clothe the practice of in-vitro fertilization in a fine statutory line. It is imperative to note that many women who require in vitro-fertilization rely on doctors who

may not be qualified to undertake the procedure and as a result leading to the deaths of many women and children.

The entire legal framework does not provide any substantive and procedural essentials for in-vitro fertilization; most of the Acts that relate to health care for example the Medical Practitioners and Dentist Act and the Medical Laboratory and Technologists Act are silent on this fundamental matter. The result therefore is that the practice in-vitro fertilization which is very crucial to this country goes about in a state of virtual legal nudity.

This Bill therefore seeks to address these challenges and thereby empower and strengthen the practice of doctors in the area of in-vitro fertilization. This will not only enhance the in vitro fertilization surveillance but also strengthen control and avoid losses.

Mr. President, my respected colleagues, the Bill makes provisions that address not only the legal Voids but also the likely societal concerns e.g. the consents necessary before undergoing in vitro-fertilization, regulation of the handling of embryos resulting from the in vitro-fertilization processes, protection of the identity, status and welfare of children borne as a result of in-vitro fertilization, obligations of persons seeking to undertake the human vitro-fertilization and their status as parents upon obtaining children through the process.

Significantly, the Bill creates an In vitro Fertilization Authority to regulate the processes of human vitro-fertilization and in particular to develop standards, regulations and guidelines on in-vitro human fertilization, to undertake research on the conduct, control and treatment of in-vitro fertilization, to grant, vary, suspend and revoke licenses to provide advice and information to persons receiving in-vitro fertilization treatment including persons providing gametes or embryos and prescribe minimum requirements for the physical infrastructure for in-vitro fertilization clinics among others.

Countries which have designed a legal framework on human reproductive technologies have had to deal with a number of weighty and somewhat controversial issues. These include the appropriate balance between legislation, regulation and reproductive freedom /liberty, the interplay between ethics and legislative intervention in human reproduction, keeping the law abreast with continuous and tremendous advancement in modern science and technology.

Examples of the countries with legal frameworks for this area are Australia, UK, and South Africa among others.

Modern human reproductive technologies continue to evoke significant and often emotive ethical and scientific debate. More importantly, these technologies have brought novel legal challenges, particularly in the areas of marital relations, reproductive liberty, reproductive privacy, child rights and parental rights and responsibility.

Unfortunately, the Nigerian legal system lacks laws for the regulation of modern human reproduction technologies. The stark reality is that Nigerians continue to enter into arrangements involving modern reproductive technologies in spite of the absence of a legal regime for their regulation. This Bill therefore responds to the obvious need for a legal framework for regulation of human reproductive technologies and in particular, Vitro- fertilization in humans.

By passing this Bill into law, the country would be taking a lead in helping couples who are not able to have children due to fertility problems conceive through in-vitro fertilization and hence a chance at parenthood.

The Bill is a response to the need for a legal framework for regulation of human reproductive technologies and in particular vitro- fertilization in humans.

Based on the forgoing, I therefore urge Mr. President, Distinguished Colleagues, as custodians of the people's mandate, to lend your support and understanding for an accelerated hearing and passage of this Bill into Law.

Thank you.