Authority consults public on paying women £1000 to donate eggs

Rebecca Coombes *London*

Rewarding women who donate eggs with up to £1000 and relaxing rules on importing gametes could help UK fertility clinics that are struggling to find willing donors, the Human Fertilisation and Embryology Authority said last week.

The suggestions are part of a public consultation by the authority on gametes and embryo donation. It comes as clinics face further challenges in recruiting donors. From April 2005 the anonymity of donors will no longer be protected, and their identity could be disclosed once their genetic children reach the age of 18.

A survey of UK clinics carried out by the authority earlier this year found that 62% of clinics pre-

dicted that the move would lead to a further decline in donations.

The authority's chairwoman, Suzi Leather, said there were strong arguments for women to get more than men in compensation. Donors are currently paid a maximum of £15 (\$28; €21) per donation, plus expenses.

She said: "Over 37 000 children have been born in the UK as a result of people donating sperm, eggs, and embryos, but our research shows that clinics are struggling to find suitable willing donors for their patients."

"Egg donation, unlike sperm, is a medically and surgically invasive process. It can be physically demanding and is not without risk," Ms Leather added.

Some countries, such as

Germany, Norway, and Japan, prohibit egg donation on the grounds that it entails a small risk to the donor.

A consultation document has been drawn up after research and discussions with stakeholders, including clinics and organisations representing donors.

Most of these stakeholders favoured increasing compensation to women to payments in the range of £300 to £500 and up to £50 for men. But the public is now being asked to comment on whether compensation should be as high as £1000.

Ms Leather said that even if the United Kingdom wanted to introduce direct payments to donors it would be prevented under a European Union directive that is due to come into force in 2006.

"We do not want a culture change in gamete donation. We still want it to be based on altruism," she said.

Professor Ian Craft, director

of the London Fertility Centre, the first centre in the United Kingdom to introduce an egg donation programme, said increasing compensation to women who donate eggs to £1000 would change the situation "overnight."

He added that donation was still a "taboo" subject in Britain and called for national campaigns similar to those for blood donation.

"It makes no sense for women to receive the same as men. It is invasive and time consuming for women," said Professor Craft.

Views are also sought on several other topics, such as whether regulation governing the import of gametes should be relaxed and the limits on the number of eggs per donor. □

The consultation document, *The Regulation of Donor-Assisted Conception*, and a questionnaire for interested respondents are at www.hfea.gov.uk

Charity aims to distribute donated drugs to developing countries

Kathryn Godfrey *London*

A charity was launched last week with the aim of obtaining in-date medicines from UK pharmaceutical companies and distributing them to countries in the developing world. The work of International Health Partners UK (IHP) will be modelled on that of its Canadian partner organisation, which has in the past 10 years distributed drugs overseas with a wholesale value of \$C150m (£67m; \$125m; €96m).

The organisation will seek donations of quality in-date medicines and medical supplies from UK drug companies and distribute them in accordance with WHO guidelines and Red Cross protocols.

The organisation estimates that up to £100m of suitable drugs and medical supplies could be available each year. Some of these drugs would be a result of production surpluses, which would otherwise be destroyed, others from extend-

ing production runs at relatively limited cost.

Carston Hennings, director of International Health Partners, said, "IHP is creating the infrastructure that will allow product donations to be made with all the appropriate checks and procedures in place. This infrastructure does not exist at present."

The organisation will donate to specific aid agencies and hospitals and be involved in providing drugs and medical supplies for disaster relief.

The charity will take requests from healthcare professionals wanting donated drugs for volunteer work in developing countries. For this purpose it will produce travel packs containing 45 products from 30 different companies. Each pack aims to serve the primary care needs of 1000 people.

The first travel pack was given this week to Sheila Webb, GP and director of public health at Bradford City NHS Trust, who will be going to Bangladesh later this month. She will be travelling with Antony Tucker, an ear, nose, and throat surgeon at the Bradford Royal Infirmary, to offer medical care to poor people in Dhaka. Both doctors are founding members of the charity Dig Deep for Bangladesh.

Dr Tucker said that on previ-

International Health Partners produces packs containing 45 products to serve the primary care needs of 1000 people

ous trips they had had limited success in getting supplies from individual companies: "We have more drugs for this trip than we could ever have gathered on our own. IHP will work to coordinate demands and thereby produce a better response."

At the launch at the House of Lords, Stephen Timms, MP for East Ham and financial secretary to the treasury, said: "Alongside donations, we also need to be developing differential pricing of medicines in poor country markets—selling at or near cost to developing countries facing acute health challenges—to encourage the long term development of sustain-

able and competitive markets."

But ActionAid's HIV/AIDS campaigner Simon Wright last week questioned the value of pharmaceutical company donations of unwanted medicines and warned that long term solutions involved rights to medicines not charitable donations: "This is not a solution. People in poor countries need the right to long term access to medicines rather than ad hoc donations."

"Pharmaceutical companies should not hide behind a smokescreen. They must allow and support developing countries to produce their own generic copies of patented medicines." □