Reproductive BioMedicine and Society Online (2016) 2, 8–15

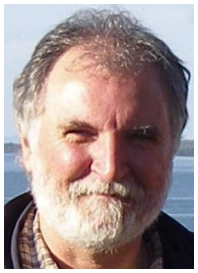
www.sciencedirect.com
www.rbmsociety.com

SYMPOSIUM: IVF - GLOBAL HISTORIES

IVF in Sri Lanka: A concise history of regulatory impasse

Bob Simpson

Department of Anthropology, Durham University, Dawson Building, Lower Mountjoy, Stockton Road, Durham, UK
E-mail address: robert.simpson@durham.ac.uk.



Bob Simpson is Professor of Anthropology at Durham University, UK. Recently, his research interests have focused on the anthropology of bioethics, human subject research and new reproductive and genetic technologies. Research projects include: the 'International Science and Bioethics Collaborations' project (ESRC-funded in collaboration with Cambridge and Durham universities), the 'Pakistani Muslims and New Reproductive Technologies' project (ESRC-funded) and 'Biomedical and Health Experimentation in South Asia: critical perspectives on collaboration, governance and competition' (ESRC-DfID funded in collaboration with Edinburgh university). His latest publication was 'Assisted reproductive technologies in the third phase: global encounters and emerging moral worlds', co-edited with Kate Hampshire.

Abstract This article outlines the development of IVF in Sri Lanka from the first successful births in the late 1990s and over the subsequent 15 years. It is based on anthropological fieldwork carried out at various points during this period. The piece focuses on the challenges entailed in achieving regulation of the new reproductive technologies against a backdrop of: (i) a bitter civil war; (ii) a complex mosaic of different religious traditions (specifically, Buddhism, Catholicism, Hinduism and Islam); and (iii) a shift towards neo-liberal marketization, particularly in relation to specialist and hi-tech medical interventions. The article concludes that 'soft' regulation operates both to avoid conflict around highly contentious issues in debates about reproductive rights as well as to enable commercially driven developments in technologically specialised areas of medicine.

KEYWORDS: Buddhism, Catholicism, IVF, regulation, Sri Lanka

Introduction

Sri Lanka lies off the south-west coast of India. It is home to some 20 million people, the majority of whom are ethnically Sinhalese and Buddhist by religion (70%). A minority of Sinhalese are Christians. The Island also has a well-established Tamil minority (18.2%), who are made up of Hindus, Muslims and Christians, and smaller minorities of Malays and those of Euro-Asian descent known as Burghers (Department of Census and Statistics, 2014). Sadly, Sri Lanka became known in recent decades for the ethnic strife and bloodshed arising from the bitter secessionist struggle between the Government of Sri Lanka and the Liberation Tigers for Tamil Eelam (LTTE), who were fighting to establish an independent state in the North of the Island. The war began in the early 1980s and reached a bloody climax in 2009. Estimates vary, but the loss of life over the 25 years of the war was in the region of 80–100,000.

http://dx.doi.org/10.1016/j.rbms.2016.02.003

It was against this backdrop that in 2000 I began a project exploring the reception of new reproductive and genetic technologies. The precise locus of this work on IVF was not the community of users, nor the laboratories in which IVF was taking place, but the community of experts who were identified – sometimes by themselves and sometimes by others – as the ones who would debate and agree on issues, write documents, give advice, say what unfamiliar things were to mean and otherwise vernacularize the flow of challenging technological possibilities that were then becoming available to assist reproduction. In connection with this research I made a total of four visits between 2000 and 2003, each lasting between one and three months. These visits coincided with the ebb and flow of the war. The capital city Colombo was relatively safe at that time, and the tourist industry in the south of the Island continued largely oblivious to the mayhem that was happening in the north. Nevertheless, bombings and shootings did happen from time to time, and Colombo was heavily militarized, with checkpoints seemingly at every turn. The smiling, hospitable and easy-going persona that most Sri Lankans like to project was at odds with the anguish and anxiety that many were feeling as civil strife around them went from bad to worse. It might be thought odd that such an expensive, exclusive and demanding technology as IVF might be taking off in such challenging circumstances. At the time of my fieldwork, the challenge for regulators was how to make technologies that had infiltrated from outside into something that appeared to be owned from within, yet at the same time looked just like IVF delivery anywhere else in the world (in terms of standards, governance, ethics, operating procedures and protocols).

In this article I want to attempt what might be described as a concise history of regulatory impasse that captures the journey of this dazzling new technology from its introduction to the present day. What I am keen to illustrate is the practical tension that exists between regulatory strategies and the rationalities that underpin these on the one hand, and the evident facts of ethnic diversity and religious pluralism on the other. Significant in this regard was the fact that anxieties about national disintegration had brought reproduction, infertility and its treatment into the public gaze with an urgency and an edge that it might not have had in peace time; in symbolic terms, the state of reproduction was closely intertwined with the reproduction of the state (Simpson, 2004). The country's birth rate had been decreasing steadily over a number of years as a result of family limitation, migration and the war, and was set to drop further from 1.2% in 1998 to 1% for a number of years to follow (Laksman and Tisdell, 2002). Amidst a growing concern about a shrinking population, and particularly among the 70% of the population who were Sinhala Buddhists, IVF made its first appearance in Sri Lanka in the late 1990s. At that time it was a service supplied to elites and accessible only on the margins of a predominantly Colombo-based private sector. Nevertheless, its visibility was then high and its momentum strong. This was a very modern response to a problem that, in the fragile pronatalism of the time, many would understand and empathize with. In the midst of anxiety and a palpable despair at the way the war was eroding the quality of life and liberty, news of IVF-conceived babies signalled optimism, hope and a brighter future.

The 'first' IVF child

The first IVF child on Sri Lankan soil was born in November 1999 to a Tamil couple from Batticaloa. The team of doctors was headed by Dr. V Arulandarajah, a UK-trained Tamil doctor who was Director of the ICSI Lanka Fertility Centre in Colombo. In the absence of appropriately trained local specialists, Dr. Arulandarajah had assembled a multinational team which was able to carry out an IVF procedure that resulted in the birth of a child by Caesarean section in a private hospital in Colombo. The birth was widely reported in the Sri Lankan press. The message was one of 'miracles' and 'hope'. It was presented as a 'first' that would open the way to wider access to IVF in Sri Lanka. Whereas previously, couples seeking infertility treatment had to travel to India, Singapore or Europe, the provision of services locally would make access to IVF cheaper and therefore more widely available to Sri Lankans.

A much more widely reported 'first' occurred in July 2002 with the birth of a baby girl called Janaki. Throughout the extensive reporting of this birth a strong theme emerged. The team, led by Professor Harshalal Seneviratne, was all Sri Lankan and did not rely on foreign experts. This demonstration of technological self-sufficiency was cause for much pride. In contrast to the earlier IVF 'first', the manner of this conception was not tainted by dependency upon, or complicity with, outsiders. Although the team were not religiously partisan in their claims, the achievement resonated strongly with the nationalist sentiments and aspirations of the Buddhist majority community. The national press was not slow to celebrate the fact that it was the birth of a Sinhala Buddhist baby. In proclaiming her gratitude to reporters, the mother of the baby expressed her desire that 'every doctor who helped me should become a (future) Buddha'. In other words, the doctors' work was not just medically beneficent but was also read as a meritorious act of such greatness that the highest possible rebirth should be the reward for their actions.

The Vindana Reproductive Health Centre, under the directorship of Professor Harshalal Seneviratne, quickly became Sri Lanka's premier IVF facility. However, in its early days another important figure in Sri Lanka's IVF story was Dr. Rohana Haththotuwa, the Vindana Centre's clinical co-ordinator. Keen to establish his own facility, he left in 2000 to establish the Ninewells CARE Mother and Baby Hospital. Although not part of the pioneering IVF team, he went on to establish a 30-bed facility that advertises a range of treatments, including IVF, aimed at giving women the hope of 'safe and happy motherhood'.

In the early days of IVF, ICSI Lanka, Vindana and Ninewells were the main providers. Each of these facilities had its own particular link to specialists abroad who would provide technical support, advice and oversight. ICSI Lanka had close associations with the MultiCare team operating out of St George's Hospital in London, Vindana with Simon Fishel and CARE Fertility in Nottingham, and Ninewells with the Singapore-based Sri Lankan, Professor Arif Bongso, who was known for his pioneering work on intra-cytoplasmic sperm injection.

From these small beginings IVF gradually became more available to local couples facing infertility problems. The opening of these clinics also raised the possibility of Sri Lanka as a future destination for what has been problematically