Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Protocol for a scoping review of publicly-funded services for donor-assisted human reproduction in selected countries.

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

Reporting to the Minister for Health and engaging with relevant government Ministers and departments, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector of Social Services within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation**.**
- **Monitoring services** — Monitoring the safety and quality of permanent international protection accommodation service centres, health services and children's social services against the national standards. Where necessary, HIQA investigates serious concerns about the health and welfare of people who use health services and children's social services.
- **Health technology assessment** — Evaluating the clinical and cost effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health and social care services, with the Department of Health and the HSE.

Visit www.hiqa.ie for more information.

1. Purpose and Aim

The purpose of this protocol is to outline the process by which the Health Information and Quality Authority (HIQA) will conduct a scoping review of publicly-funded services for donor-assisted human reproduction (DAHR) in selected countries. This review aims to highlight the different approaches taken in a select number of EU and non-EU countries. The information contained in the review will inform the consideration of and development of a policy in relation to publicly-funded services for DAHR in Ireland, through supporting the work of the Department of Health.

2. Process outline

It is important that a standardised approach to the process is developed and documented, to allow for transparency, to aid project management, and to mitigate risks.

Four distinct steps in the process have been identified and will be completed. These are listed below and described in more detail in Sections 2.1-2.4:

1. Defining the scope
2. Searching for and selecting relevant international sources
3. Extracting relevant information on publicly-funded services for DAHR
4. Summarising findings.

2.1. Defining the scope

In Ireland, the Children and Family Relationships Act 2015 defines a DAHR procedure as "any procedure performed in the State with the objective of it resulting in the implantation of an embryo in the womb of the woman on whose request the procedure is performed, where -

(a) one of the gametes from which the embryo has been or will be formed has been provided by a donor,
(b) each gamete from which the embryo has been or will be formed has been provided by a donor, or
(c) the embryo has been provided by a donor".[1]

People may elect to undergo DAHR for a number of reasons including if they have a fertility issue, if there is a high risk of passing on an inherited disease or condition, or if they are a LGBTQI+ couple or single individual wanting to have children.[2] In Europe, DAHR is generally conducted within the private healthcare system, with the

cost incurred by the patient. However, many countries in Europe (including Denmark,[3] France,[4]Portugal,[5] Spain,[6, 7] Sweden,[8] and the UK[9]) provide some form of publicly-funded services for DAHR, although access to these services is often restricted. This review will focus on publicly-funded services for DAHR.

2.2. Searching for and selecting relevant international sources

A scoping review will be conducted to identify information on publicly-funded services for DAHR in a selected group of countries. The following research question will be addressed by this review:

- *Within a selected group of countries, what current national policies and practices are in place with respect to publicly-funded donor-assisted human reproduction?*

A scoping review can be defined as 'a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge'.[10] The review will be conducted in line with the methodological approach to scoping reviews described in the JBI Manual for Evidence Synthesis.[11] A scoping review methodology was chosen to address the research question as this enables a systematic yet flexible and iterative approach to exploring themes and concepts across heterogeneous literature.[12, 13]

A literature search will be conducted in MEDLINE Complete via EBSCOhost and Embase via Elsevier. Detailed preliminary search strategies for each database are presented in Appendix 1. Grey literature sources will also be searched, with a particular emphasis on government resources (such as websites, reports, and press releases) for the selected countries. The grey literature sources that will be searched are detailed in Appendix 2. This list is not exhaustive and will be expanded as necessary should information on publicly-funded services for DAHR become available elsewhere. Additional search methods used will include forward citation searching of eligible studies and searching reference lists of identified systematic reviews and included studies. Preliminary scoping showed that the majority of DAHR policies and services were developed or updated within the last 10 years. As such, searches will be limited to a 10-year period from January 2016 to January 2026, to reflect this, alongside advances in DAHR research and technologies in the last decade.

To identify countries for selection in this scoping review, preliminary scoping was conducted. This preliminary scoping explored publicly available information on national DAHR policies for a number of countries that were included and or

underwent scoping in previous similar reviews.[14-17] Following identification of countries with publicly available information, a number of key factors were then considered in relation to Ireland, including:

- geographical proximity
- population size
- organisation of health services.

Additionally, a combination of EU and non-EU countries, and a variety of service provision, was desired. Furthermore, for European countries, equality of access to safe and efficient fertility treatments was also considered using the *European Fertility Treatment Policy Atlas 2024* (see Appendix 3).[18] Where multiple countries were deemed to have similar access to safe and efficient fertility treatments, both generally and in regards to the 2024 atlas, countries with documentation and information which were easier to access were favoured for inclusion.

The population, concept, context and types of evidence sources for this review are summarised in Table 2.1.

Table 2.1 Population, concept, context and types of evidence sources for a scoping review of publicly-funded services for DAHR in selected countries

Population	Adults (as defined by the legal treatment age of the specific country and or the age specified by the national funder or fertility clinic. For example, in Ireland you must be 18 years or over to access intrauterine insemination, in vitro fertilisation (IVF) or intracytoplasmic sperm injection treatment through the HSE[19]). *Excluded:* ▪ children and adolescents (outside the legal treatment age threshold) ▪ adults receiving assisted human reproduction services that do not involve donor gametes or embryos (for example, IVF with their own gametes).
Concept	DAHR services available through public sector providers, or through private or voluntary sector providers that are in receipt of public funding. These include: ▪ fertility treatments using donor gametes and or embryos, such as artificial insemination and or IVF. Treatment information will be outlined on a cycle basis, with the definition of a cycle

	outlined, where available. ▪ cryopreservation of donor gametes and or embryos for future use. *Excluded:* ▪ DAHR services within private healthcare that are not in receipt of public funding ▪ the initial donation and storage of gametes and or embryos, such as that performed at international gamete banks, for example Cryos Denmark[20] and Ovumia Finland[21] ▪ surrogacy using donor gametes or embryos ▪ publicly-funded DAHR services occurring in a different country from the funding source, such as cross-border services.
Context	Following preliminary scoping, the countries selected for inclusion are: **EU** ▪ Denmark ▪ France ▪ Germany ▪ Portugal ▪ Sweden. **Non-EU** ▪ Australia ▪ England ▪ Northern Ireland ▪ Scotland ▪ Wales. *Countries excluded following preliminary scoping:* ▪ Belgium: Belgium, the Netherlands and France were all deemed to have similar access to safe and efficient fertility treatments on the *European Fertility Treatment Policy Atlas 2024* (see Appendix 3).[18] Documentation for France is publicly available and more easily found, and therefore was favoured. ▪ the Netherlands: as with Belgium. ▪ Spain: Both Spain and England were deemed to have regional variation in terms of public-funding for DAHR services, and similar access to safe and efficient fertility treatments on the

	European Fertility Treatment Policy Atlas 2024 (see Appendix 3).[18] Documentation for England is publicly available and more easily found, and therefore was favoured. ▪ Romania, as it was difficult to identify publicly available information.
Types of evidence sources	Empirical evidence (all study designs) from the following document types: ▪ reports ▪ evaluations ▪ peer-reviewed publications. Grey literature sources will include the following document types: ▪ policies and procedures ▪ press releases ▪ legislation and other legal documents. Guidelines endorsed or developed by government agencies and implemented as part of national policy. *Excluded:* ▪ guidelines not implemented as part of national policy or not endorsed (or likely to be endorsed) by government agencies ▪ territorial or provincial policies related to publicly-funded DAHR services.

Key: EU – European Union, IVF – in vitro fertilisation.

For data management purposes, the results of the search will be exported to Covidence (www.covidence.org). Two reviewers will independently review the titles and abstracts, and subsequently the full texts, of the identified records. Those that meet the inclusion criteria for this scoping review (as per Table 2.1) will be included. Inclusion will be limited to current policies and practices in relation to publicly-funded services for DAHR; information on DAHR services within private healthcare not in receipt of public funding will be excluded. Any disagreement regarding the eligibility of documents will be resolved through discussion and using a third reviewer where necessary.

2.3. Extracting relevant information on publicly-funded services for DAHR in selected countries

The review team has identified key parameters for extraction and will extract relevant information on publicly-funded services for DAHR from both academic and grey literature sources, as outlined in Section 2.2 and Appendix 4. Within the identified documents, where available, relevant information will include, but is not limited to:

- document and or resource characteristics
- populations eligible
    - couples (may refer to opposite-sex, same-sex or LGBTQI+ couples, one of whom must have a womb and the potential to sustain a pregnancy)
    - individuals (refers to a person who has a womb and the potential to sustain a pregnancy)
- criteria for access (for example, age thresholds and referral requirements)
- interventions provided (for example, artificial insemination with donor sperm, and or IVF with donor eggs, sperm and or embryos)
- organisational aspects
    - referral pathway(s)
    - timelines to access services
    - service provider characteristics (for example, public, private and or voluntary sector providers)
- donor material management by the clinic intending to conduct fertility treatment (for example, facilitation of the shipment of donated gametes and or embryos from a gamete bank, and or storage of received donated gametes and or embryos by a fertility clinic)
- governance (for example, organisational structures and governance arrangements, clinical governance, data governance such as consent and revocation, and relevant regulatory bodies)
- funding (for example, funding sources, aspects of services that are fully or partially funded, and information on any payments or co-payments required by individuals)
- counselling, communication and information (for example, availability of appropriate information on DAHR options for relevant populations, and supports to accessing and understanding information, where required)
- ethical and social considerations (for example, equity, potential benefits and harms of DAHR services, and supports to promote informed decision-making and consent)
- supporting legislation (for example, relevant primary and or secondary legislation that provides a legal basis for the provision and or funding of DAHR services). Relevant information will be extracted from legislation that is currently in force only; aspects of legislation that have been repealed or amended will not be included.

Data extraction will be performed by one reviewer and cross checked by another. Data extraction will employ a copy and paste approach with page numbers and citations recorded to improve accuracy and facilitate validation, where possible. A data extraction tool will be developed and piloted before being implemented. A sample data extraction template is outlined in Appendix 4.

Quality appraisal is not a mandatory requirement for a scoping review.[22] As this review is aiming to provide an overview of current policy and practice, formal appraisal will not be undertaken. However, when screening grey literature documents, consideration will be given to the AACODS (Authority, Accuracy, Coverage, Objectivity, Date, Significance) checklist domains,[23] with particular attention given to the Authority responsible for the document to minimise the risk that the included data do not accurately represent implemented pathways. Primary grey literature sources include documents and resources published by national governments and or national government agencies (associated with the area of DAHR). These will be considered the most reliable for relevant information. Secondary sources (such as blog posts) summarising information from primary sources will be considered less reliable. Where less reliable sources are included this will be noted, and confirmation of information identified may be sought from additional sources. For example, information regarding national policy in a blog post may be confirmed from a government resource. Representatives from the selected countries will be contacted for confirmation of included key documents and to identify additional resources, as appropriate. Google Translate, DeepL Pro or similar will be used to obtain translations of non-English language documents, where appropriate.

Any changes to the approach outlined in this document will be noted in the report as a protocol deviation.

2.4. Summarising findings

Information on publicly-funded services for DAHR, where available for the included countries, will be documented and presented. Instances of missing information or conflicting information will be highlighted. Information extracted from documents identified will be compared across the selected countries, using the key parameters in Section 2.3, and similar and contrasting elements will be presented in tabular and descriptive formats, where appropriate. This scoping review will be reported in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist.[24]

3. Quality assurance process

The review question will be undertaken in accordance with HIQA's HTA Directorate Quality Assurance Framework and led by an experienced member of the team. Data extraction for each country will be carried out by one reviewer and checked by a second reviewer for inaccuracies. The report will be reviewed by at least two members of the senior management team to ensure processes are followed and quality is maintained. To further ensure quality and accurate interpretation of the information included, an Expert Advisory Group of relevant national and, where possible, international experts in the field of DAHR will be constituted. Input from this group will be sought as appropriate, and a draft of the protocol and report will be circulated to them for review.

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Appendix 1: Preliminary search strategies

Database name		MEDLINE Complete via EBSCOhost	
#	**Query**	**Limiters/Expanders**	**Last Run Via**
S21	S15 AND S20	Limiters - Publication Date: 20160101-20260131 Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S20	S16 OR S17 OR S18 OR S19	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S19	XB (policy OR policies OR guidance OR guideline* OR statemen* OR consensus OR regulation* OR regulatory OR statute* OR 'government initiative*')	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S18	(MH "Public Policy+") OR (MH "Public Sector") OR (MH "Government Regulation")	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S17	XB ('public provision' OR 'public* fund*' OR 'government* fund*' OR 'public insurance' OR 'social insurance' OR 'health coverage' OR	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete

	'out-of-pocket expenditure' OR subsidise* OR subsidize* OR subsidies OR subsidy OR 'access to healthcare' OR 'access to assistive reproduct*' OR 'access to art' OR 'access to fertility' OR 'availability of art' OR 'tax credit')		
S16	(MH "Health Care Costs+") OR (MH "Health Services Accessibility+") OR (MH "Public Expenditures") OR (MH "Insurance, Health+")	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S15	S10 AND S14	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S14	S11 OR S12 OR S13	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S13	XB ((donor* OR donat*) N1 (gamete* OR embryo* OR egg* OR sperm OR oocyte OR insemination))	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S12	XB 'heterologous artificial insemination'	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S11	(MH "Insemination, Artificial, Heterologous") OR (MH "Oocyte Donation") OR (MH "Donor	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete

	Conception")		
S10	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S9	XB ('fertility preservation' OR 'cryopreservation' OR 'cryoconservation' OR 'cryo-conservation' OR 'cryo-preservation')	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S8	XB ('artificial insemination' OR 'oviduct insemination' OR 'oviductal insemination')	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S7	XB ('insemination treatment*' OR 'insemination therap*)	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S6	XB ('test-tube fertilisation' OR 'test-tube fertilization')	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S5	XB IVF	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S4	XB ("in vitro" N1 (fertilization OR fertilisation))	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete

S3	XB ((fertility OR infertility) N1 (treatment* OR therap*))	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S2	XB (assisted N1 (reproduct* OR fertili*))	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete
S1	(MH "Reproductive Techniques, Assisted+")	Expanders - Apply equivalent subjects Search modes - Proximity	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - MEDLINE Complete

Database name	Embase via Elsevier
No.	**Query**
#22	#15 AND #20 AND [2016-2026]/py
#21	#15 AND #20
#20	#16 OR #17 OR #18 OR #19
#19	policy:ab,ti OR policies:ab,ti OR guidance:ab,ti OR guideline*:ab,ti OR statement*:ab,ti OR consensus:ab,ti OR regulation*:ab,ti OR regulatory:ab,ti OR statute*:ab,ti OR 'government initiative*':ab,ti
#18	'public policy'/exp OR 'public sector'/exp OR 'public health service'/exp OR 'government regulation'/exp
#17	'public provision':ab,ti OR 'public* fund*':ab,ti OR 'government* fund*':ab,ti OR 'public insurance':ab,ti OR 'social insurance':ab,ti OR 'health coverage':ab,ti OR 'out-of-pocket expenditure':ab,ti OR subsidise*:ab,ti OR subsidize*:ab,ti OR subsidies:ab,ti OR subsidy:ab,ti OR 'access to healthcare':ab,ti OR 'access to assistive reproduct*':ab,ti OR 'access to art':ab,ti OR 'access to fertility':ab,ti OR 'availability of art':ab,ti OR 'tax credit':ab,ti
#16	'health care cost'/exp OR 'access to treatment'/exp OR 'public expenditure'/exp OR 'reimbursement'/exp OR 'health insurance'/exp
#15	#10 AND #14
#14	#11 OR #12 OR #13
#13	((donor* OR donat*) NEAR/1 (gamete* OR embryo* OR egg* OR sperm OR oocyte OR insemination)):ab,ti
#12	'heterologous artificial insemination':ab,ti
#11	'heterologous artificial insemination'/exp OR 'oocyte donation'/exp OR 'donor conception'/exp
#10	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9
#9	'fertility preservation':ab,ti OR 'cryopreservation':ab,ti OR 'cryoconservation':ab,ti OR 'cryo-conservation':ab,ti OR 'cryo-preservation':ab,ti
#8	'artificial insemination':ab,ti OR 'oviduct insemination':ab,ti OR 'oviductal insemination':ab,ti
#7	'insemination treatment*':ab,ti OR 'insemination therap*':ab,ti
#6	'test-tube fertilisation':ab,ti OR 'test-tube fertilization':ab,ti
#5	'ivf':ab,ti
#4	('in vitro' NEAR/1 (fertilization OR fertilisation)):ab,ti
#3	((fertility OR infertility) NEAR/1 (treatment* OR therap*)):ab,ti
#2	(assisted NEAR/1 (reproduct* OR fertili*)):ab,ti
#1	'infertility therapy'/exp

Appendix 2: List of countries and associated grey literature sources

The sources listed below will be searched for relevant data relating to publicly-funded services for DAHR (this list is not exhaustive and will be added to as necessary):

EU

- Denmark
  - Ministry of the Interior and Health
  - Danish Health Authority
  - Danish Patient Safety Authority
  - Danish hospital group providing specialised care (*Rigshospitalet*)
- France
  - Ministry of Labour, Health and Solidarity
  - Haute Autorité de Santé
  - Biomedicine Agency (including a specific site on assisted human reproduction)
  - French health insurance information website (*L'Assurance Maladie*)
  - French Republic administration (*Service Public*)
- Germany
  - Federal Ministry of Health
  - Federal Joint Committee (G-BA, *Gemeinsame Bundesausschuss*)
- Portugal
  - Directorate-General of Health
  - National Health Service (SNS, *Serviço Nacional de Saúde*)
  - National Council for Medically Assisted Reproduction (CNPMA, *Conselho Nacional de Procriação Medicamente Assistida*)
  - Official Gazette (*Diário da República*)
- Sweden
  - Ministry of Health and Social Affairs
  - National Board of Health and Welfare
  - Swedish Tissue Council
  - Swedish Agency for Health and Care Services Analysis

Non-EU

- Australia
  - Australian Government Department of Health and Aged Care

    - National Health and Medical Research Council
    - Medicare Benefits Schedule
    - Medical Services Advisory Committee
- England
    - NHS England
- Northern Ireland
    - Department of Health
    - Health and Social Care (HSC)
- Scotland
    - Scottish Government – Health and Social Care
    - NHS Scotland
    - Fertility Scotland
- Wales
    - Welsh Government – Health and Social Care
    - NHS Wales
- UK
    - Department of Health and Social Care
    - National Institute for Health and Care Excellence
    - Human Fertilisation and Embryology Authority

Appendix 3: European Atlas of Fertility Treatment Policies 2024 [selected countries]

In 2024 Fertility Europe, in conjunction with the European Parliamentary Forum for Sexual and Reproductive Rights, developed the European Atlas of Fertility Treatment Policies. For development of the Atlas the 'Perfect Country' criteria were developed, and 49 countries and territories were assessed against these criteria. As outlined by Fertility Europe, a 'Perfect Country' was defined as having:[25]

- **Legislation:** Dedicated Assisted Reproductive Treatment laws for stable access.
- **Data Management:** National registers for Medically Assisted Reproduction treatments and for donors.
- **Inclusive Access:** Treatments and donor services are available to all who need them.
- **Genetic Testing:** Access to genetic testing for embryos.
- **Transparency:** Non-anonymous donation with donor identity revealed to children.
- **Funding:** Full treatment funding for four intrauterine inseminations (IUIs) and six in vitro fertilisation/intracytoplasmic sperm injections (IVF/ICSI) cycles nationwide.
- **Support Services:** Funded psychological support as part of fertility treatments.
- **Consultation:** Policymakers consult patient associations on policies and legal changes.
- **Education:** State-organised and funded fertility education programs.

A 'Perfect Country' score is 100% on the 2024 European Atlas, with country scores ranging from 7.8% for Kosovo to 89.5% for Belgium. The scores for the European countries selected in the current scoping review (and Ireland) are:[18]

- France: 85.5%
- Denmark: 75.7%
- Portugal: 71.9%
- Sweden: 68.5%
- Ireland: 66.5%
- Germany: 66.3%
- the UK: 65.0%.

Appendix 4: Sample data extraction template

Country (Reference)		
Author(s) **Title [year]**		
Focus Area	**Sub-focus area**	**Information extracted**
Population(s) and eligibility criteria		
DAHR intervention(s) provided		
Organisation	***Referral pathways***	
	Service provider characteristic	
	Timelines to access services	
	Any other organisational aspects	
Donor material management	***Arrangement(s) for attaining donated gametes or embryos***	

	Storage of donated gametes or embryos	
	Access to and or disposal of stored donated gametes or embryos	
	Any other management information	
Governance		
Funding		
Counselling, communication and information provision		
Ethical and social considerations		
Relevant legislation (list and key aspects)		
Miscellaneous		

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