



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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21 February 2019

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RE Official information request WCDHB 9262

We refer to your email dated 21 December 2018 requesting the following information under the Official Information Act from West Coast DHB regarding publicly funded fertility treatment.

1. **Data on how many non-residents have applied for publicly funded fertility treatment during the last 10 years, broken down by year, and treatment type as raw figures and as a percentage of the total number of people who have applied for publicly funded fertility treatment.**

Access to publicly funded fertility treatment requires that the person or both partners meet the Ministry of Health's requirements of being NZ citizens or having NZ residency. Data is not collated on how many non-residents have applied for publicly funded fertility treatment.

2. **Data on how many non-residents have received publicly funded fertility treatment during the last 10 years, broken down by year, and treatment type as raw figures and as a percentage of the total cost off received publicly funded fertility treatment.**

No non-residents have received publicly funded fertility treatment.

3. **Data on the total cost of publicly funded fertility treatments non-residents have received during the last 10 years, broken down by year, and treatment type as raw figures and as a percentage of the total cost of publicly funded fertility treatment.**

No non-residents have received publicly funded fertility treatment

4. **The average wait time for publicly funded fertility treatment of non-residents and residents/citizens for the last five years, broken down by year.**

The average wait time for eligible people within the Canterbury and West Coast DHBs is as follows:

	2015 (only six-months data available)	2016	2017	2018
Average number of days to treatment	398	486	430	408

Note: the average number of days varies due to patients' delayed treatment (e.g. requiring surgery, overseas holidays, partners requiring medical intervention, looking for personal donors, Zika virus stand-down period).

5. Data on how many residents have been declined for publicly funded fertility treatment during the last 10 years, broken down by year, age of patient, and reason they were declined

Access to publicly funded fertility treatment in New Zealand is restricted through the use of a priority tool (previously called Clinical Priority Access Criteria (CPAC)) which balances the chance of becoming pregnant with treatment and the chance of becoming pregnant naturally. CPAC has been studied and published (see abstract below).

As an indication of how well public funding meets demand, it is estimated that 51% of the IVF cycles in New Zealand in the past 10 years have been publicly funded. This equates to about 1550 IVF cycles each year. New Zealand falls in the middle for the amount of fertility treatment publicly funded compared to other countries – much less than in Australia and many countries in Europe, similar to the UK and much more than in the USA and most of Asia.

The most common reasons for not being eligible for publicly funded infertility treatment are that the woman is aged 40 or older, the couple already have a child (which reduces their score, but it is possible to have a score above the threshold with a child), or the couple have unexplained infertility of less than five years. The link above includes some examples of when people are eligible for publicly funded treatment.

It is rare to decline treatment when patients meet the criteria, at most once or twice per year. The reasons are safety to the woman (e.g. pregnancy could result in death or severe morbidity due to a medical condition) or a child (e.g. the person or couple do not have sufficient safeguards in place to safely parent a child). The Human Assisted Reproductive Technology (HART) Act requires clinics to consider the safety of women and children.

6. Data on how many people who have been diagnosed with unexplained infertility who have applied for publicly funded fertility treatment, during the last 10 years, broken down by year, age of patient and whether their application was accepted or denied

From Fertility Associates' national data over the last 10 years, 39% of IVF for unexplained infertility was publicly funded and 46% of IVF for other causes of infertility, e.g. poor-quality sperm, endometriosis, damage to the Fallopian tubes, was publicly funded. The proportions did not differ much year by year or by woman's age.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support