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RE Official information request CDHB 10008

We refer to your email dated 21 December 2018 requesting the following information under the Official Information Act from Canterbury 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. In addition:

- Patients must have that a consultation in NZ and be resident in NZ for the duration of any publicly funded treatment.
- Overseas-resident NZ citizens returning temporarily are eligible to be enrolled for publicly funded treatment if at some point they have lived in NZ continuously for two years or more (not counting temporary absences such as holidays or business trips).
- Any of the following are sufficient to show residency eligibility for publicly funded treatment, including fertility treatment:
 - New Zealand Passport
 - New Zealand, Niue, Tokelau, or Cook Island birth certificate
 - Certificate of residency in a passport
 - An indefinite returning visa in a passport
 - Certificate of identity, residence visa and permit for refugees
 - Study permit, issued before 31 October 2003, allowing the holder to stay in NZ for 2 years or more
 - Study permit plus a separate work permit, issued from July 2005, allowing the holder continuous stay for 2 years or more
 - Work permit enabling holder continuous stay for more than 2 years since first issued. Time spent lawfully in New Zealand immediately prior to the current Work Permit counts towards the two years
 - Australian citizens and residents who can prove their intention to stay in NZ for at least 2 years. Examples of how this can be demonstrated include documentation showing the sale and

- purchase of property, receipts showing the shipping of furniture and personal effects to New Zealand, the closure and opening of bank accounts, and long-term employment contracts.
- Nationals of the Cook, Niue and Tokelau Islands are New Zealand citizens with respect to eligibility
- Fertility Associates (and other fertility clinics in NZ) require sighting of a New Zealand birth certificate, NZ passport, overseas passport with appropriate visa, or the evidence above for Australian citizens and residents before enrolment for publicly funded treatment.
- We do not keep a record of people who enquire about publicly funded treatment but who are unable to provide satisfactory evidence.
- We summarise the residency requirements in our written patient information and on our website, including the sections for GPs. (see: <https://www.fertilityassociates.co.nz/pathway/current-patients/treatment-costs-and-payment-options/public-funding-and-eligibility/>)

Consequently, the answer to the first question is that no data is collected.

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.**
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.**
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 answers to questions 2 to 4 is that non-residents have not received treatment, unless there has been an error of which we are unaware.

The data we can draw from is from mid-way through 2015 to end of 2018.

The average wait time for residents/citizens and those individuals who hold visas or passports allowing them access to our services from within the **Canterbury and West Coast DHB's** is as follows:

CDHB & WCDHB	2015* only six-months data available	2016	2017	2018
Average number of days to treatment	398	486	430	408

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 periods etc)

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

This question is best answered by looking at couples diagnosed with unexplained infertility who chose to seek treatment with IVF. We can presume all would accept public funding if they were eligible. Looking at Fertility Associates' data NZ-wide over the last 10 years, 39% of IVF for unexplained infertility was publicly funded and 46% of IVF for other causes of infertility was publicly funded. The proportions did not differ much year by year or by woman's age. This means that it is a little bit harder to be eligible for public funding for explained infertility than for other causes, which is to be expected from the priority criteria, since eligibility for unexplained infertility requires duration of 5 years or more. The reason for this is that the chance of becoming pregnant naturally, without treatment, in the first 5 years is higher for couples with explained infertility than those with other causes, such as poor-quality sperm, endometriosis, damage to the Fallopian tubes, etc.

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

Yours sincerely



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