



**National Council of
Women of New Zealand**

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Submission to Pharmac on the proposal for sole subsidised supply of progestogen-only long-acting intra-uterine system (LIUS) (Mirena)

The National Council of Women of New Zealand, Te Kaunihera Wahine O Aotearoa (NCWNZ) is an umbrella group representing 288 organisations affiliated at either the national level or to one of our 20 branches. In addition to our organisational membership, about 260 women are individual members of branches. NCWNZ's function is to represent and promote the interests of New Zealand women through research, discussion and action.

This submission has been prepared by the NCWNZ Parliamentary Watch Standing Committee based on existing policy¹.

1. Introduction

- 1.1. Contraception is basic health care for women and men. A full range of options should be available to all women, irrespective of their ability to pay. Long-acting reversible contraceptives (LARCs) are highly effective. It is believed they have contributed to declining teen pregnancy and abortion rates in New Zealand and overseas.

2. Options

- 2.1. Pharmac states that there are other LARCs, but not all options are suitable for everyone. Mirena would be a suitable option for women with heavy periods or who experience irregular bleeding with other contraceptive methods.
- 2.2. Side-effects, such as bleeding patterns with copper IUDs, are not acceptable to all women. Research has shown that women who experience undesired side-effects of contraception may not maintain effective contraception. It is necessary to remove or substantially reduce the barriers (usually cost), associated with accessing alternatives that would meet their needs.

¹ 9.4.15 That NCW call on the Minister of Health to make contraception (i.e. the consultation fee and the cost of contraceptives) free to the client. 1993

- 2.3. Pharmac also lists short acting contraceptive methods as alternatives but these do not have the superior efficacy of LARCs and so are much less cost effective.

3. Funding

- 3.1. Research in New Zealand, the United Kingdom and the United States indicates that LARCs are a highly cost-effective form of contraception. It is disappointing that PHARMAC has not included widening funded access to contraception as part of this proposal. Effective contraception needs to be assessed not only in terms of the cost of the contraceptive but in terms of the total cost of childbearing, childrearing and the health of the woman as a whole. While Mirena may cost more initially, cost-savings associated with preventing unintended pregnancy (including costs associated with health, education and social services) outweigh the cost of investing in this contraceptive option.
- 3.2. Currently, most women do not qualify for a subsidised Mirena and have to pay for it. This contributes to an inequitable access to effective contraception. Women who cannot pay do not have any other way to access a hormonal IUD.
- 3.3. Family planning is highly cost-effective, with research² estimating that the US government saves over \$7 for every dollar invested.

4. Conclusion

- 4.1. By agreeing to an arrangement for sole subsidised supply of Mirena until the end of June 2019, Pharmac would lose the opportunity to enter an arrangement for full subsidisation of a generic levonorgestrel releasing intrauterine system for this period. Women cannot wait another three years for this issue to be reconsidered.
- 4.2. Increasing the choice of funded LARCs in New Zealand would provide all women with more effective contraceptive options and would improve health equity.

Rae Duff
National President

Beryl Anderson
Parliamentary Watch Standing Committee

² Tsui, AO; McDonald-Mosley, R; Burke, AE. 2010. Family Planning and the Burden of Unintended Pregnancies. *Epidemiologic Reviews*, 32 (1): 152–74. doi:10.1093/epirev/mxq012.