

Opening Statement to the Joint Committee on Health
Report of the Working Group on Access to Contraception

27th November 2019, 9.00am

I thank the Chairman and members of the committee for the invitation to discuss the Report of the Working Group on Access to Contraception. I am joined today by Kate O’Flaherty, Head of Health and Wellbeing in the Department and Maeve O’Brien, Acting Programme Head from the HSE Sexual Health and Crisis Pregnancy Programme.

I intend to briefly outline the background and context to the Group’s work before highlighting some of the key findings of the report and possible policy options that the Committee may wish to consider.

The Minister established the Working Group in April 2019 to consider the range of policy, regulatory and legislative issues arising in relation to improving access to contraception. The establishment of the group was primarily a response to the ancillary recommendation of the Joint Oireachtas Committee on the Eighth Amendment to introduce

“...a scheme for the provision of the most effective method of contraception, free of charge and having regard to personal circumstances, to all people who wish to avail of them within the State.”

It also reflects the Minister and Department’s commitment to improving women’s experience of healthcare in Ireland and should be seen in the wider context of the establishment of the Women’s Health Taskforce and the work that it is currently undertaking.

The Group comprised officials from relevant policy areas within the Department, including the Office of the CMO, Community Pharmacy, Bioethics, Research, Health and Wellbeing Eligibility and Primary Care.

This was not a closed Departmental exercise, and consultation was an intrinsic part of the Group’s work. Over 5,000 responses were received in response to a public consultation exercise, while the Group met directly with several key stakeholders, including both the Irish College of General Practitioners and Irish Family Planning Association, among others. If I may, I would like to take this opportunity to thank all those who engaged with the work of the Group, especially those stakeholders who met with us and made detailed submissions which were extremely helpful in informing the Group’s work.

In relation to the report itself, the first key finding is that barriers to accessing contraception do exist for some people, with the most prevalent obstacles identified as lack of local access, cost, embarrassment, inconvenience and lack of knowledge. At the same time, it is evident that contraception use in Ireland is high and stable and that difficulty accessing contraception is only a challenge at the margins in overall population terms. In particular, the notion that there is a sizable affordability challenge across the population in terms of accessing contraception remains unproven.

In terms of overcoming the barriers to access that do exist, a number of policy levers are available to Government. There was considerable support among stakeholders for the introduction of a universal, State-funded scheme for contraception. The cost of introducing such a scheme is indicatively estimated at €80m to €100m. This is a significant sum and leads naturally to the question of whether such investment would represent the best use of resources.

As the Committee will appreciate, there is a very substantial list of health service development proposals right across the spectrum of prevention, primary & community care and the acute hospital system for which strong cases for additional investment can and have been made. In addition to this opportunity cost, there is also a very real risk that making contraception free to the end-user will simply displace or substitute for private expenditure, while the view that free contraception will lead to a significant reduction in the number of crisis pregnancies may well be over-optimistic.

Any policy initiative in this area should be seen as a behavioural intervention and must go beyond the question of cost to address issues of local accessibility, education and workforce capacity, all of which are considered in the report.

In terms of accessibility, the report examined the potential role of community pharmacists in prescribing contraception, seeking to balance the need for easier access to services with the risk of contraindications and the positive health factors associated with continuity of care. The report recommends that oral contraceptives could be prescribed for a 12-month period to improve accessibility while maintaining patient safety and reducing costs.

Education is highlighted as key to tackling lack of information, misinformation and embarrassment around contraception. The review of Relationships and Sexuality education curriculum is underway and is welcome, but there will also be a need for wider public information campaigns, possibly under the Healthy Ireland banner. Positive steps are being taken in this area, for example through the sexual wellbeing website, and we must build on this work to ensure we are reaching and informing as many people as possible. It will also be necessary to continue to build workforce capacity to ensure that we have a sufficient number of trained health care providers to deliver safe and accessible contraception services.

The report concludes that there will always be some doubt as to whether a State-funded contraception scheme represents the optimal use of funds on a purely cost-benefit basis. However, it is also clear that there are considerations beyond the economic that need to be taken into account when formulating policy in this area. These include the human and women's rights dimension of contraceptive access; the policy context following the introduction of termination of pregnancy services; and potential health benefits.

It is these social or societal factors that led the Group to suggest that further exploration of policy proposals to support contraception may be warranted, and three possible options for further consideration are identified:

- Universal state funded contraception scheme based on the GMS scheme, but including the copper coil;
- Expansion of GMS scheme as it relates to LARC to all women;
- Phased approach to the introduction of a free contraception scheme, beginning with younger women in the 17-24 age range.

The order in which the options were presented does not imply a ranking of preference, and the Group intended that they be viewed as possible directions of travel for further consideration, rather than as fixed recommendations with set parameters. Clearly, the development of these or any other proposals would require further detailed policy and legislative work as well as consultation with service providers.

It is important to recognise that the issues discussed in the report relate to just one aspect of the wider strategy to support sexual and reproductive healthcare. The Department of Health and the HSE, in collaboration with stakeholders, are progressing work in a number of areas identified by the Joint Committee in respect of sexual health promotion and education. This includes expanding the free provision of condoms to at risk groups, while the HSE will be repeating the in-depth general population survey on sexual health and crisis pregnancy to provide up-to-date information to support policy development and implementation.

The development of a new national sexual health strategy will also commence in 2020.

The Minister believes that this Committee is in a position to make a valuable contribution in charting a path forward that responds to the challenges and cost implications outlined in the report, while seeking to ensure that we can facilitate access to contraception and strengthen sexual and reproductive healthcare in Ireland more generally. Hopefully, the discussion this morning can advance that aim. Thank you.

Andy Conlon

Chair of the Working Group on Access to Contraception