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1st June 2022

Deputy Smyth
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 25133/22 To ask the Minister for Health the estimated full-year cost to ensure equality-of-access to abortion services for women by ensuring national coverage.

Dear Deputy Smyth,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The Termination of Pregnancy Service was first introduced on January 1st, 2019 following the 2018 referendum on the 8th Amendment. The Service commenced with eight hospitals, approximately 200 GPs and community providers i.e. Well Women and Irish Family Planning Association. The service expanded with additional hospitals and GPs coming on board, so that by May 2022 there were 11 hospitals and just over 400 GPs providing the service.

In relation to the spend within the acute hospital sector regarding the development and roll-out of termination services, the acute hospital system was allocated €7 million in 2019 to support the roll-out of termination services.

In 2020, a further additional €9.5 million was allocated for the provision of termination services under the Health (Regulation of Termination of Pregnancy) Act 2018, comprising of €5 million existing level service funding for the acute hospital sector in relation to the provision of this service. The remainder of the additional funding was allocated to fund and support the continued provision and expansion of the delivery of termination of pregnancy services in the community setting, including €1 million funding provided for crisis pregnancy counselling and information helpline service and €1 million funding for on-going communication campaigns.

Within the acute hospital setting, funding was used to recruit additional personnel resources across a range of sites to implement this new service within the hospital sector. Resources supported by this investment included additional consultant obstetricians and gynaecologists, midwives and nurses, ultra-sonographers, theatre staff, bereavement specialists, administrators, medical social workers and pharmacists. These resources, whilst funded and established utilising funding provided to support termination of pregnancy services, have developed and being embedded within existing gynaecology and maternity services such

that termination of pregnancy service is just one of the areas of responsibilities that they hold on the ground.

The National Women and Infants Health Programme (NWIHP), together with the Clinical Lead for the Termination of Pregnancy Service, continue to engage with sites and the maternity networks in relation to increased provision of termination services. When identified that there is a resource requirement to facilitate the service roll out, the NWIHP will manage and address such funding requests. In terms of service provision within the community, once a General Practitioner agrees to provide the Termination of Pregnancy Service, the necessary contract between the HSE and the GP can be agreed and the service can commence without any financial impediment.

I trust this clarifies the matter.

Yours sincerely,



Mary-Jo Biggs, General Manager, National Women and Infants Health Programme