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28/05/2025

Deputy Cullinane
Dáil Éireann,
Leinster House
Dublin 2

PQ 28688/25: To ask the Minister for Health the estimated net additional cost of providing two rounds of publicly funded IVF.

PQ 28707/25: To ask the Minister for Health the cost of providing 1,000 publicly funded rounds of IVF.

Dear Deputy Cullinane,

The Health Service Executive (HSE) has been requested to respond directly to you regarding the Parliamentary question submitted to the National Women's and Infants Health Programme (NWIHP) for response.

The delivery of Advanced Human Reproduction (AHR) services is inherently complex, with the final cost incurred by the HSE per couple currently referred varying across quite a range informed by the clinical indications for that couple and the range and type of individual care packages that will be utilised by a Provider to deliver that care.

For example, couples may be referred for in-vitro fertilisation (IVF) treatment. For one couple, this referral may comprise of virology screening bloods and an IVF cycle encompassing a fresh embryo transfer with treatment thereafter ceasing as the couple have either successfully become pregnant or they have no further embryos remaining. For another couple, this referral may comprise of virology screening bloods, a cancelled IVF cycle, an IVF cycle encompassing a fresh embryo transfer, a cancelled frozen embryo transfer cycle and then a number of frozen embryo transfer procedures before achieving a successful pregnancy or having no further embryos remaining.

Given this variability and complexity, the HSE from a financial management perspective has established an estimated liability cost for each type of AHR referral processed through the regional hubs. This financial approach ensures that adequate budget is allocated to each couple referred so as to ensure that the full spectrum of care required by each couple and its associated costs is enabled and secured.

In the context of the above, and with reference to your query regarding the cost of providing 1,000 publicly funded rounds of IVF, this cost could be anywhere in the range from €6.5 million up to €12 million if maximum financial liabilities were realised.

Regarding your second query, this is somewhat more challenging to answer as the estimate of cost would be very much dependent on the parameters defined for access to two rounds of publicly funded IVF treatment.

For example, would a second round only be offered to those couples for whom the first round did not result in a pregnancy and a live born – if so, then at a national level we could be looking at circa 60% of couples being offered a second cycle. Would access to a second cycle be restricted based on age criteria, if so then the numbers eligible would decrease further. Would this be retrospectively offered or would this only be offered from a defined point of time? All these parameters would impact the modelling undertaken at national level to produce a reasonable estimate in response to your query.

However, even if taken at a very high level, and assuming the first parameters is applied i.e. only available to couples who did not achieve a live born – then for every 1,000 first IVF cycles offer, a further 600 cycles could potentially be referred for in order to allow a second cycle of IVF treatment, resulting in an estimated additional spend of somewhere in the region between €3.9 million to €7.2 million by the HSE.

I trust this clarifies the matter.

Yours sincerely,

MaryJo Biggs, General Manager, National Women and Infants Health Programme