Pre Budget-Submission 2027

About NISIG

The National Infertility Support and Information Group (NISIG) was founded 30 years ago and is the only charity in Ireland focusing on infertility. We provide a range of services including support meetings, a helpline, live web chat, resources, workshops and information for parents and intending parents, and undertake advocacy on behalf of those experiencing infertility issues.

NISIG supports the roll-out of Public Funding for IVF in Ireland, which we have campaigned for over the past 25 years. However, we are three years into what we see as the first phase of the scheme with just one positive change to the criteria. There has been no stakeholder consultation (that we are aware of) on the plans to expand this further despite announcement in budget 2025 that expansion would take place that year. This is a real cause of stress and disappointment for those undertaking treatment at this time who do not fit within the current criteria.

NISIG will continue to campaign to ensure that access to public funding is as wide and inclusive as possible, allowing for a more equal health system in Ireland. We believe that Ireland must have legal and regulatory framework to support this, therefore we are very keen to see the full commencement of the Health (Assisted Human Reproduction) Act 2024 – (better known as the AHR Bill) and establishment of a regulator in this area as a priority.

Budget 2027 asks:

1. The past three years has given the HSE ample time to get the new public funding system for IVF bedded in and working for everyone. In 2027 we are calling for a *wider, more sufficiently funded and inclusive system,* including significantly increased funding for the fertility hubs nationwide. Additional funding for staff needs to be prioritised for 2027 to meet current demand, and in advance of expansion of donor conception.

2. We ask that the *eligibility criteria* be broadened for a more equitable, inclusive system that is reflective of those who seek infertility treatment. This includes:
   - a review of the current criteria based on data from the last 3 years
   - areas such as funding for patients requiring PGT-M and PGT-SR, and
   - additional cycles of IVF for couples with no children
   - Specific funding for people who suffer from Endometriosis

3. *Donor conception* must be ready to roll-out in conjunction with the establishment of the new Regulatory Authority. The was originally scheduled for 2025 so this timeline has seriously lagged as we enter 2027 and must be prioritised. Without donor conception as part of the publicly funded scheme, a significant number of people are being excluded from accessing publicly funded treatment, which is unacceptable.

4. There is no provision for specific support by the State health services for those going through fertility treatment and NISIG *receives no Government funding* for the services we provide, including peer support meetings, live website chat, and helpline. We have increased demand for our services since the beginning for HSE-funded fertility treatment. Currently we rely on one-off grants from various state sources, sponsorship, fundraising and donations. This is not a sustainable model for us to operate within and severely curtails our ability to provide this much needed service.

5. NISIG are aware of the appointment of the CEO and Board of the new Regulatory Authority – AHRRA – which is long overdue. However, we continue to be very concerned at the *decelerated pace of the setup of the regulatory authority*. This new regulator was promised to be fully functional by 2025, yet we are almost 2 years on from that timeline and this deadline has been seriously missed. In Budget 2027 we are calling for funding to ensure the regulatory authority becomes operational from January 2027.

6. Fertility affects 1 in 6 couples, but it is not widely or freely spoken about. Across society, NISIG wants to see fertility issues be part of everyday conversation. We call on the Government *to mandate the new AHRRA (Regulatory Authority) to roll out a fertility awareness campaign in 2027* to increase public knowledge. This includes, at times, potential misinformation about 'add on's' which are very frequently offered in the course of treatment and put additional financial strain on people when undertaking treatment. (Reference: Lensen, S., Wilkenson, J., Steeper, M. et al.; **Safety and effectiveness of ten common in-vitro fertilisation add-ons: a systematic review and meta-analysis**; *Lancet Obstetrics, Gynaecology, & Women's Health*, June 23, 2026: https://doi.org/10.1016/S3050-5038(26)00054-3)

7. NISIG also believes it is key to *continue to allow people continue to reclaim tax benefit* on any privately undertaken fertility treatments in Ireland until such time as they can obtain them through the public health system. We do however have concerns that this means inequity, as it excludes those who do not meet the tax threshold.

8. We ask that *the drug prescription medical card be kept in place* as a fixed long-term measure to help alleviate the significant cost of prescriptions associated with AHR treatment.

We are happy to discuss this further with you at any point and indeed any other details of work NISIG do in providing support to those on their fertility journey in Ireland.

Contact details:

Contact Name:	Fiona Dunny	Caitríona Fitzpatrick
	Chairperson	***Spokesperson***
Phone:	085 859 9202	087 987 5003
Email:	fiona@engagehumanresources.com	/ contact@nisig.com

Appendix

About Infertility

The WHO outlines the following facts about infertility:

- Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.
- Infertility affects millions of people of reproductive age worldwide – and has an impact on their families and communities. Estimates suggest that between 48 million couples and 186 million individuals live with infertility globally.
- In the male reproductive system, infertility is most commonly caused by problems in the ejection of semen, absence or low levels of sperm, or abnormal shape (morphology) and movement (motility) of the sperm.
- In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others.
- Infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved.
- Fertility care encompasses the prevention, diagnosis and treatment of infertility.
- Equal and equitable access to fertility care remains a challenge in most countries; particularly in low and middle-income countries. Fertility care is rarely prioritised in national universal health coverage benefit packages.

Infertility in Ireland:

The Health Service Executive (HSE) estimates that “around 1 in 6 heterosexual couples in Ireland may experience infertility”.

Worldwide, it is estimated that there are approximately 2.5 million assisted reproduction cycles each year, resulting in the delivery of 500,000 babies.

In Ireland the number of treatment cycles grew in the period 2009-2020, from 7,589 in 2009 to a peak of 11,359 in 2018. There were fewer treatment cycles in 2019 and 2020, but these figures were affected by the pandemic. We also do not have figures available here on people seeking treatment abroad. Many clinics report making high profits running into several million each year and often attract overseas investors.

Prohibitively high costs have been a barrier and serious cause of stress to those experiencing infertility. The cost of a single IVF cycle in Ireland ranges between €4,100 and €6,000 and the cost of an ICSI treatment between €5,200 and €6,400.