

02 MAR 2020

[REDACTED]

[REDACTED]

Ref: H202000412

Dear [REDACTED]

Response to request for official information

Thank you for your request of 31 January 2020 to the Ministry of Health (the Ministry) under the Official Information Act 1982 (the Act):

[REDACTED]

Can you advise:

1. how many surrogacy applications are considered - and approved - each year
2. The increase in an annual numbers or applications and approvals over the past decade?
3. The principle reasons why applications are denied
4. The stated reasons why surrogates cannot paid in New Zealand as they are in some other countries?

I will respond to each part of your request in turn.

1. How many surrogacy applications are considered - and approved - each year
2. The increase in an annual numbers or applications and approvals over the past decade?

Table 1: Number of surrogacy applications from financial year 2005-2019:

Financial Year	# of approved applications	# of declined applications	# of deferred applications	# of withdrawn applications	Total # of applications
2005/06	24	3	0	0	27
2006/07	13	1	0	0	14
2007/08	16	0	0	0	16
2008/09	18	0	0	0	18

2009/10	16	0	0	0	16
2010/11	23	1	1	0	25
2011/12	12	1	0	1	14
2012/13	19	0	0	0	19
2013/14	12	0	0	0	12
2014/15	22	0	0	0	22
2015/16	20	0	0	0	20
2016/17	29	0	0	1	30
2017/18	25	0	0	0	25
2018/19	20	3	1	0	26

Please note:

- All withdrawn applications were withdrawn by the applicant
- For the 2018/19 period, there were also two traditional surrogacies the Ministry provided advice for, which are not included in this data.

Traditional surrogacies (where the intending mother uses her own eggs) are established procedures and do not require Ethics Committee on Assisted Reproductive Technology (ECART) approval but can come before the committee for advice or recommendations on whether to proceed. ECART has no binding power on these.

The Ethics Committee on Assisted Reproductive Technology (ECART) considers, determines and monitors applications made by fertility clinics for certain assisted reproductive procedures and human reproductive research. Applications for procedures can only be considered when the Advisory Committee on Assisted Reproductive Technology (ACART) has issued guidelines and advice. Established procedures do not require ethical approval from ECART.

Surrogacy involving an assisted reproductive procedure (intending parents gametes are removed and the embryo is implanted in a surrogate) requires ECART approval.

This, as well as further information, is available on the ECART website at: <https://ecart.health.govt.nz/about-us>. You might find the following link to the Human Assisted Reproductive Technology Act 2004 (HART Act) useful as well: <http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html>.

3. The principle reasons why applications are denied

Applications are most often declined due to an inconsistency with the law, by this, I refer to certain instances where surrogacy is ethically fine but is not allowed under the legislation in the HART Act. Another common reason for declining surrogacy applications are instances where there are concerns about the risk of a given surrogacy such as:

- the birthmother not residing in New Zealand
- an intending parent and/or birth mother's psychological and/or physical wellbeing and
- an Adoption Order for intending parents is refused by Oranga Tamariki.

4. *The stated reasons why surrogates cannot be paid in New Zealand as they are in some other countries?*

Surrogates cannot be paid in New Zealand to ensure there is no financial incentive to induce vulnerable people into such an arrangement. This is established in the following part of the HART Act: <http://www.legislation.govt.nz/act/public/2004/0092/latest/whole.html#DLM319317>.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made in this response.

Please note that this response, with your personal details removed, may be published on the Ministry website.

Yours sincerely



Keriana Brooking
Deputy Director-General
Health System Improvement and Innovation

