

Reference: 20220063

12 April 2022



Dear 

Thank you for your Official Information Act request, received on 25 February 2022. You requested the following:

Under section 12 of the Official Information Act 1982 I request all original communications including briefings, reports, memos, aides memoirs, cabinet papers, data, texts, presentations and letters regarding the following information...

- *Around Vote Health 2021 and the \$200M PHARMAC funding including but not limited to any communications around the PHARMAC initiative being delayed because of the pending PHARMAC review*

As you are aware, on 22 March I extended the date to make a decision on your request by 15 working days.

Information being released

Please find enclosed the following documents:

Item	Date	Document Description	Decision
1.	11 December 2020	T2020/3595: Budget 2021 - Briefing for vote health bilateral	Release in part
2.	8 March 2020	Attachment to T2021/359: Draft Package advice for Budget 2020 Annex 5	Release in part
3.	16 March 2021	Email titled 'BM2 Summary Notes'	Release in part
4.	19–21 April 2021	Email titled 'Treasury catch-up with PHARMAC Weds 21 April'	Release in part
5.	17 December 2020	Email titled 'Budget 2021 update'	Release in part

6.	18 May 2021	Email attachment titled 'CPB from 2008-09 as at Budget 2021' <i>Attachment to email titled 'PHARMAC new funding over recent years'</i>	Release in part
7.	NA	Initiative Template – Vote Health – Increase in Combined Pharmaceutical Budget	Release in part
8.	NA	Assessment Template - Vote Health – Increase in Combined Pharmaceutical Budget	Release in full
9.	NA	Intervention Logic Map - Vote Health – Increase in Combined Pharmaceutical Budget	Release in full
10.	17 February 2021	PHARMAC/Treasury meeting agenda	Release in full
11.	9 November 2020	PHARMAC/Treasury meeting agenda	Release in full
12.	18 May 2021	Email titled 'PHARMAC new funding over recent years'	Release in part

I have decided to release excerpts or summaries of documents 1 to 6 listed in the above table as applicable under section 16(1)(e) of the Official Information Act.

I have decided to release the relevant parts of documents 7 to 12 listed in the above table, subject to information being withheld under the following sections of the Official Information Act, as applicable:

- section 9(2)(k) – to prevent the disclosure or use of official information for improper gain or improper advantage

Some information has been redacted because it is not covered by the scope of your request. This is because the documents include matters outside your specific request.

Direct dial phone numbers of officials have been redacted under section 9(2)(k) in order to reduce the possibility of staff being exposed to phishing and other scams. This is because information released under the OIA may end up in the public domain, for example, on websites including the Treasury's website.

Information publicly available

The information listed in the table below is also covered by the request and available on the Budget section of the Treasury's website.

Item	Date	Document Description	Website Address
1.	11 March 2021	Treasury Report T2021/383:	https://budget.govt.nz/information-

		Briefing for vote health budget 2021 Bilateral meeting 15 March	release/2021/pdf/b21-t2021-383-4421093.pdf
2.	21 December 2020	Letter to Minister: Hon Andrew Little - Health - Budget 2021 invitation	https://budget.govt.nz/information-release/2021/pdf/b21-health-letter-invitation-4390138.pdf
3.	12 April 2021	Cabinet Minute CAB-21-MIN-0116.14: 2021 Budget Package: Vote Health	https://budget.govt.nz/information-release/2021/pdf/b21-cab-21-min-0116-14-4444344.pdf
4.	16 March 2021	Budget Minister 2 - Emerging Budget 2021 Package	https://budget.govt.nz/information-release/2021/pdf/b21-slides-4417845.pdf

Accordingly, I have refused your request for the documents listed in the above table under section 18(d) of the Official Information Act:

- the information requested is or will soon be publicly available.

Some relevant information has been removed from documents listed in the above table and should continue to be withheld under the Official Information Act, on the grounds described in the documents.

In making my decision, I have considered the public interest considerations in section 9(1) of the Official Information Act.

Please note that this letter (with your personal details removed) and enclosed documents may be published on the Treasury website.

This reply addresses the information you requested. You have the right to ask the Ombudsman to investigate and review my decision.

Yours sincerely

Jess Hewat
Manager, Health and ACC

OIA 20220063

Information for Release

1.	Excerpts	1
2.	Initiative Template - Vote Health - Increase in Combined Pharmaceutical Budget (2)	3
3.	Assessment Template - Vote Health - Increase in Combined Pharmaceutical Budget	9
4.	Intervention Logic Map - Vote Health - Increase in Combined Pharmaceutical Budget	10
5.	2020-02-17 Agenda meeting with Treasury.docx	11
6.	2020-11-09 Agenda meeting with Treasury	12
7.	Email - PHARMAC new funding over recent years	13

Email summaries

Item	Subject line	Date	From	To	Summary
	BM2 Summary Notes	16 March 2021	Hamish Dick, Analyst	Gerald Lee, Acting Team Leader, Budget. Simon Duncan, Manager, Budget. Stacey Wymer, Director, Budget Management. Tom Hall, Manager, Finance Policy. Budget Team.	Internal Treasury email providing notes from the Budget Ministers 2 meeting of 15 March 2021. Under the heading 'Other – Specific Initiatives' is a bullet point: 'Budget Ministers would like funding for PHARMAC (\$200 total operating) to be included in the Budget 2021 package (this was excluded in the draft package; however, this should be funded by identifying other areas in the overall Budget 2021 Health package of lower priority (so the overall Health package with respect to the Budget 2021 allowances will not change).'
	Treasury catch-up with PHARMAC Weds 21 April	19 and 20 April 2021	Jess Hewat, Manager Health & ACC, The Treasury	Michelle Burton, Executive Assistant to Chief Executive, PHARMAC	Email chain between The Treasury and PHARMAC seeking to rearrange a catch-up between Treasury and PHARMAC Officials. The final email of 20 April from The Treasury to PHARMAC confirms the new meeting times and offers three points to be added to the meeting agenda. Point one is 'Budget 2021'.
	Budget 2021 updated	17 December 2020	Niki Lomax, Senior Analyst, Health & ACC	@Health	Internal Treasury email providing an update on the Budget 2021 process and allocating Budget initiatives to Treasury Analysts for processing and sign out. Included in the initiative work list is: 'Funding boost for PHARMAC to purchase more medicines'.

Email attachment – CPB from 2008-09 as at Budget 2021

Combined Pharmaceutical Budget (CPB) since 2008/09		2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears
Year	Reference																	
2021/22 increase	CAB-21-MIN-0116.14 (BUDGET 2021)														40	45	55	60

Budget 2021 Initiative Summary

Increase in the Combined Pharmaceutical Budget

Section 1: Overview

Department to complete			
Lead Minister	Hon Andrew Little, Minister of Health		
Department	Health		
What type of initiative is this?	Critical cost pressure	X	Manifesto commitment
Initiative description	Increase the level of the Combined Pharmaceutical Budget by \$200 million over 4 years to ensure more medicines are available for more New Zealanders.		
Is this a Cross-Vote initiative?	No		
Department contact	Peter Jane, s9(2)(k) peter.jane@health.govt.nz		
Treasury contact	Henry Neas, Vote Analyst, Vote Health		

Total Funding Sought

Department to complete						
Operating funding sought (\$m)	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears	Total
	-	40.000	45.000	55.000	60.000	200.000

Department to complete											
Capital funding sought (\$m)	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	Total
	-	-	-	-	-	-	-	-	-	-	-

Section 2: Proposal

For cost pressure initiatives, or manifesto commitments to fund a cost pressure, complete **section 2A** only.

For any other manifesto commitments, complete **section 2B** only.

Section 2A: Critical cost pressure initiative

N/A

Section 2B: Manifesto commitment initiative

Department to complete (as relevant)			
<i>Each answer must not exceed 300 words. To the extent practical, answers should link to information in the bid's Wellbeing Analysis and any other supporting information.</i>			
Source of commitment	X	Labour Party Manifesto	Speech from the Throne
Problem or opportunity	The objective of PHARMAC is to secure the best possible health outcomes from within the funding provided. As PHARMAC must work within a fixed annual budget, it is not possible to fund every new medicine that may potentially benefit someone. The demand for medicines will always exceed PHARMAC's ability to fund new medicines or widen access to medicines already funded.		
Proposed initiative	Increase the level of the Combined Pharmaceutical Budget which will support more medicines being available for more New Zealanders.		
Expected outcomes	If the level of the Combined Pharmaceutical Budget is not increased PHARMAC will not be able to fund from the current fixed annual budget an increase in access to new medicines or existing funded medicines for expanded use to meet increasing public expectations. The only way to fund new medicines from within the existing fixed budget over and above the existing commercial activities underway which PHARMAC routinely undertakes would be disinvest in medicines already funded. This would be disadvantageous to patient's health and wellbeing and would likely be unsatisfactory to patients, health professionals, consumer advocacy groups and the wider public.		

		<p>In 2021/22 we estimate that with the proposed increase of \$40 million to the Combined Pharmaceutical Budget approximately 370,000 patients would benefit across a range of therapeutic group areas.</p> <p>There will always be more medicines than PHARMAC can fund from within the fixed annual budget. PHARMAC makes careful and considered choices in the interests of all New Zealanders in managing cost pressures by:</p> <ul style="list-style-type: none"> • making sure the medicines and related products already funded stay available; • deciding which other medicines have the highest priority for new funding; and • working to reduce the price paid for medicines that are already available. <p>PHARMAC achieve savings through a range of commercial, procurement and contracting activities and savings that are achieved are used to ensure more medicines are available.</p> <p>An increase in the Combined Pharmaceutical Budget will allow PHARMAC to invest in more new medicines or widen access to existing funded medicines.</p>
Is the initiative related to the COVID-19 response or recovery?	N	The Government provided in July 2020 temporary funding of \$150 million over 2020/21 and 2021/22 (\$74 million and \$76 million respectively) for COVID-19 Combined Pharmaceutical Budget related expenditure.
Regulatory or legislative change required	N	

Section 3: Additional information requirements

Department to complete						
Does the initiative require new FTE or contractors?	No					
Does the initiative directly impact on Māori or Pacific peoples?	Yes	Not all New Zealanders are achieving 'best health outcomes' from medicines funded by PHARMAC and some are missing out on the opportunity to improve their health and wellbeing through use of medicines. We know that there are differences in the use of medicines by some population groups, particularly when looked at by ethnicity. Research shows significant differences in the way Māori receive medicines in comparison to other New Zealanders. When the burden of disease is considered, there is a significant amount of medicines that Māori are not getting. This is also likely for Pacific peoples and other population groups experiencing inequities.				
Does the initiative have an impact on child poverty?	Yes	Equitable medicines access for populations experiencing health disparities may reduce downstream financial costs and loss of income from ill health, which in turn may contribute to a reduction in child poverty.				
Are there any other relevant population impacts?	Yes	When a medicine is funded, it is available to all New Zealanders who meet the criteria for its use, and in whom the medicine is indicated and appropriate.				
If capital or ICT initiative	Type	-	ICT/data/digital	-	Physical Infrastructure	- Other please specify
	Start and end dates	N/A				
	<u>See Annex A for further questions – mandatory to complete for all capital initiatives</u>					

Section 4: Monitoring and reporting

Department to complete	
<p>PHARMAC provides monthly and quarterly reports to the Minister of Health and the Ministry of Health on its performance which includes detailed information on new medicines investments and instances in which access to existing funded medicines is widened to new patient groups.</p> <p>PHARMAC also produces an annual report to Parliament and this report provides information on PHARMAC's overall performance for the previous financial year, including the uses of new funding.</p>	

Section 5: Further breakdown of funding sought

Funding sought by component

Department to complete												
Provide a component-by-component breakdown of what the requested funding will purchase. Briefly explain the formula used, or key assumptions made, to calculate the cost of each output. Add additional rows to the table as needed to capture each output separately. Please include which Vote(s) will be impacted by each component.												
Input – Operating	Funding profile (\$m)										Total	Vote
	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears							
New Medicines or widened access to currently funded medicines	-	40.000	45.000	55.000	60.000					200.000	Health	
Total	-	40.000	45.000	55.000	60.000					200.000	N/A	
Input – Capital	Funding profile (\$m)										Total	Vote
	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30		
	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	N/A
Formula and Assumptions	<p>Due to commercially sensitive nature of PHARMAC's Options for List we cannot disclose the number or cost of individual new medicines.</p> <p>PHARMAC's decisions are made independently to ensure they are based on clinical evidence and expert decision making. The appraisal process is rigorous. PHARMAC staff consider the clinical advice, undertake cost utility and budget impact assessments and seek additional information as required to ensure that a comprehensive assessment occurs using our decision-making framework – the Factors for Consideration.</p> <p>PHARMAC uses a prioritisation process to compare and rank potential investment options against other unfunded medicines that have completed assessment. The output of the prioritisation process is a list of potential medicine investments – the Options for Investment. As possible opportunities for new medicines investment will always exceed the budget PHARMAC has available, prioritisation is an intrinsic part of PHARMAC's decision-making process.</p>											
Appropriations	<p>PHARMAC does not hold Combined Pharmaceutical Budget funding, it manages pharmaceutical expenditure at a national level. The funding held by District Health Boards. The Ministry of Health has historically used the population-based funding formula to allocate these funds to individual District Health Board appropriations. Any increase to the Combined Pharmaceutical Budget would mean an increase to existing individual District Health Board appropriations.</p>											

Fit with existing activity

Department to Complete	
The answer must not exceed 300 words.	
Existing services	The existing level of the Combined Pharmaceutical Budget for 2020/21 is \$1045 million (excluding the temporary funding provided for COVID-19 Combined Pharmaceutical Budget related expenditure). The initiative will increase the level of the Combined Pharmaceutical Budget to support an increase in more medicines being available for more New Zealanders.

Provide an overview of existing funding levels for this initiative, and/or initiatives with similar objectives, in the two tables below.

	Operating Funding profile (\$m)					Total					
	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears						
Existing funding for this/similar initiatives	1045.000	1045.000	1045.000	1045.000	1045.000	1045.000					
Total funding sought for this initiative	-	40.000	45.000	55.000	60.000	200.00					
% change between existing funding and funding sought	-	3.83%	4.31%	5.26%	5.74%	4.79%					
Comments (optional)	Provide explanatory comments to help interpretation of the above baseline figures.										
	Capital Funding profile (\$m)										Total
	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	
Existing funding for this/similar initiatives	-	-	-	-	-	-	-	-	-	-	-
Total funding sought for this initiative	-	-	-	-	-	-	-	-	-	-	-
% change between existing funding and funding sought	-	-	-	-	-	-	-	-	-	-	-
Comments (optional)	Provide explanatory comments to help interpretation of the above baseline figures.										

Options analysis

Department to Complete

The answer must not exceed 300 words.









<p>Options analysis</p>	<p>Two options were considered to meet the manifesto commitment of a Combined Pharmaceutical Budget funding uplift of \$200 million over 4 years, with one option being a consistent flatline annual increase and a second option proposing a growth based annual increase (note both options excluded the temporary COVID-19 funding of \$76 million for 2021/22). The options were:</p> <ul style="list-style-type: none"> Option 1 – This option contains a one-time increase in the CPB of \$50 million, and the CPB is maintained at that level going forward. This would result in total CPB expenditure of \$1095 million in 2021/22 and flat thereafter, representing a 4.8% increase to the currently approved CPB level in 2021/22 and none thereafter. This option would provide scope for new investments in some, but not all, good value medicines. Option 2 – This option is lower in 2021/22 than Option A by \$10 million and higher in 2024/25 by \$10 million. This would result in total CPB expenditure of \$1085 million in 2021/22 and a small increase in subsequent years and would represent a 3.8% increase to the currently approved CPB level for 2021/22. This option would provide scope for new investments in some, but not all, good value medicines. This option has the same total expenditure over the four-year period as Option A but includes incremental increases in outyears. <p>A large increase in expenditure in one year followed by no increase in following years, as would occur in Option 1, does not reflect PHARMAC’s experience of expenditure driven by the uptake of new pharmaceuticals, which provides for a lagged uptake period of new medicines after a funding decision is taken. For this reason, PHARMAC propose Option 2 as this provides for growth in pharmaceutical expenditure with a pattern that reflects a more realistic growth path and would still leave some room for additional investments in outyears.</p>
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Alternative scaled option

Department to complete											
<i>The answer must not exceed 300 words.</i>											
Option overview	<i>No scaled option has been considered as the Government signalled the initiative as a manifesto commitment.</i>										
Department to complete											
<i>Provide a component-by-component breakdown of what the scaled funding would purchase. If the formula used or key assumptions made differ from those used for the primary option, briefly explain these. Add additional rows to the table as needed to capture each output separately.</i>											
Input – Operating	Operating Funding profile (\$m)										Total
	2020/21	2021/22	2022/23	2023/24	2024/25 & outyears						
	-	-	-	-	-					-	
Total											
Input – Capital	Capital Funding profile (\$m)										Total
	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	
	-	-	-	-	-	-	-	-	-	-	-
Total											
Formula and assumptions	<i>Explain if different from primary option</i>										

Section 6: Wellbeing impacts and additional information

Section 6A: Wellbeing analysis

Department to attach											
<i>Each initiative must be accompanied by the following supporting information:</i>											
<ul style="list-style-type: none"> o <u>Cost benefit analysis</u>, or CBAX; o An <u>intervention logic map</u>, capturing the initiatives' aims, outputs, outcomes (over the short, medium and long term), and the future state the initiative contributes to; and o Analysis of <u>wellbeing impacts & risks</u> in the table at Section 6B below, containing analysis of the groups likely to be impacted by the initiative, the magnitude of impact, and the efficacy of the initiative in responding to the problem or opportunity. 											
<i>This analysis may be presented in the prescribed formats outlined above; OR any other suitable format, containing analysis that fulfils these information requirements. Analysis in either format must make reference to the Wellbeing Domains impacted, and quantify and monetise each impact where possible.</i>											
For capital initiatives , it is mandatory to attach a <u>business case</u> in compliance with CO(19)6.											
Additional attachments	<i>An intervention logic map is attached.</i>										
Wellbeing domains											
	Civic engagement and governance People's engagement in their country's governance, how "good" NZ's governance is perceived to be and the procedural fairness of our society.		Cultural identity Having a strong sense of identity, belonging and ability to be oneself and the existence value of cultural taonga		Environment The natural and physical environment and how it impacts people today		Subjective wellbeing Overall life satisfaction and sense of meaning and self				
	Health Our mental and physical health		Housing The quality, suitability, and affordability of the homes we live in		Income and consumption People's disposable income from all sources, how much people spend and the material possessions they have		Safety People's safety and security (both real and perceived) and their freedom from risk of harm, and lack of fear.				

	<p>Jobs and earnings</p> <p>The quality of people's jobs (including monetary compensation) and work environment, people's ease and inclusiveness of finding suitable employment, and their job stability and freedom from unemployment.</p>		<p>Knowledge and skills</p> <p>People's knowledge and skills</p>		<p>Social connections</p> <p>Having positive social contacts and a support network</p>		<p>Time-use</p> <p>The quality and quantity of people's leisure and recreation time (that is, people's free time where they are not working or doing chores).</p>
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Section 6B: Wellbeing impacts & risks

Department to complete
 This section is mandatory, unless this analysis has been included in a separate attachment.

Outline the key wellbeing impacts of the initiative, using a new row for each impact. These should highlight:

- For cost pressures, the wellbeing impacts if funding is not provided
- For manifesto commitments, the key impacts of the intervention, both positive and negative

There should be at least three key impacts identified.

Impact Description	Affected Group	Timeframe Realised	Domain Impacted	Supporting Evidence	Magnitude of impact
More medicines are available for more New Zealanders which will lead to improved health outcomes	All New Zealanders, with each new medicine targeted at specific populations who would be able to access the new or widened access to medicines.	Outcome impacts are likely to accrue at a population level over the medium to long term.	 Health	<p>PHARMAC can clearly demonstrate over time that more New Zealanders are getting more medicines. In PHARMAC's 2020 Year in Review¹ PHARMAC can show that over the last 10 years the number of medicines (volume index) and the variety of medicines (mix index) have increased, meaning we are seeing more, and varied, medicines for the treatment of a wider range of conditions in New Zealand.</p> <p>At the same time, the cost of medicines (the cost index) has increased but the actual price paid (the subsidy index) has decreased. This demonstrates that PHARMAC is getting more medicines for less money.</p>	Difficult to estimate impact going forward but historical performance as previously outlined clearly demonstrates that if funding levels for the Combined Pharmaceutical Budget are increased that more and varied medicines are made available.

Department to complete	
Dependencies, assumptions and risks	None.

¹ Chart on page 16 - <https://pharmac.govt.nz/assets/Year-in-Review-2020.pdf>

Initiative Assessment Template

Initiative Title: *Increase in the Combined Pharmaceutical Budget*

Overview

Initiative type	Manifesto commitment		
Was the initiative invited?	Invited		
Lead Minister	Hon Andrew Little, Minister of Health	Lead agency	Ministry of Health

Funding Sought

Operating funding (\$m)	2020/21		2021/22		2022/23		2023/24		2024/25 & outyears		Total
Vote Health			40.000		45.000		55.000		60.000		200.000
Capital funding (\$m)	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	Total
Sign											

Funding Recommended

Operating funding (\$m)	2020/21		2021/22		2022/23		2023/24		2024/25 & outyears		Total
Capital funding (\$m)	20/21	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	Total

Overall Comment

Do not support	<i>Defer to Budget 2022 or 2023 so that the findings of the independent review of PHARMAC can be considered before committing this funding. There is no way to scale this initiative and still deliver on the manifesto commitment as the manifesto specifically mention the \$200 million figure.</i>
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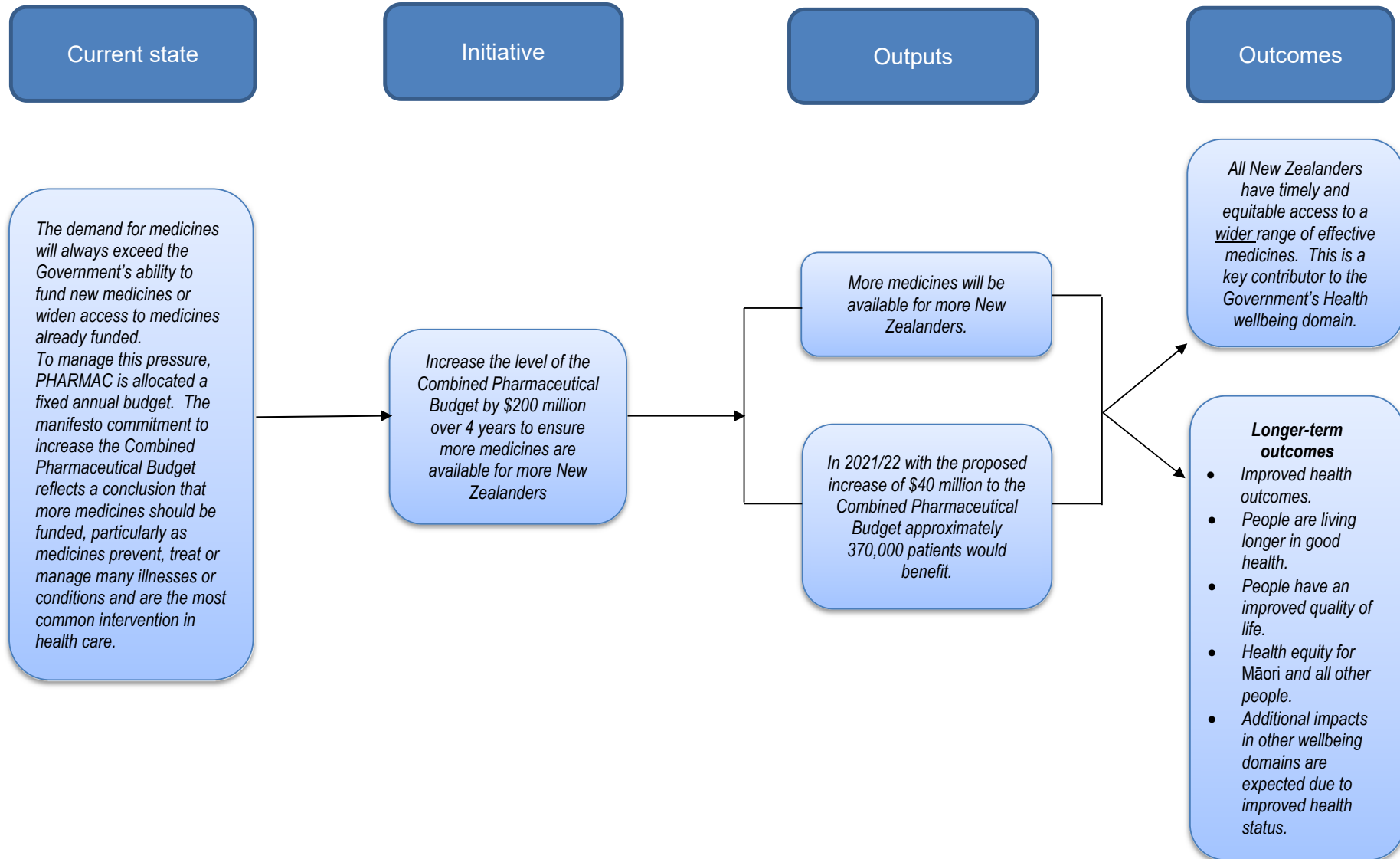
Impact Analysis

Priority alignment	Strong		Moderate	Yes	Weak
	<i>This initiative is explicitly referenced in the Labour Party Manifesto but it is not time-sensitive.</i>				
Value for money	Strong		Moderate	Yes	Weak
	<i>No CBA has been provided but will likely deliver moderate value for money compared to other investments in the health system.</i>				
Implementation readiness	Green	Yes	Amber		Red
	<i>PHARMAC will not be delivering anything new and will require no new FTE.</i>				

Other comments

Scaling	<i>Refer to overall comment.</i>
Urgency	<i>This manifesto commitment is not time-sensitive. It can be met through any budget in this electoral term.</i>
He Ara Waiora alignment (if applicable)	<i>N/A</i>
Distributional impacts	<i>When the burden of disease is considered, there is a significant amount of medicines that Māori are not getting. This is also likely for Pacific peoples and other population groups experiencing inequities.</i>
Child poverty impacts	<i>Indirect. Equitable medicines access for populations experiencing health disparities may reduce downstream financial costs and loss of income from ill health, which in turn may contribute to a reduction in child poverty.</i>

Context: Currently all publicly funded medicines are funded through the Combined Pharmaceutical Budget (CPB). PHARMAC is responsible for making choices about which medicines will provide the best overall health outcomes for the New Zealand public from available funding. When CPB funds become available to invest in new medicines or widen access to medicines already funded, PHARMAC works through a priority list (the Options for Investment List).





PHARMAC / Treasury

10.00am, Wednesday 17 February 2021

Via Zoom

<https://pharmac-nz.zoom.us/j/88912445191>

Passcode: 375071

PHARMAC attendees:

Michael Johnson, Director of Strategic Initiatives
Rachel Read, Manager Policy

Treasury staff attendees:

Jess Hewat
Henry Neas

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1. **Budget 2021**
 2. **Covid-19 Relief Fund**
 3. **FPIM and Health Sector Catalogue**
 4. **Health and Disability System Review**
 5. **Proposed review of PHARMAC**
 6. **General Business**



PHARMAC / Treasury

2.00pm, Monday 9 November 2020, Treasury offices

PHARMAC attendees:

Michael Johnson, Director of Strategic Initiatives
Rachel Read, Manager Policy

Treasury staff attendees:

Jess Hewat

-
1. **COVID-19 relief funding**
 2. **Budget 2021**
 3. **FPIM / Health Sector catalogue**
 4. **External review of PHARMAC**
 5. **Health and Disability System Review**
 6. **Vaccines / Immunization**

From: Henry Neas [TSY]
Sent: Tuesday, 18 May 2021 12:05 pm
To: ^Parliament: Stephen Bainbridge
Cc: Jess Hewat [TSY]; Helen Anderson [TSY]
Subject: PHARMAC new funding over recent years
Attachments: CPB from 2008-09 as at Budget 2021.xlsx

Excerpt from attachment included in document 1

Kia ora Steve,

See attached a detailed Combined Pharmaceutical Budget tracking spreadsheet which includes increases to the CPB from 2009/10 to 2021/22 (and tracks them out until the end of the forecast period – 2024/25).

Also, see below which I’ve worked out using info from the spreadsheet attached – note that there were increases higher than in Budget 2021 in 2018/19, 2016/17 and 2011/12.

Year	Total increase to the CPB over the forecast period (\$m) (excluding one-off COVID-19 funding)
Deleted - out of scope	
2021/22 increase (Budget 2021)	200

Happy to discuss.

Ngā mihi,

Henry Neas (he/him) | Graduate Analyst, Health & ACC | **Te Tai Ōhanga – The Treasury**