



**Report of the  
ABORTION SUPERVISORY  
COMMITTEE**

2015

*Presented to the House of Representatives  
pursuant to Section 39 of the  
Contraception, Sterilisation, and Abortion Act 1977*

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## **CURRENT MEMBERSHIP OF THE COMMITTEE**

Prof Dame Linda Holloway (Chair)  
Dr Tangimoana Habib  
Rev Patricia Allan (until 25 September 2015)  
Carolyn McIlraith (from 28 September 2015)

## **INTRODUCTION**

As required by section 39 of the Contraception, Sterilisation, and Abortion Act 1977 (the Act) this Report summarises our work during the past year. We also include a wide range of graphs and charts that analyse abortion data recently made available for the 2014 calendar year.

Appendix One lists the functions and powers of the Committee as per section 14 of the Act while Appendix Two contains further detail of our activity during the 1 July 2014 to 30 June 2015 reporting year.

## **CONTRACEPTION AT THE TIME OF AN ABORTION**

In 2014, the Committee made changes to the form operating doctors are required to complete when an abortion is being performed. A section was added to the form to capture whether contraceptives are being provided at the time an abortion is carried out and a breakdown of what types of contraception are provided.

Statistics show that a large percentage of women are being provided long acting contraception at the time of an abortion in Northland, Southland and Taranaki. We are particularly pleased to see that newer services, such as Southland Hospital, are providing contraception at the time of the procedure; helping to prevent future unintended pregnancies.

Unfortunately, we also identified regions where contraception is not regularly provided at the time an abortion is carried out. It was disappointing to discover that in the Tasman/Nelson region 33% of women were not provided with any contraception compared with, for example, 8.3% in the Hawke's Bay. The national trend shows on average only 14% of women are not provided with contraception.

Further statistical data on this topic has been included in this report and can be located on page 26.

## **LONG ACTING SUBCUTANEOUS CONTRACEPTION**

The ease of access to women in New Zealand to long acting contraceptive devices has been an important development in sexual health services. More recently, the inclusion of long acting subcutaneous contraception to the already available intra-uterine devices (IUDs) may be one factor contributing to the steady decline of abortion numbers each year.

However, during discussions with various medical practitioners we have become aware of issues relating to the Jadelle rod implant; namely difficulty with insertion and removal of the device as well as reports that the rod migrates from its original insertion point.

The Committee is disappointed that the Jadelle rod is the only long acting implant presently subsidised by PHARMAC. Currently, where medical practitioners wish to prescribe an alternative subcutaneous device, the woman has to fund privately the cost of the device (approximately \$270) plus, in some instances, a fee for insertion.

The Committee met with PHARMAC in February 2015 to discuss these concerns and was advised that PHARMAC had not received many complaints from medical professionals about complications with Jadelle use. Given the feedback we have received, we believe it is likely medical professionals may have under-reported their concerns. We encourage all medical practitioners to make a report of any issues they identify through the usual CARM (Centre for Adverse Reaction Monitoring) procedures.

The Committee would like to see PHARMAC consider additional or alternative devices for funding at their next contract review.

## **PROFESSIONAL EDUCATION AND RESEARCH**

The Abortion Supervisory Committee is a governance body that has a responsibility to ensure those we licence are undergoing appropriate ongoing professional education.

During a certifying consultant's annual reappointment process, we request information about the ongoing professional education they have completed. We continue to be impressed with the detail we are provided with and the range of reading, peer group participation and, in some instances, research being carried out by the medical practitioners involved. We are convinced our population of certifying consultants are active in pursuing education in relevant fields.

It is important for professionals to undertake research in various specialised fields and for the knowledge gained from such studies to be shared within the medical field. The Committee is interested in receiving reports or published papers on research carried out in the contraception, sexual health and abortion areas. We will be contacting certifying consultants and others with an interest in these fields to find out about any research projects they have undertaken or been involved in during the coming year.

## **OUTCOME OF HIGH COURT LITIGATION**

The judgment of Justice Williams on Right to Life New Zealand Inc's application to the High Court under the Declaratory Judgments Act was delivered on 1 October 2015.

Right to Life had challenged the basis on which the Committee granted and renewed a licence authorising the performance of early medical abortions at the Tauranga Family Planning Clinic. It sought declarations which would have required an applicant for a licence to perform medical abortions only to have the same facilities and equipment as for surgical abortions.

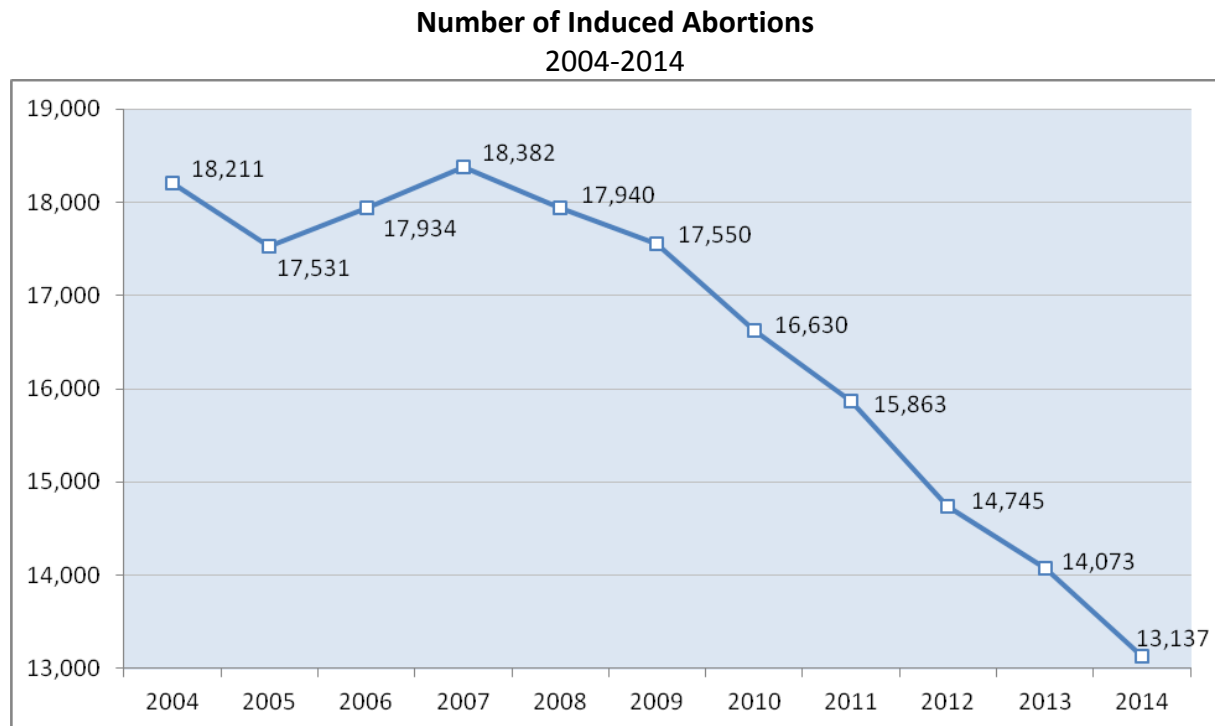
The Court substantially held in favour of the Committee, upholding its authority to grant licences in respect of medical abortions only. The Court recognised the statutory purpose of the Contraception, Sterilisation, and Abortion Act 1977 was the provision of safe and accessible abortion services, and agreed with the Committee's submission that the Act must be interpreted in light of scientific advances in modern medicine.

## STATISTICAL ANALYSIS AND TRENDS

In this section the Committee presents its analysis of the New Zealand abortion statistics for the 2014 calendar year. Further statistics in tabular form are available to view online at Statistics New Zealand website: <http://www.stats.govt.nz>

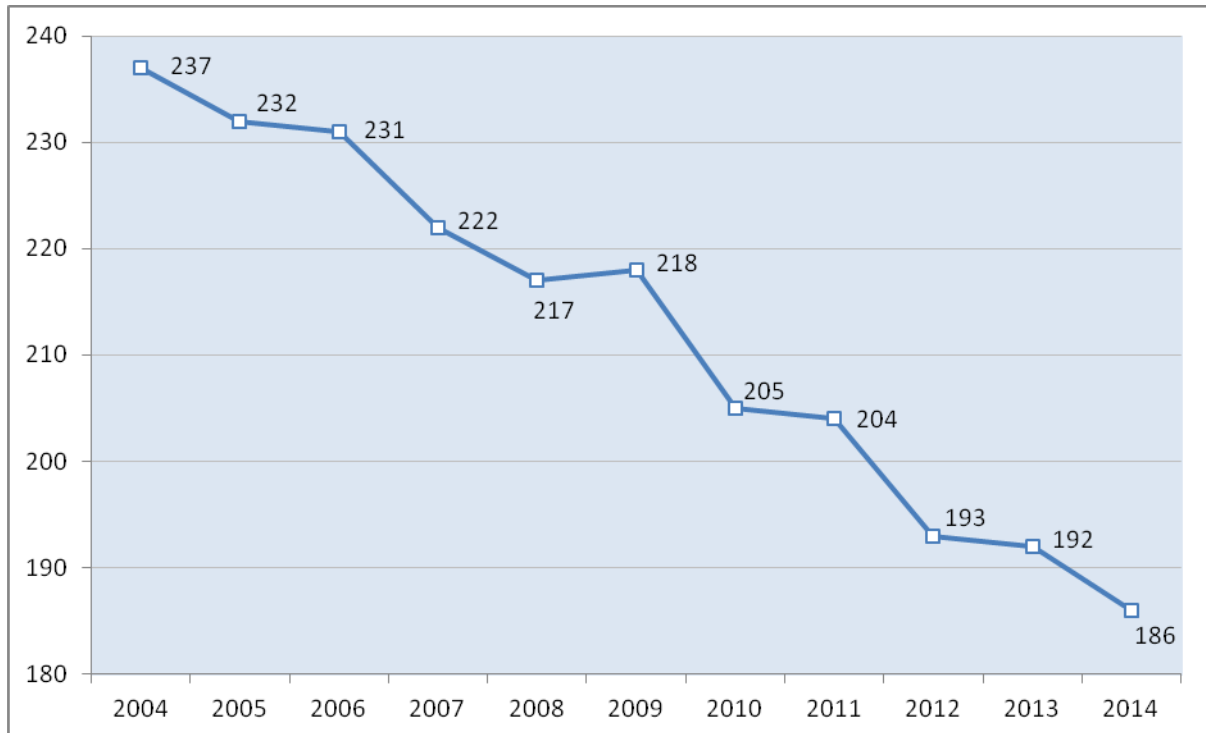
### 1. Induced Abortions, Rates and Ratios

**Graph 1.1**



**Graph 1.2**

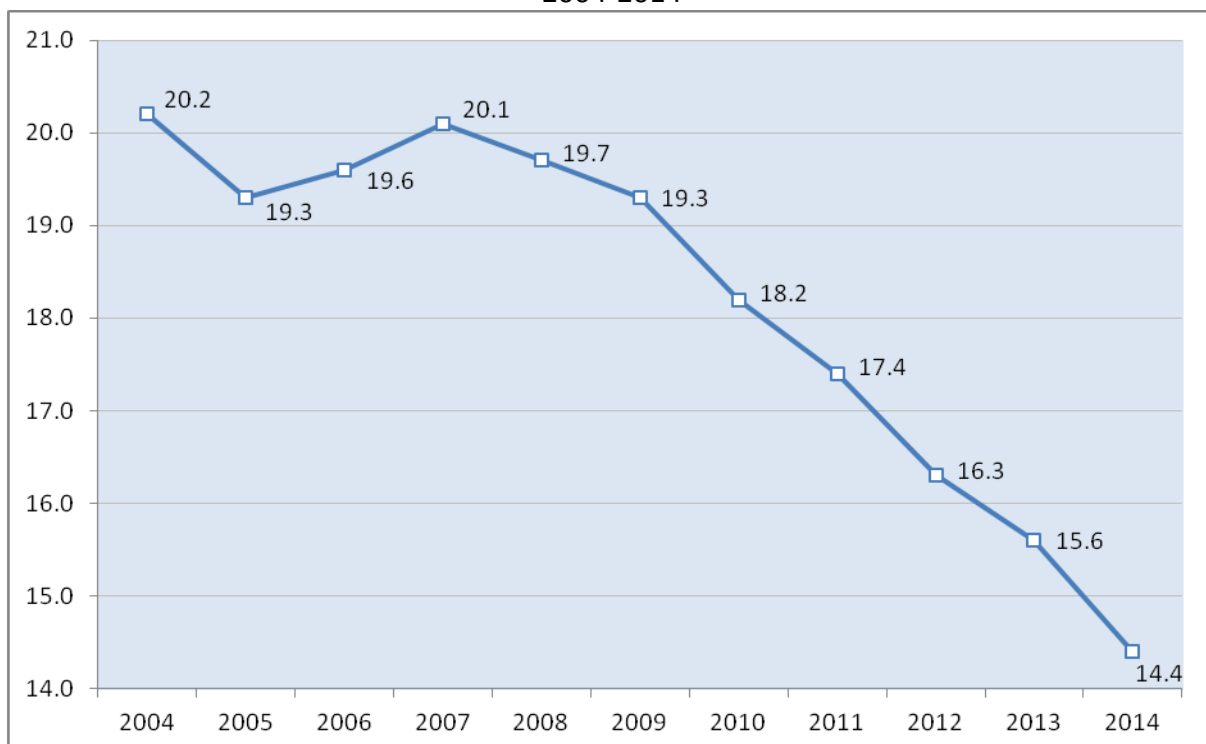
**Abortion Ratio**  
2004-2014



The abortion ratio is the number of abortions per 1,000 known pregnancies. Known pregnancies include live births, stillbirths and induced abortions combined, but does not include miscarriages.

**Graph 1.3**

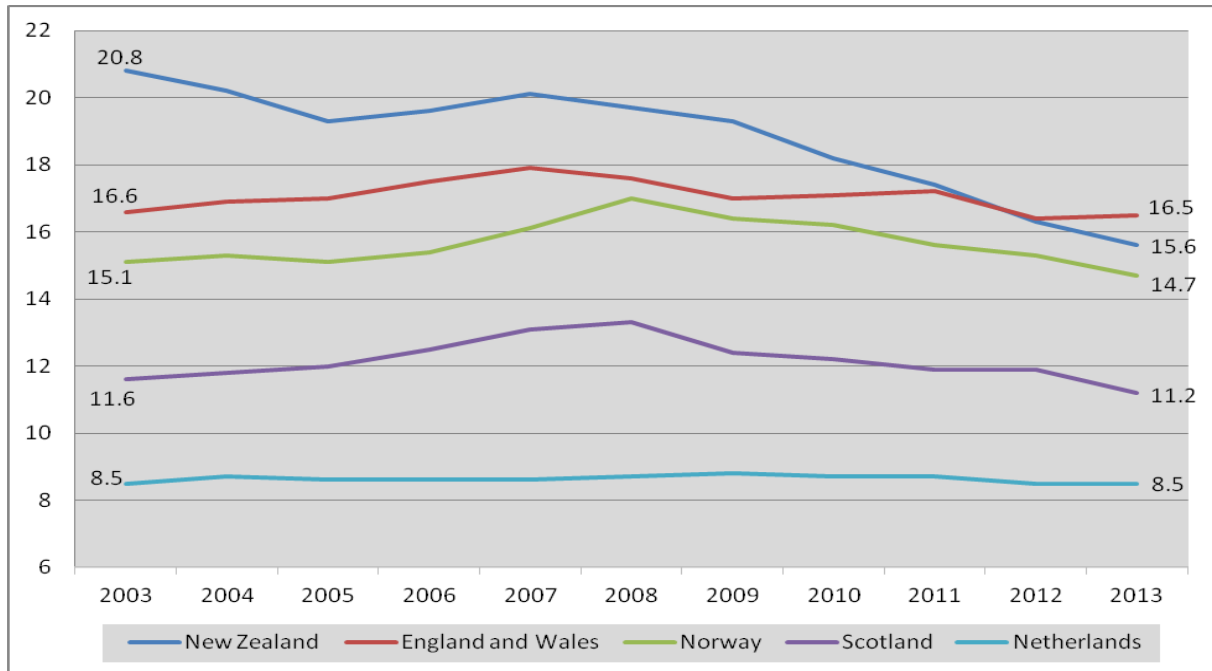
**General Abortion Rate**  
2004-2014



The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years.

Graph 1.4

**General Abortion Rates in Selected Countries**  
2003-2013



The general abortion rate is the number of abortions per 1,000 of the mean estimated population of women aged 15-44 years. Statistical coverage and laws relating to induced abortion affect international comparisons of abortion statistics.

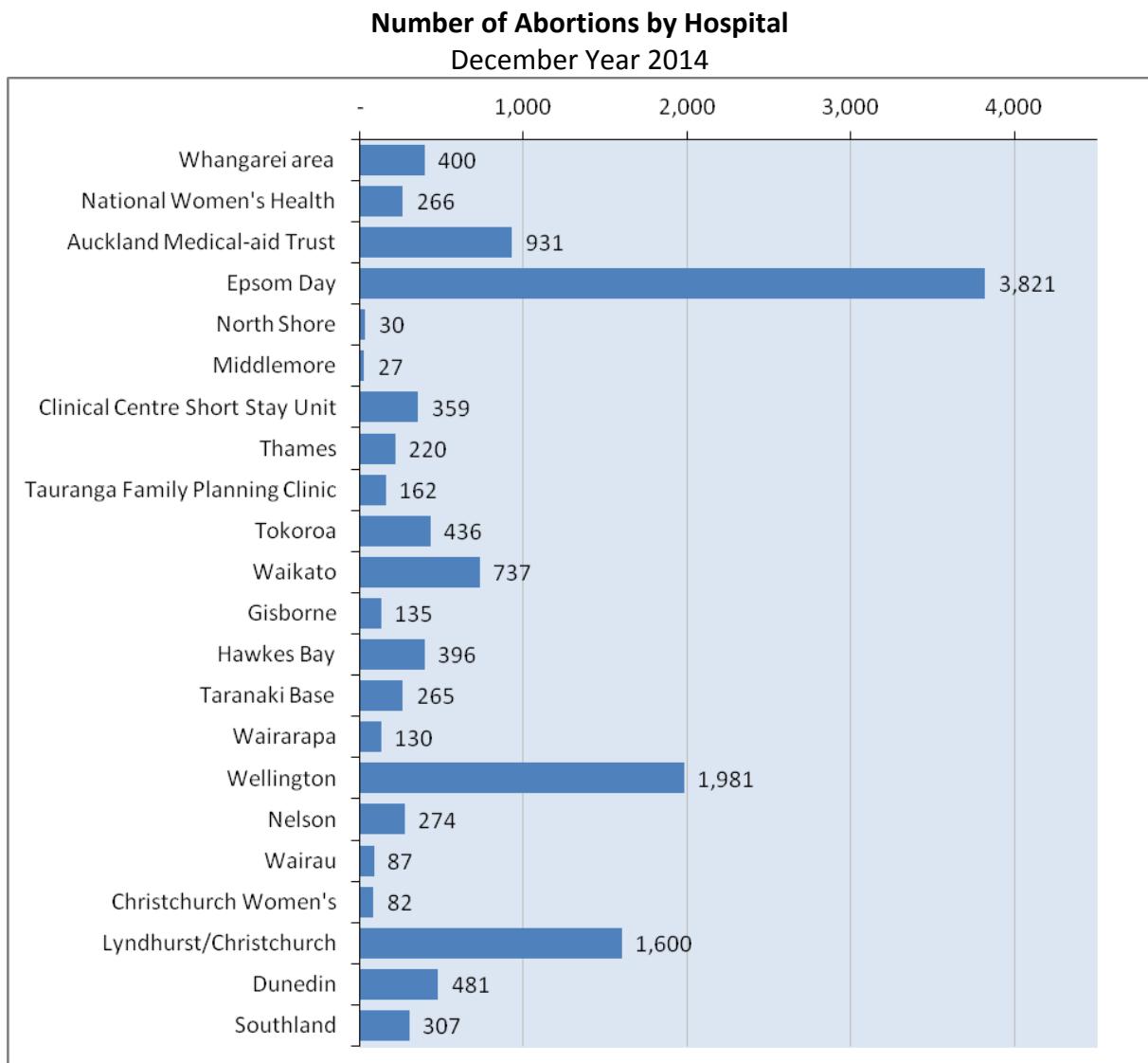
Induced abortions are not a notifiable procedure in many countries and statistics on abortion rates are not available for many countries. Consequently, differences between abortion rates for New Zealand and other countries should be interpreted with care.

International data for 2014 is not available for many countries, so comparisons are made using 2013 data.



## 2. Hospital and Residence

**Graph 2.1**



**Three other hospitals performed a total of 10 abortions:**

Palmerston North  
Hutt Hospital  
Surgery on Shakespeare

Graph 2.2

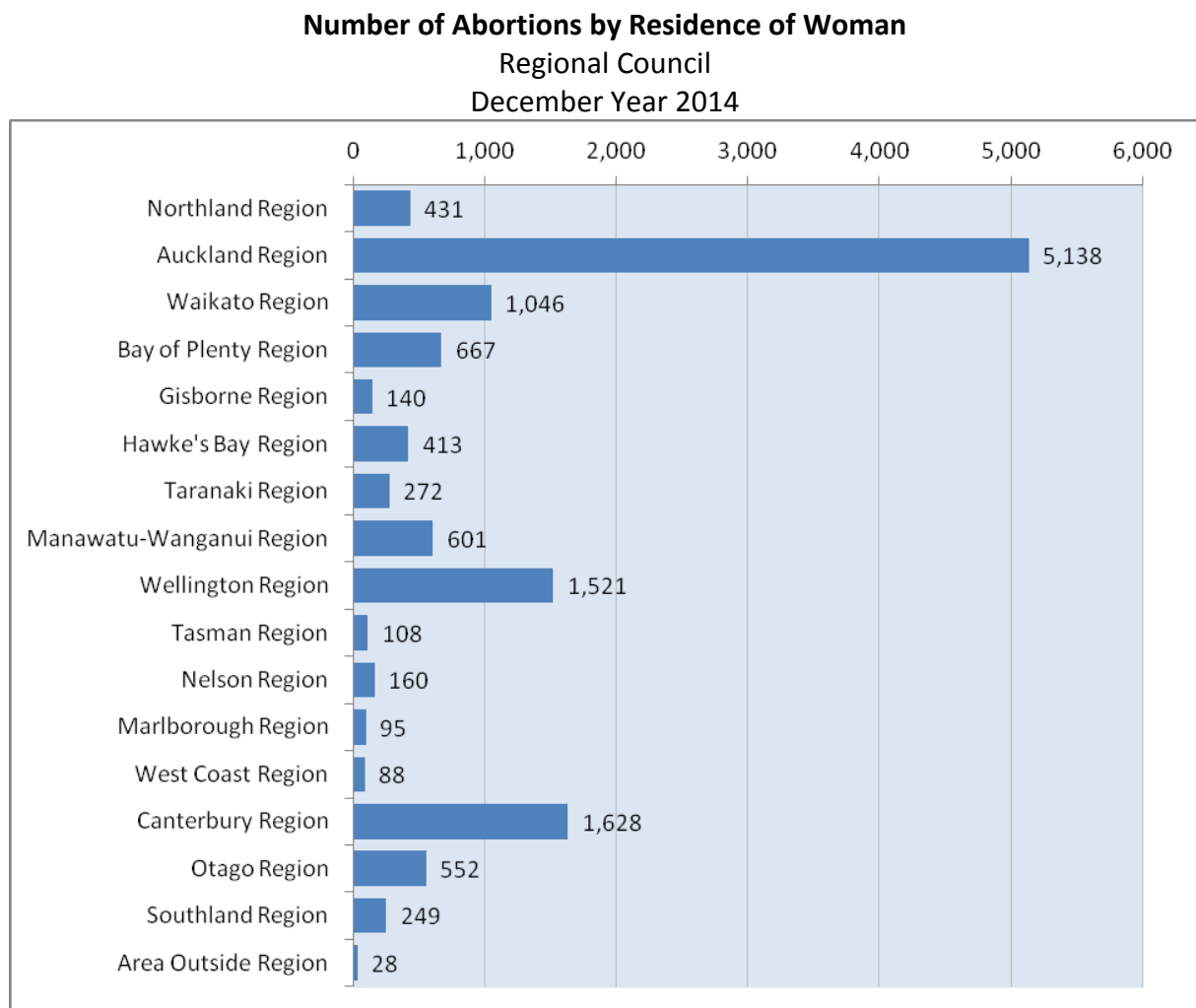


Table 2.3

**Induced Abortions by Residential Status of Woman**  
December Year 2014

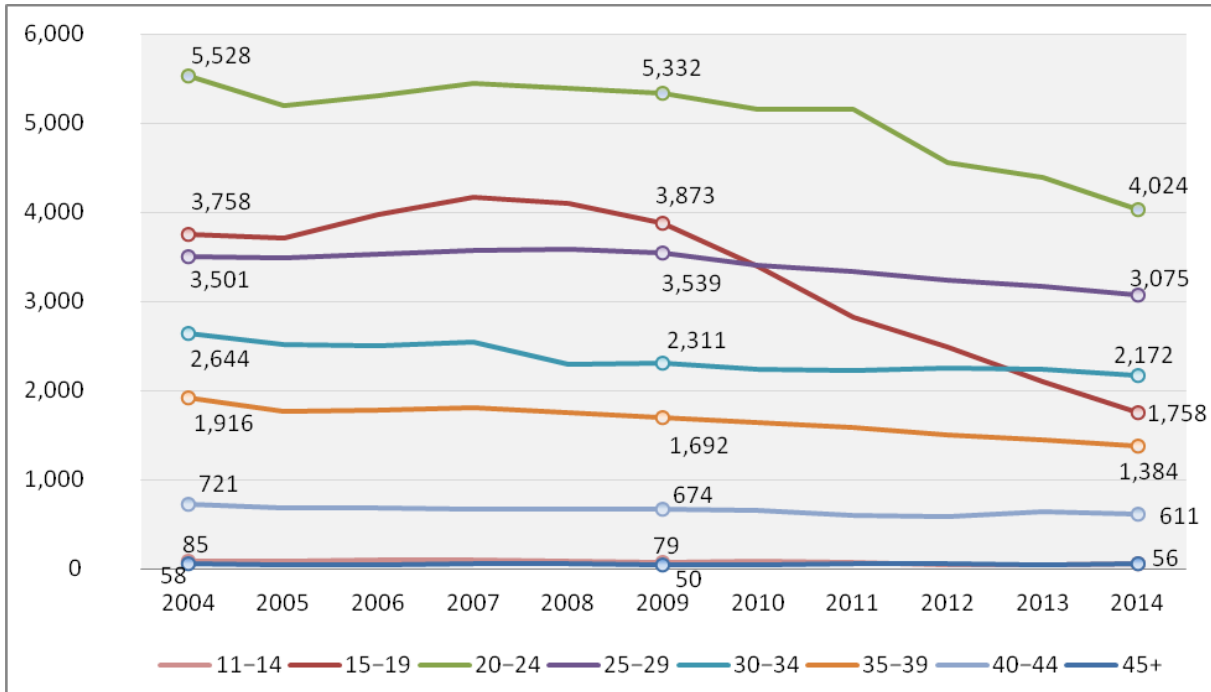
Residential Status <sup>(1)</sup>	Number
New Zealand Resident	11,971
Non-Resident	955
Not Stated	211
<b>Total</b>	<b>13,137</b>

(1) Residential status is not the same as place of residence

3. Age of Woman

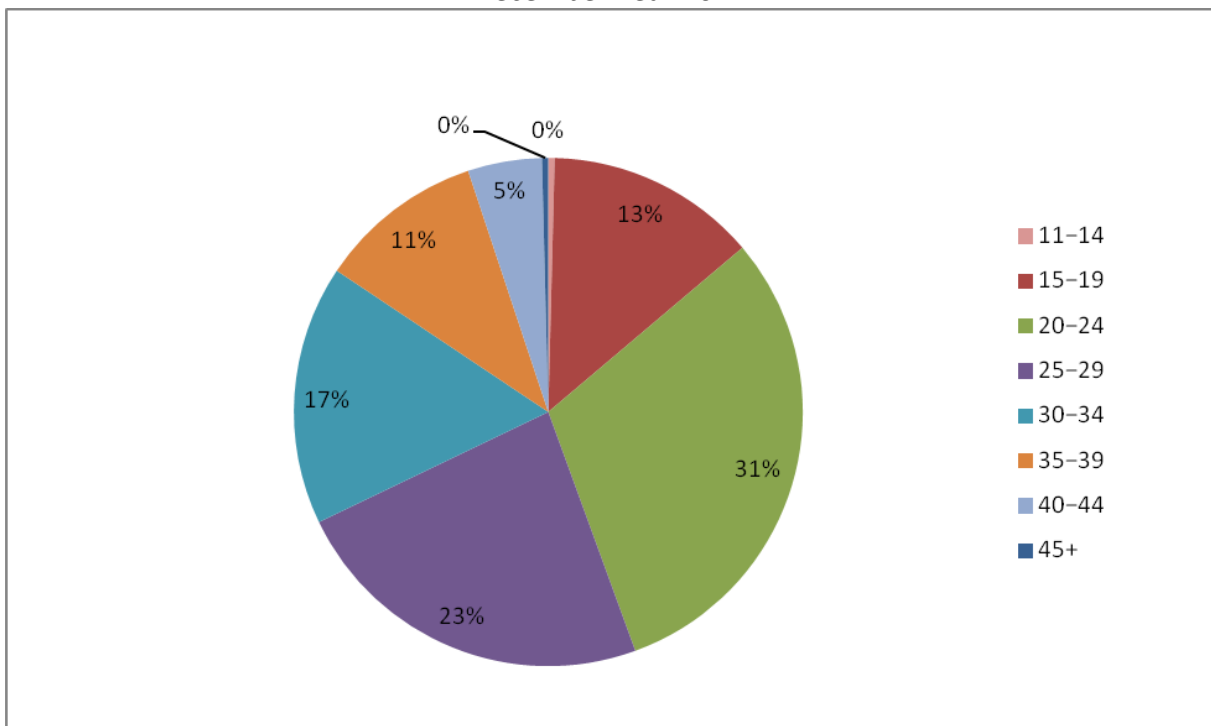
Graph 3.1

Number of Abortions by Age  
2004-2014



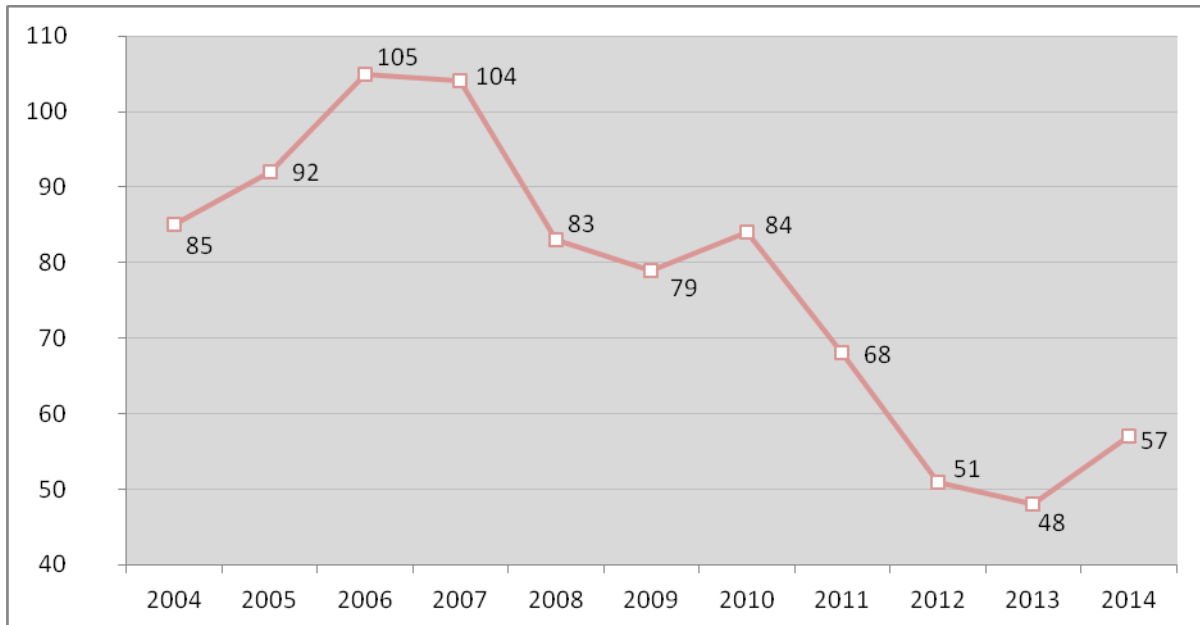
Graph 3.2

Number of Abortions by Age in Percentages  
December Year 2014



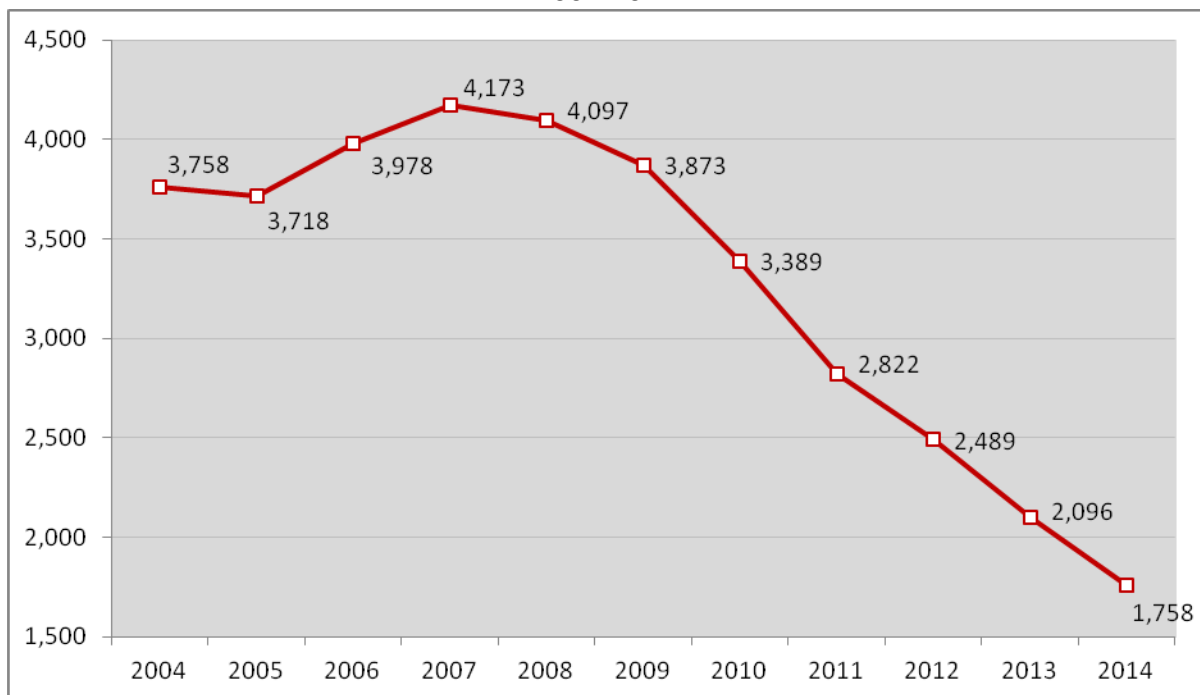
Graph 3.3

**Number of Abortions for Ages 11-14**  
2004-2014



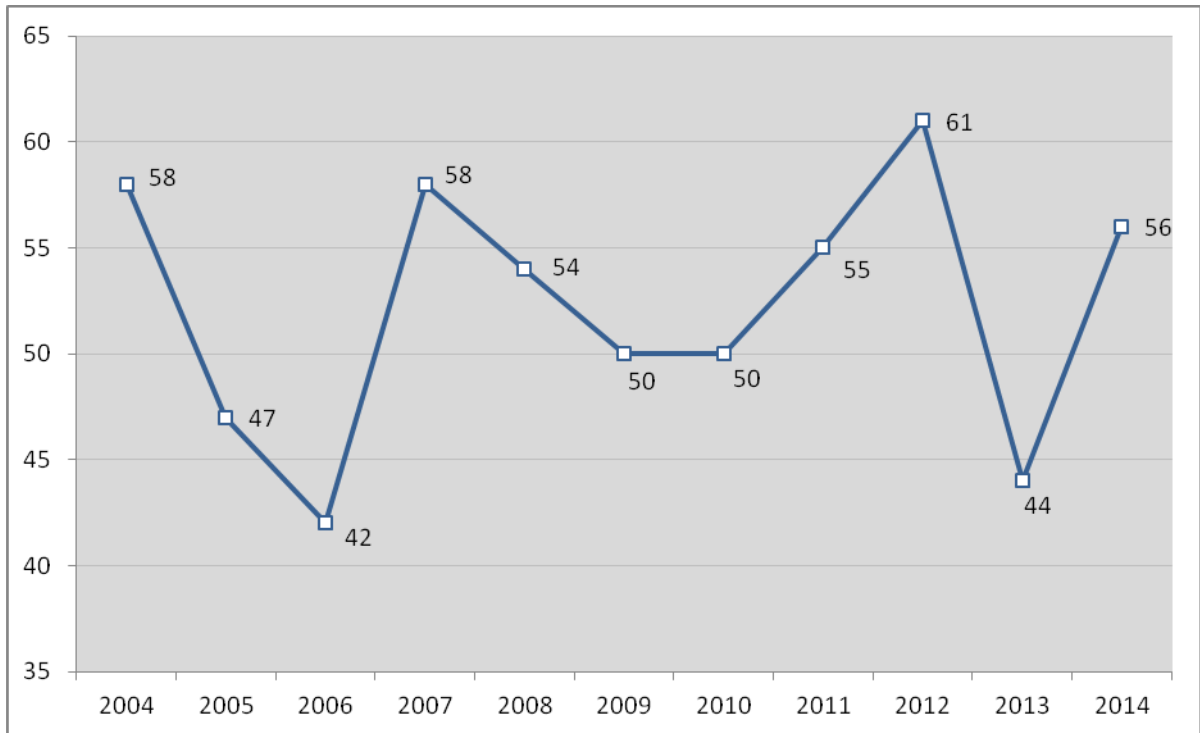
Graph 3.4

**Number of Abortions for Ages 15-19**  
2004-2014



**Graph 3.5**

**Number of Abortions for Age 45+  
2004-2014**



#### 4. Previous Live Births

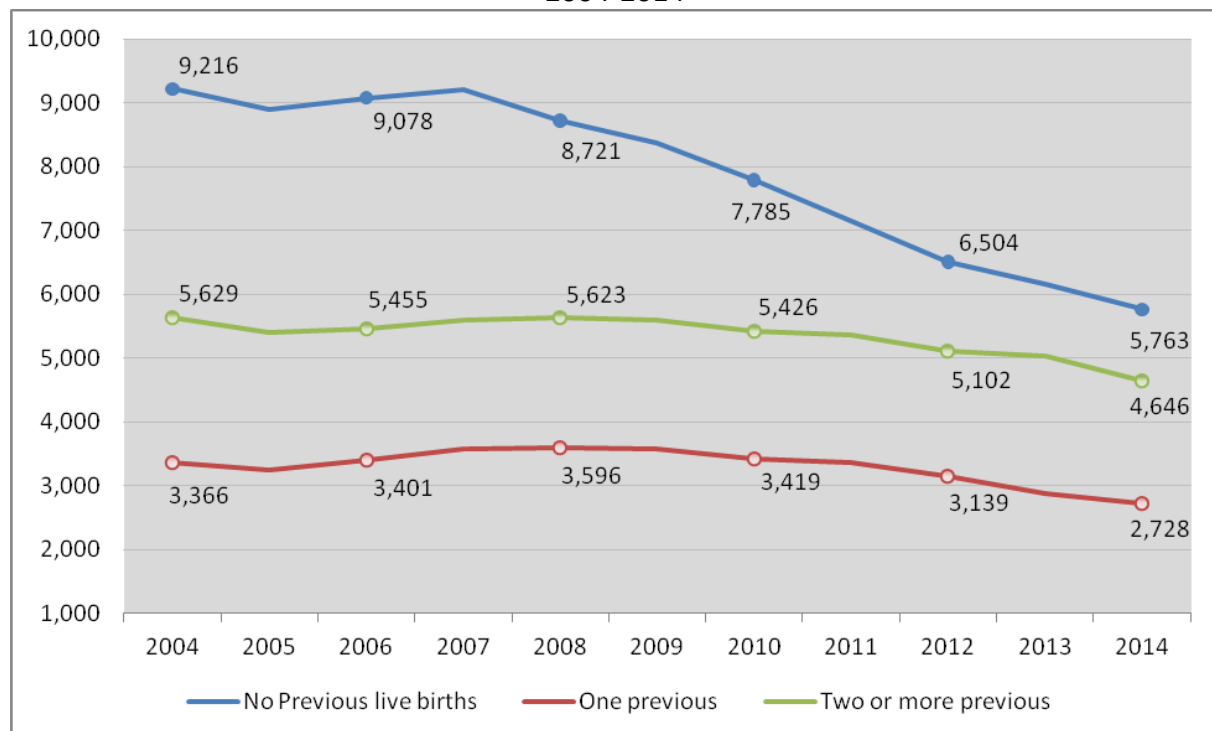
**Table 4.1**

**Induced Abortions by Age and Previous Live Births**  
December Year 2014

Age (years)	Previous Live Births									
	Total	0	1	2	3	4	5	6	7 or More	6 or More
<b>Number</b>										
<b>All Ages</b>	<b>13,137</b>	<b>5,763</b>	<b>2,728</b>	<b>2,681</b>	<b>1,181</b>	<b>485</b>	<b>165</b>	<b>81</b>	<b>53</b>	<b>134</b>
Under 15	57	57	-	-	-	-	-	-	-	-
15-19	1,758	1,501	215	37	5	-	-	-	-	-
20-24	4,024	2,319	980	547	136	40	1	3	-	1
25-29	3,075	1,155	693	693	351	128	35	23	15	5
30-34	2,172	479	471	637	331	162	51	39	25	16
35-39	1,384	181	248	521	234	98	50	35	31	21
40-44	611	64	109	225	119	51	25	11	10	8
45 and over	56	7	12	21	5	6	3	1	-	2

**Graph 4.2**

**Number of Abortions by Previous Live Births**  
2004-2014



## 5. Previous Induced Abortions

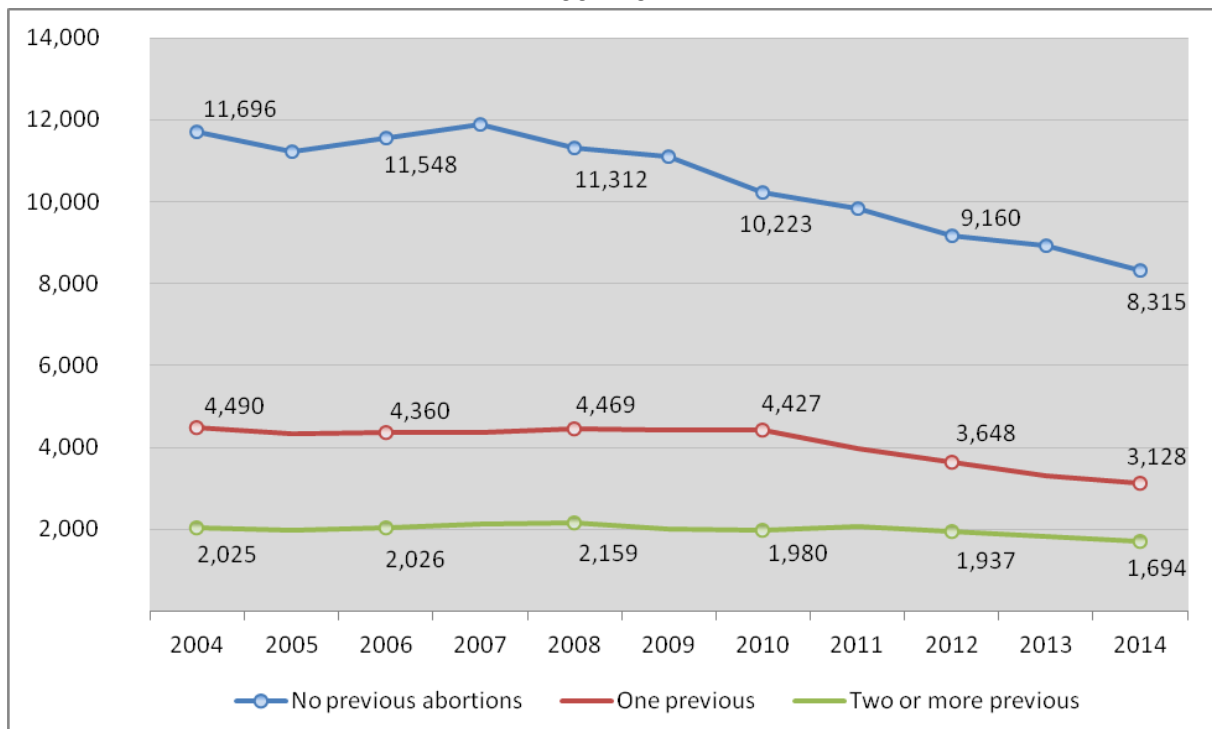
**Table 5.1**

**Induced Abortions by Age and Previous Induced Abortions**  
December Year 2014

Age (years)	Previous Abortions							
	Total	0	1	2	3	4	5	6 or More
<b>All Ages</b>	<b>13,137</b>	<b>8,315</b>	<b>3,128</b>	<b>1,134</b>	<b>384</b>	<b>120</b>	<b>37</b>	<b>19</b>
Under 15	57	57	-	-	-	-	-	-
15-19	1,758	1,548	188	22	-	-	-	-
20-24	4,024	2,791	905	249	69	8	2	-
25-29	3,075	1,760	806	347	116	36	8	2
30-34	2,172	1,116	603	286	108	38	15	6
35-39	1,384	714	428	143	62	24	8	5
40-44	611	298	181	82	27	14	4	5
45 and over	56	31	17	5	2	-	-	1

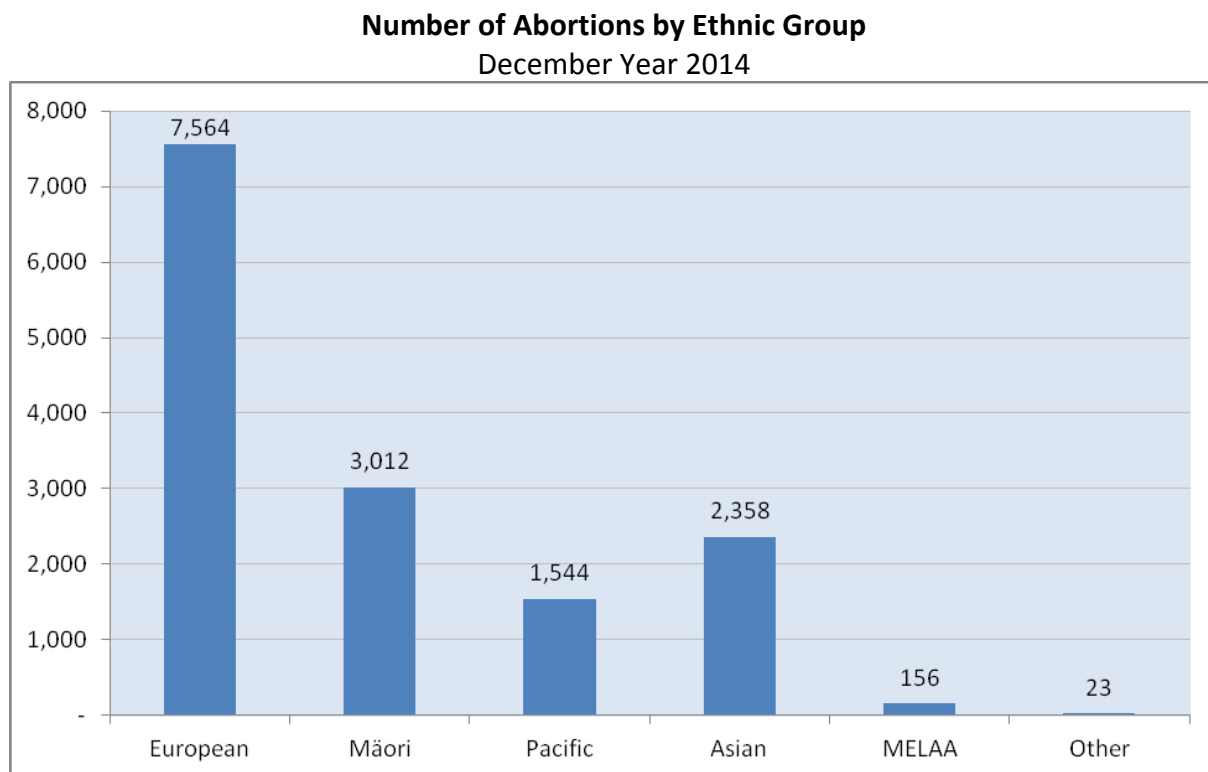
**Graph 5.2**

**Number of Abortions by Previous Induced Abortions**  
2004-2014



## 6. Ethnic Group

**Graph 6.1**



Each abortion has been included in every ethnic group specified. For this reason, some abortions are counted more than once.

**Note:**

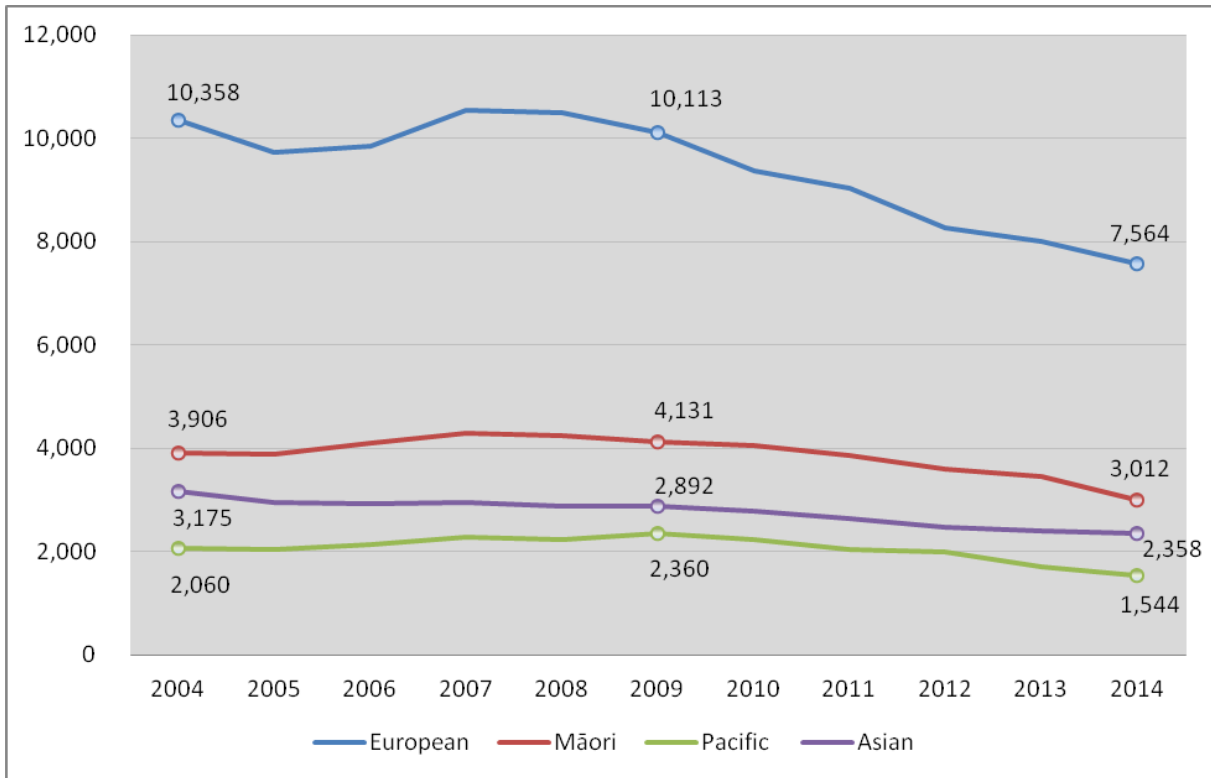
(a) MELAA = Middle Eastern, Latin American and African

(b) Other includes New Zealanders.



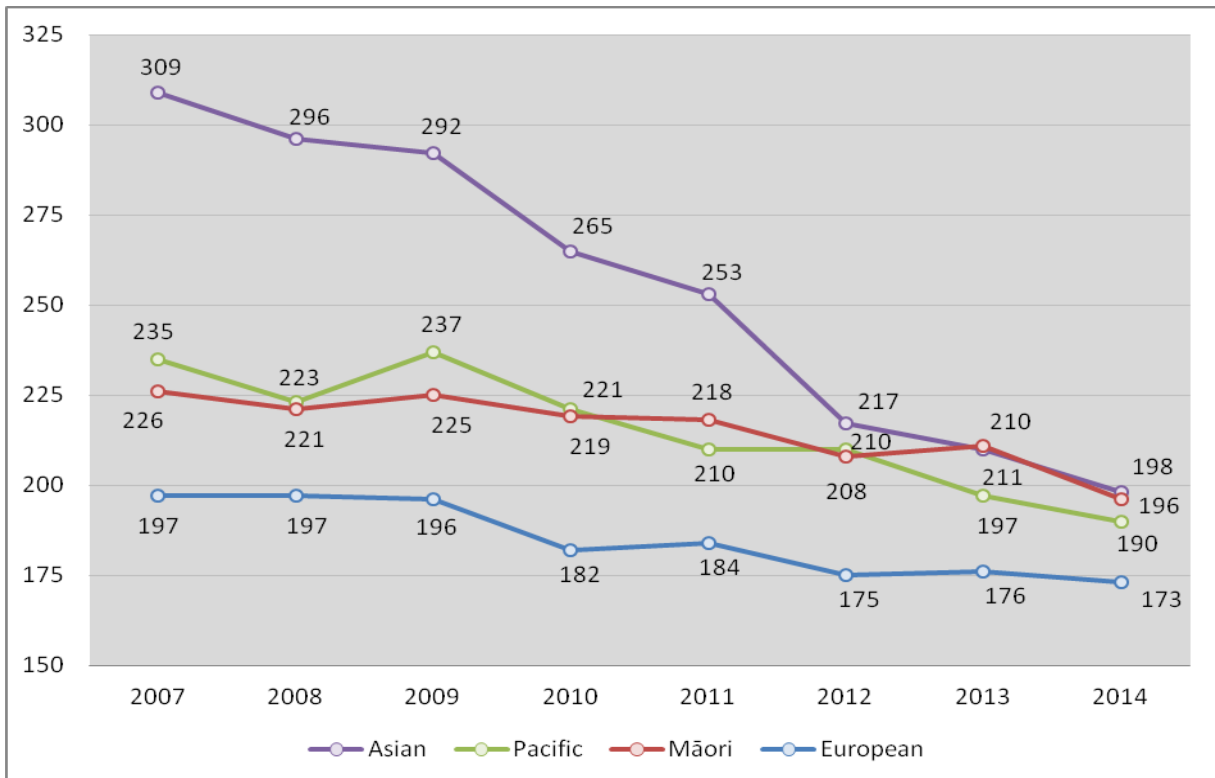
**Graph 6.2**

**Number of Abortions by Ethnic Group (Trend)  
2004-2014**



**Graph 6.3**

**Induced Abortions by Ethnicity Ratio  
2007-2014**



Ratio: Induced abortions per 1,000 known pregnancies including live births, stillbirths and abortions combined, but does not include miscarriages.

## 7. Duration of Pregnancy

**Table 7.1**

### Induced Abortion by Age and Duration of Pregnancy

December Year 2014

Age (years)	Duration of Pregnancy (weeks)					
	Total	Under 8	8-12	13-16	17-20	Over 20
<b>All Ages</b>	<b>13,137</b>	<b>2,558</b>	<b>9,294</b>	<b>1,016</b>	<b>202</b>	<b>67</b>
Under 20	1,815	265	1,357	156	34	3
20-24	4,024	754	2,907	314	43	6
25-29	3,075	629	2,178	210	41	17
30-34	2,172	465	1,483	171	33	20
35-39	1,384	281	947	110	29	17
40-44	611	145	392	50	20	4
45 +	56	19	30	5	2	-

**Table 7.2**

### Induced Abortion by Duration of Pregnancy

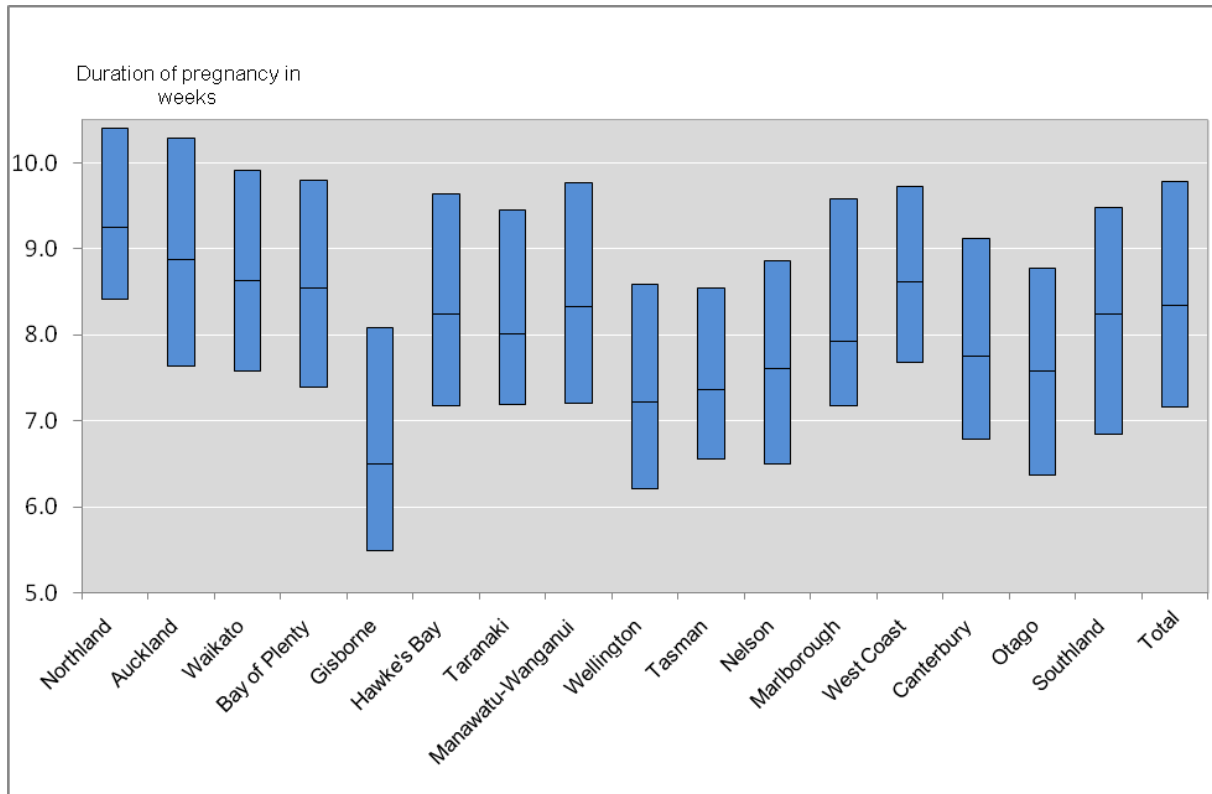
2004-2014

December year	Duration of pregnancy (weeks)								Total abortions
	Under 8	8	9	10	11	12	13	14+	
<b>Number</b>									
2004	1,263	1,835	3,505	3,933	3,007	2,613	1,164	891	18,211
2005	1,271	1,782	2,928	3,620	3,011	2,640	1,350	929	17,531
2006	1,526	1,843	3,012	3,729	2,990	2,634	1,259	941	17,934
2007	1,478	2,413	3,558	3,671	3,131	2,631	478	1,022	18,382
2008	1,687	2,875	3,743	3,535	2,655	2,026	438	981	17,940
2009	1,941	3,294	3,580	3,149	2,412	1,768	408	998	17,550
2010	2,168	3,836	3,316	2,601	1,993	1,364	470	882	16,630
2011	1,893	3,518	3,289	2,561	1,930	1,364	400	908	15,863
2012	2,031	3,066	3,053	2,349	1,730	1,264	409	843	14,745
2013	2,516	2,735	2,683	2,251	1,571	1,169	358	790	14,073
2014	2,558	2,557	2,323	1,858	1,420	1,136	504	781	13,137
<b>Percent</b>									
2004	6.9	10.1	19.2	21.6	16.5	14.3	6.4	4.9	100.0
2005	7.3	10.2	16.7	20.6	17.2	15.1	7.7	5.3	100.0
2006	8.5	10.3	16.8	20.8	16.7	14.7	7.0	5.2	100.0
2007	8.0	13.1	19.4	20.0	17.0	14.3	2.6	5.6	100.0
2008	9.4	16.0	20.9	19.7	14.8	11.3	2.4	5.5	100.0
2009	11.1	18.8	20.4	17.9	13.7	10.1	2.3	5.7	100.0
2010	13.0	23.1	19.9	15.6	12.0	8.2	2.8	5.3	100.0
2011	11.9	22.2	20.7	16.1	12.2	8.6	2.5	5.7	100.0
2012	13.8	20.8	20.7	15.9	11.7	8.6	2.8	5.7	100.0
2013	17.9	19.4	19.1	16.0	11.2	8.3	2.5	5.6	100.0
2014	19.5	19.5	17.7	14.1	10.8	8.6	3.8	5.9	100.0

Note: Percentages may not sum to stated totals due to rounding.

Table 7.3

**First Trimester Abortions <sup>(1)</sup> by Duration of Pregnancy 2014**  
 25<sup>th</sup>, 50<sup>th</sup>, and 75<sup>th</sup> percentiles by regional council



(1) Induced abortions performed before the thirteenth week of pregnancy

Note: Gestation refers to the Xth week not complete weeks. For example 7 weeks and 5 days is recorded as the 8th week

The 'box-plot' graph above shows the median duration of pregnancy (indicated by the line in the middle of each box) for first trimester abortions in each region (by regional council areas).

The top of the box is the 75<sup>th</sup> percentile (that is three-quarters of first trimester pregnancies were terminated within this number of weeks) and the bottom of the box is the 25<sup>th</sup> percentile (that is, one-quarter of first trimester pregnancies were terminated within this number of weeks).

## 8. Grounds for Abortion

**Table 8.1**

### Induced Abortion by Grounds for Abortion

December Year 2014

Grounds for Abortion	Number	Percent
<b>Total</b>	<b>13,137</b>	<b>100.0</b>
Danger to Life	19	0.1
Danger to Physical Health	34	0.3
Danger to Mental Health	12,780	97.3
Danger to Life and Physical Health	1	0.0
Danger to Life and Mental Health	1	0.0
Mental and Physical Health Danger	109	0.8
Other Physical/Mental/Health Combination	1	0.0
Handicapped Child and Danger to Life	1	0.0
Handicapped Child and Physical Danger	1	0.0
Handicapped Child and Mental Danger	117	0.9
Handicapped Child, Physical and Mental Danger	6	0.0
Handicapped Child and Other	1	0.0
Seriously Handicapped Child	66	0.5

## 9. Procedure

**Table 9.1**

**Induced Abortions by Procedure**  
December Year 2014

Procedure	Number	Percent
<b>Total</b>	<b>13,137</b>	<b>100.0</b>
Surgical	11,482	87.4
Medical only (no surgery)	1,627	12.4
Failed medical only followed by surgical	26	0.2
Other	2	0.0

## 10. Complication

**Table 10.1**

**Induced Abortions by Complication**  
December Year 2014

Complication	Number	Percent
<b>Total</b>	<b>13,137</b>	<b>100.0</b>
None	13,064	99.4
Retained placenta/products	25	0.2
Haemorrhage (500ml or more)	21	0.2
Other	15	0.1
Haemorrhage and retained placenta/products	5	0.0
Perforation of Uterus	5	0.0
Haemorrhage and perforation of uterus	1	0.0
Two or More Other Complications	1	0.0

Note: Percentages may not sum to stated totals due to rounding.

## 11. Contraception

**Table 11.1**

**Induced Abortions by Contraception Used**  
December Year 2014

Contraception Used	Number	Percent
<b>Total</b>	<b>13,137</b>	<b>100.0</b>
None	7,189	54.7
Condoms	3,267	24.9
Combined oral contraceptives	1,427	10.9
Progesterone only contraceptives	468	3.6
Natural family planning	225	1.7
Emergency contraception	191	1.5
Intra-Uterine contraceptive device without hormones	159	1.2
Depo provera injections	102	0.8
Intra-Uterine contraceptive device with hormones	64	0.5
Other	25	0.2
Long-acting implant	17	0.1
Diaphragm	3	0.0

**Graph 11.2**

**Percentage of Abortions by Contraception Used**  
December Year 2014

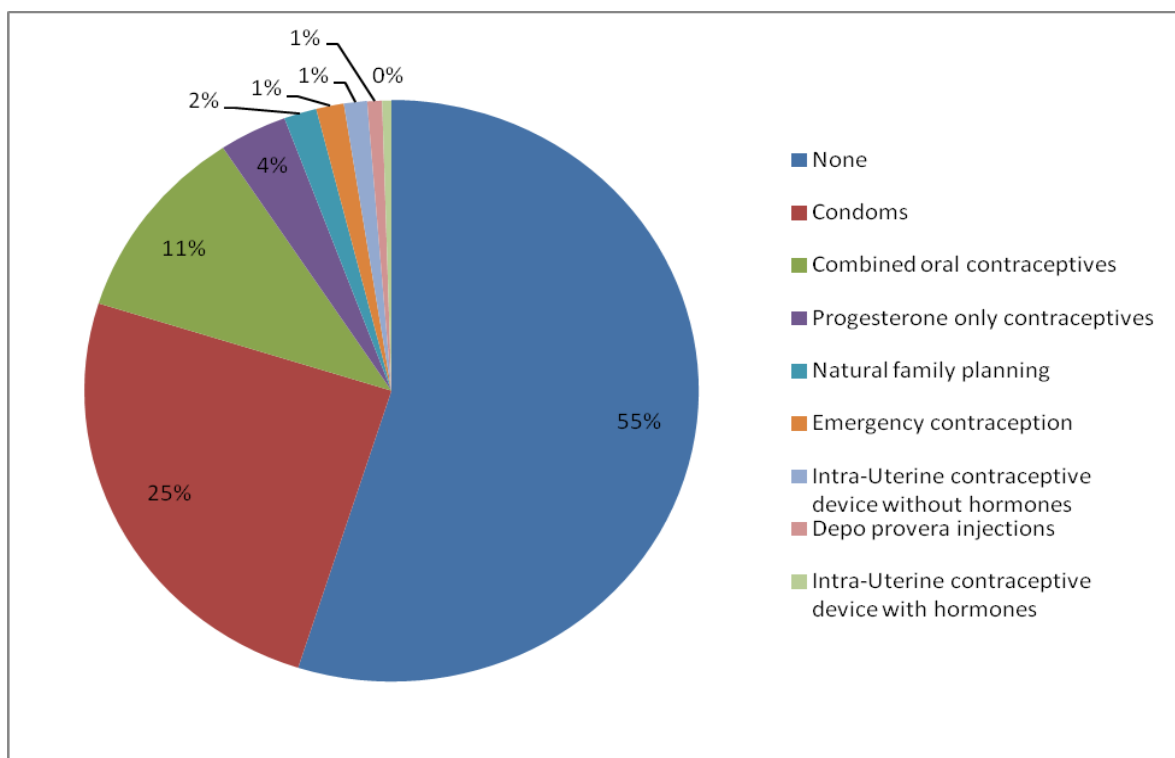


Table 11.3

**Induced Abortions by Age and Contraception Use**  
December Year 2014

Age Group (years)	Total	No Contraception Used	Contraception Used
<b>All Ages</b>	<b>13,137</b>	<b>7,189</b>	<b>5,948</b>
Under 20	1,815	1,077	738
20-24	4,024	2,138	1,886
25-29	3,075	1,671	1,404
30-34	2,172	1,156	1,016
35-39	1,384	748	636
40 +	667	399	268

Graph 11.4

**No Contraception Used by Age Group**  
December Year 2014

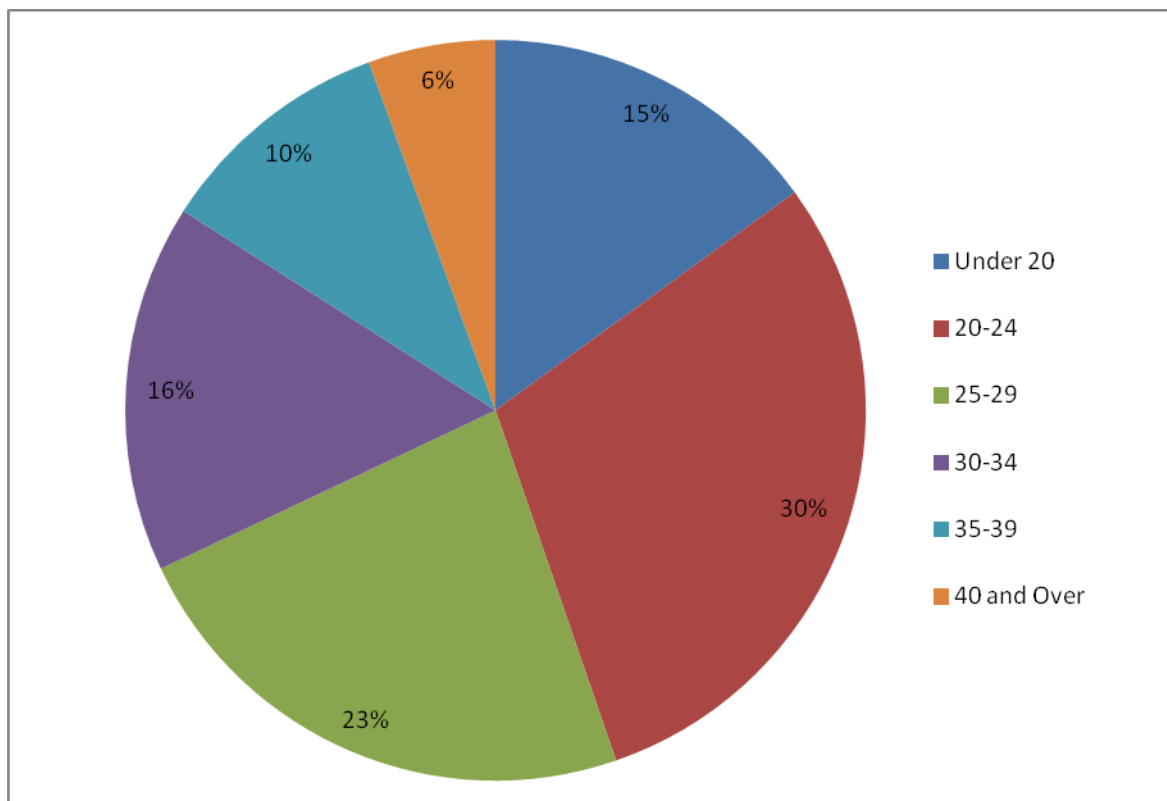


Table 11.5

**Contraception Used by Previous Live Births and Previous Abortions**  
December Year 2014

Number	Previous Live Births			Previous Abortions		
	Total	No Contraception Used	Contraception Used	Total	No Contraception Used	Contraception Used
<b>Total</b>	<b>13,137</b>	<b>7,189</b>	<b>5,948</b>	<b>13,137</b>	<b>7,189</b>	<b>5,948</b>
0	5,763	3,046	2,717	8,315	4,675	3,640
1	2,728	1,539	1,189	3,128	1,598	1,530
2	2,681	1,404	1,277	1,134	604	530
3	1,181	703	478	384	208	176
4 or more	784	497	287	176	104	72

Table 11.6

**Contraception Provided at the Time of the Procedure by Previous Abortions**  
December Year 2014

Previous abortions	Total	Type of contraceptive					
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Other
<b>Total</b>	<b>13,137</b>	<b>1,892</b>	<b>4,455</b>	<b>2,050</b>	<b>2,706</b>	<b>1,235</b>	<b>853</b>
0	8,315	1,286	2,564	1,269	1,900	734	598
1	3,128	416	1,199	503	523	315	179
2 or more	1,694	190	692	278	283	186	76

**Note:**

- (a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided total more than the number of abortions.
- (b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.
- (c) Oral Contraceptives includes combined oral contraceptives and progesterone only contraceptives.
- (d) 'Other' contraceptives are largely condoms or condoms with the emergency contraceptive pill.



**Table 11.7**

**Induced Abortions by Contraception Provided at the Time of the Procedure**  
December Year 2014

Contraception Used	Number	Percent
<b>Total</b>	<b>13,137</b>	<b>100.0</b>
IUCD insertion	4,432	33.7
Combined oral contraceptives	2,210	16.8
Implant insertion	2,045	15.6
None	1,892	14.4
Depo provera injections	1,223	9.3
Other	823	6.3
Progesterone only contraceptives	457	3.5
Progesterone only contraceptives and other	12	0.1
IUCD insertion and combined oral contraceptives	11	0.1
Combined oral contraceptives and other	10	0.1
IUCD insertion and depo provera injections	7	0.1
Depo provera injections and other	4	0.0
IUCD insertion and other	2	0.0
IUCD insertion and progesterone only contraceptives	2	0.0
Implant insertion and combined oral contraceptives	2	0.0
Depo provera injections and combined oral contraceptives	1	0.0
Diaphragm	1	0.0
IUCD and implant insertion	1	0.0
Implant insertion and other	1	0.0
Implant insertion and progesterone only contraceptives	1	0.0

**Notes:**

(a) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.

(b) 'Other' contraceptives are largely condoms or condoms with the emergency contraceptive pill.

**Table 11.8**

**Contraception Provided at the Time of the Procedure by Residence of Woman**  
*Regional Council*  
 December Year 2014

Regional Council	Total	Type of contraceptive					
		None	IUCD	Implant	Oral Contraceptives	Depo Provera	Other
<b>New Zealand</b>	<b>13,137</b>	<b>1,892</b>	<b>4,455</b>	<b>2,050</b>	<b>2,706</b>	<b>1,235</b>	<b>853</b>
Northland Region	431	56	193	20	61	89	12
Auckland Region	5,138	947	1,684	787	897	349	486
Waikato Region	1,046	97	412	150	177	153	69
Bay of Plenty Region	667	94	225	125	121	75	40
Gisborne Region	140	13	51	29	24	21	3
Hawke's Bay Region	413	35	146	59	93	41	39
Taranaki Region	272	50	61	102	39	18	2
Manawatu-Wanganui	601	56	212	113	130	78	12
Wellington Region	1,521	178	549	237	386	112	66
Tasman Region	108	33	25	13	24	8	5
Nelson Region	160	46	30	20	42	17	5
Marlborough Region	95	14	18	26	28	8	1
West Coast Region	88	9	33	10	21	13	3
Canterbury Region	1,628	169	532	201	462	200	67
Otago Region	552	61	174	90	155	39	38
Southland Region	249	26	105	66	39	11	2
Area Outside Region	28	8	5	2	7	3	3

**Note:**

(a) Because a small number of women are provided with more than one type of contraceptive, contraceptives provided sum to more than the number of abortions.

(b) 'Referred to general practitioner' or 'referred for vasectomy' responses are in the 'none' category.

(c) Oral Contraceptives includes combined oral contraceptives and progestrone only contraceptives.

(d) 'Other' contraceptives are largely condoms or condoms with the emergency contraceptive pill.

## APPENDIX ONE

### Functions and powers of the Supervisory Committee

The functions and powers of the ASC are set out in section 14 of the Contraception, Sterilisation, and Abortion Act 1977.

#### s14(1)

*(a) Keep under review all the provisions of the abortion law, and the operation and effect of those provisions in practice.*

*(b) Receive, consider, grant, and refuse applications for licences or for the renewal of licences under this Act, and to revoke any such licence*

*(c) Prescribe standards in respect of facilities to be provided in licensed institutions for the performance of abortions*

*(d) Take all reasonable and practicable steps to ensure that:*

- i. licensed institutions maintain adequate facilities for the performance of abortions; and*
- ii. all staff employed in licensed institutions in connection with the performance of abortions are competent*

*(e) Take all reasonable and practicable steps to ensure that sufficient and adequate facilities are available throughout New Zealand for counselling women who may seek advice in relation to abortion*

*(f) Recommend maximum fees that may be charged by any person in respect of the performance of an abortion in any licensed institution or class of licensed institutions, and maximum fees that may be charged by any licensed institution or class of licensed institutions for the performance of any services or the provision of any facilities in relation to any abortion*

*(g) Obtain, monitor, analyse, collate, and disseminate information relating to the performance of abortions in New Zealand*

*(h) Keep under review the procedure, prescribed by sections 32 and 33 of this Act, whereby it is determined in any case whether the performance of an abortion would be justified*

*(i) Take all reasonable and practicable steps to ensure that the administration of the abortion law is consistent throughout New Zealand, and to ensure the effective operation of this Act and the procedures thereunder*

*(j) From time to time report to and advise the Minister of Health and any district health board on the establishment of clinics and centres, and the provision of related facilities and services, in respect of contraception and sterilisation*

*(k) Report annually to Parliament on the operation of the abortion law.*

## APPENDIX TWO

In the year from 1 July 2014 to 30 June 2015 the Supervisory Committee held 11 meetings.

### Visits

Te Mahoe Unit – Wellington Hospital  
Southland Hospital

### Meetings

The Supervisory Committee met with:

- Ministry of Justice Staff
- Statistics New Zealand
- Te Mahoe Unit Staff
- PHARMAC
- Southland hospital staff
- Various certifying consultants

### Certifying Consultants

As at 30 June 2015 there were 152 certifying consultants (of whom 102 met the Act's specialist category requirements) on the Supervisory Committee's list.

Fees payable to certifying consultants for consultations with women considering termination of pregnancy totalled **\$ 4,030,165** in the year ended 30 June 2015.