THE WOMEN'S HEALTH COUNCIL | ANNUAL REPORT 2001

The **Women's** Health Council
Comhairle Shláinte na mBan

THE WOMEN'S HEALTH COUNCIL

Annual Report 2001

CONTENTS

INTRODUCTION BY THE DIRECTOR

2001 was a busy year in the health area with major work underway on a Government national health strategy, a focus on health in relation to anti poverty strategies and new initiatives in relation to the complex issue of abortion.

All of these issues were relevant to the work of the Women's Health Council and provided, particularly in the case of the national health and poverty strategies, opportunities to influence the long term health of women. It is important that we ensure that health services are gender specific and not simply women friendly, which has often been the shorthand for services that meet women's needs. The more rigorous approach needed to create a service that is fully informed by the different health experience of women and men underpinned the Council's advice to Government in 2001.

The emergence of the proposals on abortion in terms of Constitutional and legislative change, required the Council to prepare a very detailed response to the Minister and Government. While this work was nearing conclusion by year-end, the Council had been particularly supportive of the decision to move ahead and establish the Crisis Pregnancy Agency. We look forward to working closely with the Agency which we had recommended should be established.

Internally, work has continued to establish an executive team, developing our approach to research and collaborative working models in this area, as well as supporting and encouraging national and regional development in relation to women's health.

I would like to thank all of the staff for their contribution to the Council's achievement during 2001. Finally I wish to thank the board members and Chair of the Council, Professor Cecily Kelleher for their engagement and energy in 2001 and I look forward to continuing the growth and development of the Council in the years to come.

Geraldine Luddy

Director

BOARD MEMBERS

The Minister for Health and Children appoints the Council. The members are drawn from the statutory and voluntary sectors and reflect a range of interests related to women's health. Council members are appointed for three-year terms.

COUNCIL MEMBERS

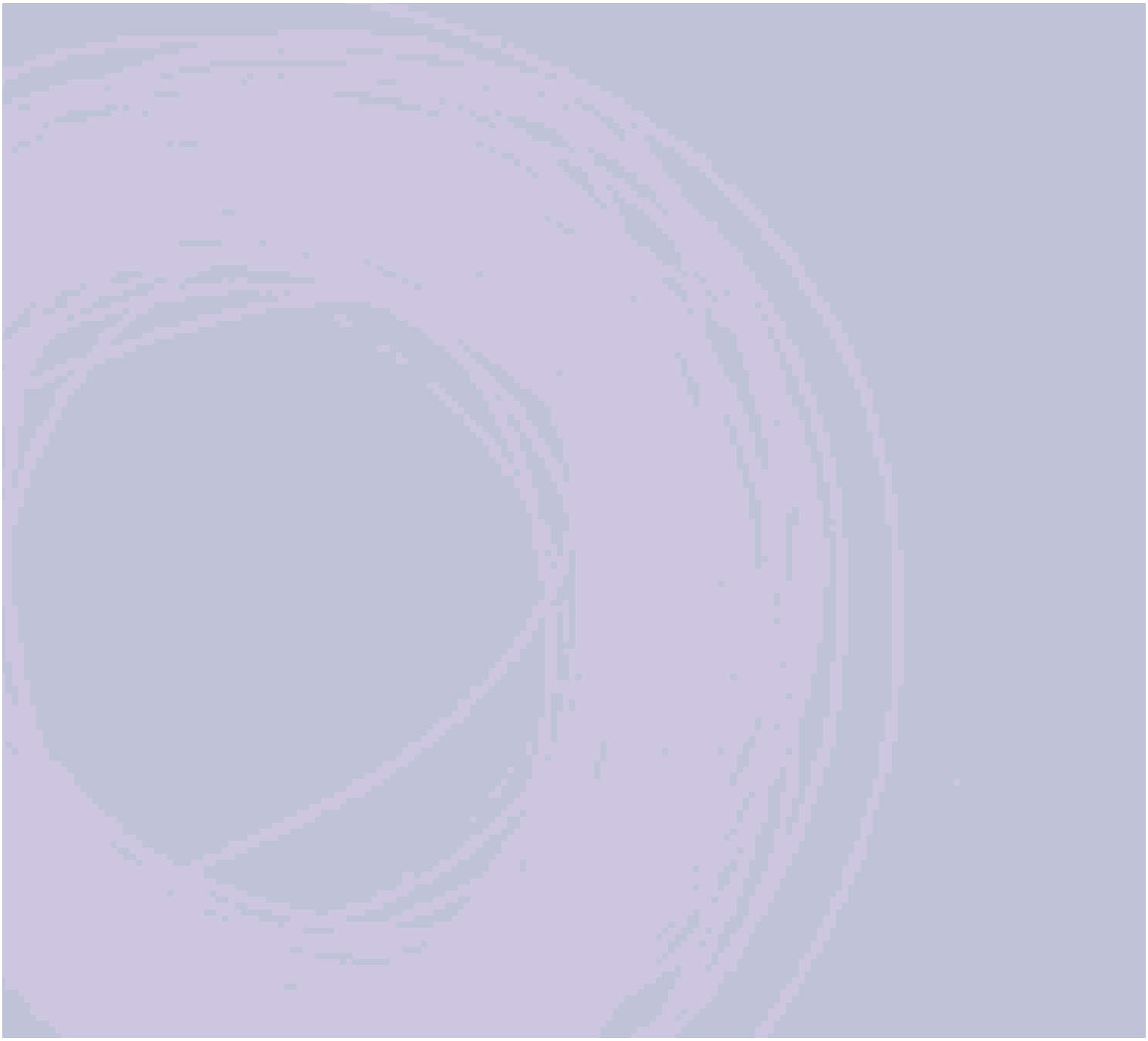
From left to right, top to bottom:
Prof. Cecily Kelleher (Chairperson)
Ms. Alison Begas (not pictured)
Dr. Michael Boland
Ms. Rita Burtenshaw
Ms. Noreen Byrne
Mr. David Carroll (resigned 22.02.01)
Ms. Denise Charlton
Ms. Catherine Clarke
Ms. Eva Coyle
Dr. Patrick Doorley
Mr. Chris Fitzgerald
Mr. Paul Guckian
Ms. Catherine Harney
Ms. Grainne Healy
Dr. Maccon Keane (appointed 10.10.01)
Dr. Claire McNicholas
Ms. Lenore Mrkwicka (resigned 22.04.02)
Ms. Teresa Mulhare
Ms. Catherine Murphy
Ms. Nora Newell
Ms. Margaret Ryan
Ms. Christine Whyte
Prof. Miriam Wiley

SUB-COMMITTEES

Research
Finance
Policy & Legislation
Health Service Delivery
Personal & Community Development

STAFF

Director: Geraldine Luddy
PA to Director: Caroline Greene
Research Officer: Aoife O'Brien
Programme Officer: Eileen Burke
Information Specialist: Emma O'Donoghue



The Women's Health Council was established in 1997 primarily to advise the Minister for Health and Children on women's health and well-being issues. The WHC involves health professionals, policy makers and consumers in its structures and promotes a collaborative approach in developing policy and in decision-making.

The Women's Health Council has five responsibilities:

- Advising the Minister for Health and Children on all aspects of women's health
- Assisting in the development of national and regional policies and strategies designed to increase health gain and social gain for women
- Developing expertise on women's health within the health services
- Liaising with other relevant international bodies which have similar functions to the Council
- Advising other Government Ministers at their request.

The work of the Women's Health Council is guided by three principles:

- Equity based on diversity – the need to develop flexible and accessible services, which respond equitably to the diverse needs and situations of women
- Quality in the provision and delivery of health services to all women throughout their lives
- Relevance to women's health needs.

The emphasis is on a holistic approach that sets 'health' in a life long context, that approaches health in terms of promotion, preventative measures and curative care, and that engages every consumer with respect.

The Council's primary function an advisory role to the Minister for Health and Children. Members of the Council meets with the Minister a number of times each year to ensure that key strategic directions are informed through its expertise.

The first meeting of the Council's new Chairwoman Cecily Kelleher and Minister Micheal Martin took place in March 2001. The range of topics discussed included the Council's own work programme, the Government's proposals on abortion and the views of the Council in this matter, and the Council's overall role in reviewing all forthcoming legislation coming before the House for it potential impact on women's health. Central to the Minister's agenda was the work in his Department on the National Health Strategy.

NATIONAL HEALTH STRATEGY

The development of a National Health Strategy by the Department of Health & Children during 2001 was welcomed by the Women's Health Council. In its advice to the Minister, the Council recommended that issues raised in the Plan for Women's Health should be incorporated into the new Health Strategy, so that women's health becomes an integral and explicit part of the overall picture of health in this country. The Council also highlighted the Review of the Plan for Women's Health, being conducted on behalf of the Women's Health Council, as a further mechanism for ongoing policy development in this area.

WHC ADVICE

In its advice on the national strategy the Council emphasised:

- gender proofing all stages of development of the health strategy
- the importance of a health strategy in addressing disadvantage and breaking cycles of poverty
- the need for increased levels of research and information on the area of women's health in order to inform the policy-making and legislative processes
- the need for an improvement in the collection and analysis of data on mortality and morbidity
- that the strategy be built on an equity rather than a two-tier model
- that gender based analysis should be applied to all areas of the strategy, with a mechanism to incorporate the various 'proofing' measures necessary to produce an inclusive strategy.

In regard to general policy on spending, the Council advised that the aim should be to develop a universal health care system, where need, and not means, defines access. Given the existing private/public health care divide, the Council emphasised that public health resources should not be used to supplement private care.

In the area of health service delivery, the Council recommended a number of strategic changes:

- the development of women's health service models
- reorientation of services towards primary care and health promotion
- the use of multidisciplinary teams in community/primary care
- integration of patient information systems using the most up to date technology, appropriate and structured counselling services and
- the development of complementary health services.

In terms of priorities for change and future spending, the Council highlighted such areas as access, the needs of vulnerable groups, the need for consistent approaches to service evaluation, with an emphasis on assessment through the eyes of the client, effective and user-friendly complaints procedures, the need for an holistic approach in terms of how services are planned and delivered, and client tracking.

In the area of personal and community development, the Council advised that consultation mechanisms be established at every level of the health service and that health promotion activities be redoubled in order to address the differences in the health behaviours of Irish men and women.

WHC – IMPACT ON THE NATIONAL HEALTH STRATEGY

On publication of the National Health Strategy in November 2001, the Council noted that its advice in a number of areas had been adopted. In particular, the Strategy has made moves towards reorienting services towards primary care and has noted the importance of multi-disciplinary teams in this area.

In terms of priorities for change and future spending, the importance of access to health services, as highlighted by the Council, was addressed. The needs of a wide range of vulnerable groups have also been addressed in the Strategy, with the exception of women at risk of sexual violence.

In terms of complaints procedures, a new national standardized approach to the measurement of patient satisfaction is proposed. With regard to service evaluation, the Strategy proposes standardised quality systems throughout the health system and the introduction of quality assurance systems.

The WHC welcomes the establishment of the Crisis Pregnancy Agency, the extension nationally of the breast and cervical screening programmes, and the introduction of an action plan for sexual health and safer sexual practices. These health promotion activities and others such as targeting the reduction of smoking in young women, are all central issues in increasing women's health and well being.

An important aspect of the strategy is the acknowledgement of the need for ongoing consultation with both the voluntary and private sectors.

However the Strategy fails to address a number issues of importance raised by the Council. Of particular concern is the failure to include the notion of 'gender proofing' or 'gender mainstreaming' in the Strategy. Furthermore, there is no acknowledgement of the need for increased levels of research and information in the area of women's health, in order to inform the policy-making and legislative processes in this regard.

Although equity was stressed as being an important part of the new Strategy, the WHC recommendation of a universal health system has not been undertaken and the distinction between public and private patients in public State-funded hospitals is retained.

In terms of access, the Strategy does not provide any impetus to link childcare facilities with healthcare services, a move that the WHC felt would improve women's access to services. There is no indication that the Review of the Plan for Women's

Health will be taken into account in the implementation of the Strategy, and there is no specific mention of the importance of counselling, although the Council has highlighted the need for appropriate and structured counselling services.

The WHC had also recommended the development of complementary health services – this is not provided for in the Strategy, although it does contain limited references to 'alternative therapies', and proposes the registration of alternative / complementary therapists.

A full assessment of the Strategy by the Council will be compiled for further discussion with the Department of Health and Children in 2002 and the outstanding issues will be pursued.

ABORTION-REFERENDUM PROPOSALS AND THE PROTECTION OF HUMAN LIFE IN PREGNANCY BILL 2001

Government referendum and legislation proposals on the issue of abortion were made public in October 2001.

The Council referred the complex issues to its subcommittees for consideration and a detailed brief based on their findings and a review of available literature was prepared. Among the issues that were raised in relation to the proposals were:

- the lack of consultation or referral for advice prior to drafting the proposals on abortion.
- the distinction created in the proposals between a woman's mental and physical health
- the omission of the risk of suicide as reason for allowing termination.
- the reinforcement of a culture of criminality in relation to abortion which discourages women from seeking advice and support in advance of/or subsequent to a decision to terminate a pregnancy and has health consequences for those women.
- the situation in relation to minors in Health Board care
- the issue of refugee women/asylum seekers

The brief was referred to the first Council meeting in 2003 for final decision on the position of the WHC and the advice it would give to Government.

NATIONAL ANTI-POVERTY STRATEGY & HEALTH

The National Anti-Poverty Strategy (NAPS), published in 1997, set a ten year programme for poverty reduction. While health issues were outlined in NAPS, no specific targets were set until the Programme for Prosperity and Fairness (PPF) (Government of Ireland, 2000) agreed that this issue would be addressed. In our submission the Council referred to research in the area of poverty which has shown not only that Irish women are at an increased risk of poverty compared to men, but also that some groups of Irish women experience higher levels of disadvantage relative to others.

The Council recommended that action be taken in relation to:

- vulnerable groups of women such as older women, Carers, Travellers, refugees and asylum seekers, and women in prostitution or at risk of sexual or other violence
- women affected by factors linked to poverty and ill health, such as poor mental health, parasuicide, drug misuse, and disability
- setting targets in the areas of childcare, health promotion and education, and access to health services.

The Women's Health Council also participated in and provided feedback to the NAPS and Health 'Check-back' seminar in Dublin in June 2001, and in the 'Review of the National Anti-Poverty Strategy – National Consultative Seminar' in September 2001. The final report of the Working Group on the National Anti-Poverty Strategy and Health is due to be published in 2002.

NATIONAL PLAN FOR WOMEN

The National Plan for Women provided an opportunity for the Women's Health Council to advise the Government on health issues in a broader context, drawing on the proposals made in relation to the National Health Strategy and the NAPS.

In relation to measuring the advancement of women, the Council highlighted the importance of research, emphasising in particular the need to develop an improved information base with more information on women's health. This would provide a comprehensive picture of women's health status and act as a baseline against which progress could be measured. Disaggregation of data along the lines of the nine grounds outlined in the Equality legislation was also proposed.

GENDER PROOFING & MAINSTREAMING

The EU Community Framework Strategy on Gender Equality 2001–2005 refers to the integration of the gender equality objective into policies to deal with the structural gender inequalities which still exist in society today. The gender mainstreaming approach, adopted by the Commission in 1996, is described as aiming to take into account "women's concerns, needs and aspirations' in order that they 'assume the same importance as men's concerns in the design and implementation of policies' ".

The term 'gender' is used to define those characteristics of men and women that are socially constructed. The factors that determine health and ill health are different for men and women. Mainstreaming gender in health requires political commitment and a technical process involving shifts in organisational cultures, new structures, and resources.

In view of the developments at national, European and international levels a literature review on gender proofing/ mainstreaming was carried out by the Women's Health Council in order to inform and update Board members as to the latest developments in the area. The report focused on the importance of incorporating a gender perspective in health policy and addressed the various national initiatives taken in this area. Drawing on international experience, the Canadian approach was highlighted. The gender based analysis policy operated by Health Canada (the Canadian Department of Health) is a model of good practice, together with the commitment to gender proofing included in the Canadian Charter of Rights and Freedom, and in the 1995 Federal Plan for Gender Equality.

The Council will continue its discussions with both the Departments of Health & Children, and Justice, Equality and Law Reform, to influence the application of good practice across policy areas which affect women's health.

SUPPORTING REGIONAL DEVELOPMENTS

In 2001 representatives of the regional Women's Health Committees met with the Council and discussed their work. Several of the committees have devised regional plans, and a range of women's health service initiatives to meet the needs of women in each region. These initiatives include family planning and pregnancy counselling services, relationship and sexuality education, maternity and cancer services, and services addressing the health needs of women asylum seekers, carers, and rural women.

The Women's Health Council welcomed a focus on research by a number of Committees that will contribute to monitoring and evaluating actions and identifying the potential for future initiatives. The Council also noted the that some Committees were targeting:

- models of good practice as an effective way of enhancing inter-regional collaboration and to foster links between health board personnel and voluntary organisations.
- promotion of greater involvement from voluntary representation

EQUITY ISSUES IN HEALTHCARE

The Women's Health Council provided feedback to the National Economic and Social Forum on 'Equity Issues in Healthcare', a paper prepared as background to the production of a forum report on aspects of health policy.

In considering the issues around equity in the healthcare system in Ireland, the Women's Health Council pointed to the linked concepts of 'gender proofing'; 'gender mainstreaming'; and 'equality proofing' which should be incorporated from the beginning. The Council strongly recommended that structures be put in place to support and sustain a focus on gender in the development of health and other public and suggested a general gender audit of the health services, with a view to 'gender-proofing' the system against inequalities developing in the future. The NESF report on aspects of health policy was expected in early 2002.

SUPPORTING WOMEN'S DECISION MAKING AROUND HEALTH

Supporting women's decision making in health is an important element of the role of the Council. The aim is to increase the influence of women in relation to decisions around their own health, and to ensure that the health system responds positively to the need for new ways of delivering health services. A report by the Council highlighted the continuing problems to be addressed including:

- the structural and bureaucratic issues in health services that prevent women from actively participating in decisions around their health.
- the emergence of collaborative practices as a central theme for health policy makers and service providers in supporting women's decision-making around health.

The Council can make the process of change happen by:

- encouraging stronger national support for marginalised women
- promoting dissemination of information and research that link women's health and human rights
- fostering alliances with other sectors
- promoting health professionals skills in community development initiatives.

The proposed plan of work by the Department of Health and Children on the Primary Care Strategy was recognised as an appropriate mechanism for the WHC to move forward on this issue.

WHC RESEARCH PROGRAMME GRANT

The Women's Health Council and the Health Research Board (HRB) established the WHC Research Programme Grant in 2001. The Programme will fund high quality research in women's health. The funding will be provided over a five-year period, and will enable researchers to establish and support a team working full time on an extensive or long-term research project. The aim of such long-term support will be to contribute, through research, to health and social gain for women.

The Programme Grant was advertised nationally in May 2001. The expressions of interest received were shortlisted for review by an international Peer Review Panel, and decisions on awarding the Grant are expected in early 2002.

PARASUICIDE

The World Health Organisation 1998 report Highlights on Health in Ireland , indicated that Irish women are more likely to attempt suicide than men. For this reason, the Women's Health Council carried out a position paper on the subject within an Irish context.

Most research on the parasuicide phenomenon in Ireland has been carried out within the context of the Registry of Parasuicide, set up by the National Suicide Research Foundation in 2001 and the first of its kind in Europe.

The WHC paper confirmed that gender appeared to be a significant area of interest within research, and existing material in Ireland was found to explicitly refer to the differing rates of attempted suicide among men and women. Methods of parasuicide, immediate precipitants to the act, age and socio-economic status of parasuicidal persons are also all broken down with regard to gender in the research. The Women's Health Council will continue to monitor this issue.

THE ROLE AND SUPPORT OF CARERS

The 1999 Conference Women taking control of their health jointly hosted by the Women's Health Council and the Irish College of General Practitioners in Dublin Castle identified Carers as an important issue. Following the Conference a group was established by the two organisations to identify priorities and review the role and future needs of Carers in Ireland.

A review identified a number of key issues for policy development:

- high numbers of women providing care, and older women in receipt of care
- a lack of up to date nationally representative and gender specific research on the area of Carers was identified, however.
- the contribution which GPs could make in the area.

In the UK research has shown that 'there is an important role for general practice staff in the support of carers' and that 'it is the GPs who have potentially the greatest weight and influence, and whose choice to participate in community care can make the greatest difference to carers' .

The ICGP and the Council will continue to work on developing joint proposals in this area.

REVIEW OF NURSING HOME CARE SERVICES IN IRELAND

A review was carried out on existing standards/legislation on nursing homes and the standard of care for older people in long-term residential care. The review identified:

- the issue of ensuring high standards of care in nursing homes for older people with the sizeable growth in the number of people over sixty-five years.
- the need for a comprehensive nursing home service for older people who are too frail or ill to be maintained in their own dwelling
- concerns around the legal regulations, lack of resources, and confusion around entitlements to subventions for both public and private nursing home care
- the need to target the promotion of older women's health in all aspects of its work.

REVIEW OF THE PLAN FOR WOMEN'S HEALTH

Work on the major review of the Plan for Women's Health 1997-1999 (Department of Health, 1997) was undertaken throughout 2001. In 2002 the Council will publish the outcomes of the review and its recommendations for the next phase of development in relation to women's health.

PLANNING AND EVALUATION FRAMEWORK

The possibility of initiating collaborative research by the Women's Health Council and the Eastern Regional Health Authority was explored in late 2001. In particular, the possibility of developing a Planning and Evaluation Framework was discussed. Such a framework would support the setting of criteria, standards and specific targets for women's health initiatives. Further discussion on the issue was scheduled for 2002.

CRITERIA FOR WHC RESEARCH

The Women's Health Council commissions research directly on issues of relevance to its work programme and role. In determining who will carry out research the Council developed criteria to underpin decisions and to ensure transparency.

Criteria include:

- the methodology of the proposed research and its appropriateness in terms of the aims of the project and what it sets out to achieve;
- the capacity of the researchers to deliver on the proposal; and
- ensuring value for money – looking at the return for the money spent, with regard to the terms of reference of the Council.

CONFERENCES / EVENTS

During 2001 the Women's Health Council participated in or was represented at a range of relevant conferences and events.

Irish Heart Disease Foundation Symposium Ischaemic Heart Disease in Women – February 2001

Department of Justice, Equality and Law Reform Launch of the Maternity Protection Legislation – February 2001

UKPHA Annual Public Health Forum Conference, Bournemouth – March 2001

Institute of Public Health National Anti-Poverty Strategy and Health 'Check-back' Seminar – June, 2001

National Social Work Qualifications Board & Central Council for Education and Training in Social Work (Northern Ireland) Crossing Borders Launch – September 2001

Health Research Board Second Biennial Health Service Research Conference – September 2001

Institute of Public Health Review of the National Anti-Poverty Strategy – National Consultative Seminar – September 2001

Office of Tobacco Control Legislating for a Tobacco Free Society Conference – October 2001

Department of Justice, Equality & Law Reform Launch of the Draft National Plan for Women – October 2001

National Council for Ageing and Older People Towards Care Management in Ireland Conference – November 2001

Southern Health Board Developments in Women's Health conference – November 2001

Royal College of Surgeons in Ireland Culture and Health Initiatives – A One Day Workshop – November 2001

Department of Health and Children National Strategy for Nursing and Midwifery in the Community Consultation Meeting – December 2001

INTERNAL DEVELOPMENTS

Library and Information
Information is central to the work of the Council, particularly to the Council's research work and to its ability to fulfil its obligations as a policy advisor. In 2001 the appointment of an Information Specialist to develop a library and information service for the Council provided an impetus to our work in this area.

www.whc.ie
A redevelopment of the Council's website was undertaken to create a more interactive site to enhance communication and knowledge sharing between the communities of interest in women's health. The new website will be operational in 2002, and will include news updates, publications, a links database and an online discussion forum for policy makers, healthcare professionals and researchers.

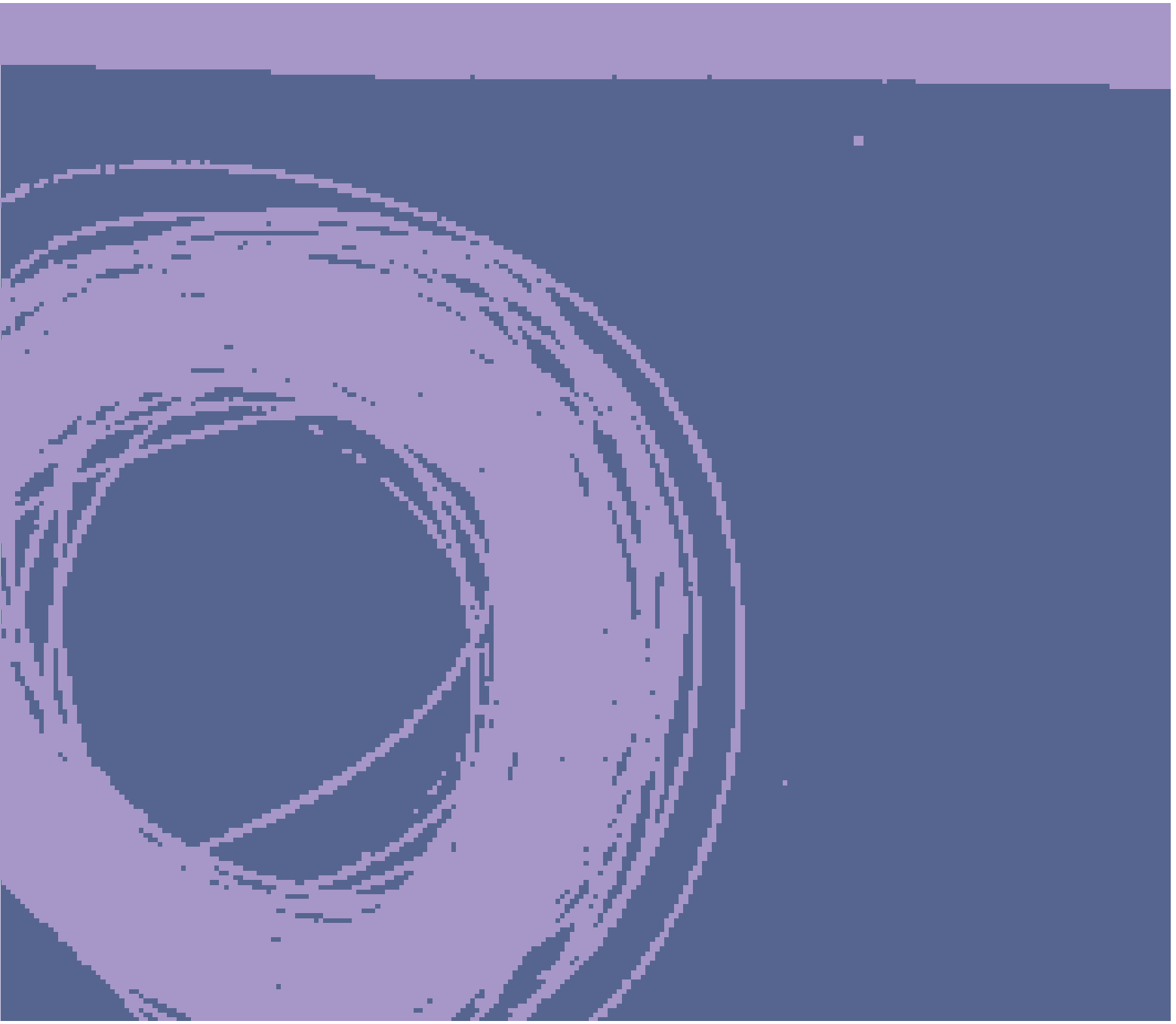
WHC REPRESENTATION ON OTHER BODIES

The Women's Health Council is represented on the following public service bodies:

- The Crisis Pregnancy Agency
- The Commission on Assisted Human Reproduction
- The National Committee on Breastfeeding
- Consultative Forum on Health Strategy

FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2001



CONTENTS

COMPOSITION OF THE COUNCIL AND OTHER INFORMATION

Council Members
Prof. Cecily Kelleher (Chairperson)
Ms. Alison Begas
Dr. Michael Boland
Ms. Rita Burtenshaw
Ms. Noreen Byrne
Mr. David Carroll (resigned 22.02.01)
Ms. Denise Charlton
Ms. Catherine Clarke
Ms. Eva Coyle
Dr. Patrick Doorley
Mr. Chris Fitzgerald
Mr. Paul Guckian
Ms. Catherine Harney
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Ms. Teresa Mulhare
Ms. Catherine Murphy
Ms. Nora Newell
Ms. Margaret Ryan
Ms. Christine Whyte
Prof. Miriam Wiley

Director
Ms. G. Luddy

Bankers
Bank of Ireland
2 College Green
Dublin 2

Solicitor
McCann FitzGerald
2 Harbourmaster Place
Dublin 1

Accountant
Grant Thornton
Ashford House
Tara Street
Dublin 2

Auditor
Comptroller & Auditor General
Dublin Castle
Dublin 2

STATEMENT OF COUNCIL MEMBERS' RESPONSIBILITIES

The Council is required by the Women's Health Council (Establishment) Order 1997 to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the Women's Health Council and its income and expenditure for that year.

In preparing those statements, the Council is required to:

- select suitable accounting policies and apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- disclose and explain any material departures from applicable accounting standards;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Women's Health Council will continue in existence.

The Council is responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Women's Health Council and to enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the Women's Health Council and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Council Members
30 May 2002

REPORT OF THE COMPTROLLER AND AUDITOR GENERAL FOR PRESENTATION TO THE HOUSES OF THE OIREACHTAS

I have audited the financial statements on pages 1 to 7 under Section 5 of the Comptroller and Auditor General (Amendment) Act, 1993.

Respective Responsibilities of the Council and the Comptroller and Auditor General
The accounting responsibilities of the Council Members are set out in the Statement of Council Members'Responsibilities on page (ii). It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me by the Council and to report on them.

Basis of Audit Opinion
In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with auditing standards issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Pension Costs
Without qualifying my report I draw attention to Note 9 to the financial statements which explains why the Council has not complied with the disclosure requirements of Financial Reporting Standard 17.

Opinion
In my opinion, proper books of account have been kept by the Council and the financial statements, which are in agreement with them, give a true and fair view of the state of affairs of the Women's Health Council at 31 December 2001 and of its income and expenditure for the year then ended.

John Purcell
Comptroller and Auditor General
13 June 2002

REPORT OF COMPTROLLER AND AUDITOR GENERAL PURSUANT TO SECTION 13 OF THE PROMPT PAYMENT OF ACCOUNTS ACT, 1997

Responsibilities of the Council and of the Comptroller and Auditor General

The Council is obliged to comply with the Act and, in particular, is required

- to pay its suppliers by the appropriate payment date
- if payment to a supplier is late, to include the appropriate penalty interest with the payment together with the information required by Section 6
- to disclose its payment practices in the period in the appropriate way.

Under Section 13 of the Act, it is my responsibility, as auditor of the Council, to report on whether, in all material respects, the Council has complied with the provisions of the Act.

Basis of Opinion

My examination included a review of the payment systems and procedures in place and checking, on a test basis, evidence relating to the operation of the Act by the Council during the year.

I obtained all the information and explanations which I considered necessary for the exercise of my function under Section 13 of the Act.

Opinion

It is my opinion that the Council complied in all material respects with the provisions of the Act during the year ended 31 December 2001.

John Purcell
Comptroller and Auditor General
13 June 2002

INTRODUCTION

The Women's Health Council was established by the Minister for Health and Children under the Women's Health Council (Establishment) Order 1997, which came into effect on 24 June 1997.

The main functions of the Council are:

- To advise the Minister for Health & Children on all aspects of women's health, either on its own initiative or at the request of the Minister.
- To assist the development of national and regional policies and strategies designed to increase health gain and social gain for women.
- To develop expertise on women's health within the Health Service.
- To liaise with international bodies which have functions similar to the functions of the Council.
- The Council may also advise other Ministers, at their request, on aspects of women's health which are within the functions of the Council.

Statement of accounting policies

- **Basis of Accounting**
  These accounts are prepared on an accruals basis under the historical costs convention.

- **Department of Health & Children – Grants**
  Grants from the Department of Health & Children are accounted for on an accruals basis.

- **Fixed Assets**
  Fixed Assets are included in the Accounts at cost less depreciation. The following rates and methods of depreciation apply:

Plant and Machinery	20%	Straight Line
Fixtures & Fittings	20%	Straight Line
Equipment	33⅓%	Straight Line

  The depreciation, which is matched by an equivalent amortisation of the capitalisation account, is not charged against the Income and Expenditure account.

- **Capitalisation Account**
  The capitalisation account represents the unamortised value of funding provided for fixed assets

- **Superannuation**
  The Local Government (Superannuation) Act , 1980 (No.8 of 1980) and the schemes and regulations made thereunder apply to the council.

PERIOD OF ACCOUNT

These financial statements are for the year ended 31 December 2001.

INCOME AND EXPENDITURE ACCOUNT

	Notes	2001 Euro	2001 IR£	2000 Euro	2000 IR£
INCOME					
Department of Health & Children Grants		292,042	230,002	486,310	383,000
Rental Income		47,150	37,134	39,852	31,386
		339,192	267,136	526,162	414,386
EXPENDITURE					
Administration Expenses	8	394,320	310,552	291,470	229,551
Property Expenses	8	84,591	66,621	92,512	72,859
Funding of Fixed Assets	8	22,779	17,940	22,882	18,021
		501,690	395,113	406,863	320,431
Surplus / (Deficit) for the Year		(162,498)	(127,977)	119,298	93,955
Accumulated Surpluses / (Deficit) 1st January		151,571	119,372	32,273	25,417
Accumulated Surpluses / (Deficit) 31st December		10,927	8,605	151,571	119,372

The Council has no recognised gains or losses other than those dealt with in the statement of income and expenditure.

Council Members
30 May 2002

BALANCE SHEET

	Notes	2001 Euro	2001 IR£	2000 Euro	2000 IR£
Fixed Assets	3	101,032	79,569	147,459	116,133
Current Assets					
Debtors & Prepayments	4	17,652	13,902	12,518	9,859
Cash at bank and in hand		9,491	7,475	170,163	134,014
		27,143	21,377	182,681	143,873
CURRENT LIABILITIES					
Creditors: Amounts falling due within one year	5	(38,069)	(29,982)	(31,110)	(24,501)
NET CURRENT ASSETS		(10,926)	(8,605)	151,571	119,372
TOTAL ASSETS LESS CURRENT LIABILITIES		90,106	70,964	299,030	235,505
Financed By:					
Surplus / (Deficit) on Income & Expenditure Account		(10,927)	(8,605)	151,571	119,372
Capitalisation Account	6	101,031	79,569	147,459	116,133
Surplus on Capital Income & Expenditure Account	7	—	—	—	—
		90,104	70,964	299,030	235,505

Council Members
30 May 2002

NOTES TO THE ACCOUNTS

	2001 Euro	2001 IR£	2000 Euro	2000 IR£
PARTICULARS OF EMPLOYEES				
The aggregated payroll costs of the above were:				
Wages & Salaries	127,115	100,111	85,371	67,235
Employers PRSI	10,447	8,228	3,968	3,125
	137,562	108,339	89,339	70,360
The average number of employees is analysed as follows: Administration staff		5		2

TANGIBLE FIXED ASSETS	Plant & Machinery IR£	Fixtures & Fittings IR£	Equipment IR£	Total IR£	Total Euro
Cost					
At 1 January 2001	11,108	144,460	42,811	198,379	
Additions	—	6,429	11,511	17,940	
At 31st December 2001	11,109	150,889	54,322	216,319	
Depreciation					
At 1 January 2001	3,386	56,606	22,254	82,246	
Charge for the year	2,222	30,178	22,104	54,504	
At 31st December 2001	5,608	86,784	44,358	136,750	
Net Book Value					
At 31st December 2001	5,500	64,105	9,964	79,569	101,032
At 31st December 2000	7,722	87,854	20,557	116,133	147,458

DEBITORS AND PREPAYMENTS				
Food Safety Promotion Board	17,652	13,902	12,518	9,859

NOTES TO THE ACCOUNTS

	2001 Euro	2001 IR£	2000 Euro	2000 IR£
CREDITORS				
Amounts falling due within one year.				
Creditors and Accruals	(38,069)	(29,982)	(31,110)	(24,501)
CAPITALISATION ACCOUNT				
Opening Balance	147,458	116,133	177,115	139,489
Add: Additions to Fixed Assets in the year/ period	22,779	17,940	22,882	18,021
Less : Amortisation in line with Depreciation	(69,206)	(54,504)	(52,538)	(41,377)
	101,031	79,569	147,459	116,133
CAPITAL INCOME AND EXPENDITURE ACCOUNT				
Opening Balance	—	—	—	—
Add: Income for year/ period: Fixed Asset Additions funded from Revenue Income & Expenditure	22,779	17,940	22,881	18,021
Fixed Asset Additions funded from Capital Grant	—	—	—	—
Less : Expenditure for year/ period	(22,779)	(17,940)	(22,881)	(18,021)
Surplus on Capital & Expenditure Account	—	—	—	—

NOTES TO THE ACCOUNTS

	2001 Euro	2001 IR£	2000 Euro	2000 IR£
OVERHEADS				
Administration				
Light and heat	1,855	1,461	1,012	797
Wages and salaries	127,115	100,111	85,371	67,235
Recruitment	14,937	11,764	5,754	4,532
Catering Expenses	2,370	1,866	1,037	817
Travel Expenses	3,270	2,575	10,402	8,192
Telephone	711	560	11,108	8,748
Council Expenses	16,620	13,089	5,998	4,724
Research	133,081	104,810	98,151	77,300
Equipment Maintenance	5,814	4,579	10,712	8,436
Office Supplies	5,113	4,027	4,817	3,794
Postage	710	559	762	600
Sundry expenses	3,483	2,743	5,790	4,560
Bank Charges	130	102	168	132
Legal Fees	5,701	4,490	846	666
Accountancy fees	10,433	8,217	3,837	3,022
Audit Fees	10,666	8,400	–	–
Employers PRSI	10,447	8,228	3,968	3,125
Consultancy Fees	9,740	7,671	17,169	13,552
Conference expenses	1,036	,816	11,518	9,071
Library & Publications	18,100	14,255	13,012	10,248
Web Design	5,841	4,600	–	–
Organisational development	7,147	5,629	–	–
	394,320	310,552	291,470	229,551

NOTES TO THE ACCOUNTS

	2001 Euro	2001 IR£	2000 Euro	2000 IR£
Property				
Rent & Service Charges	83,572	65,818	80,103	63,087
Rates	–	–	10,912	8,594
Insurance	1,020	803	1,496	1,178
	84,591	66,621	92,512	72,859
Funding of Fixed Assets	22,779	17,940	22,882	18,021
Total Overheads	**501,690**	**395,113**	**406,863**	**320,431**

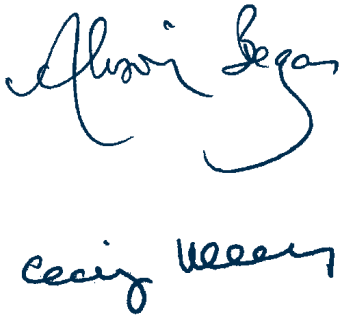
DEFINED BENEFIT SUPERANNUATION SCHEME

The Board operates a defined benefit contribution scheme for its employees. Superannuation entitlements arising under the scheme are paid out of current income and are charged to the Income and Expenditure Account in the year in which they become payable. No provision is made in the financial statements in respect of future benefits. Salaries and Wages are charged in the financial statements net of employee superannuation contributions.

The above accounting treatment is not in accordance with the requirements of Financial Reporting Standard 17. For the accounting periods ending on or after 22 June 2003 the standard will require financial statements to reflect at fair value the assets and liabilities arising from an employer's superannuation obligations and any related funding and to recognise the costs of providing superannuation benefits in the accounting period in which they are earned by employees. As a transitional measure the standard requires that the present value of the scheme liabilities be disclosed in the notes to the financial statements. In 2001 the Board was not in a position to comply with the requirements of FRS 17 as it did not obtain an actuarial valuation of the schemes liabilities.

APPROVAL OF FINANCIAL STATEMENTS

The Financial Statements were approved by the Council on 30 May 2002



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