The Women's Health Council

Annual Report 2004

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

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Introduction

The priorities in 2004 for The Women's Health Council are reflected in our work on the gender specific nature of health determinants, consultation with both the statutory and voluntary sector on health specific issues and on new structures for women's health within the reform programme.

"The factors that determine health and ill health are not the same for women and men" (WHO's Madrid Statement 2001). While there have been many positive changes in Irish society moving towards a more equitable distribution in roles and tasks between women and men, women are still the primary care givers and their social support is crucial to the well being of the population in general. In addition to women being the biological bearers of children, their social role in family support is extensive and can be particularly crucial in relative disadvantage or poverty where there are established links between ill health and poverty.

Health policies that are gender neutral assume that men and women are affected equally or in a similar manner by ill health. Women as a group not only experience different types of health issues than men, they also experience the same health issues differently than men. In 2004 the Women's Health Council illustrated in a case study on cardiovascular health the need for gender-targeted strategies to ensure optimal health status for women and men.

The Women's Health Council was pleased to work with the Eastern Regional Health Authority (ERHA) and the Irish Cervical Screening Programme (ICSP) on women specific health issues in the areas of maternity services and cervical screening. The Council completed an evaluation of the effectiveness of the first phase of the ICSP from the 'women's perspective'. The purpose of the evaluation was to identify gaps in the current programme and to outline improvements that would address those gaps in order to inform the planning for the expansion to a national programme. In this regard, the Council would like to see the Irish Cervical Screening Programme extended to the national population as soon as possible in preference to a phased roll out of the Programme to sub groups of the population or by geographical location. The Women's Health Council also conducted a consultation in the eastern region with women and service providers regarding maternity services in the area. The outcome of this consultation provided rich qualitative data that will inform the ERHA in developing their strategy on maternity services in the future.

The Council continues to produce a series of papers on issues relating to women's health and social gain and to advise government departments and agencies on policy or legislative matters relating to women's health. In addition, The Women's Health Council is working with the Department of Health and Children and the Interim Health Service Executive to ensure that any new structures for women's health will be consistent, effective and strategic in reform.

The staff of The Women's Health Council is to be congratulated for their commitment, innovation and teamwork which created the Council's achievements in 2004. The work also reflects the dedication, guidance and professional expertise provided by the board members and Chair of the Council, Professor Cecily Kelleher.

Geraldine Luddy
Director

The Women's Health Council

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.


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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 generally appointed for three-year terms.

Council Members *as numbered*

1 Prof. Cecily Kelleher
(Chairperson from 25/6/2000)
2 Ms. Inez Bailey
3 Ms. Rita Bergin
4 Dr. Anne Byrne
5 Dr. Pat Doorley
6 Mr. Chris Fitzgerald
7 Mr. Pat Fitzpatrick
8 Dr. Patricia Fitzpatrick
9 Ms. Catherine Harney
• Ms. Mary Kelly – *not pictured*
10 Prof. Kathleen Lynch
11 Dr. Claire McNicholas
12 Ms. Catherine Murphy
13 Ms. Margaret Ryan
14 Dr. Helen Whelton
15 Ms. Christine Whyte

Sub-Committees

Research
Finance & Audit
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

Policy Officer
Alessandra Fantini

Researchers:
Albha Bowe
Audrey Mc Mahon

Advising on National and Regional Policies

Submissions

The Women's Health Council prepares a number of submissions on different areas of health and social policy each year. Some are in response to invitations by government departments and working groups undertaking a review of existing or proposed policies.

Submission to the National Task Force on Obesity

Obesity* is now a significant health problem in Ireland. The SLÁN survey, published in 2003, indicated that 47% of the Irish population was overweight or obese in 2002, compared to 42% in 1998 (Kelleher et al., 2003). Rates of obesity have increased by 67% between 1990 and 2001, most likely due to increasingly sedentary lifestyles and poor diets (Bergin, 2002). Obesity is an independent risk factor for all causes of mortality, and research also suggests that it contributes to a range of poorer health outcomes among women. While many conditions are common to both men and women, women's experience may be quite different to men's, and there are also a number of conditions associated with obesity that are unique to women. For example, both the Framingham Heart Study and the Nurses Health Study found obesity to be a significant independent predictor of cardiovascular disease among women (Kannel, 2002).

Research has also shown that increased body weight plays a more significant role among women compared to men suffering from the most common forms of cancer, and a stronger association between osteoarthritis and obesity has been observed in women than in men (American Obesity Association, 2002). Obesity in premenopausal women is associated with irregular menstrual cycles (US Department of Health and Human Services, 2001, American Obesity Association, 2002, Lake et al., 1997) and there is a high prevalence of obese women in the infertile population (Norman et al., 2004). Obesity is also the best-established predictor of gallbladder disease in women (American Obesity Association, 2002).

There is considerable stigma attached to being overweight/obese and this, together with the discrimination that obese women can face, can lead to a sense of social isolation and attendant psychological difficulties. Women with obesity have been found to have lower levels of employment and they can face significant barriers in establishing and maintaining social relationships in a society that emphasises thinness as physical attractiveness (American Obesity Association, 2002, Berkow et al., 2002). A negative correlation has been found to exist between socioeconomic status and obesity, and longitudinal studies have shown that, for women, growing up with lower socioeconomic status is a powerful risk factor for obesity (Lawlor et al., 2002).

The Women's Health Council recommendations to the National Task Force on Obesity revolved around ensuring that policy, strategy or programmes to address obesity are gender sensitive to take account of women's and men's different needs; addressing inequalities; tackling lifestyle issues such as physical activity and healthy diet; providing a coordinated approach and appropriate services; and undertaking research on obesity among the female population of Ireland.

Full text of the submission is available on the WHC website.

* Obesity is defined as the accumulation of excessive body fat. Obesity may be classified as mild (20 to 40 percent overweight), moderate (41 to 100 percent overweight), or severe (more than 100 percent overweight). Central obesity refers to the deposition of excessive body fat around the trunk of the body, sparing the limbs (Berkow et al., 2002).

Submission to the National Economic and Social Forum on 'Creating an Inclusive Labour Market'

The Women's Health Council made a submission to the National Economic and Social Forum on 'Creating a more inclusive labour market', drawing on previous work carried out which showed that women are particularly vulnerable to poverty and disadvantage in Ireland (Women's Health Council, 2003). An essential issue in addressing the burden of disadvantage on women is improving women's access to and take-up of employment outside the home.

The submission pointed out that factors that go beyond the availability of employment affect women's opportunities to access paid employment. A wide range of personal and social problems must be addressed in addition to the issue of employment exclusion including family difficulties, education, and transport.

The availability of affordable childcare and improved parental leave arrangements are critical in creating a more inclusive labour market. However, it is important that such arrangements are not just linked to services for women - 'family friendly' or 'work-life balance' policies should apply to men equally. Flexibility in working times, with measures such as flexitime, distance working, job sharing and term-time working, would also enable workers to avail of opportunities for further training that are necessary preconditions to (re)enter or to stay in the active workforce. The WHC also emphasised the importance of training in combating exclusion and opening the way for people to move from welfare dependency. Temporary work agencies are used in Austria and Belgium as a way of giving people the opportunity to earn a wage while at the same time gaining practical working experience. Women returning to the labour market after bearing and rearing children may also need help in building confidence and self-esteem, or assistance in re-integrating themselves into an increasingly competitive labour market. In this regard, the WHC endorsed the recommendation made by the European Foundation for the Improvement of Living and Working Conditions for the provision of 'life-long counselling advice in relation to education, training and employment opportunities' (European Foundation for the Improvement of Living and Working Conditions, 2001:18).

In spite of the changes and the increasingly egalitarian society we have begun to expect in Irish society, men's and women's experiences of the labour market are still significantly different. For this reason, the Women's Health Council has previously strongly emphasised the need for gender to be taken into account in all policies, strategies and government initiatives, to ensure that they are inclusive and that the needs of both women and men are targeted. The Council believes that equity must be about more than access to labour market programmes; a broader focus must be adopted if the needs of women, particularly those living in situations of disadvantage, are to be met.

The submission is available on the WHC website.

Submission to NESF on 'Early Childhood Care and Education'

Research conducted by the Women's Health Council points to a direct link between adequate provision of early childhood care and education and mothers' well being. This link has recently been confirmed by a study carried out in four European countries which indicated that in the case of mothers, satisfaction with childcare arrangements was significantly correlated with all five measures of well-being - not only with family, partner and life in general, but also with satisfaction with health and work (Department of Justice, Equality and Law Reform 2002).

Due to rapid social and economic changes which have taken place in Ireland over the last few decades, such as the increased participation of women in the workplace, early childhood care and education in Ireland are currently under-funded and under-developed. Current services are lacking in terms of provision, highly discriminatory in terms of cost, and potentially deficient in terms of quality.

The Women's Health Council proposed improvements in three specific areas of care and education. These were:

Early Care

One of the most important initiatives to improve care in the very early years of life of children would be to improve the terms and conditions of maternal, paternal and parental leave. The extension of maternal leave and the provision of paid paternal and parental leave especially would enable parents to take time out to care for their newborns.

Moreover, social support networks have been identified as the most important and pervasive aspect of the external environment (McKeown, Pratschke and Haase, 2003). Within them, home visiting programme and parent education programmes have been found to be associated with improvements in parenting, reported improvements in some child behavioural problems, and improved cognitive development and communication among other things (Best for Children, 2001; Bull *et al.,* 2004).

Pre-school Care

Early care and education services should be greatly expanded, their cost minimised in order to ensure access to all children, and their quality monitored to ensure greatest developmental gain. The lowering of free, universal pre-school provision to 3 years of age, in line with many other European countries, would also greatly benefit young children and their families (OECD, 2004). Finally, all health care services and labour market programmes should include childcare provision, to ensure effectiveness and accessibility to all women.

The document was submitted to the National Economic and Social Forum on 12th November 2004. Full text is posted on our website at www.whc.ie

Communications on Social Welfare Cutbacks 2003

The Women's Health Council wrote to Minister Seamus Brennan T.D., congratulating him on his appointment as Minister for Social and Family Affairs and welcoming his announcement that he would be making changes to the social welfare cutbacks of last year. The Council analysed the social welfare cutbacks instigated in 2003 from the women's health perspective, and found that overall they had negative implications for women.

This was largely due to the fact that where poverty is an issue in the family the burden of limited resources falls especially heavily on women, who generally put the needs of their families before any needs of their own. It is widely known, for example, that when food is scarce women will cut back on their own allowance in favour of feeding the children (Polakoff and Gregory, 2002, McIntyre et al., 2003). Similarly, it has been found that women in low income situations have to make choices about whether to attend to their own health needs or to use their scarce resources to pay for the needs of their children instead (National Women's Council of Ireland, 2002). In one study, the cost of a visit to a GP was found to be a barrier to people accessing services when ill and also to them availing of health screening, such as smear tests. This was particularly the case when the family's income was just above the cut off point for medical cards (Cherry Orchard Concerned & Active Citizens Group, 1999).

Copies of the WHC's analysis and of the *Women, Disadvantage and Health* paper were also brought to the Minister's attention.

National Planning Forum on Women's Health

The National Planning Forum for Women's Health was established in 2002, following the publication of the WHC position paper *Promoting Women's Health* (2002). The position paper critically reviewed the *Plan for Women's Health* (1997-99) and made proposals to focus the women's health agenda for the 21st century. A central aim of the Forum was to invite all major stakeholders with a role in the implementation of women's health in Ireland to participate in the process of implementing a consistent and workable framework for policy and action. The Forum was convened three times in the course of 2004. A final report was produced in June 2004 to inform and contribute to the major developments in the Health Service Reform process. This final report was approved by the WHC at its Board meeting in July 2004 and circulated to relevant stakeholders. The Forum recommended a twin-track approach to ensure significant health gain for women, being convinced that women-specific targets and actions are necessary alongside comprehensive gender mainstreaming strategies.

Full text is posted on our web site at www.whc.ie

Developing Expertise on Women's Health

Research

'An Evaluation of the First Phase of the Irish Cervical Screening Programme from the Woman's Perspective' in conjunction with the Mid-Western Health Board

In 2003 the Women's Health Council was commissioned by a subgroup of the Health Board Executive to conduct an evaluation of the effectiveness of the first phase of the Irish Cervical Screening Programme (ICSP) 'from the woman's perspective'. In this context, the Women's Health Council was asked to evaluate all service aspects of Phase I of the programme from a woman's perspective, including correspondence, information materials and administrative processes as well as tests and treatment.

The ICSP's Charter for Women was used as a reference point for the review. The Charter for Women outlines women's rights within the programme such as the right to give informed consent, the right to confidentiality and the right to provide feedback. The Charter also outlines the responsibilities of various service providers attached to the programme such as smear takers, laboratories and the programme office.

The aims of the review were:

- to identify gaps in the current programme as highlighted by its target group, and
- to outline improvements that could be made to address those gaps with a particular emphasis on issues of relevance to expansion of the programme to national level.

ICSP Report launch 14th December 2004
Pictured left to right: Ms. Geraldine Luddy, Director, Women's Health Council, Dr. Marian O'Reilly, A/Director, ICSP, Dr. Sheelagh Ryan, CEO, Western Health Board, Ms. Maureen Windle, CEO, Northern Area Health Board.

Background

Cervical cancer is the third most common cancer affecting women in Ireland today. The Irish mortality rate for cervical cancer was 4.3 per 100,000 in 1998, compared with an average EU rate of 2.7 deaths per 100,000 (Eurostat, 2002). In 2000 there were 65 deaths from cervical cancer in Ireland (National Cancer Registry of Ireland, 2003 personal communication). Cervical cancer is preventable however; so early detection and treatment are vital (Department of Health, 1996). Cervical screening tests the cells in the neck of the womb (the cervix) for early changes, which can be treated before they develop into cancer. There is a substantial body of evidence which shows that mortality from cervical cancer can be reduced by screening and it has been found that where effective national programmes have been introduced in other countries, mortality from the disease has fallen (Martyn, 2003; Laara, Day & Hakama, 1984; Miller, Lindsay & Hill, 1976).

The first phase of the Irish Cervical Screening Programme was formally launched by Minister for Health Michéal Martin on 16th October 2000. The aim of the Programme, which is part of the National Cancer Strategy, is to reduce the incidence of and the death rate from cervical cancer. Phase 1 covers the Mid Western Health Board area, and is targeted at approximately 67,000 women between the ages of 25 and 60 years. EU nationals with an address in the area, and refugee and asylum-seeking women resident in the area are also eligible for the Programme. Women are offered screening free of charge at minimum intervals of five years.

The ICSP has published a Women's Charter (2002), outlining women's rights in relation to the Programme and setting out the standards which women can expect from it. Women's right to accurate information, to be treated with respect, and their right to provide feedback are also included in the Charter. Agreement to take part in the Programme is on the basis that the woman is capable of making an informed choice and has given her fully informed consent to participate.

The study design for the review was drafted by the Research Sub-Committee of the Women's Health Council following consultation with the Director of the ICSP. The review took the form of a cross sectional study of samples of 25 to 60 year old women in the Mid-Western Health Board region. Telephone interviews, focus groups and quota sampling methods were used to gather qualitative information regarding women's views and experiences of the Irish Cervical Screening Programme.

Findings

Women who participated in the evaluation were generally very positive about the Irish Cervical Screening Programme. They expressed their appreciation that the screening programme was available to them, that the programme contacted them with an invitation to attend for screening and that the service was offered free of charge. In the course of interviews women spoke positively about their contact with the programme and in particular the letters sent from the ICSP office and their experience of attendance for smear tests.

During interviews and focus groups women described the anxiety that attendance for screening can cause. In this context they emphasised the importance of minimising delays in the screening process particularly with regard to returning results for smear tests, repeat smears and tests performed at the colposcopy clinic. Some women were critical of the length of time taken to obtain appointments for colposcopy and of the length of time they were kept waiting at the clinic on the day of their appointment.

Access to registered smeartakers was an issue for some women in rural areas. The review identified shortcomings in current practice relating to consent. The review also identified the limitations of use of only one data source for the programme's population register. The benefits of use of socio-economic data to monitor attendance for screening in the target population were highlighted.

The vast majority of women who attended for screening said that they would attend for another smear test when next contacted by programme. However, many women expressed a preference to be screened more frequently than every five years and suggested that the ICSP reduce its screening interval. While clearly identifying aspects of the programme where improvements could be made, women who participated in the review were generally very positive in their attitude to the programme overall.

'Integration of a Gender Perspective in Health Policy': Collaboration with the World Health Organisation

Background

In late 2003, the Women's Health Council (WHC) was contacted by the World Health Organisation's Regional Office for Europe (WHO), and invited to take part in an international project aimed at examining the extent to which gender is taken into account in contemporary health policy. The project was spear-headed by the Gender Mainstreaming Programme of the WHO Regional Office for Europe (GEM/EURO), which aims to support Member States in the gender mainstreaming of health policies.

Six countries were invited to conduct a case study with the aim of performing a gender analysis of a national health policy in their country: Ireland, The Netherlands, Croatia, Turkey, Kyrgyzstan, and Tajikistan. Along with representatives from Croatia and the Netherlands, the WHC identified the National Cardiovascular Health Strategy as the key document to be used for the case study.

The aim of the project activity was to produce:

1. Country specific reports on the case study
2. A tool kit (report) to support the development of gender sensitive health policies. This is to be prepared by GEM/EURO in cooperation with the country teams and published by the WHO.

Cardiovascular disease is the single largest cause of death among women and men in Ireland, representing 40% of all deaths in 2001 (Department of Health & Children, 2002). As such, the WHC felt that cardiovascular health was an area that could benefit greatly from the incorporation of a gender perspective.

Over their lifetimes women are as affected as men by the disease, and have high rates of the disease at older ages. In spite of this, however, heart disease has traditionally been thought of as typical to men. This is probably because men are more likely than women to die prematurely (under the age of 65) from the disease (Codd, 2001). It may also be explained by the historical lack of clinical research focusing on or including women's cardiovascular health. Women can have quite different symptoms of disease than men, something the literature describes as women's 'atypical' experience of heart disease, with men's symptoms being perceived as 'normal'. In 2003, the WHC prepared and published a report on *Women and Cardiovascular Health in Ireland.* This research

drew attention to significant gender bias in current thinking about cardiovascular disease, and found gaps in both knowledge and in the provision of services to women.

The case study will aim to describe the extent to which gender was included in the national cardiovascular health policy Building Healthier Hearts and its follow-up reports, and to assess the extent to which gender was taken into account in the development of the strategy. The final report is due for publication in 2005.

Women and Mental Health

Following a submission to the Expert Group on Mental Health Policy in 2003 and previous work on counselling services for women in Ireland in 2002, the Women's Health Council commenced work on a position paper to comprehensively explore women's mental health needs.

Three aims were identified for this report:

- provide evidence for the gender specific nature of mental health problems and their treatment;
- substantiate the need for an improved knowledge base on mental health and illness in Ireland; and
- advocate for greater quality of care, and within that, increased equity of access to services.

The initial framework for this study included a number of topics to be discussed such as the theories behind the gendered nature of mental health problems and the different help-seeking behaviours and treating patterns for women and men. The role played by psychosocial factors, especially, will be highlighted. Considerable time will be dedicated to exploring the current state of mental health services in Ireland, especially in those settings which have been found to be most relevant to women's needs. Recommendations will be made on how to improve such settings. Special emphasis will also be placed on the specific needs of groups of disadvantaged women, who may experience greater mental health difficulties because of their status and who may also find it more difficult to access appropriate services.

It is expected that the report will be published at the beginning of 2005 and will be launched through a one-day conference in Dublin.

As part of its work on the topic of mental health, the Women's Health Council was contacted by the Southern Health Board in July 2004 to participate in the organisation of a two-day conference on mental health promotion due to take place in Cork in 2005. Other organisations represented on the steering committee for the event included the Cork and Kerry Mental Health Associations, Schizophrenia Ireland, and Grow. As well as sharing organisational responsibilities, the Council was also asked to make a presentation on targeted mental health promotion strategies for women, which will be based on the mental health position paper due to be published in 2005.

'Early Life Influences'

Following work on this position paper during the previous years, the Early Life Influences report was published at the end of 2004. The report is based on the premise that healthy mothers make healthy children, and healthy children tend to become healthy adults. This framework is gaining fast recognition, as there is growing international evidence that health risk factors either "in utero" or in "childhood" can strongly influence the development of certain adult chronic illnesses (Kuh and Hardy, 2002). What is required then is the strengthening of reproductive and perinatal health care policies that reflect the interrelationship between maternal risk factors and child health.

This position paper is divided into three sections:

1) a detailed review of the current gaps in Irish perinatal health care;

2) a focused analysis of a number of social and health factors that have the potential of affecting the health of mothers and their children with long-term consequences; and

3) the identification of the risk factors for key chronic diseases that threaten women's health.

The Women's Health Council hopes that this paper will stimulate public health policy makers to apply an early life influences approach to maximising women's health gain. The key points raised and the gaps in current knowledge could offer new insights into future development of maternal and child health care in Ireland.

The report is now available on our website: www.whc.ie

Women and Cancer in Ireland

Following an exploratory meeting, the Women's Health Council and the National Cancer Registry of Ireland (NCRI) agreed to collaborate on producing a document on 'Women and Cancer in Ireland'.

A draft proposal has been drawn up and provisionally approved by the WHC Research Sub-Committee and Board. The report will draw on data already held by the NCRI to outline baseline information on women and cancer in this country. Material to be covered in the report will include data on the most common forms of cancer in women in Ireland and their incidence, cancer mortality and survival rates, cancer screening and other services for women in this country, and some information on risk factors.

Work will be carried out on an in-house basis by both organisations, but, subject to funding, one aim of the project will be to identify further areas for future collaboration between the two organisations. The project is scheduled to begin in early 2005.

'Consultation on Maternity Service Needs in the ERHA: Key Stakeholders' Perspectives'

In November 2004, the ERHA commissioned the WHC to undertake research on the needs of women and of service providers regarding the maternity services in the area. The resulting consultation sought to identify stakeholders' vision of a good maternity service, and to explore stakeholder perceptions of the services as they currently stand to identify strengths and weaknesses, any gaps which the new strategy should address, as well as staff's and women's own needs and priorities. The outcome of the consultation will inform a strategy for maternity services in the eastern region currently being developed by ERHA.

The service providers involved in the study included GPs, midwives, public health nurses, obstetricians, paediatricians, and other hospital personnel. Women who had previously used the maternity services (service users) were also interviewed, including women from vulnerable groups such as women with mental health difficulties, women with disabilities, women drug misusers, women living out of home, and foreign nationals*.

In conducting this consultation process, considerable insight has been gained into the needs of both providers and users of the maternity services. There is a high level of satisfaction by pregnant women and new mothers in the outcome of the birthing process and in the professionalism, expertise and confidence of the staff that deliver the service. A contextual finding from the consultation process is the recognition by users and providers that the current service relies on dedicated staff in the maternity hospitals who are working under very pressurised conditions with resources stretched to the limit by the numbers of births handled each year and the nature of the facilities in which they work. Providers feel the pressure of the current level of throughput in the hospitals, and the users see the pressure staff are under and experience the service constraints resulting from it. Those who had babies previously commented on the lower levels of service they experienced in the last year compared to three to five years ago.

The pressure on staff has resulted in less than optimal time for individual women and their needs; this, together with the lack of continuity of staff in the care of women and the lack of full information to make an informed choice regarding their care, are key issues to be addressed. In addition, due to various vulnerabilities or social circumstances some population groups have significant difficulties with the services.

The Women's Health Council hopes the co-operation that has been evident in conducting this review will continue, so that measures are taken to ensure that the recommendations made by the participants can be adopted. This will ultimately improve the experiences of both those who use and provide the maternity services in Ireland in the future.

WHC Conference: 'Women, Disadvantage and Cardiovascular Health; Policy Implications'

The WHC in conjunction with the Department of Health & Children Health Promotion Unit, hosted a conference on 'Women, Disadvantage and Cardiovascular Disease; Policy Implications' on 22nd April 2004 in the National Concert Hall, Dublin. The conference was held to examine future direction in relation to prevention and treatment of cardiovascular disease among women,

* This group did not include refugees or asylum seekers, as previous research carried out on behalf of the ERHA examined that group (see Murphy-Lawless & Kennedy, 2002).

and to review the progress to date of the Cardiovascular Health Strategy as part of its ongoing monitoring and tracking of its development and effectiveness. The theme of the conference was taken from the WHC's two papers published at the end of 2003, on 'Women, Disadvantage and Health' and 'Women and Cardiovascular Disease'. Key findings from the papers were presented at the conference, and contributions were also made by the international research community, statutory and voluntary agencies within the Republic of Ireland, as well as those responsible for policy implementation. During the day, cutting edge international research findings were presented and a number of inter-sectoral discussions took place in workshop format.

Full proceedings of the day are available on the WHC website, as are the two WHC reports mentioned above.

Women, Disadvantage & Cardiovascular Disease: Policy Implications Conference 22nd April 2004
Pictured left to right: Mr. Brian Brogan, Assistant Principal, Health Promotion Unit, Dept. of Health & Children, Ms. Geraldine Kelly, Assistant Principal, Health Promotion Unit, Dept. of Health & Children, Ms. Geraldine Luddy, Director, Women's Health Council, Prof. Shah Ebrahim, Department of Social Medicine, Bristol University, Prof. Cecily Kelleher, Chair, Women's Health Council, Prof. Hanno Ulmer, Dept. of Biostatistics & Documentation, University of Innsbruck, Dr. Anne Segonds-Pichon, Senior Researcher, University College Dublin, Ms. Aoife O'Brien, Research Officer, Women's Health Council.

Information Resources

Library

The WHC maintains a small research library to support the work of the Council. The collection includes books, journals and official publications focusing on social and policy dimensions of women's health. Outside readers requiring access to the library for research purposes should contact the Council.

Website

The WHC website publicises the existence and activities of the Council by publishing its research reports, submissions and position papers, in addition to providing regular updates of news and events and a monthly email newsletter.

International and European Links

Global Health Research

This year the Women's Health Council spent considerable time and energy on forging links and exploring collaborative projects to fulfil its duty to assist the improvement of women's health in the developing world.

As a result of these efforts, the Council was asked to join the steering committee of a research project funded by the Advisory Board for Development Cooperation Ireland, the Irish statutory agency responsible for the Government's programme of assistance to developing countries.

The research is entitled 'Understanding and addressing socio-cultural, economic and gender contexts to strengthen safe motherhood: an analytical review of policy and programming, with case studies in Ethiopia and Zambia', and will be carried out by Dr. Mary Manandhar who will be based at the Centre for Health Promotion Studies, NUI Galway.

The international community has made commitments to achieving Millennium Development Goals, including Goal 5: to improve maternal health; and Target 6: reduce maternal mortality by two-thirds of the 1990 level by the year 2015. The proposed study aims to contribute to the improvement of maternal health protection. This will be done through reviewing and analysing the way that safe motherhood policies and programmes in Least Developed Countries supported by Development Cooperation Ireland take into account the socio-cultural, economic and gender contexts of health care seeking behaviours and demand for, and access to, appropriate and timely care to prevent maternal and neonatal deaths.

The main activities of the project will be: an international review and analysis of how the socio-cultural and economic context of safe motherhood is dealt with in policy and programming both internationally, and in DCI-supported countries in particular; Ethiopian and Zambian case studies exploring socio-cultural issues of safe motherhood from both community and health provider perspectives; sharing and dissemination events; and the planning of an international conference that highlights this area of the demand side of health.

The research project will run from two years, and it is due to terminate in December 2006.

UNIFEM Ireland

In order to strengthen its contribution to the health and social gain of women in the developing countries, The Women's Health Council also joined UNIFEM Ireland this year. UNIFEM is the United Nations fund for women. UNIFEM's purpose is to support women's efforts to achieve their objectives for economic and social development and equality, and by doing so, improve the quality of their lives. UNIFEM Ireland is one of UNIFEM's 19 National Committees worldwide, and provides direct support to women's projects and promotes the inclusion of women in the decision making process of mainstream development programmes.

WHC Representation on Other Bodies

Crisis Pregnancy Agency

The Crisis Pregnancy Agency (CPA) was established in October 2001, under the Health (Corporate Bodies) Act, 1961, and governed by the Statutory Instrument No. 446 of 2001, Crisis Pregnancy Agency, Establishment Order, 2001. The main remit of the agency is to prepare a strategy to address the issue of crisis pregnancy in consultation with relevant government departments and other agencies as appropriate. The aim is to bring about a national strategic and planning approach to the issue of crisis pregnancy. The board consists of eight members and the Chair of the agency is Ms. Olive Braiden. The Statutory Instrument also provided for the establishment of a Consultative Committee to advise the Board of the CPA, the Chair of which is Dr. Linda Hogan. The function of the Consultative Committee is "to advise the Agency in relation to (a) any matters pertaining to crisis pregnancy as are referred to it by the Agency and (b) any other matters coming within the remit of the Agency".

The CPA produced their first strategy (informed by research and a consultation process of key stakeholders) in November 2003. The strategy is aimed at both policymakers and service providers to bring about change in policy and practice to reduce the rate of crisis pregnancy and to improve the experience of those women faced with a crisis pregnancy. The agency has invested considerable funding in its communication programme, ongoing commissioned research and service provision programme in 2004. Details are available on the CPA website www.crisispregnancy.ie

Commission on Assisted Human Reproduction

The Commission on Assisted Human Reproduction was set up by Mr. Micheal Martin, TD, Minister for Health and Children in March 2000 to prepare a report on possible approaches to the regulation of all aspects of assisted human reproduction. The Chair of the Commission is Prof. Dervilla Donnelly, emeritus professor of organic chemistry in University College Dublin. The Commission's terms of reference are:

"to prepare a report on the possible approaches to the regulation of all aspects of assisted human reproduction and the social, ethical and legal factors to be taken into account in determining public policy in this area."

The Commission's final report is due to be submitted to the Minister for Health and Children in 2005.

National Committee on Breastfeeding

Breastfeeding rates in Ireland remain among the lowest in Europe. To combat this, the National Committee on Breastfeeding was set up in 2002 by the Minister for Health and Children. The Women's Health Council has been represented on the Committee since its establishment.

The terms of reference given to the Committee are to:

- review the 1994 National Breastfeeding Policy and,
    - identify recommendations not yet implemented;
    - identify those organisations charged with responsibility for implementation;
    - engage with such organisations to establish commitment and advise on best practice
- provide recommendations to the Minister on what further action is required at National, Regional and Local level to improve and sustain breastfeeding rates.
- identify other relevant areas requiring support, e.g. research, data collection, monitoring, etc. and recommend measures for their implementation.
- report to the Minister on its findings.

The Interim Report of the National Committee on Breastfeeding was presented to Minister Martin in May 2003 and paved the way for the Committee's work in preparing a strategic action plan to promote and support breastfeeding in Ireland. A wide range of proposals for future actions and initiatives have been put forward by the organisations and individuals who responded to the Committee's call for public submissions and these will inform the development of the strategic plan. The goal for this framework is to create a truly breastfeeding supportive culture in Ireland. The Committee, however, recognise that for this to happen support needs to come from all sectors of government and all areas of public life.

Following the publication of the Interim Report, the work of the National Committee on Breastfeeding has focused on developing its Strategic Action Plan for Breastfeeding. A part-time Strategy Writer is to be employed to assist the Committee with this work.

Irish Forum for Global Health

Again, as a way to contribute to the promotion of the health of women in the developing world, the Council joined the Irish Forum for Global Health in 2004. The aim of this organisation is to contribute to improvement in the health of individuals and populations globally by creating networks that will promote research and education and advocate for investment in global health.

The specific objectives of the Irish Forum for Global Health are to:

- build capacity by ensuring that students who graduate from health sciences courses in Irish third level institutions have the understanding, knowledge and ability to work on global health issues;
- enable our members to produce high quality collaborative research with partners in middle and low income vulnerable countries to identify possible solutions to health problems in these settings;
- ensure that government, the donor community and civil society contribute more to addressing global health issues by raising awareness and advocating for a global health perspective.

The Forum was established in 2004 and launched through an inaugural conference in Dublin in July 2004. A series of meetings are planned for 2005 in order to establish a steering committee and decision-making structure as well as to plan activities and to discuss the development of a business plan for the next five years. The Women's Health Council hopes to be actively involved in all of these activities.

Other Borders – A Cross Border Strategy for Women from the North West

Following a consultation process carried out in 2002, in 2003 Derry Well Woman convened a project team to draw up and implement a strategy which would improve women's mental health. The Women's Health Council was asked to be a member of the project steering committee and has been attending twice yearly meetings in Derry. The project is due to end in 2005.

The priorities and actions that Other Borders focuses on, involvement in planning, childcare, work/life balance and the whole issue of domestic violence, are those which local people have identified as being conducive to reducing isolation, building social capital, improving access to employment and educational opportunities, increasing self-confidence and improving self-esteem.

Conferences/Meetings

Consultation day on Men's Health, Tullamore Court Hotel, Tullamore, 22 January 2004.

Health Research Board launch of 'A Picture of Health; A Selection of Irish Health Research 2003', Royal Irish Academy, Dublin, 17th February 2004.

Information day given by the Domiciliary Birth Group, Alexander Hotel, Dublin, 30th March 2004.

Expert Group on Mental Health Policy public consultation day, Jury's Ballsbridge, Dublin, 27th April 2004.

North South Health Services Partnership and The Institute of Public Health in Ireland conference 'Creating Healthy Alliances, Reducing Health Inequalities', Carrickdale Hotel, Dundalk, 18th May 2004.

Interim Health Service Executive 'Improving Health Through Health Reform' stakeholder workshop, Athlone, 23rd/24th June 2004.

Irish Penal Reform Trust conference 'Sisters Inside: women, prisons and human rights', Dochas Centre, Dublin, 30th June 2004.

Irish Forum for Global Health conference 'Global Health: the challenges', Trinity College Dublin, 7th July 2004.

National Task Force on Obesity Consultation day, Dublin City University, 3rd September 2004.

National Council of Age and Opportunity launch of 'Older people in Ireland: a profile of health status, lifestyle and socio-economic factors from SLÁN', Alexander Hotel, Dublin, 6th September 2004.

Development Cooperation Ireland launch of 'Gender Equality Policy', Development Cooperation Ireland, Dublin, 9th September 2004.

Department of Justice, Equality and Law Reform, 'Equality for Women Measure' conference and launch of 'Annual Report for the Equality of Women Measure', Dublin Castle, 14th September 2004.

Centre for Addiction Studies, TCD, conference 'Towards comprehensive alcohol treatment', Trinity College Dublin, 16th September 2004.

National Disability Authority/Department of Justice, Equality & Law Reform conference 'Access for All – Towards Best Practice in Accessible Public Services', Tullamore Court Hotel, 30th September 2004.

Health Research Board conference 'The Future in Focus', Dublin, 7th/8th October 2004.

Mental Health Commission, 'Mental Health Day' seminar, National Concert Hall, Dublin, 11th October 2004.

National Council for Age and Opportunity, The Equality Authority and the Health Board Executives conference, 'From ageism to age equality: addressing the challenges', Shelbourne Hotel, Dublin, 14th October, 2004.

Health Research Board launch of 'A Picture of Health; A Selection of Irish Health Research 2004', Royal Irish Academy, Dublin, 27th October 2004

Irish Medical Organisation and The Equality Authority conference, 'An equality drive health service – how to get there', Alexander Hotel, Dublin, 11th November 2004.

'The Official Languages Act' seminar, Institute of Public Administration, Dublin, 16th November 2004

Department of Health & Children, National Consultative Forum on Health Reform, Great Southern Hotel, Dublin Airport, 24th November 2004.

The National Disability Authority conference, 'Violence Against People with Disabilities', Burlington Hotel, Dublin, 29th November 2004.

National Conference on Men's Health, Ferrycarraig Hotel, Wexford, 1st December 2004

National Collective of Community-Based Women's Networks launch of 'Strategic Plan 2004-2007', Mansion House, Dublin, 2nd December 2004.

Expert Group on Mental Health Policy launch of 'Speaking your mind' and 'What we heard' consultation papers, National College of Ireland, Dublin, 9th December 2004.

Migrants Rights Centre Ireland launch of 'Private Homes: a public concern', Liberty Hall, Dublin, 15th December 2004.

Financial Statements

Year Ended 31 December 2004

Composition of the Council and Other Information

Council Members

Prof. Cecily Kelleher
(Chairperson from 25/06/2000)

Ms. Inez Bailey

Ms. Rita Bergin

Dr. Anne Byrne

Dr. Pat Doorley

Mr. Chris Fitzgerald

Dr. Patricia Fitzpatrick

Mr. Pat Fitzpatrick

Ms. Catherine Harney

Ms. Mary Kelly

Prof. Kathleen Lynch

Dr. Claire McNicholas

Ms. Catherine Murphy

Ms. Margaret Ryan

Dr. Helen Whelton

Ms. Christine Whyte

Director

Ms. Geraldine Luddy

Bank

Bank of Ireland
2 College Green
Dublin 2

Solicitors

McCann FitzGerald
2 Harbourmaster Place
Dublin 1

Accountants

Grant Thornton
24-26 City Quay
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.

On behalf of the Council

Council Members

Date 27th April 2005

Statement on the System of Internal Financial Controls

Responsibility for system of Internal Financial Control

On behalf of the Board of the Women's Health Council I acknowledge our responsibility for ensuring that an effective system of internal financial control is maintained and operated.

The system can only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely period.

Key Control Procedures

The Council has taken steps to ensure an appropriate control environment by

- Clearly defining management responsibilities;
- Establishing formal procedures for reporting significant control failures and ensuring appropriate corrective action.

The system of internal financial control is based on a framework of regular management information, administrative procedures including segregation of duties, and a system of delegation and accountability. In particular it includes:

- A comprehensive budgeting system with an annual budget which is reviewed and agreed by the Council;
- Regular reviews by the Council of periodic and annual financial reports which indicate financial performance against forecasts;
- Setting targets to measure financial and other performance.

The Finance & Audit Committee monitors and reviews the effectiveness of the system of internal financial control and reports to the Council.

Annual Review of Controls

I confirm that at the year ended 31 December 2004 the Council conducted a review of the effectiveness of the system of internal financial controls.

Signed on behalf of the Council

Chairperson 

Date 

Certificate of Comptroller and Auditor General

THE WOMEN'S HEALTH COUNCIL

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 8 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 are set out on page (ii). It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me and to report on them.

I review whether the Statement on the System of Internal Financial Control on page (iii) reflects the Council's compliance with applicable guidance on corporate governance and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements.

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.

Opinion

In my opinion, proper books of account have been kept by the Council and the financial statements, which are in agreement with them and have been properly prepared in accordance with accounting policies laid down by the Minister for Health and Children, give a true and fair view of the state of affairs of the Women's Health Council at 31 December 2004 and of its income and expenditure for the year then ended.

Gerard Smyth
For and on behalf of the
Comptroller and Auditor General
29 **April 2005**

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:

(a) 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.

(b) To assist the development of national and regional policies and strategies designed to increase health gain and social gain for women.

(c) To develop expertise on women's health within the Health Service.

(d) To liaise with international bodies which have functions similar to the functions of the Council.

(e) 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

(i) Basis of Accounting

These accounts are prepared on an accruals basis under the historical cost convention.

(ii) Department of Health & Children – Grants

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

(iii) 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	$33\frac{1}{3}$%	Straight Line

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

(iv) Capitalisation Account

The capitalisation account represents the unamortised value of funding provided for fixed assets.

(v) Superannuation

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

By the direction of the Minister for Health & Children no provision has been made in respect of benefits payable under the Local Government Superannuation Scheme as the liability is underwritten by the Minister for Health & Children.

Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid.

Income and Expenditure Account

Year Ended 31 December 2004

	Note	**2004**	2003
		€	€
Income			
Department of Health & Children Grants		**596,000**	505,000
Rental Income	*10*	**10,878**	14,271
Superannuation	*12*	**9,473**	7,542
Other Income	*9*	**55,917**	12,642
		672,268	539,455
Expenditure			
Administration Expenses	*8*	**520,879**	462,436
Property Expenses	*8*	**148,413**	107,043
National Crime Council	*11*	**22,000**	22,000
Funding of Fixed Assets	*7 & 8*	**6,502**	3,460
		697,794	594,939
(Deficit)/Surplus for the Year		**(25,526)**	(55,484)
Accumulated Surplus/(Deficit) 1st January		**6,203**	61,687
Accumulated (Deficit)/Surplus 31st December		**(19,323)**	6,203

Apart from depreciation and amortisation of capital grants, the Council has no recognised gains or losses other than those dealt with in the statement of income and expenditure above.

Council Members

Date 27th April 2005

The Accounting Policies on page 30 and the Notes on pages 33 to 36 form part of these Financial Statements.

Balance Sheet

As At 31 December 2004

	Note	**2004**	2003
		€	€
Fixed Assets	*3*	**9,144**	11,785
Current Assets			
Debtors & Prepayments	*4*	**25,117**	3,195
Cash at bank and in hand		**36,897**	48,489
		62,014	51,684
Current Liabilities			
Bank loans and overdrafts		**–**	–
Creditors: Amounts falling due within one year	*5*	**81,340**	45,484
Net Current Assets		**(19,326)**	6,200
Total Assets Less Current Liabilities		**(10,182)**	17,985
Financed By			
(Deficit)/Surplus on Income & Expenditure Account		**(19,323)**	6,203
Capitalisation Account	*6*	**9,141**	11,782
Surplus on Capital Income & Expenditure Account	*7*	**–**	–
		(10,182)	17,985

Council Members

Date 27th April 2005

The Accounting Policies on page 30 and the Notes on pages 33 to 36 form part of these Financial Statements.

Notes to the Accounts

For Year Ended 31 December 2004

1 Period of Account

These financial statements are for the period from 1st January 2004 to 31st December 2004.

2 Particulars of Employees

The aggregated payroll costs of the above were:

	2004	2003
	€	€
Wages & Salaries	**201,861**	201,215
Employers PRSI	**23,578**	21,703
	225,439	222,918

The average number of employees is analysed as follows:

Administration staff	**5**	5

3 Tangible Fixed Assets

	Plant & Machinery €	Fixtures & Fittings €	Equipment €	Total €
Cost				
At 1 January 2004	17,559	194,171	72,884	284,614
Additions	-	61	6,441	6,502
At 31st December 2004	**17,559**	**194,232**	**79,325**	**291,116**
Depreciation				
At 1 January 2004	14,044	187,378	71,407	272,829
Charge for the year	2,034	3,658	3,451	9,143
At 31st December 2004	**16,078**	**191,036**	**74,858**	**281,972**
Net Book Value				
At 31st December 2004	**1,481**	**3,196**	**4,467**	**9,144**
At 31st December 2003	**3,515**	**6,793**	**1,477**	**11,785**

Notes to the Accounts *continued*

4 Debtors and Prepayments

	2004 €	2003 €
IPA	**497**	–
Rent prepayment	**9,821**	
General Prepayments	**14,799**	3,195
	25,117	3,195

5 Creditors: Amounts falling due within one year

	2004 €	2003 €
Accruals	**81,340**	45,484

6 Capitalisation Account

	2004 €	2003 €
Opening Balance	**11,782**	56,856
Add: Additions to Fixed Assets in the year	**6,502**	3,460
Less: Amortisation in line with Depreciation	**(9,143)**	(48,534)
	9,141	11,782

7 Capital Income and Expenditure Account

	2004 €	2003 €
Opening Balance	**–**	–
Add: Income for year/period:		
Income & Expenditure		
Fixed Asset Additions funded from Revenue	**6,502**	3,460
Less: Expenditure for year	**(6,502)**	(3,460)
Surplus on Capital Income & Expenditure Account	**–**	–

Notes to the Accounts *continued*

8 Overheads

	2004	2003
	€	€
Administration		
Wages and Salaries	**201,861**	201,215
Research	**158,271**	122,086
Library & Publications	**13,728**	41,616
Employer's PRSI	**23,578**	21,703
Irish Cervical Screening Programme (ICSP)	**40,396**	12,557
Equipment Maintenance	**13,401**	10,893
Council Members Expenses	**10,636**	9,441
Telephone	**8,858**	8,791
Professional Fees	**6,064**	7,444
Audit Fees	**2,765**	4,745
Consultancy Fees	**11,243**	4,241
Office Supplies	**1,196**	3,171
Sundry Expenses	**3,055**	3,005
Travel Expenses	**2,636**	3,630
Light and Heat	**1,454**	2,790
Postage	**2,954**	2,750
Catering Expenses	**2,517**	738
Organisational Development	**600**	696
Web Design	**396**	490
Bank Charges	**333**	277
WHO Project	**4,636**	–
Conference Expenses	**7,736**	157
Legal Fees	**2,565**	–
	520,879	462,436
Property		
Rent and Service Charges	**145,064**	103,450
Insurance	**3,349**	3,593
	148,413	107,043
Funding of Fixed Assets	**6,502**	3,460
Total Overheads	**675,794**	572,939

Notes to the Accounts *continued*

9 Other Income

Other Income for the year to 31 December 2004 includes miscellaneous income of €473 and a contribution of €55,443 received from Mid-Western Health Board in relation to costs associated with the Review of Phase 1 of the Irish Cervical Screening Programme ("ICSP") being conducted by the Women's Health Council on behalf of ICSP. €25,443 of which is deferred income from 2003.

10 Rental Income

The rent and service charge income was received from the Food Safety Authority as specified in its Contract with the Women's Health Council.

11 National Crime Council

On behalf of and at the direction of the Department of Health and Children, the Women's Health Council paid an amount of €22,000 received as part of its Department of Health and Children allocation to the National Crime Council.

12 Defined Benefit Superannuation Scheme

The Council 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. By direction of the Minister for Health and Children no provision is made in the financial statements in respect of future benefits.

13 Approval of Financial Statements

The Financial Statements were approved by the Council on 27th April 2005.