



European Institute of Women's Health Annual Report

For Financial Period 1st June 2015 - 1st July 2016



Contents

Message from the President	2
Introduction by the Director General	3
About the European Institute of Women's Health (EIWH)	4
Board Members	5
Key Staff	5
Board Activity	5
Financial Overview	5
Governance	5
Change of Name	5
Activity Overview 2015-2016	6
EU Policy Work	6
EU-funded Projects	11
Proposal Requests	13
Communications	14
Publications and Policy Briefs	14
Advisory Roles	17



Message from the President

The European Institute of Women's Health (EIWH) was founded in 1996. It has been my pleasure to have worked with the EIWH since its establishment and to have served as its president since November 2013.

The European Institute of Women's Health promotes an equitable, gender-sensitive approach in health policy, research, treatment and care. As women make up over half of the population and take medicines across their lifespan, the EIWH contributes the perspective of women as medicine takers, patients and carers of children, ageing parents and other family members.

The first meeting of the EIWH was held in Dublin in 1996, when Ireland held the presidency of the EU. At that time, women's health was not evident on any political agenda, or adequately considered in European health policy. On signing of the Maastricht Treaty, the EU developed a strategy for the promotion of health and disease prevention. However, the strategy failed to recognise the uniqueness of women's health needs and their contribution to the health of the family and society at large. The EIWH was established to counter discrimination against women in the health sector and to place their health needs firmly on the national and European agenda.

As we celebrate our 20th anniversary, it is timely to review the positive impact the EIWH has had on effecting change in health policy for women and their families Europe-wide. Working both independently and collaboratively with wide-reaching partner organisations, the EIWH has influenced and shaped EU health and social policy for two decades.

Over the years, we have addressed many of the key issues affecting women's health including diabetes, heart disease, cancer prevention and care, Asthma, smoking cessation, vaccination, homelessness, HIV/AIDS and the safety of medicines in pregnancy. We raise awareness of women's health needs by researching reports, publishing position and policy papers and responding to consultation Europe-wide. We work with health professionals and expert panels in formulating policies and creating guidelines for prevention and quality treatment of disease in women. We have focused on cervical cancer and its prevention through organised screening programmes and have rejoiced in the enormous success of seeing mortality rates drop across Europe. We have fought to eliminate gender bias and instead to have gender considerations included in public health and biomedical research. We worked with the EU Commission to ensure gender is adequately addressed and represented in all EU research proposals and have been instrumental in having gender and age consideration included in the revision of Clinical Trials Regulation.

We work at EU, national, regional and local levels to promote women's and family health, to ensure quality and equity in health and research policy, treatment and care. Having reached our 20th anniversary in 2016, I am immensely proud of the past achievements of the EIWH and I am confident that together with our partners, we will continue to move towards a healthier, safer and brighter future for all.

Hildrun Sunseth

President

European Institute of Women's Health

▶ Introduction by the Director General

The European Institute of Women's Health (EIWH) was founded in 1996 to promote gender equity in public health, research and social policies across Europe. Over the past 20 years, the EIWH has worked closely with the European Commission, member states and the World Health Organisation (WHO) to place gender mainstreaming on the health and research agenda. The EIWH has played a prominent role in policy development across Europe and has been instrumental in gaining recognition for women and effecting favourable change on their behalf.

Since its establishment, the EIWH has tirelessly campaigned for the recognition that women, due to their biological differences, their access to resources and their gender role, are faced with different obstacles to men in accessing effective healthcare. These sex and gender differences have important implications for health and healthcare. Yet, women are generally under-represented in clinical trials. The failure to acknowledge the impact of sex and gender differences will affect the quality of healthcare provision. It is imperative to target medicines to patients and the EIWH will continue to campaign at the highest international levels to promote the recognition of sex and gender issues.

The EIWH continues to be actively engaged in promoting the public health value of vaccinations and encouraging the development of EU-wide vaccination strategy. Increasing immunisation rates across all age groups is essential to protect the population. The EIWH is wholly committed to continuing its role in promoting the importance of life-course vaccination.

The safe use of medication during pregnancy has been identified by the EIWH as an unmet medical need. Europe lacks a robust and comprehensive regulatory and information system about safe medicines use during pregnancy and lactation. It is estimated that over 80 per cent of pregnant women take medicines however, there is little information available to determine the risk to both mother and child about the use of medicines during pregnancy.

The EIWH consults with an extensive network and continuously provides updates on EIWH activities to a wide range of stakeholders. In addition, the work of the EIWH is monitored and continually assessed by members of the Institute, the board and expert stakeholders. Most pertinent, the effectiveness of the EIWH is evident in its influence in contributing to and shaping European policy.

The EIWH takes an active and prominent role in contributing to and shaping European policy on women's health and that of their families. I am delighted to introduce this report and to share all that we achieved through 2015 and 2016. However, none of this would have been possible without the unfailing support of our volunteer network. The EIWH is supported by highly skilled individuals who volunteer their expertise and time. On behalf of women and their families Europe-wide, I wish to pay particular tribute to our volunteers, for their time and selfless sharing of their expertise. Without each of you, none of this could be achieved.

Peggy Maguire

Director General

European Institute of Women's Health

About the European Institute of Women's Health (EIWH)

The objective of the European Institute of Women's Health (EIWH) is to promote the advancement of education and public awareness of women's and family health issues throughout Europe by conducting research, undertaking surveys, establishing and delivering training programmes, seminars and conferences on all aspects of health care.

The EIWH is a registered charity in Ireland (CHY 12184. Charity Register Number 20035167) and is governed by a board of directors nominated by members. Membership of the EIWH is open to individuals and organisations with an interest in women's and family health. The EIWH has a membership base of individuals and organisations that contribute to the ongoing work of the EIWH.

Together with its members, the EIWH works to:

- Promote lifelong health in women and their families.
- Ensure quality and equity in health policy, research, treatment and care for all.
- Draw the attention of policymakers to the obstacles that women who belong to minority and disadvantaged groups face in obtaining a desirable health status.
- Empower individuals to play an active part in their own health management.
- Promote gender-specific bio-medical and socio-economic research that addresses sex and gender-based differences, to ensure equal access to quality treatment and care for women throughout their lifespan.

The EIWH aims to reduce inequalities in health, in particular those due to gender, age and socio-economic status, by highlighting that sex and gender are important determinants of health. The EIWH works to improve and promote the understanding that vulnerability to, onset and progression of specific diseases vary in men and women.

The key priorities of the EIWH include:

- Prevention of chronic diseases.
- Promotion of health and wellbeing and combatting smoking, drinking and obesity in women.
- Promoting active and healthy ageing across the lifespan and increasing healthy life years.
- Ensuring access to high quality treatment and care across an individual's lifespan.
- Advocating healthy pregnancies and ensuring safety of medicines in pregnancy.
- Highlighting the need to consider sex and gender in medicines regulation and medical education.
- Promoting vaccination across the lifespan.
- Advocating mental health issues, with a particular focus on managing depression.
- Advocating sex and gender sensitive health systems.

The EIWH has an Expert Advisory Group appointed by the board which guides EIWH policies and activities.



Board Members

Hildrun Sunseth, President of the European Institute of Women's Health
 Maeve Cusack, National Cancer Control Programme
 Barbara Dowling, University of the Arts London
 Sinead Hewson, TpEBO
 Prof Ineke Klinge, PhD, Charite University
 Karen Ritchie, INSERM
 M. Merce Rovira, Girona University (retired)

Key contributors

Peggy Maguire, Director General
 Vincent Herity, Financial Manager
 Kristin Semancik, Researcher
 Vanessa Moore, Researcher
 Rebecca Moore, Researcher

Board Activity

Members of the board of the EIWH are located Europe-wide, therefore a monthly meeting is hosted by teleconference and annually in person. The most recent annual board meeting was held on 20th January 2017. The meeting provided the opportunity to present, review and evaluate the activity undertaken by the EIWH in the preceding 12 months and decide on the future strategic direction and priorities for the EIWH. The board also approved the annual report for the financial year 2015-2016.

Financial Overview

One of the main objectives of the board is to ensure the sustainability of the EIWH. A board decision to concentrate on seeking EU funding for projects resulted in leading or contributing to several EU-funded research projects.

The main source of income for the EIWH is through EU project funding. The board agreed to continue its focus on applying for project funding while examining other opportunities to diversify.

Governance

The EIWH began the process of reviewing its governance to ensure compliance with the statutory Governance Code for charities. The results of the review process were presented for discussion at the AGM on 20th February 2017.

Change of Name

Due to a change in legislation, the EIWH was required to apply to change its name to the European Institute of Women's Health CLG. A board meeting was held to agree the change of name and a special resolution was prepared for submission to the Companies Registration Office (CRO).

Activity Overview 2015-2016

The EIWH takes an active and prominent role in contributing to and shaping European policy on women's health and that of their families. The EIWH is proud of its continuing partnership with and contribution to agencies including the World Health Organisation (WHO), the European Medicines Agency and the World Congress of Women's Health. The work of the EIWH has helped to shape health policy that affects and benefits women Europe-wide and has presented its recommendations to, among others, the European Parliament, the European Institute for Gender Equality and the WHO. The EIWH is wholly committed to continuing its role in promoting health and the prevention of disease and the importance of gender equality in health policy and to ensure access to quality treatment and care for women across their life-course, regardless of their economic status.

EU Policy Work

Implementation of the Clinical Trials Regulation

The EIWH will continue its advocacy work on the importance of including women in biomedical research and clinical trials, to ensure medicines are evidence-based for women. The EIWH is a member of the EU Portal and Clinical Trials Database working group which, under the new Clinical Trial Regulations, requires more transparency and information on sex/gender and age-specific data.

European Medicines Agency - Patient and Consumer Working Party

The EIWH has collaborated with the European Medicines Agency (EMA) for several years and was delighted to have its membership of the Patient and Consumer Working Party (PCWP) renewed. EMA is the regulatory agency that approves innovative medicines in the EU. The PCWP comprises 20 patient and consumer organisations from across the EU. The group's task is to provide the patient perspective in the regulatory process and make recommendations to EMA on matters of interest to patients in relation to medicinal products. As users of the medicines approved by the EMA, patients and consumers have specific knowledge and expertise to offer. Women are some of the heaviest users of medicines, starting early with birth control pills and across their lifespan as longevity champions. Additionally, due to women's reproductive and caring role in society, women have a specific interest in, but also knowledge of medicine. The EIWH was also invited to attend the annual EMA Training day in November 2015.

As member of the PCWP, the EIWH reviews medicine package leaflets for their readability and comprehension by patients and lay people without specific medical knowledge. In addition, the EIWH reviews safety communications, takes part in various subgroup meetings and contributes to EMA guidelines from the patient/consumer perspective.

The EIWH is a member of the EU Portal and Clinical Trials Database which, under the new Clinical Trial Regulation requires more transparency and information on sex/gender and age-specific data. This data must be made publicly available. The institute also presented the EUGenMed research project to the EMA PCWP.



Antimicrobial Awareness Day

The EIWH participated in the discussion of the Antimicrobial Awareness Day, held by the European Centre for Disease Control (ECDC) and Prevention on 18th November 2015. The growing resistance to many antibiotics is a public health threat that has been steadily increasing in recent decades. As a result, many common infections are becoming difficult or even impossible to treat, sometimes turning a simple infection into a life-threatening condition. Antibiotics are vital in reducing the risk of complications in complex medical intervention such as hip replacements, organ transplants, cancer chemotherapy and the care of premature babies.

A joint technical report by ECDC and the European Medicines Agency estimates that 25,000 people die each year in the EU from infections caused by drug resistant bacteria. Related costs in healthcare expenses and loss of productivity amount to over €1.5 billion. The EIWH partners with the ECDC annually to raise awareness of the threat through targeted media relations on Antimicrobial Awareness Day.

European Immunisation Week

The EIWH developed a key vaccination policy brief titled 'Women and Vaccination in the EU'. In support of European Immunisation Week in April 2016, the EIWH reissued this vaccination policy brief with a press release to media. A social media campaign saw pertinent vaccination information and messages being shared daily. The aim of the campaign was to increase awareness of the importance of vaccination in preventing the spread of infectious disease which is particularly relevant at a time when vaccination participation is decreasing.

WHO Meeting on Women's Health Report

The EIWH was invited to participate in the expert group meeting held at the WHO office in Copenhagen in December 2015 to discuss the content of the proposed WHO Women's Health Report. The EIWH was asked to contribute to the development of the report on health system responsiveness, using Asthma as an example, and also EU legislation that impacts women's health. The EIWH also contributed content on the gender pay gap and medicines regulation. At implementation stage, the WHO wishes to continue its collaboration with the EIWH in disseminating the report and supporting the use of the strategy worldwide. The EIWH has been acknowledged for its contributions and the final report is available to view at:

Cervical Cancer Project – Resiste

EIWH attended the Resiste meeting held in Paris in June 2016 to contribute to the development of the Horizon 2020 research project. The EIWH is focused on encouraging women from socio-economically disadvantaged backgrounds to participate in cervical cancer prevention programmes. The EIWH declared its interest in co-leading a work package to develop and disseminate guidelines on how to include women from disadvantaged backgrounds in cervical cancer screening that could be endorsed across the EU, and some other non-European countries. The EIWH has also offered to contribute to other work packages, where it can provide a positive input.

European Institute for Gender Equality (EIGE)

The EIWH was represented at an experts meeting in Vilnius on the domain of health in the Gender Equality Index. The Gender Equality Index provides both a composite indicator of gender equality attainment at EU level and more detailed analysis of the situation of each member state. The EIGE organised an experts roundtable on the topic to collect views on the further development of the health domain.

At this meeting, the EIWH discussed a review of the overall concept, and a revision of the current focus areas (health status and access to health structures), as well as the measurement of health behaviours (currently lacking indicators). Participants, including the EIWH, had been invited to identify relevant themes, indicators, variables and data that support the measurement of gender equality in the area of health.

FEANTSA

Women and their children are the fastest growing group within the homeless community. Yet, there is a lack of information on and understanding of homeless women and families, particularly about their health status and healthcare needs. Homeless women and children face many health inequities and challenges that must be addressed through targeted policy and programming.

FEANTSA is the European Federation of National Organisations Working with the Homeless. FEANTSA brings together non-profit services that support homeless people in Europe. The EIWH was delighted to partner with FEANTSA in September 2015 to raise awareness of women's health and homelessness, through the development of a position paper and educational articles.

Homeless women have higher levels of ill health and injury than housed women. Even among the homeless population, women experience worse health than men. When faced with homelessness, women often neglect their health. Finding housing, food and clothing for themselves and, in many cases, for their children become the priorities. Common health problems, such as colds and chronic diseases, that are easily treated or managed in the housed population are often worse among homeless people. The average age of death for homeless women is just 43 years of age. More information on FEANTSA is available at <http://www.feantsa.org/en>

Fourth ESWI Science Policy Flu Summit

To help lower the impact of influenza (flu) on public health in Europe, the European Scientific Working group on Influenza (ESWI) organises Science Policy Flu Summits on an annual basis. The fourth edition of the Science Policy Flu Summit was held in September 2015 at the International Press Centre in Brussels. EIWH Director General, Peggy Maguire was invited to speak at the summit, representing both the EIWH and the European Public Health Alliance (EPHA). The presentation addressed methods to increase the uptake of flu vaccines in the most vulnerable target groups and gave an overview of some of the key challenges and ethical issues (such as the exclusivity of vaccine availability), that must be considered and overcome in the process. More information on the summit can be viewed at www.eswi.org/flusummit.

ASSET Project

The ASSET project (Action Plan on Science in Society in Epidemics and Total Pandemics) is a 48-month project that aims to address scientific and societal challenges raised by the occurrence of pandemics and epidemics. The main objectives of ASSET are to (i) establish baseline knowledge about influenza epidemics and pandemics and their wider societal implications (ii) the extent of research and innovation into epidemics and pandemics (iii) the existing operational and regulatory environments across Europe.

The EIWH completed a literature review and established the gender platform to create awareness among women and policymakers of the need for vaccination to prevent infectious diseases. In addition, the EIWH will work with schools to develop communications tools to disseminate information on vaccination.

In 2015, the EIWH attended the ASSET meeting in Brussels to discuss the format and terms of reference for the establishment of a High Level Platform of Experts and to discuss the Terms of Reference for members to join.

ASSET Summer School

The Asset Summer School took place in June 2016. The EIWH delivered a module to a group of students attending from various backgrounds including doctors, epidemiologists, communications professionals and public health experts. EIWH researchers Rebecca Moore and Vanessa Moore presented on gender and influenza under the title 'How can the gender gap occurring in pandemics be fixed?'. The presentation explored the themes around pandemics, epidemics, vaccination and sex/gender as explored in the literature review on the same issue. Following the presentation, the students were divided into four discussion groups. The varied backgrounds of the students provided a good foundation for lively discussion. Specifically, the issues raised around gender issues in vaccination, female participation in clinical trials, low vaccination rates for healthcare workers, and issues around hard-to-reach groups were the most discussed.

ASSET Tool Box

As part of the ASSET project, the EIWH developed tools to provide clear and easily understood methods to successfully replicate various projects, but in potentially different subjects. The EIWH worked on two tools – the 'Sex & Gender & Vaccination Platform' and the 'Liaison with Schools' tool.

The 'Sex and Gender Vaccination Platform' tool is of particular use to anyone wishing to promote a specific issue online and to engage with audiences in a direct and open manner. Similarly the 'Liaison with Schools' tool outlines how to reach out to school children in an age-specific and suitable manner, while also including the school and the teaching plans in the process. For more information, visit www.asset-scienceinsociety.eu/

Vaccination Across the Life-course

In May 2016, the EIWH was invited to present at a meeting titled 'Life-course Vaccination: From babyhood to healthy ageing – what are the priorities?' at the European Parliament, by Mrs Julie Girling, MEP.

Despite past successes in the elimination of major infectious disease, the benefit of vaccination has become a neglected public health measure. The EIWH highlights the benefit of vaccination across the life-course and advocates for the Commission and EU member states to develop a comprehensive vaccination strategy that is supported by robust, evidence-based communications programmes to restore public trust in vaccination. The EIWH continues to be actively engaged in promoting the public health value of vaccinations and encouraging the development of EU-wide vaccination strategy.

The meeting looked at how civil society and healthcare professionals can engage with policymakers in the decision-making process around life course vaccination. An increase in immunisation rates across all age groups is essential to protect the population.

The EIWH presented the life-course perspective and outlined the importance of preparedness, (giving the work of ASSET [www.asset-scienceinsociety.eu] as an example) and highlighted the pivotal role of women as mothers and carers in raising awareness on vaccination. The issue of pregnancy and protection against infectious diseases were also raised. The presentation was well received and drew a lot of interest in the ASSET project. Other presenters included the EU Commission and the ECDC.

Increasing immunisation rates across all age groups is essential to protect the population. The EIWH is wholly committed to continuing its role in promoting the importance of life-course vaccination and intends to establish a working group on the issue, in partnership with the EU.

Safe Use of Medicine in Pregnancy

The EIWH has identified the safe use of medication during pregnancy and lactation as an unmet medical need. It is estimated that over 80 per cent of pregnant women take medicines however, there is little information available to determine the risk to both mother and child about the use of medicines during pregnancy.

In order to improve maternal health and subsequently the health of future generations, reliable and up-to-date information should be available and easily accessible for women and their health professionals. The EIWH works with the European Board and College of Obstetricians and Gynaecologists (EBCOG) and other key stakeholders to bring this gap in public health to the attention of European policymakers and the European Medicines Agency. EIWH has contributed to the EBCOG position paper to highlight issues such as the recommendations from the EUROMediCAT research project and the need for a comprehensive European pharmacovigilance system that gathers important information on pregnant women taking medicines, from real life data.



EU-funded Projects

CHRODIS - Joint Action on Chronic Diseases

The EIWH was an associate partner in the CHRODIS-Joint Action (CHRODIS-JA) project, which promotes healthy ageing across the life cycle. The project was co-financed by the EU Health Programme. CHRODIS-JA involves 38 organisations from 22 EU member states, Norway and Iceland until the end of March 2017.

More than 80 per cent of people over 65 suffer from a chronic condition. The aim of CHRODIS-JA is to support member states to collaborate in the exchange of information on models of good practice in dealing with chronic diseases, with a specific emphasis on the promotion of healthy lifestyles and the prevention of disease. A particular focus is given to diabetes, cardiovascular disease (CVD) and stroke.

In September 2015, the EIWH partnered with the HSE and the Institute of Public Health to host a stakeholder meeting consisting of health professionals working in the area of chronic disease. The purpose of the meeting was to address current best practice in health promotion methods and ways to improve education and awareness. On the topic of diabetes, a survey was undertaken to examine perceptions of a national diabetes plans. The EIWH provided vital input on gender and diabetes to the CHRODIS policy brief on diabetes, attended several workshops and created guidelines for the development of diabetes information. The EIWH review has made recommendations to improve prevention and quality of care for people with diabetes, by defining a core set of general quality criteria/indicators and recommendations that can be widely applied in countries with different political, administrative, social and healthcare organisations.

The EIWH took part in an expert panel in May 2016 to confirm the criteria for selection of good practices. The CHRODIS amendment was submitted to the commission for activities for 2017. The EIWH attended a CHRODIS site visit trip to Lombardy. This site visit was an example of good practice in the area of workplace health promotion.

As part of the CHRODIS project the EIWH identified specific tasks that require support, including a search for health experts (clinicians, patients, caregivers, health managers, researchers). The health experts were requested to revise a vignette of a typical patient, answer a questionnaire about how to apply the MCM (multi morbidity care model) components to that patient and collaborate in the final report. Accordingly, the EIWH invited a dietician and a psychologist to examine a questionnaire and provide their expert opinion.

The focus now is to review the current methods and tools available to health professionals involved in the prevention, management and control of chronic disease. The project aims to have a tool that is accessible, easy to read and in a format that meets the health professionals' and patients' needs. For more information see www.chrodis.eu

ENS4CARE

ENS4CARE develops evidence-based guidelines for nurses and social care workers for the deployment of eHealth services. The EIWH is a partner in the project. ENS4Care will share good nursing and social work practices in eHealth services (telehealth and telecare) and will create a set of guidelines focusing on: healthy lifestyle and prevention, early intervention and clinical practice in integrated care, skills development for advanced roles and nurse ePrescribing.

Other partners include the Bulgarian Association of Health Professionals in Nursing, Slovak Chamber of Nurses and Midwives and the European Nursing Research Foundation. During the project the EIWH attended roundtable discussions in Dublin and Brussels to discuss the implementation of the ENS4Care Guidelines in Eastern Europe, and explore funding avenues. The EIWH was asked to offer its view and guidance on the implementation of the guidelines, the challenges faced and the support needed from the EU institutions. www.ens4care.eu

Promotion of Self-care Systems in the European Union

The EIWH was honoured to have its board member, Maria Merce Rovira Regas appointed to the PISCE Platform of Experts, to represent the interests of women and their families at EU level. The group was established to lead work on the promotion of self-care in the EU and met for the first time on in March 2015 in Utrecht. PISCE was a tender project of the European Commission that ran from September 2014 to February 2016.

EUGenMed Project

The EIWH has partnered with Charite University and Maastricht University for this two-year EU research project to create a roadmap for the integration of sex and gender into biological and health research. The EIWH also organised two panel discussions for the final roadmap conference in June 2015. The project brought together experts with key stakeholders from government, academia, industry, non-profit and healthcare. The EIWH held two workshops in Brussels: 'Sex and Gender in Medical and Health Education' and 'Sex and Gender in Medicines Regulations'. In preparation for the workshops the EIWH drafted background briefs on medicines regulation and medical education and completed reports on the results of the workshops.

CANCON Joint Action

The EIWH is a collaborating partner in the EU Commission-funded Joint Action on Cancer known as Cancon. The aim is to contribute in different ways to reducing the cancer burden in the EU. It will help raise cancer survival and reduce cancer mortality by –

- Improving the quality of cancer care among member states;
- Improving the quality of life of cancer patients and survivors with proposals on survivorship;
- Ensuring reintegration and palliative care and a decrease in inequalities at various levels of the cancer control field.

These key elements will be combined with other relevant aspects of cancer control to create a European Guide on Quality Improvement in Comprehensive Cancer Control. Cancon is divided into nine projects and the EIWH was invited to contribute to the guidelines for supporting cancer survivors. For more information www.cancercontrol.eu

Proposal Requests

The EIWH is regularly invited to work with other organisations in preparing proposals to address a wide range of issues. Some of the proposals submitted in 2015 and 2016 are listed below.

1. IMI Alzheimer Project

EIWH was invited to be a partner in the MOPEAD project which responds to the IMI2, Call 5 topic 5 "Evolving models of patient engagement and access for earlier identification of Alzheimer's disease". EIWH is task leader in WP Dissemination.

2. Horizon 2020 project Oluviv

The Hebron University Hospital in Barcelona invited the EIWH to be a partner in polycystic ovaries project. The EIWH is leader for WP Communications and Dissemination.

3. Horizon 2020 Project

The University of Haifa asked the EIWH to be a partner in Gestational Diabetes. The EIWH is WP leader Policy and Dissemination.

4. Horizon 2020 Project

The European Federation of Nurses invited the EIWH to be a partner in a project on integrated care.

5. EU Social Fund

University of Lodz in Poland invited the EIWH to be a partner with Association of Medical Education in Europe to develop five gender educational modules to be delivered to undergraduate medical students.

6. Carers and Health Literacy, Girona University (Helices)

Girona University invited the EIWH to be part of a health literacy project to provide information and knowledge about how a cancer impacts the different dimensions (health, social, psychological, economical, etc.) of caregivers and their families and how the health and social services are organised. Caregivers are given the opportunity to participate in different exercises and practices to gain experience of how they can apply this knowledge and understanding in real life situations.

7. My Health Migrants Project

The EIWH was invited to be a partner in the DG Sante-funded project, My Health by the Vall D'Hebron Research Institute (VHIR) in Barcelona. The aim of the partnership is to develop models of good practice to improve access to healthcare for vulnerable immigrants and refugees, newly arrived to Europe.

8. Cost Action Project

Staten Serum Institute in Copenhagen invited the EIWH to be a partner in the Cost Action project which hypothesises that the first 1,000 days of life are different for boys and girls due to biology-behavioural interactions across the pre- and postnatal period.

These differences will be addressed in a multidisciplinary approach encompassing anthropology, psychology, biomedical and public health sciences. The expected results will be translated into public and stakeholder awareness initiatives. As a step towards personalised medicine and tailored nutrition this project will provide input on additional strata of patients based on sex and gender.

This project focuses on training the next generation of researchers that will work across different sectors. The research programme will form the basis for the training of early stage researchers (ESRs) by including cross-sectoral training of research and transferrable skills provided by academic and industry partners, NGOs, and consulting companies with the ultimate aim of increasing employability of the ESRs. This warrants the inclusion of partners that can provide training of a variety of transferrable skills and give the ESRs insights into career possibilities in Europe.

Communications

The EIWH engages with media and the public to promote key initiatives and partnerships and to raise general awareness around important conditions affecting women and their families. Outlined below is a sample of news releases issued by the EIWH in 2015 and 2016.

All news releases are available to view in News, at www.eurohealth.ie.

- International Day of the Girl Child
- European Patient Rights Day
- World Asthma Day
- International Women's Day
- European Week Action against Cancer 2015
- World no Tobacco Day 30th May 2015

Publications and Policy Briefs

The EIWH generates policy briefs on many issues and makes recommendations for policy action. In keeping with the objective of the EIWH, policy briefings are developed following consultation with the Institute's network and are pertinent to women's health. Policy statements are distributed widely to stakeholders, policymakers and citizens and are available to view online at www.eurohealth.ie.

Gender and Chronic Disease

Chronic disease is the leading cause of illness and death in the EU. These diseases heavily burden EU citizens and their healthcare systems. Since 2012, the EIWH has developed policy briefs on a variety of chronic diseases. These briefings are succinct and written in easily understood language to raise understanding of sex and gender differences in patients and their organisations, women themselves and health policymakers at EU level.

The briefs describe how gender impacts various chronic diseases and include policy recommendations in order to inform policymakers, stakeholders and EU citizens. Topics include cardiovascular disease, diabetes, lung cancer, cervical cancer, alcohol and tobacco. These are available to view at www.eurohealth.ie. Future topics being addressed include, but are not limited to, women and depression, Alzheimer's and obesity.



HIV and Aids

The EIWH has produced a policy brief on women and HIV/Aids in the EU. HIV/AIDS was considered a disease predominantly affecting men however, this is no longer the case. According to WHO/UNAIDS' latest global estimate, women make up over 50 per cent of the people infected with HIV, rising to 60 per cent in sub-Saharan Africa. Globally, HIV is the leading cause of death and disease in women of reproductive age. HIV has become a growing health concern for women in Europe, particularly in Eastern Europe, where one of the steepest rises in HIV rates among women in the world has occurred. The World Health Organization (WHO) cites gender inequalities as a key driver of the epidemic in women.

Vaccination Policy Brief Updated

The EIWH has produced a policy brief to outline the evidence for using vaccination as a public health tool for preventing diseases among women.

Life-course Approach to Vaccination

The EIWH is promoting a life-course approach to vaccination. Infectious diseases are not only a danger to children, but can be a serious health issue if contracted by individuals at a later age. One of the big challenges in public health is to reach healthy people who could benefit from vaccination but see no need to interact with the healthcare system. Again, there is a lack of awareness of the benefit of vaccination across the life-course and a gap in policy, communication and supportive programmes. As European societies are ageing, a life-course approach - from childhood, to adolescence, through the middle years to vaccination of older adults - should be taken, and the appropriate immunisation programmes for various life stages highlighted and effectively communicated.

<http://eurohealth.ie/2014/12/03/women-and-vaccination-in-the-eu/>

Medicines Regulation

Attention to sex and gender in biomedical, health and clinical research is an important quality and safety issue. Medicinal products are safer and more effective for everyone when clinical research includes diverse population groups. Historically, women's health issues have focused on reproductive health. Additionally, there has been attention devoted to some gender issues, including how societal constructs—such as behaviour, socio-economic factors, culture and lifestyles — influence biological development and health.

Over the years, scientific knowledge has increasingly demonstrated that some treatments affect men and women differently. However, the proportion of treatments for which men and women respond differently is yet unknown. Many physiological and pathological functions are influenced by sex-based differences in biology. Recent research on cardiovascular disease (CVD), osteoporosis and depression has identified significant differences among women and men with respect to the distribution of these diseases.

Women and men have different sex and gender-related risks for developing certain conditions and responses to treatment. These sex and gender differences have important implications for health and healthcare. It is imperative to target medicines to these patient population sub-groups by utilising the correlation between sex and the incidence, prevalence, symptoms, age at onset and severity of disease as well as the reaction to medicines.

Yet, women are generally under-represented in clinical trials.

For more information see:

<http://eurohealth.ie/2015/05/11/sex-and-gender-in-medicines-regulation/>

Health Professional Education

The failure to acknowledge the impact of sex and gender differences will affect the quality of healthcare provision, which is precisely what good medical education seeks to prevent. There must be a commitment to mainstream an evidence-based gender perspective throughout medical curriculum, including in graduate, medical, nursing, rehabilitation, pharmacy, continuing medical education and continuing nursing education programmes. The EIWH held a workshop in Brussels to examine how sex and gender consideration can be best integrated into medical education. Inequalities are usually influenced by the interaction of multiple factors, such as biological differences and gender roles, age, socio-economic background, education, religious orientation and ethnicity. There are also significant gaps in available data on healthcare-related issues—from the utilisation of healthcare facilities to participation in healthcare programmes.

Today, chronic diseases represent a major share of the burden of disease in Europe and are responsible for 86 per cent of all deaths. Sex and gender affect all aspects of disease prevention: development, incidence, prevalence, symptoms, diagnosis and progression of both infectious and chronic diseases. Health professionals must consider the interaction of sex and gender and disease in order to deliver the most efficient and effective quality care to patients.





Advisory Roles

The EIWH will continue in its role as advisor to the following:

- European Public Health Alliance, member of the Board and member of the Policy Co-ordination Group
- Member of the European Medicines Agency (EMA) Patient and Consumer Working Group(PCWP)
- EFPIA patient/industry think tank
- EU Fundamental Rights Agency, NGO Platform
- European Commission Horizon 2020 Advisory Group: SC1 Demographic Change Health and Wellbeing
- The EIWH will continue to promote the findings of the EUROmediCAT in its follow-up project on safe medicines use in pregnancy.

Financial Statements

Contents

Directors and Other Information	19
Directors' Report	20
Directors' Responsibilities Statement	23
Independent Auditor's Report	-
Income and Expenditure Account	26
Balance Sheet	27
Reconciliation of Members' Funds	28
Cash Flow Statement	29
Notes to the Financial Statements	30

Directors' and Other Information

Directors	Sinead Hewson Ineke Klinge Karen Ritchie Hildrun Sundseth Mercé Rovira Maeve Cusack Barbra Dowling
Company Secretary	Margaret Maguire
Company Number	211291
Charity Number	CHY12184
Charity Register Number	20035167
Registered Office	33 Pearse Street Dublin 2
Auditors	Only Audit Limited Chartered Accountant 56 Lansdowne Road Ballsbridge Dublin 4 Republic of Ireland
Bankers	Bank of Ireland 2 College Green Dublin 2
Solicitors	Young & Company 2 Charleston Road Rathmines Dublin 6

Directors' Report

for the year ended 30 June 2016

The directors present their report and the audited financial statements for the year ended 30 June 2016.

Principal Activity and Review of the Business

The main objective of the EIWH is to promote the advancement of education and public awareness of women's and family health issues throughout Europe by conducting research, carrying out surveys, establishing and delivering training programmes, seminars and conferences on all aspects of gender and health care.

- To promote health throughout the lifespan in women and their families.
- To ensure quality and equity in health policy, research, treatment and care for all.
- To draw policymaker's attention to the obstacles that women in minority and socio-economic disadvantaged groups face in obtaining a desirable health status.
- To empower individuals to play an active part in their own health management.
- To promote gender-specific bio-medical and socio-economic research that addresses sex and gender-based differences to ensure access to quality treatment and care for women across their life span.

The EIWH aims to reduce inequalities in health, in particular due to gender, age and socio-economic status by highlighting that sex and gender are important determinants of health and our understanding how vulnerability to, onset and progression of specific diseases vary in men and women must be improved. EIWH work includes area include such as including sex & gender considerations in biomedical and public health research and applying the knowledge of this research to more targeted prevention and treatment options, including such neglected areas as pregnant women and medicines taking and older people and poly-pharmacy.

Director General: Peggy Maguire; Finances Vincent Herity, Research, Kristin Semancik, Vanessa Moore and Rebecca Moore. EIWH Board. Hildrun Sundseth (President of the EIWH), Maeve Cusack (National Cancer Control Programme), Sinead Hewson (TpEBO), Ineke Klinge, PhD (Charite University), Karen Ritchie (INSERM), M. Merce Rovira (Girona University), Barbara Dowling (University of the Arts London).

Finances

One of the main objectives of the EIWH Board is to ensure the sustainability of the EIWH. Based on a decision made by the Board the EIWH had concentrated over the last few years on applying for EU funding for projects. The EIWH application to MSD for Mothers Global Giving Programme, submitted in September 2015 for a study on Standards of Care for pregnant Women was successful.

The EIWH Treasurer, Sinead Hewson had examined the audited accounts and said there was a marked improvements in the finances this year compared to the last few years. But this was no reason to be complacent and that we must continue to focus on applying for project funding. We also need to look at diversifying EIWH funding. Currently the EIWH main source of funding is EU project funding.

Governance

The EIWH began the process of reviewing the organisation governance and the results of the process will be discussed at the AGM.

Charities Regulatory Authority/Companies Registration

The EIWH had to apply for a name change due to the changes in the charities regulation.

1. A board meeting was held to prepare the board minutes agreeing to the change of name
2. Prepare the special resolution and submit same to the CRO
3. File a Form N3 which is to change the name
4. Prepare a new memo and arts
5. EIWH will have to replace the current company seal

Principal Risks and Uncertainties

The company operates solely in the Republic of Ireland. Therefore, it is not subject to significant currency risks. The company does not rely on significant borrowings and has a minimal exposure to interest rate risk. The company is a not for profit company that relies on the funding it receives from various organisations. The principal risk to the company is the risk of reduced funding.

The company's policy is to ensure that sufficient resources are available to ensure all obligations can be met as they fall due.

The directors are aware of the major risks to which the company is exposed, in particular those related to the operations and finances of the company and are satisfied that systems are in place to mitigate exposure to major risks.

Financial Results

The (deficit)/surplus for the year amounted to €(100,043) (2015 - €53,125).

At the end of the year the company has assets of €118,908 (2015 - €220,783) and liabilities of €10,290 (2015 - €12,122). The net assets of the company have decreased by €(100,043).

Directors and Secretary

The directors who served throughout the year, except as noted, were as follows:

Sinead Hewson
Ineke Klinge
Karen Ritchie
Hiltrun Sundseth
Mercé Rovira
Maeve Cusack
Barbra Dowling

The secretary who served throughout the year was Margaret Maguire.

The company is limited by guarantee and does not have any share capital. Therefore the directors and secretary who served during the year did not have a beneficial interest in the company. All directors serve in a voluntary capacity.

Future Developments

The company plans to continue its present activities and current trading levels. Employees are kept as fully informed as practicable about developments within the business.

Post Balance Sheet Events

There have been no significant events affecting the company since the year-end.

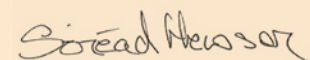
Auditors

The auditors, Only Audit Limited, (Chartered Accountant) have indicated their willingness to continue in office in accordance with the provisions of Section 383(2) of the Companies Act, 2014.

Accounting Records

To ensure that adequate accounting records are kept in accordance with Sections 281 to 285 of the Companies Act 2014, the directors have employed appropriately qualified accounting personnel and have maintained appropriate computerised accounting systems. The accounting records are located at the company's office at 33 Pearse Street, Dublin 2.

Signed on behalf of the board



Sinead Hewson
Director



Maeve Cusack
Director

Date: 28/12/2016

Date: 21/12/2016

Directors' Responsibilities Statement for the year ended 30 June 2016

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable Irish law and regulations.

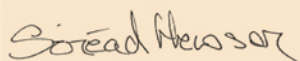
Irish company law requires the directors to prepare financial statements for each financial year. Under the law the directors have elected to prepare the financial statements in accordance with the Companies Act 2014 and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland. Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the surplus or deficit of the company for the financial year and otherwise comply with the Companies Act 2014.

In preparing these financial statements, the directors are required to:

- select suitable accounting policies for the company financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.


The directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position and surplus or deficit of the company to be determined with reasonable accuracy and enable them to ensure that the financial statements and directors' report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the board



Sinead Hewson
Director

Date: 28/12/2016



Maeve Cusack
Director

Date: 21/12/2016

We have audited the financial statements of European Institute of Women's Health Limited for the year ended 30 June 2016 which comprise the Income and Expenditure Account, the Balance Sheet, the Reconciliation of Members' Funds, the Cash Flow Statement, the Accounting Policies and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland.

This report is made solely to the company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014. Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors' Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 30 June 2016 and of its results for the year then ended; and
 - have been properly prepared in accordance with the relevant financial reporting framework and, in particular, the requirements of the Companies Act 2014.
-

Matters on which we are required to report by the Companies Act 2014.

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
 - In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited.
 - The financial statements are in agreement with the accounting records.
 - In our opinion the information given in the Directors' Report is consistent with the financial statements.
-

Matters on which we are required to report by exception

We have nothing to report in respect of the provisions in the Companies Act 2014 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by Sections 305 to 312 of the Act are not made.

Roderic Comyn
for and on behalf of
ONLY AUDIT LIMITED
Chartered Accountant
56 Lansdowne Road
Ballsbridge
Dublin 4
Republic of Ireland

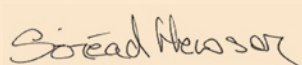
Date: 28/12/2016

Income and Expenditure Account for the year ended 30 June 2016

	Notes	2016 €	2015 €
Income	5	17,500	179,020
Expenditure		(117,543)	(125,895)
(Deficit)/surplus on ordinary activities before tax	4	(100,043)	53,125
Tax on (deficit)/surplus on ordinary activities	7	-	-
Total Comprehensive Income		(100,043)	53,125

The company has no recognised gains or losses other than the results for the year. The results for the year have been calculated on the historical cost basis. The company's income and expenses all relate to continuing operations.

Approved by the board on 19/12/2016 and signed on its behalf by:



Sinead Hewson
Director

Date: 28/12/2016



Maeve Cusack
Director

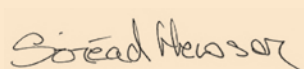
Date: 21/12/2016

Balance Sheet

as at 30 June 2016

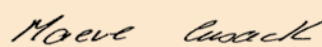
	Notes	2016 €	2015 €
Current Assets			
Stocks	9	26,877	155,020
Cash and cash equivalents		92,031	65,763
		118,908	220,783
Creditors: Amounts falling due within one year	10	(10,290)	(12,122)
Net Current Assets		108,618	208,661
Total Assets less Current Liabilities		108,618	208,661
Reserves			
Income and expenditure account		108,618	208,661
Equity attributable to owners of the company		108,618	208,661

Approved by the board on 19/12/2016 and signed on its behalf by:



Sinead Hewson
Director

Date: 28/12/2016



Maeve Cusack
Director

Date: 21/12/2016

Reconciliation of Members' Funds for the year ended 30 June 2016

	Retained surplus €	Total €
At 1 July 2014	155,536	155,536
Surplus for the year	53,125	53,125
At 30 June 2015	208,661	208,661
Deficit for the year	(100,043)	(100,043)
At 30 June 2016	108,618	108,618

Cash Flow Statement for the year 30 June 2016

	Notes	2016 €	2015 €
Cash flows from operating activities			
(Deficit)/surplus for the year		(100,043)	53,125
		(100,043)	53,125
Movements in working capital:			
Movement in stocks		128,143	(155,020)
Movement in creditors		(1,832)	3,952
Cash generated from/(used in) operations		26,268	(97,943)
Net increase/(decrease) in cash and cash equivalents		26,268	(97,943)
Cash and cash equivalents at beginning of financial year		65,763	163,706
Cash and cash equivalents at end of financial year	15	92,031	65,763

Notes to the Financial Statements for the year ended 30 June 2016

1. GENERAL INFORMATION

European Institute of Women's Health Limited is a company limited by guarantee incorporated in the Republic of Ireland. 33 Pearse Street, Dublin 2, is the registered office, which is also the principal place of business of the company. The nature of the company's operations and its principal activities are set out in the Directors' Report. The financial statements have been presented in Euro (€) which is also the functional currency of the company.

2. ACCOUNTING POLICIES

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the company's financial statements.

Statement of compliance

The financial statements of the company for the year ended 30 June 2016 have been prepared on the going concern basis and in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (FRS 102). These are the company's first set of financial statements prepared in accordance with FRS 102. There have been no transitional adjustments made.

Basis of preparation

The financial statements have been prepared on the going concern basis and in accordance with the historical cost convention except for certain properties and financial instruments that are measured at revalued amounts or fair values, as explained in the accounting policies below. Historical cost is generally based on the fair value of the consideration given in exchange for assets. The financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland.

Income

Turnover comprises the invoice value of goods supplied by the company, exclusive of trade discounts and value added tax.

Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost or at valuation, less accumulated depreciation. The charge to depreciation is calculated to write off the original cost or valuation of tangible fixed assets, less their estimated residual value, over their expected useful lives as follows:

Fixtures, fittings and equipment - 15% Straight line

The carrying values of tangible fixed assets are reviewed annually for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Stock

Stocks are valued at the lower of cost and net realisable value. Stocks are determined on a first-in first-out basis. Cost comprises expenditure incurred in the normal course of business in bringing stocks to their present location and condition. Full provision is made for obsolete and slow moving items. Net realisable value comprises actual or estimated selling price (net of trade discounts) less all further costs to completion or to be incurred in marketing and selling.

Trade and other creditors

Trade and other creditors are initially recognised at fair value and thereafter stated at amortised cost using the effective interest rate method, unless the effect of discounting would be immaterial, in which case they are stated at cost.

Employee benefits

The company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the company in an independently administered fund. The company also operates a defined benefit pension scheme for its employees providing benefits based on final pensionable pay. The assets of this scheme are also held separately from those of the company, being invested with pension fund managers.

Taxation and deferred taxation

Current tax represents the amount expected to be paid or recovered in respect of taxable income for the year and is calculated using the tax rates and laws that have been enacted or substantially enacted at the Balance Sheet date.

Deferred tax is recognised in respect of all timing differences that have originated but not reversed at the balance sheet date where transactions or events have occurred at that date that will result in an obligation to pay more tax in the future, or a right to pay less tax in the future. Timing differences are temporary differences between the company's taxable income and its results as stated in the financial statements.

Deferred tax is measured on an undiscounted basis at the tax rates that are anticipated to apply in the periods in which the timing differences are expected to reverse, based on tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated at the rates of exchange ruling at the Balance Sheet date. Non-monetary items that are measured in terms of historical cost in a foreign currency are translated at the rates of exchange ruling at the date of the transaction. Non-monetary items that are measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was determined. The resulting exchange differences are dealt with in the Income and Expenditure Account.

3. ADOPTION OF FRS 102

This is the first set of financial statements prepared by European Institute of Women's Health Limited in accordance with accounting standards issued by the Financial Reporting Council, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102"). The company transitioned from previously extant Irish and UK GAAP to FRS 102 as at 1 January 2014.

4. DEPARTURE FROM COMPANIES ACT 2014 PRESENTATION

The directors have elected to present an Income and Expenditure Account instead of a Profit and Loss Account in these financial statements as this company is a not-for-profit entity.

5. INCOME

The whole of the company's income is attributable to its market in the Republic of Ireland and is derived from the principal activity of

6. EMPLOYEES AND REMUNERATION

Number of employees

The average number of persons employed (including executive directors) during the year was as follows:

	2016 Number	2015 Number
Administration	1	1
The staff costs comprise:	2016	2015
	€	€
Wages and salaries	43,637	44,820
Social welfare costs	-	4,553
	43,637	49,373

7. TAX ON (DEFICIT)/SURPLUS ON ORDINARY ACTIVITIES

Analysis of charge in the year

	2016 €	2015 €
Current tax:		
Corporation tax	-	-

The company has been granted charitable status (CHY No.12184) under Section 207 of the Taxes Consolidation Act 1997 and is exempt from Corporation Tax.

8. TANGIBLE FIXED ASSETS

	Fixtures fittings and equipment	Total
	€	€
Cost		
At 30 June 2016	18,741	18,741
Depreciation		
At 30 June 2016	18,741	18,741
Net book value		
At 30 June 2016	-	-

8.1 TANGIBLE FIXED ASSETS PRIOR YEAR

	Fixtures fittings and equipment	Total
	€	€
Cost		
At 30 June 2016	18,741	18,741
Depreciation		
At 30 June 2016	18,741	18,741
Net book value		
At 30 June 2016	-	-

9 STOCKS

	2016	2016
	€	€
Work in progress	26,877	155,020

10 CREDITORS

	2016	2016
	€	€
Amounts falling due within one year		
Trade creditors	3,158	4,012
Taxation (Note 11)	4,672	5,650
Accruals	2,460	2,460
	10,290	12,122

11. TAXATION

	2016	2015
	€	€
Creditors:		
PAYE	4,672	5,650

12. STATUS

The liability of the members is limited.

Every member of the company undertakes to contribute to the assets of the company in the event of its being wound up while they are members, or within one year thereafter, for the payment of the debts and liabilities of the company contracted before they ceased to be members, and of the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributors among themselves, such amount as may be required, not exceeding € 2.

13. CAPITAL COMMITMENTS

The company had no material capital commitments at the year-ended 30 June 2016.

14. POST-BALANCE SHEET EVENTS

There have been no significant events affecting the company since the year-end.

15. CASH AND CASH EQUIVALENTS

	2016	2015
	€	€
Cash and bank balances	92,031	65,763

16. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved and authorised for issue by the board of directors on Date 19/12/2016.

Notes

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.



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