



Auckland Women's Health Council

2022 Annual Report



Welcome to our year
Nau mai ki te tau

Ta lofa lava
Malo e lelei





A year of change!

Many changes in the global and national health landscape over the previous two years led to 2022 being a year of responding and adapting to those changes, so that we can continue to work towards our vision for the health of women in Auckland and throughout Aotearoa New Zealand.

The Covid-19 pandemic, in part, led us to modify the way work. We no longer hold in-person meetings, using Zoom instead. The limited resources we have available — the demands on the community funding pool being significantly increased by the pandemic — are used to ensure the most important work is done; “getting more bang for our buck”! We decided to limit the paid role to the work that offers the greatest benefit to women; that is the provision of independent, researched, evidence-based information on women’s health issues, and ensuring that we continue to advocate for improvements in women’s health services at a policy and legislative level, as well as at a provider level. In February we created the Communications Manager role, and Sue Claridge, who had continued to produce the Newsletter during the period the Council was without a Co-ordinator, agreed to take that role with a focus on:

- providing information to women and the wider community through our Newsletter, website and Facebook page;
- providing feedback and advocating for women’s health needs with health entities and agencies, usually in the form of submissions, on a wide variety of health issues;
- increasing our connections with other NGOs in the women’s health space, collaborating with and supporting the work of others to effect change.

One of the highlights of our year was the launch of our new website in May. During 2021 and early 2022 we worked on modernising and revitalising our online presence. The [new website](#) is easier to navigate and has a number of new features. Over time it will become an increasingly important source of up-to-date information on women’s

health issues as we add articles, links and information, as well as being a significant repository of historical information on seminal issues such as the Cartwright Inquiry.

With a focus on communication, it is no surprise that the bulk of our work has been in producing the Newsletter and in writing submissions. In both of these, much of the emphasis has been on responding to and commenting on changes in our health system. The greatest changes in the structure and operation of our health system in more than a generation, has resulted in new legislation and new health entities, against a backdrop of post-pandemic recovery, and a worsening cost of living crisis and international health workforce shortage. Never has the ability of people to take responsibility for their own health and well-being been so important; yet, many families/whānau face inequities and discrimination, and barriers to accessing affordable and available, as well as culturally appropriate, acceptable and beneficial health services.

We are constantly reminded of the need for our work and that of the organisations with whom we collaborate. Many New Zealanders suffer harm in our health system or are inadequately treated, and women, Māori and tagata Pāsifika are disproportionately affected by inequities and disparities in access to and outcomes from health care. Unfortunately, there is still very much a need for organisations such as ours to lobby and advocate for the rights of patients, particularly those who suffer harm and have their patient rights breached.

We know from feedback from individual women and their families/whānau, requests for comment from the media and from individuals and organisations for information from us, and from the way our submissions are received, that the work we do is not only important but, however slowly, effecting positive change.

We are a voice for women, and a voice for change.





Vision

All women in Auckland have agency over their physical, mental, emotional and spiritual well-being and are fully informed of health services available and have access to them, particularly Māori women.

Philosophy

The Auckland Women's Health Council is a feminist organisation. We believe:

- Women users of health services have the right to make informed decisions regarding their own health care and treatment
- Women have the right to the information necessary to enable them to make informed decisions
- Health care must be accessible, affordable and available as well as culturally appropriate and acceptable to women
- Consumer participation on all decision-making processes for health care services is essential.

Goal

To provide an independent feminist voice focused on women's/family health and health services in Auckland.

Priorities

Women in Auckland have the right to make informed decisions regarding their own health care and treatment.

- Women in Auckland participate in all decision-making processes for health care services.
- Women in Auckland have accessible, affordable, available, and accountable health care services.
- Ensuring the work of the Council continues to be sustainable and to grow.

Our Work

Newsletters

The Auckland Women's Health Council Newsletter is an important link with women throughout the country, our collaborators (such as the Cartwright Collective and Federation of Women's Health Councils), other women's groups, several journalists and MPs, and a small number of academics and professionals in the health and disability sector.

The newsletters are freely available on the website and people can subscribe free to have the Newsletters sent to their email inbox as soon as they are published. In the last year we have continued to produce a low vision accessible version of the Newsletter (posted on the website) with plans to extend the reach of the Newsletter to women living with disabilities.

The Council continues to receive very positive feed-back on the Newsletter including feedback from academics and students in the health sector, as well as readers who are consumers and consumer/ patient advocates. Feedback has included women who have felt better able to make informed decisions about their health care and treatment.

In 2022, we published [four Newsletters](#) - fewer than normal because of the volume of other important work, such as submissions, that demanded our attention. In the last year the Newsletter included researched articles on:

- progress in the overhaul of the health system and the Pae Ora (Healthy Futures) legislation and changes to the structure including the establishment of Te Whatu Ora and Aka Whai Ora;
- the announcement of, and progress towards, a national women's health strategy as one



of the health strategies under the Pae Ora (Healthy Futures) Act 2022;

- discrimination and bias against women in health care service provision;
- inequities and disparities for Māori in health care provision and health outcomes, and the need to indigenise health care for Māori;
- cancer prevention;
- consumer representation, advocacy and the consumer voice in the health system;
- birth injuries and amendments to ACC to cover birth injury;
- the risks and harm from endometrial ablation;
- ongoing issues with breaches of informed consent rights in teaching hospitals;
- maternal mental health and suicide, maternity services and inclusivity;
- ongoing issues with surgical mesh, including demands that mesh procedures for stress urinary incontinence be suspended.



Submissions


Making submissions on proposed legislation or legislative amendments, and other health related matters, continues to be some of our most important work. Submissions have a direct influence on health sector policy in Aotearoa New Zealand. For example, in our written and oral submissions on the Pae Ora (Healthy Futures) Bill we argued strongly for the inclusion of a women's health strategy and rural health strategy; it was hugely gratifying that the Government agreed with us and other submitters and added these two strategies to sit alongside the planned Māori, Pāsifika and disability strategies. Our submissions often have an impact beyond immediate changes in policy and legislation, and have been cited in reports and academic papers.

In the last year we have made the following [submissions](#):

The rewards and wins in the work of the Auckland Women's Health Council can be small, incremental achievements, or a matter of making differences in one woman's life at a time. Making submissions provides an opportunity to influence the lives of many New Zealanders for the better. It is largely invisible, back-room work, but it is immensely rewarding, especially when it is clear that our submissions have influenced legislation or changed policy.

- oral submission on the Pae Ora (Healthy Futures) Bill (January);
- written and oral submissions on the Accident Compensation (Maternal Birth Injury and Other Matters) Amendment Bill (February and March);
- written submission on the HQSC Code of Expectations for Health Entities' Engagement with Consumers and Whānau (March);
- written submission on the Diabetes Action Plan Draft (April);
- written submission on Proposed changes to the promotion and provision of healthy drinks in schools (June);
- written submission on A new adoption system for Aotearoa New Zealand (August);
- written submission on Guidelines for Extending the Storage Period of Gametes and Embryos (September);
- written submission on the Medical Council of New Zealand reviewed statement on Doctors and health-related commercial organisations (October);
- written submission on the NEAC (National Ethics Advisory Committee) Ethical Guidance for a Pandemic document (November);
- written submission on the revised Scope of Midwifery Practice (November).

On each occasion that oral submissions were offered we have been invited to present to select committees. Feedback from select committee members has been very positive and we have been commended on the quality of both our written and oral submissions.



Our Work



Advocacy and the Consumer Voice

Advocacy and consumer representation remains a vital aspect of our work. While submissions are a really important means of representing women on health issues (see previous page), there are equally important ways in which we ensure women's voices are heard and responded to. We continue to work in a collaborative way with other women's health organisations making our collective advocacy and voices all the more powerful.

In addition to advocating for the women's health strategy in our submissions on the Pae Ora (Healthy Futures) legislation, in July we met with members of Manatū Hauora | Ministry of Health staff who were working on the development of the women's health strategy, and talked with them about what the women's health strategy needed to do and be for New Zealand women/wāhine. We told them that the lived experience of many women in the health system is of gender bias, discrimination and misogyny, and said that it was vital that these women's experiences were sought and heard. We also talked about patient safety, the attitudes of many health professionals to women, patient rights especially informed consent, and maternal health and well-being, among many other issues.

In the past year we have joined Health Coalition Aotearoa, have been active in the Consumer Health Forum Aotearoa, and are represented on the Health Consumer Advocacy Alliance established in July. All of these 'memberships' enable

us to amplify our voice to ensure that women's health not only stays on the agenda, but that barriers to accessible, affordable, available, equitable and accountable health care services for women are addressed.

We attended the Flourish 2022 Women+ Health Summit (September); the Consumer Health Forum Aotearoa Hui (November); and as part of the Health Consumer Advocacy Alliance, met with then Associate Minister of Health, Ayesha Verrall, in December to discuss the women's health strategy. Also as part of the Health Consumer Advocacy Alliance, we met with the Health and Disability Commissioner, Morag McDowell, in September to discuss the role of consumers and consumer advocacy in the health system.

An AWHC member has continued representing us on the healthAlliance Consumer Panel, which covers Auckland and Northland DHBs, and supports the Northern Region Information Systems Strategic Plan across a number of development areas.

We continue to provide one-on-one assistance to individuals who contact us for a variety of reasons. These include seeking advice or information on personal health issues or where to seek help, journalists wanting information and comment, and occasional requests from students and health professionals requesting material or information.

Website and Facebook

During 2021 and early 2022 we undertook a complete review, redesign and upgrade of the website and the [new website](#) was launched in May. As well as a complete design overhaul, we have been working through all the material on the website to ensure that it is relevant, up-to-date, well researched, and accessible, including information on a range of women's health topics. The website will continue to hold historical material of importance to AWHC and women's health in Aotearoa New Zealand. In particular, we have completely reviewed and restructured the information and documents on the history of, and outcomes from the [Cartwright Inquiry](#) into allegations concerning the treatment of cervical cancer at National Women's Hospital, and the subsequent [Gisborne Cervical Screening Inquiry](#). These two inquiries were seminal events in women's health in New Zealand and the recommendations that came at the end of each inquiry led to critical changes, including the establishment of the National Cervical Screening Programme, the Health and Disability Commissioner and the Code of Health and Disability Services Consumers' Rights, and later the establishment of the National Screening Unit (NSU). It is vital that information on both these inquiries remains freely and easily accessible to New Zealanders.

The new website is easier to navigate and has several new features, including a search facility. In addition, we have added a Shielded Site button for those experiencing family violence and needing help, and a quick exit button for those who, for whatever reason, may not want others to know what web pages they are visiting.

A completely new website typically results in a sudden drop in visitor numbers as it takes time for Google, the predominant online search tool, to recognise the new site, new webpages and the information it contains. Consequently our "hit rate" in searches for information on us as an organisation, women's health, and

specific subjects that we are known for, declined dramatically and it takes some time for those measures to recover. This has meant that our visitor numbers are about one quarter of those in the last year of our old site, but these figures should continue to improve over time. In the first few months of 2023 we have already seen an increase in visitor numbers.

Seventy per cent of visitors are New Zealanders, followed by visitors from the US (12%), Australia (4%), China (2%) and the UK, India and Indonesia (1% each). Visitors to the site seek information on a wide range of women's health issues.



The [AWHC Facebook](#) page continues to engage with the community by providing feminist commentary and analysis of current health issues for women. In 2022, we made 65 posts (compared with 21 in 2021) and the metrics for those posts are provided below. Not surprisingly the biggest group of followers are women - 96.6% - and from Auckland - 52.3%.



23,754 people were reached



3643 post clicks



2513 post engagements
(reactions, comments and shares)



131 new page likes



159 new page followers

Celebrating Women's Contributions

This year, to celebrate International Women's Day we celebrated eleven of the women who have had a close association with, or made a huge impact on, Auckland Women's Health Council, and who have made a significant contribution to addressing the issues that impact on women's health and well-being in this country.

Judi Strid MNZM

Judi was a remarkable woman and one of the most effective change agents in the maternity sector in Aotearoa New Zealand during the 1980s and 1990s. With Lynda Williams, Judi joined and/or established consumer groups and worked on numerous issues of concern in the maternity sector, including the Home Birth movement, Save the Midwives and Maternity Action.



In 1986 she helped form, and then led, the Direct-Entry Midwifery Task Force, the aim of which was to see the establishment of a direct-entry midwifery programme in Aotearoa New Zealand. Over the next four years Judi led this hugely successful campaign, inspiring and motivating others. The passing of the Nurses Amendment Act in August 1990 was an overwhelming victory for all those involved.

Judi was a founding member of the AWHC and was our first paid co-ordinator. She also played a major role in the formation of the Federation of Women's Health Councils in 1990 and subsequently worked in a volunteer role as the first convenor of the Federation for several years.

After resigning from AWHC Judi went on to set up the Women's Health Information Unit at National Women's Hospital, where she became renowned for her commitment to ensuring women and health professionals had access to the latest evidence-based information on a wide range of women's health issues. She also became a member of the Women's Health Action Trust, a position she held until 2001.

In 2004 to 2014, Judi was Director of Advocacy at the office of the Health and Disability Commissioner. She was a tireless champion of health and disability consumer advocacy and of the Code of Rights. Judi also served as the HDC representative on the National Quality Improvement Committee, where she championed the consumer voice.

Lynda Williams MNZM



Lynda Williams' was one of the founding members of AWHC. She was involved in several of the working groups set up following the release of the Cartwright Report and was appointed as the first patient advocate at National Women's Hospital, fulfilling one of the key recom-

mendations from the inquiry. In 1995, Lynda took up the role of AWHC's co-ordinator; her scholarship and rigour were evident in the highly regarded monthly Newsletter, which was subscribed to by academics and politicians. She was sought after by both national and international journalists for the AWHC's views on health issues.

Lynda founded the Auckland Caesarean Support Group in 1984; set up and co-ordinated the Child-birth Education Association of Auckland and supervised childbirth educators completing their training; and was co-ordinator of the Maternity Services Consumer Council for more than 20 years. Lynda also represented consumer concerns on several ethics' committees, including the Auckland Hospital Ethics Committee and the Green Lane Hospital Ethics Committee.

Once described by former Health and Disability Commissioner, Professor Ron Paterson, "as a vigorous activist who never hesitated in keeping the medical profession and health agencies on their toes", Lynda acknowledged that as a women's health activist she was a "pain in the butt to the health system." One of her final victories was that, after several years of persistent lobbying of then HDC, Anthony Hill, he finally issued a consultation document seeking submissions on the ethics of involving patients unable to provide consent to participate, in medical research. Lynda vehemently opposed the continued involvement of incapacitated patients in medical.

Lynda was made a Member of the New Zealand Order of Merit in the 2017 New Year Honours for her services to women's health.

Some of our amazing pathfinders, our wāhine toa, have died while active members of AWHC and their loss left holes in the fabric of our organisation; we honoured and acknowledged four of those women for International Women's Day 2022.

Joan Donley OBE RM MHSc (Honorary)

Joan Donley was an internationally renowned midwife and author. An early member of the Auckland Women's Health Council, Joan was actively involved on the Executive Committee and was best known for her passion for birthing issues.



Joan was a staunch feminist, committed to women not being exploited in the interests of others. She viewed having a baby at home as a 'feminist and a political act' in which 'women rebelled against the technological takeover of their bodies' by male doctors and hospital nurses. She believed in equity and justice, and recognised the impact of poverty and the need for this to be addressed. Related to this was Joan's holistic view of health and the importance of good nutrition. Joan aimed for women to become empowered and enabled to choose for themselves. It is these values and beliefs that are some of the legacy that Joan has left AWHC and which still drive our work.

In 1978, Joan formed the Auckland Home Birth Association, a lobby group for midwives, and she was a founding member of the New Zealand Domiciliary Midwives Society, established in 1981. She was integral in bringing about midwifery autonomy in 1990 with the Nurses Amendment Act. Joan was a founding member of the College of Midwives, and in 2001, NZCOM established the Joan Donley Midwifery Research Collaboration. Her book *Save the Midwives* is still read, and her *Compendium for Healthy Pregnancy and a Normal Birth* is highly sought after and prized by women wanting to take a holistic approach to their pregnancies and the births of their babies.

Joan Donley was made an OBE in 1990 for services to midwifery, and was awarded both the New Zealand 1990 Commemoration Medal and the New Zealand Suffrage Centennial Medal 1993. In 1997 she was awarded an honorary Master's degree in midwifery from the Auckland Institute of Technology.

Jo Fitzpatrick



Jo's association with the Auckland Women's Health Council started when she was the Director of Women's Health Action and she joined the AWHC committee in 2004. She was also an integral member of the Cartwright Collective.

Jo was an astute judge of the political processes/dynamics that occurred at various meetings or within the health system. She had integrity and stood firm on issues and in her values. She investigated issues fully, was always ethical and she never put herself before put the issue or the cause. She did things with grace and intelligence and above all, Jo stood up for social justice and fairness and equal opportunities.

Jo was a true watchdog on behalf of consumers, and voiced her opinions on issues ranging from direct to consumer advertising of drugs, the high cost of medicines and cosmetic surgery, to doctors' professional standards. She was actively involved as a consumer representative in high policy-level working groups for many key health system-planning activities. She brought her formidable consumer lens to a wide range of issues.

She had a strong commitment to the right to health and human rights for all people, and to protecting and promoting NGO participation in the health sector; a belief that inequality and discrimination are addressed by education and empowerment; the ability and stamina to achieve challenging goals in challenging environments. In her plenary address at a seminar on the Legacy of Cartwright marking the 25th anniversary of the Cartwright Report, Jo summed up progress in the consumer experience saying loud and clearly:

"There has been very little ceding of power to consumers in health in the last 25 years. We need more consumer advocates in many more places in health. Consumer representation is not a competitive sport, we can all bring our experiences and advocacy to the role".

Women's Stories

The Auckland Women's Health Council provides a forum for women's concerns and their stories. For many women who have experienced harm, it takes courage to share their stories. These two provide a glimpse into the lives of women whose stories we have told this year.

Ali: bullied out of her job for standing up for patient rights



In December 2019, *Radio New Zealand* broke news of ongoing serious breaches of informed consent rights at North Shore Hospital. A complaint had been laid with the HDC regarding “junior doctors, midwives and paramedics observing or performing obstetric and gynaecological surgeries on patients under anaesthetic who have not consented to it.”

Theatre nurse Ali (not her real name) contacted AWHC. She no longer works at North Shore Hospital; standing up for the rights of patients and demanding that the surgeons and the Hospital uphold the legal rights of patients to informed consent resulted in her being bullied and constructively dismissed.

Over a period of six years Ali observed numerous instances in which patients informed consent rights were being breached. These breaches were typically in women's health, and often involved a teaching situation with trainee and not yet fully qualified doctors. Many of the breaches involved intimate examinations and procedures such as vaginal examinations.

In one case, a junior registrar was performing an operation on a woman without the requisite supervision by a senior doctor. The patient had not provided consent for this, as she did not know that the person operating was not fully qualified and that consent should have been obtained. The woman

began to haemorrhage, and the junior doctor could not control the bleeding. The senior doctor had to be called to retrieve the situation.

Ali knew very well what the Code of Health and Disability Services Consumers' Rights sets out in terms of informed consent. She knew that North Shore Hospital being a teaching hospital did not absolve the doctors, trainee doctors or the hospital management of their obligation to uphold patient rights. She repeatedly brought these breaches to the attention

of doctors and surgeons in the course of her work, and formally raised her concerns with her charge nurse and unit manager, hospital and Waitematā DHB management, and then the chair of the WDHB Board, all with the support of Kate Weston, then Professional Nurse Advisor with New Zealand Nurses Organisation.

Ali 'blew the whistle' under the Protected Disclosures Act 2000, yet at work she was increasingly under threat from the senior medical staff with whom she worked. Her position became so tenuous that North Shore Hospital stood her down; her safety at work could not be guaranteed by hospital management and she was being bullied and threatened by the doctors and surgeons she had to work with.

Ultimately, Ali was forced to resign. Without a job and without an income, she couldn't pay her mortgage and was forced to sell her house. All because she repeatedly spoke up in defence of patients at North Shore Hospital whose rights to informed consent were being breached. The Protected Disclosures Act 2000, designed to provide protection for employees and other workers who report concerns, appeared to offer her little practical protection.

Ali is at peace with her decision to pursue her significant concerns about breaches of informed consent rights. Despite all she has been through, she says she would do it all again; she sleeps well at night knowing that what she did was right. She believes it is vital that those who are in a position to do so, should speak up for patients.

In addition to providing a forum for women to tell their stories, AWHC has actively lobbied on both issues discussed here, making submissions on breaches of informed consent rights and ACC cover for birth injuries.

Emme's story: fighting for ACC cover for a traumatic birth injury

Four years after the birth of her first child Emme suffers every day with the pain and debilitation caused by a traumatic birth injury.

During the birth, Emme suffered a bilateral pelvic avulsion, which means that the two tendons that attach pelvic floor muscles to the pelvic bones, snapped. Unfortunately, the extent of her injuries went undiagnosed for a long period of time. Emme now suffers from a prolapsed bladder, cervix and rectum. There's nothing to hold her pelvic floor from above (tendons) and there's nothing to hold it all in from below due to scar tissue and what feels to her like an imploding vagina.

The birth events that caused these traumatic and debilitating injuries were also psychologically traumatic. "Post-partum, I would sit down in a chair or couch only to leap up from the sharp pain on contact. I suffered anxiety any time I needed to go to the toilet and I started to suffer from urinary incontinence and frequency, as unbeknown to me I was unable to empty my bladder."

Emme lost her job, in part because she had to take so much time off, and take so many toilet breaks in her sales rep job. She was struggling to run around after her son and wet herself every time she picked him up for a hug, put him in his car seat, or into a swing.

Despite working with a specialist physio and doing everything she should, Emme saw no improvement in her condition, in fact it got worse. A hospital gynaecologist who assessed her told her the prolapse was 'NORMAL'. The gynaecologist laughed at her and said "You can still do the things you want, wear a pad... it's not like your vagina is going to 'fall out'."

Emme felt invalidated and as though she'd been making it up. She tried being more active and her vagina literally fell out.

Pregnant again and jobless, worried about money, a desperate Emme decided to see a private



gynaecologist, who promptly diagnosed the avulsion, and three prolapses.

"She said I would need to have a hysterectomy, surgical mesh sling, and a further surgery to re-shape my vagina. Running did cause harm and I will never run again; certainly, I'll never be able to jump on a trampoline with my kids. [The private gynaecologist] was horrified at the DHB treatment and reiterated I would not be covered for anything by ACC."

"I will need repeat procedures over my lifetime. I've had to pay for pessary devices that don't work, they just fall out. I've had to ditch tampons and period cups for period knickers and pads because I am so misshaped my body can't 'hold on' to any cup, tampon or pessary. I have constant abdominal aches and pains.' You can imagine this takes a toll on my relationship too."

Emme is overwhelmed and daunted by what has happened; she has a huge sense of shame in talking about what has happened and the debilitating impacts of her birth injury. It has all taken a toll on her relationship, too.

"Women like me are far too young to be told they have the pelvic health expected of an 80 year old woman, and that there's no funding or support available, because it was less of an accident than the fist of a man who intentionally punched an object (perhaps a human) in rage – which WOULD be covered by ACC."

Our Community and Our Supporters



The Auckland Women's Health Council is part of a diverse community of organisations all working to improve the provision of health services and health outcomes. Without collaborators our work would be nowhere near as effective as it is. While the closeness of these relationships waxes and wanes depending on the issues we are responding to or advocating for, we value all the organisations with which we have close connections. We are all pulling in the same direction, fighting for the same things for all the women/wāhine in Aotearoa New Zealand – safe, accessible, effective, evidence-based, equitable health care that enables women/wāhine to live their best, healthiest lives.

The Cartwright Collective



FEDERATION OF
WOMEN'S HEALTH
COUNCILS

AOTEAROA • NEW ZEALAND



Experts by Experience



Health Coalition
Aotearoa



Consumer
health forum
Aotearoa



Maternity Services
Consumer Council

THE PERIOD
place

Without our Supporters our work would be impossible. We acknowledge and thank our funders, Lottery Community and COGS. Without their ongoing funding we would not be able to continue our work.



Lottery Grants Board
Te Puna Tahua
LOTTO FUNDS FOR YOUR COMMUNITY

COGS

Community Organisation
Grants Scheme

We are also immensely grateful to [Business Website Group](#), who built our website at next to no cost. BWG is also sponsoring the website hosting and providing ongoing technical support.

BWG

Business Website Group



The Executive Committee

The Executive Committee is the engine room of the Auckland Women's Health Council. We hold a general working meeting each month to: discuss the current projects the Council is working on; make decisions on particular health care and policy issues the Council is dealing with; discuss grant applications and financial matters pertaining to the operation of the Council; and to deal with the ongoing work of the organisation. In November, we were thrilled to welcome Nikki Power to the Committee. Samantha Mitchell also joined the Committee for a short time before leaving to do a Masters degree in Australia.

During 2022, Committee members continued to take responsibility for administrative duties on a voluntary basis, including the Treasurer role, meeting facilitation, minute taking and distribution, and meeting agendas. Committee members have also taken responsibility for other tasks including responding to phone calls, Council email, and Newsletter peer review. In total, Committee members contributed in the vicinity of 500 voluntary hours to the Council during the year.

The Council continues to establish ad hoc subgroups to work on issues as they arise, such as preparing submissions. At our monthly meetings detailed reports from the Treasurer, Newsletter editor, members and any current ad hoc subgroups are presented and discussed.

On the 5th of August we made our annual 'pilgrimage' to the Spirit of Peace statue outside the old National Women's Hospital at Greenlane: to lay flowers in memory of the victims of the cervical cancer experiment in the 1960s and 70s; to commemorate the release of Judge Silvia Cartwright's Report; and to honour Drs Bill McIndoe and Malcolm (Jock) McLean who exposed

the unethical research that had been carried out. As a result of the August 2021 pandemic lockdown, ongoing Covid concerns through the early part of 2022, and our decision to continue meet via Zoom, this was the first time we had met in person for a year!

Our People

Cheryl Hamilton
*Treasurer and
Founding Member*

Deborah Payne
Founding Member

Madeline Heron
Committee member (2000)

Pauline Proud
Committee member (2007)

Katie Palmer du Preez
Committee member (2014)

Sue Claridge
*Comms Manager,
Committee member (2017)*

Nikki Power
Committee member (2022)

Financials

	Income	2021	2022
Lottery Community		20,000	20,000
COGS		—	8,000
Subscriptions		770	—
Donations		—	700
Interest		17	70
Total Income		20,787	28,770
	Expenditure	2021	2022
Communications Manager		—	16,020
Newsletter Production		7,979	10,220
Office Rent		2,100	2,180
Phone/Internet		1,588	848
Website Development		1,750	—
Travel		—	937
Dropbox		197	227
Zoom		214	163
Charities Services Annual Report Fee		—	51
Total Expenditure		13,828	30,646



Looking Ahead

As we complete this report in 2023, our nation's health system is in crisis and our health workforce is under significant stress. The Pae Ora legislation was enacted in June 2022, and as a consequence there have been seismic changes in the structure of the health system and the way it is operates.

It had been patently obvious for some time that the old health system needed a complete overhaul to address significant inequities and disparities in access to and outcomes from health care services. However, a number of factors (the pandemic, cost of living crisis, long-term underfunding of the health workforce, international health workforce shortages) have coalesced to impose the greatest stresses on our health system for decades.

Never has the ability of people to take responsibility for their own health and well-being been so important. Those Aucklanders who face the greatest barriers to accessing health services and achieving positive health outcomes need help and support to navigate the health system, to access evidence-based information on health care services, and to understand their rights as patients and health consumers.

The pressure on the health system, and the uncertainty, inadequacies and failures that many health consumers are experiencing within it, have increased the importance of NGOs such as AWHC.

The consumer voice, consumer representation and advocacy have never been so important... and we know that it works, even if only in very slow, incremental ways. Health consumer/patient rights remain an issue and cultural changes in the system and among health professionals are also slow to change. New Zealanders need help and support, and access to quality independent, evidence-based information now as much as at any time in the past.

While the present is a time of great potential for removing inequities and disparities in the

health and disability sector, there is an enormous amount of work to be done. Our new health entities, including Te Whatu Ora and Aka Whai Ora are at times struggling to comply with their responsibilities and obligations to engage with health consumers, to place people at the centre of the health system. However, there are increasing opportunities to be involved at more levels of the health system, to have a say and to turn up the volume on women's health issues, ensure that women are heard and can contribute to creating the sort of health system they want and need.

Our collaborative relationships are vital, but we are always in need of more voices on our own Committee, and particularly more diversity. We welcome new members and eagerly look forward to more women joining us to help share the load and bring their unique experiences and view points to our table, so that we can continue to work towards providing a voice for all women/wāhine.

The Council thanks Barbara Robson and Barbara Holland for the continued support of and collaboration with the Federation of Women's Health Councils. We value highly the regular communication from "the Barbaras" on a multitude of women's health issues and look forward to that continuing. Similarly, we value our involvement in the Cartwright Collective and additional opportunities to have an impact in women's health that this relationship brings.

Additionally, we look forward to maintaining our important work in consumer representation and advocacy through our membership of the Health Consumer Advocacy Alliance and continuing to effect positive change through submissions, interviews with media and communications with MPs and policy makers.

Finally, we look forward to the time - hopefully in the not-too-distant future - when all women have accessible, equitable, affordable, available, accountable and culturally appropriate health care services.



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