

Is this the end of  
'one size fits all'  
health care?

**MHF** On Gender Duty

Annual Review 2005-06

# We've been on gender duty for years



It was a significant year for gender equality – perhaps as significant as 1975 when the Sex Discrimination Act was passed. The Equality Act 2006, which comes into force in April 2007, will, for the first time, require public sector organisations (including the Department of Health and the NHS) to promote equality of opportunity between men and women and to take account of their specific needs.

Because men generally have the worst health outcomes, they should now become a focus for attention and action. The Men's Health Forum is therefore on the verge of achieving a key strategic goal – that men (and boys too, of course) should be fully taken into account throughout health policy and practice.

A handwritten signature in blue ink, appearing to read 'Alan White'.

We believe that the gender equality duty which will be established under the new legislation creates the biggest opportunity to improve men's health since the NHS was established in 1948 and for this reason, we have devoted a great deal of time and effort to this issue throughout the year. But a leap forward in men's health will not happen automatically. Legislation sends a message and provides a vital framework but real change comes as a result of education, debate, persuasion and pressure. The Forum, in collaboration with its partner organisations, has a crucial role in creating the impetus for change.

We have to support, equip and, above all, push the NHS and others to comply with the gender duty. We are already working with the Department of Health, the Equal Opportunities Commission, the Women and Equality Unit and other partners on a conference to do just that.

As the only national men's health organisation, the Forum is uniquely well-placed to take a leading role in encouraging and enabling compliance with the gender duty. We will be monitoring implementation, highlighting good practice where it exists and urging action where it is absent. We will be lobbying MPs and ministers to ensure that government rhetoric about the duty becomes reality. As a man with more than one health problem once said, this is not the beginning of the end but it is, perhaps, the end of the beginning.

Finally, it is my pleasure to acknowledge the huge effort all the Forum's staff have made throughout the year to deliver consistently high-quality work that has established us as a key stakeholder in work on the gender duty and men's health generally. I would also like to thank my fellow trustees for their confidence in and commitment to the organisation. The progress we have made in the period covered by this report is entirely due to the work of a unique and special team.

I am proud that the Forum's achievements were recognised at the start of 2006 when we were named as a winner of the prestigious GSK Impact Award. We were judged by GlaxoSmithKline and the King's Fund to be 'doing an impressive job of reaching men with essential health information in a different way'.

**Professor Alan White,  
Chair of the Board of Trustees, MHF**

# Consultation: Equality Act 2006

From April 2007, the Equality Act 2006 places a new duty on all public bodies to prohibit sex discrimination in the exercise of public functions and 'to promote equality of opportunity between men and women'.

NHS providers will be under an obligation to structure services in such a way that they are taken up by men and women equitably. As Alan White says in the introduction to this Annual Review, the Forum believes that the gender duty offers a major opportunity to improve the health of men. To ensure this opportunity is seized, we have been working hard to ensure that the full implications of the new legislation for men's health are recognised as widely a possible.

Throughout 2005-06, we played a full and active role in the consultations led by the Women and Equality Unit and the Equal Opportunities Commission. We made the case for men's issues to be fully taken into account and for action to ensure effective implementation and compliance. We provided case studies on men's health to the Women and Equality Unit that were used in ministerial speeches and elsewhere to highlight the legislation's significance for men as well as women.

## Gender Equity Project: the implications of the public sector duty

Since the spring of 2005, the Forum has been leading the Gender Equity Audit Project. This examines the likely implications for PCTs of the gender duty with particular reference to its potential for improving the health of men. The project has been largely funded by the Department of Health and has been managed in partnership with the Essex Primary Care Research Network. The project has three elements:

- A 'snapshot' survey of all English PCTs to establish the existing state of knowledge about gender equity and the level of preparedness for the gender duty's implementation.
- A 'case study' of one particular aspect of current service provision within each of five partner PCTs.
- A series of interviews with each partner PCT exploring the motivation for their commitment to the achievement of gender equity; the benefits to their PCT of taking the issue seriously; and the obstacles that they had encountered in doing so.

A report of the project will be published in autumn 2006, to coincide with a national conference on the same subject that the Forum is organising with the Department of Health, the Women and Equality Unit, the Equal Opportunities Commission and others.

**'the greatest opportunity since the foundation of the NHS in 1948 to improve the health of men'**

# 'Our Health, Our Care, Our Say'

## Our response to the Government's health White Paper

Prior to the publication of its Our Health, Our Care, Our Say White Paper, the Department of Health invited the opinion of the Forum on the future shape of community health services.

To inform our contribution, we undertook two consultations of our own – an open online survey of users of malehealth.co.uk, the Forum's health information website for men, and a survey of health practitioners with an interest in men's health.

In the malehealth survey, we asked three open-ended questions designed to establish the 'male view'.

Over 400 responses were received. There was a clear consensus about existing problems, which we expressed as three rhetorical questions:

- When am I supposed to go? Men found GP opening hours to be too restrictive.
- Why is it so difficult? The appointments system was felt to be difficult to use.
- What about us blokes? The ambience of GP services was seen as too 'feminine'.

These views were reflected by the responses of the health practitioners. They also identified male socialisation - which, for example, makes it hard for many men to ask for help – as a major additional obstacle inhibiting men's use of services. Both strands of consultation generated constructive ideas which were passed on to the Department of Health.

## EQUALITY ACT 2006

From April 2007, the gender duty's new requirements for public sector organisations will be wide-ranging and potentially revolutionary. The gender duty requires organisations to:

- ▶ Actively promote equality between men and women
- ▶ Understand the impact of their work on men and women as distinct groups
- ▶ Consult and engage men and women from all groups of the community in decision and policy making on issues that directly affect them as men and women
- ▶ Produce and publish a gender equality scheme in consultation with stakeholder groups. The schemes must be reviewed every three years
- ▶ Conduct and publish gender impact assessments covering all major proposed developments in policies and services.

Jahmanie, Dzola and Chakka of the Brent boys2MEN project. Young men are one of the so-called 'hard to reach' groups that the gender duty will oblige health care providers to target.



We were disappointed that the White Paper failed to address men's needs explicitly. However, some of the specific proposals may well improve men's use of services, not least the proposed MOT-style check-ups and extended GP opening hours.

## Chlamydia: putting men to the test

The Forum began work on a new lobbying campaign, with a launch date in July 2006, to encourage the National Chlamydia Screening Programme to increase the uptake of screening by young men. Our view is that about 50 per cent of screens should be of men, well above the current level of about one in five. The campaign also aims to encourage Boots to screen more men as part of the pilot scheme it is running in London for the Department of Health. This campaign builds on the research project on men and chlamydia the Forum completed in 2005.

The Forum brought together a group of experts at the end of February. This group of representatives of leading sexual health and professional organisations helped clarify the key priority issues.



## Hazardous Waist: solutions to the problems of obesity

During National Men's Health Week in June 2005 the Forum published Hazardous Waist, a report proposing new approaches to overweight and obesity in men - a public health problem of arguably unprecedented seriousness.

Already two thirds of men are currently overweight or obese.

The report highlighted that men are less likely than women to be concerned about becoming overweight, more likely to fail to notice that they have gained weight, and more likely to deny that they have a problem once they are overweight.

MHF president Dr Ian Banks, left, with Hazardous Waist conference chair Trevor Brooking of the Football Association, MHF CEO Peter Baker and chair of trustees Alan White

There is little robust evidence about how to work effectively with men on weight but it seems clear that much present practice is ineffective. The Forum proposes that five principles should underpin future developments - some of these principles will, we believe, effectively become statutory obligations under the Equality Act 2006:

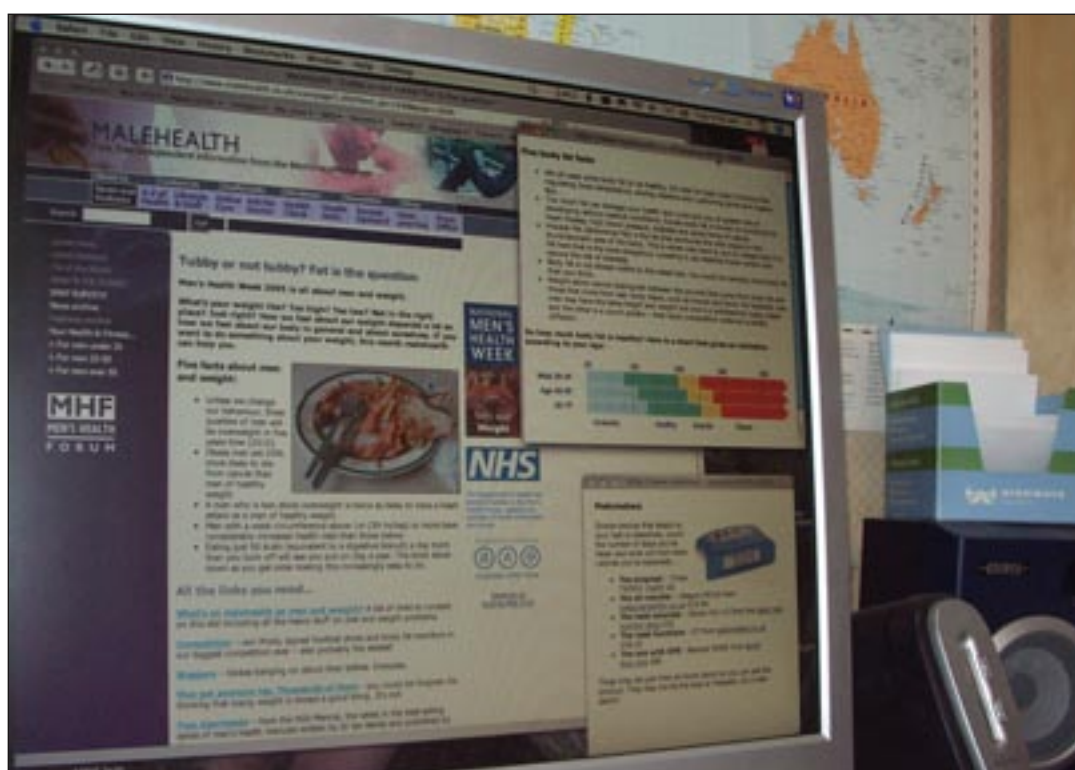
- It must be recognised that ‘weight is a male issue too’.
- It is essential to develop a strong research base.
- ‘Male sensitive’ approaches are needed – especially in primary care and health promotion.
- Work with boys is crucial to reducing overweight in adult men in the future.

- Government must implement a cross-cutting strategy to tackle this problem for both men and women which takes account of the differences between the sexes.

## Bedfordshire Break-out Project

The Forum worked in partnership with Bedfordshire Heartlands PCT and the leading mental health charity mentality to develop a programme of work as part of a national pilot run by NIMHE focusing on improving young men’s mental health and emotional wellbeing.

The main aims were to develop the skills and confidence of professionals working with vulnerable young men and to help foster partnership working through networking across Bedfordshire. The programme evaluated very positively.



Men’s Health Week 2005 as seen by thousands of visitors to the Forum’s malehealth.co.uk website. Designed for men of all ages, the specially prepared content included: free downloads, facts, figures and tips, the inside story on men’s eating disorders, a team of bloggers and a prize competition.

# Work Fit: BT staff lose ten tonnes of weight

## At last, an effective workplace weight-loss programme

A major lifestyle change programme for BT staff, Work Fit, was announced during Men's Health Week 2005.

Devised and developed by the Forum and launched in September 2005, Work Fit offered BT staff, male and female, the opportunity to participate as teams or individuals in a 16-week programme delivered almost entirely online. Over 16,000 staff registered to take part and the proportion of men broadly reflected the workforce demographic.

We were able to track some 5,000 staff through the programme and, when it ended in January 2006, the outcome exceeded all expectations: 80% of the 'completers' lost an average of 2.3kg. It is our intention to roll out Work Fit to other companies and it is likely that the level of interest will be considerable.

The business case for initiative like Work Fit is clear. It is excellent for team-building and staff morale while a healthier workforce is likely to be more productive and less prone to absence. Work Fit also confirmed that the workplace is a valuable setting for effective work with men.



**Thousands of BT staff were able to access Work Fit online at their workplace giving it a degree of accessibility that is lacking in most weight-loss programmes.**

## National Men's Health Week 2005: a heavy-weight champion

National Men's Health Week in June 2005 was the fourth such event in England and Wales. The objective was to increase men's awareness of weight and obesity issues. Men were encouraged and enabled to take action to prevent weight gain and, if appropriate, to lose weight.

The Week also highlighted the changes needed in health policy and practice through 'Three Quarters is Too Many' - a campaign statement supported by over 50 organisations that highlighted the fact that if current trends continue three quarters of men will be overweight or obese by 2010.

The Forum ran a national publicity campaign

to highlight the issue of men and weight and secured coverage in at least 12 national newspapers, 107 regional and local papers, 10 trade publications, 28 websites and 37 radio and TV programmes. Over 300 delegates attended a national conference, Hazardous Waist, held in London, which highlighted good practice in working with men in different settings.

The Forum also produced the HGV Manual, a men and weight handbook in the format of the well-known Haynes' car manuals and written by Dr Ian Banks with the support of the Forum's 34 Men's Health Week partners. The manual was launched in what used to be the revolving restaurant at the top of the BT Tower in London.

It has already sold some 28,000 copies, an achievement eclipsed only by the first manual in the MHF/Haynes series, the record-breaking Man manual which has sold 120,000 copies.

**Public health minister Caroline Flint discusses the HGV Manual with its author MHF President Dr Ian Banks**



In total, over 1800 individuals and organisations registered their interest in the Week and got support from the Forum to run local events across the country.

## All-Party Parliamentary Group on Men's Health

The first meeting of the All Party Parliamentary Group on Men's Health after the 2005 general election was its AGM where it elected Dr Howard Stoate MP as chair and Peter Bottomley MP, Sandra Gidley MP and Baroness Masham of Ilton as Vice Chairs. The Forum provides the secretariat for the group.

In October 2005 when the Equality Bill was before Parliament, the group heard about the importance and success of initiatives that already take health care to men - Preston PCT's successful project that worked in different settings with different groups of men and the Bradford Health of Men project's multi-agency work in Bradford. The group learned how these projects reach men who would not be seen by traditional health services despite experiencing conditions such as high blood pressure, breathing difficulties and depression.

A reception hosted by the group in December focused on the weight issues highlighted in Men's Health Week earlier in the year.

The February 2006 meeting discussed the importance of increasing the uptake of chlamydia screening among young men. University researchers, officials from the National Chlamydia Screening Programme and others briefed the group's members.



# Patricia Hewitt: MHF 'extremely important'

## MHF Magazine

All good things must come to an end – and that unfortunately is the case with MHF magazine. After three years' funding, the publication, which was aimed at health professionals, policy makers, and politicians published its final issue to coincide with Men's Health Week 2006.

The Forum is now looking at more cost-effective, web-based methods of getting our message across.

Highlights of issues published 2005-06 included:

- An interview with Patricia Hewitt, health secretary --- in which she told MHF Magazine: 'I was delighted to discover the Forum's existence. I hadn't known about it before I became health secretary. I think it is extremely important work'
- An interview with Surinder Sharma, the Department of Health's national director for equalities and human rights
- Regular reports on the gender duty
- Examples of good practice in men's health.

MHF Magazine will be missed. Readers were asked in a survey whether they would pass the magazine on to a colleague, 69 % said they would, one of them adding: 'I would pass it on only if I knew I was going to get it back. The magazine is too useful to lose.'

## malehealth.co.uk: fast, free independent health information

During 2005-06, malehealth, the Forum's health information website for men of all ages, and the Forum's home site (menshealthforum.org.uk) were able to offer readers a number of more interactive features including regular snap surveys on key issues in men's health, a variety of blogs and the MHF's first-ever webcasts. The malehealth website was also accredited by Health On the Net (HON), providing significant endorsement of its accuracy and objectivity.

The sites were also used to gather evidence from men and health professionals for the Forum's consultative work with government and other public bodies.

Between them the sites average over 3,000 visitors a day. Towards the end of the year, the sites' editor Jim Pollard was short-listed for the Patients Association Health Journalist of the Year Award.

Some of England's national football team as pictured in MHF Magazine at the launch of the HGV Man manual

## Europe: MHF joins call for 'urgent action'

At the European Men's Health Forum's first-ever conference in September 2005, the Forum was one of the founding signatories to the so-called Vienna Declaration.

The Declaration was an EMHF-sponsored statement calling on the European Union and member states to take urgent action on the health of men and boys in Europe.

The Declaration has already attracted signatures from individuals and organisations from dozens of countries across the world.



The Forum was instrumental in obtaining a statement of support for the Declaration from the UK's public health minister Caroline Flint.

The MHF team were also among the keynote speakers at the conference itself.

**MHF chief executive Peter Baker signs the Forum up to the Vienna Declaration on male health.**

### VIENNA DECLARATION

The Vienna Declaration calls on the European Union, national governments, providers of health services and other relevant bodies to:

- ▶ Recognise men's health as a distinct and important issue
- ▶ Develop a better understanding of men's attitudes to health
- ▶ Invest in male-sensitive approaches to providing health-care
- ▶ Initiate work on health for boys and young men in school and community settings
- ▶ develop coordinated health and social policies that promote men's health.

# On gender duty

**The 'gender duty' in the Equality Act *should* mean the end of 'one size fits all' health care says MHF chief executive Peter Baker.**

You could say the Forum has been on gender duty for over a decade. We've certainly been working for equity for men and women in health provision ever since we were founded in 1994

With the introduction of the gender duty in April 2007, this will become the

responsibility of all public sector organisations

including the NHS. It is no exaggeration to suggest that the new duty has the potential to transform the way health services are delivered to men. It ought to place the

issue irrevocably on the public agenda and stimulate far-reaching improvements over the decades to come. The Equal Opportunities Commission has already highlighted the potential impact on men's access to primary care. There will also need to be big changes in the ways health improvement messages are delivered to men.

The Forum's goal is to ensure that the new legislation is implemented in the spirit of its intention.

That intention - in the words of a former Minister for Women, Tessa Jowell - is 'to ensure that both women's and men's needs are fully recognised and met' by public service providers and, in doing so, 'to focus on outcomes'.

The Forum will work to ensure that these objectives remain at the forefront of health policy-making at both local and national level. We will do this by drawing public attention to the new duty, by demonstrating where our own recommendations sit within the context of the new legislation and by monitoring local gender equality schemes.

We will also seek to support policy makers and service providers by offering advice and guidance. We will provide professional training that



will help health organisations develop their expertise in planning and working to improve the health of men.

In November 2006, the Putting Gender on the NHS Agenda conference which we are running with the Department of Health, the Equal Opportunities Commission, NHS Employers, Essex Primary Care Research Network and the Women and Equality Unit will bring the gender duty and our work on it before NHS commissioners and managers.

Many aspects of the Forum's work - past, present and future - provide excellent practical examples of the way in which we can help health service providers and others meet the duty. Our study of how to increase young men's uptake of chlamydia screening, for example, shows the importance and effectiveness of interventions targeted specifically at men.

## Pharmacy

The Forum has argued for some time that pharmacy services have a potentially significant role to play in improving men's health. Men's use of pharmacy services is currently very limited but in its submission to the Department of Health's consultation document, A Vision for Pharmacy, the Forum argued that pharmacy services could provide information, advice, a triage service, home diagnostic tests and 'MOT' style check-ups.

As a direct result of the Forum's lobbying, a specific section on men's health was included in the Department of Health's report Choosing Health Through Pharmacy (published in April 2005). This recommended that 'Pharmacy services should be promoted and developed as a source of advice, information and support

for self care for men' and that 'Pharmacies should consider how they could make their services and premises more attractive to men.'

The Forum is now working with the Royal Pharmaceutical Society of Great Britain and the Department of Health on a pilot study to develop the information, resources and support that pharmacies will need to work with men effectively.

## Bowel cancer

Our work on bowel cancer screening illustrates the importance of gender-sensitivity in service delivery. The government began to roll out a national bowel cancer screening programme for men and women in 2006. However, initial pilots showed that men are significantly less likely to take part in screening and that their reasons for non-participation are different from women's.

The Forum is currently in discussion with the Department of Health and other partners to develop ways in which men can be better engaged in bowel cancer screening.

On cancer more generally, the Forum published a report in 2004 demonstrating that, for nine of the ten most common cancers that are not specific to either sex, incidence rates were very much greater in men and that overall men were about twice as likely to die from these cancers.

In response to this finding, National Cancer Director Professor Mike Richards invited the Forum to organise a small, high level, national symposium in November 2006 to explore this issue. The outcomes will have clear relevance for health service providers seeking to implement the gender duty. We are

**Is the end of 'one size fits all' health care finally in sight?**





organising the symposium with Macmillan, CancerBackup and the Centre for Men's Health at Leeds Metropolitan University.

## Mental Well-being

Men are often unable to identify themselves as having a mental health problem, have a low level of awareness of the available services, are reluctant to seek help for mental health problems and find many of the services such as counselling or therapy unsuitable or unappealing. This much was identified during Men's Health Week 2006 which took men and mental well-being as its theme.

These problems are exacerbated among men from black and minority ethnic (BME) communities who may also believe that the mental health system will discriminate against them. Young African-Caribbean men are more likely to receive a diagnosis of schizophrenia, more likely to be detained under the Mental Health Act and less likely to be offered psychological treatments. Asian men have a high incidence of compulsory admission to psychiatric institutions and a low uptake of after-care services. Irish men have a particularly high suicide rate while within Chinese culture, boys are taught that expressing emotions is a sign of weakness.

There are currently few resources for men on mental health issues and even fewer for BME men. There is also little awareness among health care professionals about how to engage effectively with BME men. The Forum has received a grant from the Department of Health to develop a three year project which will look to explore the experiences of men from different ethnic groups in terms of their mental health and their perceptions of associated support services.

The aim is to work with BME and mental health organisations to develop resources for increasing the awareness of BME men of mental health problems and services, to encourage the use of existing services, and to develop and evaluate new types of services that are able to engage more effectively with BME men.

## Mini Manuals

Sales of the MHF/Haynes series of health manuals for men are now well over 200,000 puncturing the myth that men will not read health information. The key is presenting it in an accessible form.

We have now distilled all our expertise in this area to produce mini-manuals - small customised health information booklets which are ideal for meeting gender duty obligations. Covering issues ranging from stress to weight and smoking cessation, we have produced manuals for specific audiences, specific localities and on specific subjects - 250,000 have already been distributed.

## Are you doing your duty?

These are just examples of the work we are doing. Whatever you want to know about the new gender duty, how it might affect you and your organisation and how to meet your obligations under it, talk to the Forum. Better still, become a member so we can keep you up-to-date with key developments in the gender and health field. We've been on gender duty for 12 years and I like to think we've picked up a bit expertise along the way.

**Peter Baker,**  
Chief Executive, Men's Health Forum

**The launch of the mini-manual targeted at the men of Knowsley on Merseyside.**

## Summarised accounts for the year ended 31 March 2006

### Statement from the Trustees

These summarised accounts are not statutory accounts but are extracted from the full financial statements approved by the Trustees on 7 July 2006. Full accounts have been prepared and audited; they received an unqualified audit report and are available on request from the charity. The full accounts have been submitted to the Charity Commission and abbreviated accounts to the Registrar of Companies.

A White,  
on behalf of the Trustee Board,  
28 July 2006

### Auditors Statement to the Members of the Men's Health Forum

We have examined the summarised financial statements of Men's Health Forum.

Respective responsibilities of Auditor and Trustees: The Trustees are responsible for preparing the summarised financial statements in accordance with the recommendations of the Charities SORP.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements with the full financial statements and Trustees' Annual Report and its compliance with the relevant requirements of section 251 of the Companies Act 1985 and the regulations made thereunder. We also read the other information contained in the summarised annual report and consider the implications for our report if we become

aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of Opinion: We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on summary financial statements' issued by the Auditing Practices Board.

Opinion: In our opinion these summarised financial statements are consistent with the full financial statements and the Trustees' Annual Report of The Men's Health Forum for the year ended 31 March 2006, and complies with the applicable requirements of section 251 of the Companies Act 1985, and the regulations made thereunder.

Wallace Crooke & Co.  
Chartered Accountants and Registered  
Auditors  
28 July 2006

## THE MEN'S HEALTH FORUM

STATEMENT OF FINANCIAL ACTIVITIES (incorporating the INCOME AND EXPENDITURE ACCOUNT)  
FOR THE YEAR ENDED 31 MARCH 2006

	Year ended 31 March 2006			Year to
	Restricted Funds £	Unrestricted Funds £	Total £	31 March 2005 Total £
<b>Incoming Resources</b>				
Incoming Resources from generated funds				
- Voluntary Income: donations and grants	82,000	308,988	390,988	303,088
- Activities for generating funds	-	-	-	-
Investment income	-	4,559	4,559	3,960
Incoming resources from charitable activities	208,415	99,825	308,240	197,084
Other incoming resources	-	250	250	-
	-----	-----	-----	-----
Total incoming resources	£290,415	£413,622	£704,037	£504,132
	=====	=====	=====	=====
<b>Resources Expended</b>				
Costs of generating funds				
- Costs of generating voluntary income	5,000	56,445	61,455	43,813
Investment management costs	-	-	-	-
Charitable activities	322,694	203,528	526,222	441,768
Governance costs	1,500	50,440	51,940	46,991
	-----	-----	-----	-----
Total resources expended	£329,194	£310,413	£639,607	£532,572
	=====	=====	=====	=====
Net incoming/(outgoing) resources before transfers (38,779)		103,209	64,430	(28,440)
Gross transfers between funds	35,733	(35,733)	-	-
Net incoming/(outgoing) resources for the year	(3,046)	67,476	64,430	(28,440)
Total funds brought forward	75,909	53,033	128,941	157,382
	-----	-----	-----	-----
Total funds carried forward	£72,863	£120,509	£193,372	£128,942
	=====	=====	=====	=====

## MEN'S HEALTH FORUM BALANCE SHEET, 31 MARCH 2006

	31 March 2006		31 March 2005	
	£	£	£	£
<b>FIXED ASSETS</b>				
Tangible assets		9,111		6,835
<b>CURRENT ASSETS</b>				
Debtors	67,305		19,644	
Cash at bank and in hand	140,136		203,131	
	-----		-----	
	207,441		222,775	
<b>CREDITORS: Amounts falling due within one year</b>	(23,180)		(100,668)	
	-----		-----	
<b>NET CURRENT ASSETS</b>		184,261		122,107
		-----		-----
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		£193,372		£128,942
		=====		=====
<b>CAPITAL AND RESERVES</b>				
Restricted Funds		72,863		75,909
Unrestricted Fund		120,509		53,033
		-----		-----
		£193,372		£128,942
		=====		=====

**SPONSORS AND SUPPORTERS**

The following organisations generously supported the Forum in 2005-6:

Age Concern England £5,000  
 Alzheimer's Society £3,000  
 Arts Council England £5,000  
 Astellas Pharma Europe Ltd £15,000  
 Bournemouth University £1,500  
 British Assoc for Counselling & Psychotherapy £5,000  
 British Psychological Society £5,000  
 BT £9,375  
 Cholesterol UK £5,000  
 Countryside Agency £4,000  
 Department of Health £215,000  
 Diagnostic Ultrasound (UK) Ltd £7,500  
 Headway £1,000  
 Mental Health Foundation £9,000  
 MHF Scotland £1,000  
 National Institute for Mental Health in England £13,000  
 National Obesity Forum £1,500

North Tees Primary Care Trust £5,000  
 POPYRUS £3,000  
 Pfizer Limited £35,000  
 PSNI £5,000  
 Red £1,000  
 Rethink £5,000  
 Roche Diagnostics Ltd £7,500  
 Roche Products Ltd £59,000  
 Royal College of Psychiatrists £5,000  
 Royal Mail £46,500  
 Samaritans £3,000  
 Slim Fast £5,000  
 South Essex Partnership NHS Trust £2,000  
 Southwark Alliance £5,000  
 Stroke Association £3,000  
 Tanita £5,000  
 The Obesity Awareness and Solutions Trust (T.O.A.S.T) £1,000  
 Walking the way to Health £5,000  
 Water UK £2,500  
 X Carb £10,000  
 Yakult UK Ltd £10,000  
 YMCA £3,000  
 Young Minds £1,000

The Forum also received additional and generous in-kind support from:  
 Anytime After Nine  
 British In-Vitro Diagnostic Association  
 PAGB  
 Ruder Finn  
 Royal Society for the Promotion of Health

**POLICY ON SPONSORSHIP**

The MHF has a policy on relationships with commercial and other organisations. This can be viewed in full at [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk). The policy commits the Forum to disclose in its Annual Report which organisations have supported the Forum financially (or in other ways) and by how much. It is the Forum's strict policy not to support or endorse any specific medical products, treatments or devices (including all pharmaceutical products whether available only on prescription or over-the-counter).

NOTE: the amounts shown above were paid to the MHF in 2005-6 but were not necessarily for that financial year alone. In many cases, payments were for work completed in 2004-5 or extending into 2006-7. Additional amounts were also invoiced for 2005-6 but not paid until after the year-end. Other income came from membership fees, sales of services (eg, publications and training) and donations from individuals.



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**T**he mission of the MHF is to provide an independent and authoritative voice for male health and to tackle the issues affecting the health and well-being of boys and men in England and Wales

Our vision is a future in which all boys and men in England and Wales have an equal opportunity to attain the highest possible level of health and well-being

We achieve this through:

- ▶ policy development
- ▶ research
- ▶ providing information services
- ▶ stimulating professional and public debate
- ▶ working with MPs and government
- ▶ developing innovative and imaginative projects
- ▶ professional training
- ▶ collaborating with the widest possible range of interested organisations and individuals
- ▶ organising the annual National Men's Health Week

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It's time to end  
"one size fits all" health care



On Gender Duty: using the Equality  
Act 2006 to improve male health

**MHF**  
MEN'S HEALTH  
FORUM