

A European men's health strategy: here at last

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The lack of a policy focus on men's health has held back work in the field. The adoption of the first-ever men's health strategy by WHO Europe, and its recognition that many men's health outcomes are unacceptably poor, is therefore very significant. Here the author outlines the strategy and how it could make a difference to men's health.

The European Commission (EC) published a comprehensive report on the state of men's health in Europe in 2011.¹ It revealed some grim statistics: twice as many working-age men as women died each year, for example, and male life expectancy was under 70 years in five eastern European countries. The report also found that health policies across the European Union (EU) almost entirely overlooked gender and men in particular.

The report was a landmark in men's health except in one unusual respect: the authors were asked not to include any recommendations. Although the *British Medical Journal* subsequently published a call from the authors for a men's health strategy to help address the problems identified in the report,² there followed no observable changes in policy by the EU or individual member States.

The EC's Strategic Plan 2016–2020 for Health and Food Safety does

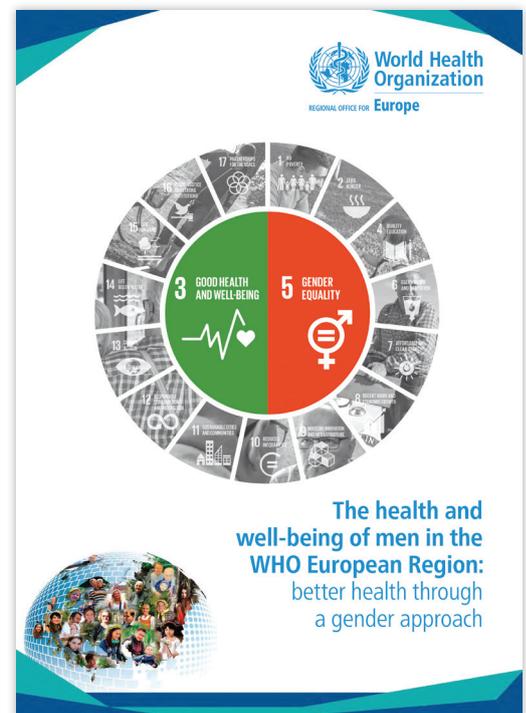
not mention gender inequalities,³ nor does the section on cross-cutting policy in the EC's State of Health in the EU Companion Report 2017.⁴ Ireland is the only European country to date to have taken a serious interest in men's health, with two five-year national men's health policies in place since 2008, the most recent of which continues until 2021.⁵

Despite a growing focus on the social determinants of health and tackling health inequalities, gender has continued to be largely overlooked in global as well as European health policy. A recent study by the Global Health 50/50 initiative, based at University College London's Centre for Gender and Global Health, looked at the gender-related policies of 140 major organisations working in and/or influencing the field of global health.⁶

Its analysis showed that well under half (40%) of organisations mention gender in their programme and strategy documents, while under a third (31%) define gender in a way that includes both men and women. Two-thirds (65%) of organisations do not even disaggregate their programme data by sex. Of the 40 non-governmental organisations (NGOs) in the sample, 14 stated that they focused exclusively on the health needs of women and girls, but none focused exclusively on the health of men and boys.

Europe's first men's health strategy

Against this background, it is both surprising and also hugely significant that Europe's first-ever men's health strategy was adopted by WHO Europe



WHO Europe published Europe's first ever men's health strategy in September 2018.⁸ The strategy focusses on social determinants of men's health

in September 2018.⁷ The strategy, which complements a women's health strategy adopted in 2016, recognises that many men's health outcomes are unacceptably poor and linked to gender norms that engender risky behaviours. The strategy also aims to help the European region achieve the UN's Sustainable Development Goals (SDGs), in particular SDG 3 on good health and wellbeing, SDG 5 on gender equality and SDG 10 on reducing inequalities.

The strategy covers the whole WHO Europe region. This is far larger than the EU, comprising 53 states from Iceland in the west to the

Russian Federation in the east as well as Turkey and Israel. The strategy is not binding on member states, but its implementation will be monitored by WHO Europe and there is an expectation that governments will take some action.

The strategy's main objectives are to:

- Reduce premature mortality among men due to noncommunicable diseases and unintentional and intentional injuries
- Improve health and wellbeing among men of all ages while reducing inequalities between and within countries of the region
- Improve gender equality through structures and policies that advance men's engagement in self-care, fatherhood, unpaid care, violence prevention and sexual and reproductive health.

The main focus is not medical but on the social determinants of health, the 'causes of the causes' of men's health problems. These include issues related to employment, income, education, sexuality and ethnicity but also, crucially, male gender norms. The strategy asks member states to acknowledge that: *men's health needs, their health-seeking behaviour and the responses of the health system are influenced by gender norms and roles and the intersections with other determinants of health [and ensure] that men's health needs are met across their life-course through gender-responsive policies, services and programmes.*

The strategy identifies five broad areas for action:

- Strengthening governance for the health and wellbeing of men; for example, by improving policy coherence, working across sectors and strengthening participation.
- Making gender equality a priority for men's health; for example, by supporting the role of men in achieving gender equality, challenging

the gender imbalance in paid and unpaid care, engaging boys and men in violence prevention and sharing responsibility for reproductive health

- Making health systems gender responsive; for example, by understanding men's health needs and patterns of health-seeking behaviour, addressing men's health challenges, improving health services delivery and reaching out to men
- Improving health promotion; for example, by focusing on key life transitions, building on assets and positive images, focusing on the main risks and using appropriate settings and places
- Building on a strong evidence base; for example, collecting and using disaggregated data to inform policies and programmes and developing a comprehensive body of evidence on men's health from a gender perspective.

The WHO Europe men's health strategy was accompanied by a report – *The health and well-being of men in the WHO European Region: better health through a gender approach*.⁹ This report presents an epidemiological snapshot of men's health in the region, including data on the behavioural and metabolic risk factors affecting men (see Figures 1 and 2); analyses the intersections between gender, social, economic, cultural and environmental determinants and how this increases exposure to risk factors and vulnerability among men; explores how men's health needs, health-seeking behaviour and the responses of health systems are influenced by gender norms and roles; and shows how improving the health and wellbeing of men and contributing to gender equality are complementary objectives.

The report also calls for strategies aimed at increasing men's uptake of services. It argues that making primary care more flexible and oriented towards men's preferences may reduce gender inequalities by engaging men in self-care and,

potentially, in the care of others. The report suggests that the provision of outreach services targeted at men, male-friendly invitations to health checks, and after-hours services during evenings and weekends could help to increase access to health care for many working men.

Health care professionals' competence in understanding gendered health care-seeking patterns is described as 'weak'. The report suggests that primary care practitioners should be trained in how to communicate with men to encourage appropriate healthy choices and behaviours. It is also important to avoid gender-stereotyping health issues, as this may prevent boys experiencing emotional difficulties from seeking care and may influence clinicians' sensitivity to diagnosing emotional problems in boys.

The report and strategy do not fall into the trap of pathologising masculinity, simply blaming men for their risky behaviours or stereotyping men. The strategy aims instead to take an 'assets-based' approach that builds on the positive aspects of many men's experience, knowledge, skills and attitudes to health and wellbeing. This means acknowledging the health-promoting aspects of masculinity and learning from men who have successfully adopted healthier behaviours.

The impact of the strategy will be closely watched by men's health advocates in Europe and beyond. It presents a unique opportunity for a leap forward in activity, but this is unlikely to happen without the full involvement of civil society organisations. The strategy recommends that member states strengthen their collaboration with NGOs but, in practice, NGOs may well have to take the lead.

In the UK, the Men's Health Forum - which is already working with the Department of Health, NHS England and Public Health England

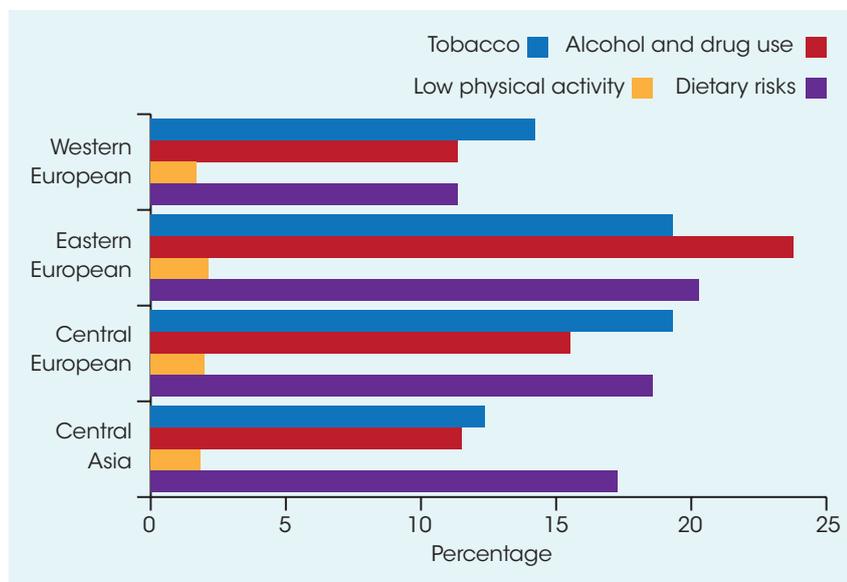


Figure 1. Disease burden due to each of individual behavioural risk factors for men, WHO European region, 2016⁸

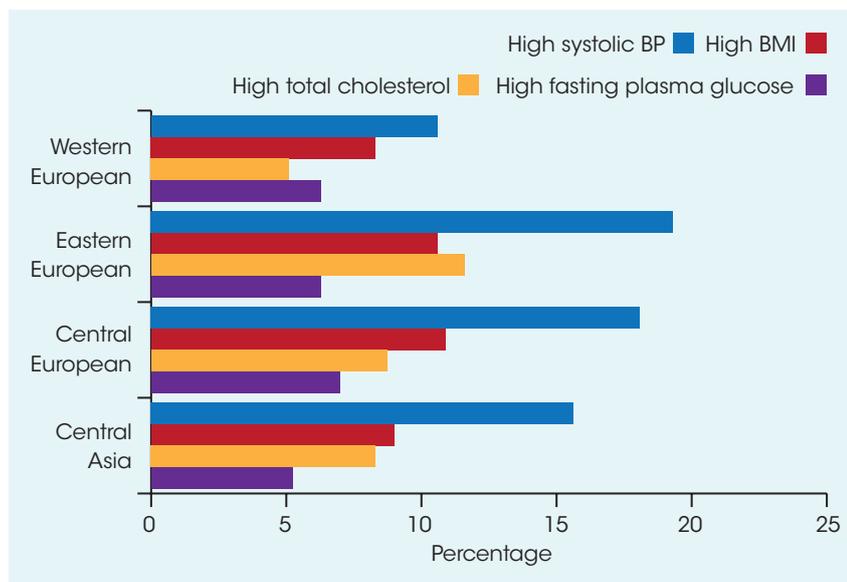


Figure 2. Disease burden due to individual metabolic risk factors for men, WHO European region, 2016⁸

through its membership of the Health and Care Strategic Partnership Programme - has formally asked the government what its response will be to the men's health strategy and renewed its call for a national men's health policy similar to the policies already introduced in Australia and Ireland.

Men's health benefits

Governments and health services have much to gain by addressing men's health. Not only can they improve the health of half of the population, improve the health of women and children and reduce the incidence of male violence, they can also save the health system and the

economy a great deal of money. Men's premature mortality and morbidity has been estimated to cost the United States economy approximately USD \$479 billion annually.⁹ A 1% annual relative reduction in the proportion of middle-aged men and women in Canada who smoke tobacco, consume harmful levels of alcohol and have excess weight could result in a cumulative reduction in the country's economic burden of about CAD \$51 billion in the period 2013–36.¹⁰

Conclusion

The European men's health strategy recommends the development of a robust evidence base to support work on men's health. This is clearly needed but there is also enough existing evidence to enable policymakers and practitioners to start developing effective programmes. Ireland's first five-year national men's health policy, which started when there was far less evidence available, succeeded in generating a large number of programmes and projects that resulted in measurable improvements in men's health.¹¹ If the political will is there, the European strategy could clearly have a major impact across the whole European continent.

Declarations of interests

Peter Baker was a consultant for WHO Europe on the Men's Health and Wellbeing report.

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