WHO Europe's men's health strategy is undoubtedly a milestone in men's health, but how far does it go to address the neglected health needs of men and boys? Peter Baker explores

Putting men on the gender agenda: WHO Europe's new men's health strategy

Europe's first-ever men's health strategy was agreed by the 53 member states of WHO Europe at their Regional Committee meeting in Rome on 19 September.[1] The strategy, which complements the 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 has been welcomed by men's health advocates in Europe and more widely. Global Action on Men's Health described its adoption as a 'landmark event' and expressed hope that other WHO regions will now take a similar approach. PAHO, the WHO region for the Americas and the Caribbean, is expected to be the next to do so.

Where are men on the public health agenda?

WHO Europe's initiative stands out against a background of a general lack of engagement with gender and men's health issues by national and international public health organisations. This was recently highlighted by a study by the Centre for Gender and Global Health at University College London, UK, of the gender-related policies of 140 major organisations working in and/or influencing the field of global health.[2] This showed that only 40% of organisations mention gender in their programme and strategy documents and even fewer (31%) define gender in a manner that 'is consistent with global norms' (i.e. with a focus on men as well as women and also on the structures and systems that determine gender roles and relationships).

In Europe specifically, the European Commission published a major report on the state of men's health in 2011,[3] but no recommendations for action were included and it did not lead to any observable changes in policy. The Commission's Strategic Plan 2016-2020 for Health and Food Safety does not mention gender inequalities,[4] nor does the section on cross-cutting policy in the Commission's State of Health in the EU Companion Report 2017.[5] Ireland is the only European country to date to have taken a significant interest in men's health with two successive five-year national men's health policies.[6]

The state of men's health in Europe

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'.[7] This showed that although life expectancy at birth for men has been rising throughout the region, significant differences between countries remain. There is, for example, a life expectancy 'gap' of more than 17 years between the lowest (64.7 years in Turkmenistan) to the highest (81.2 years in Switzerland). The group of countries with the highest life expectancy rates, of up to 75 years and above, include mainly western European and Nordic countries, while countries from the eastern part of the region have the lowest rates. The data for healthy life expectancy shows a similar pattern.

Between 2000 and 2015, non-communicable diseases (NCDs) and injuries were by far the leading cause of death for men in Europe. In 2015, they accounted for over four million deaths (86% of all deaths), primarily due to cardiovascular diseases (CVDs), cancers, diabetes and respiratory diseases. The largest share of the burden of disease among men in 2016 was caused by five major risks: a poor diet, tobacco,

raised systolic blood pressure (BP), and alcohol and drug use. The more men conform to traditional male gender norms, the worse their health outcomes are likely to be.

The report suggested that a lack of knowledge about symptoms, treatment and services prevents men from seeking help unless the symptoms are causing substantial pain or immobility. Overall, health professionals' competence in understanding gendered healthcare-seeking patterns is considered weak. Men across Europe face stereotypical attitudes that obstruct their access to prevention programmes that should target both sexes. The report concluded that the evidence suggests that action to improve the health and wellbeing of men would benefit from gender-responsive and equity-driven approaches.

The WHO Europe men's health strategy

The men's health strategy's main objectives, which are closely aligned with the SDG targets, are to:

- Reduce premature mortality among men due to non-communicable 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.

There are five broad priority areas for action:

1) Strengthening governance for the health and wellbeing of men, e.g. by improving policy coherence, working across sectors and strengthening participation
2) Making gender equality a priority for men's health, e.g. by supporting the important 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
3) Making health systems gender responsive, e.g. 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
4) Improving health promotion, e.g. by focusing on key life transitions, building on assets and positive images, focusing on the main risks and using appropriate settings and places
5) Building on a strong evidence base, e.g. 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.

Both the report and the strategy are based on a non-medicalised and social determinants approach (they look at the 'causes of the causes' of men's health problems), explore issues of intersectionality (looking at race, sexuality and socioeconomic status as well as gender), and call for a 'systems-wide' rather than an exclusively health service response.

Importantly, the report and strategy aim not to pathologise masculinity or regard it as inherently 'toxic'. Nor do they treat men as a single homogenous group. Rather than simply blaming men for their risk-taking or reluctance to seek help, they seek to understand and explain men's health practices. The strategy also aspires 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.

What next for men's health?

The strategy is not binding on member states, but implementation will be monitored by WHO Europe and there is an expectation that states will take at least some action. However, it is likely that most governments will do very little unless they are encouraged to do so by medical, health and other civil society organisations. There is clearly now a good opportunity for these organisations to make a strong case for male-targeted interventions based on the expanding and increasingly robust evidence of good practice in this field.

Improving men's health in Europe – and beyond – would do more than reduce the unnecessary suffering of men and boys (although that is an ethical imperative in itself). It would also improve the health and wellbeing of women and children, reduce male violence, improve productivity at work, reduce healthcare and wider costs, and help the achievement of public health targets. The new men's health strategy should make it much harder for policymakers and practitioners to continue to overlook the needs of half the population.

References

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