

IF NOT NOW, WHEN? MEN'S HEALTH POLICY WEBINAR

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**GLOBAL ACTION ON
MEN'S HEALTH**

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INTRODUCTION

The COVID-19 pandemic has made very clear the need for an urgent and comprehensive men's health policy response. This webinar shared information about progress on men's health policymaking around the world and about how the case can be made for its further development.

There were presentations on national men's health policies, local men's health policies, how men's health has been incorporated into other health policies, and current campaigns for men's health policies, followed by a discussion.

GAMH's latest report, *Delivering Men's Health: A Guide for Policymakers and Service Providers*, was also launched at the webinar together with a new database of background evidence and resources.

This event was organised by Global Action on Men's Health in collaboration with its official journal, the *International Journal of Men's Social and Community Health*.

PROGRAMME

- Welcome – Anthony Brown, GAMH and webinar chair
- The case for men's health policies and barriers to and opportunities for progress – Peter Baker, GAMH Director
- Regional policy: The European Men's Health Strategy – Alan White, Emeritus Professor of Men's Health, Leeds Beckett University
- National policy: The Australian Men's Health Policy – John Macdonald, Emeritus Professor and Foundation Chair in Primary Health Care at the Western Sydney University; former Director of the Men's Health Information and Resource Centre
- Local policy: The Quebec Men's Health and Wellbeing Action Plan – Philippe Roy, Professor of Social Work, University of Sherbrooke, Canada
- Men's health in other policies: Denmark's policy on fathers' mental health – Svend Aage Madsen, Director, Men's Health Society Denmark
- Current campaigns for men's health policies: Germany – Doris Bardehle, Men's Health Foundation Germany
- Discussion

A recording of the webinar can be viewed [here](#).

THE CASE FOR MEN'S HEALTH POLICIES AND BARRIERS TO AND OPPORTUNITIES FOR PROGRESS

Peter Baker

Men's health has been historically neglected despite their obvious poor health outcomes. As a result, men have been largely absent from health policy at the global, national and local levels.¹ COVID-19 has had a significant impact on men's health and highlighted the extent of longstanding underlying health problems in men, e.g., hypertension, diabetes, heart failure, obesity.² If progress is to be made, policy development is essential.

The barriers to progress include: gender is not a priority for global health organisations; it is still widely assumed that gender is synonymous with women; policymakers are not sufficiently engaged with men's health issues in part because politicians have not felt any pressure to act, in turn reflecting the lack of a shared advocacy agenda, and limited capacity for action, by men's health organisations. Men are also perceived to be a homogeneous and privileged group not in need of additional support.

But there are now opportunities for progress. First, there is a limited but valuable policy platform on which to build, including the 2018 WHO Europe Men's Health Strategy,³ the 2019 PAHO report on masculinities and health,⁴ seven national men's health policies (Australia, Brazil, Iran, Ireland, Malaysia, Mongolia and South Africa), and the Ministerial Action Plan on Men's Health and Wellbeing for the Canadian province of Quebec as well strategies for several Australian states. Men's health has also been incorporated into some overarching health policies, such as England's suicide prevention strategy.

Additionally, gender is now rising up the global health agenda (e.g., the Lancet Commission on Gender and Global Health), there is growing evidence of the cost-effectiveness of improving men's health, the Sustainable Development Goals and COVID-19 have focused attention on men's health, and there is robust evidence of the impact of male-targeted health interventions on outcomes.⁵

Global Action on Men's Health is making a case for the development of men's health policies at all levels, gender and health policies that include men, and the inclusion of men's

health included in all appropriate policies to achieve systems-wide services, programmes and projects that engage men in health and improve their outcomes.

Peter Baker is Director of Global Action on Men's Health and was Chief Executive of the Men's Health Forum charity in the UK (2000-2012). He has written numerous reports and papers on men's health issues, including The Lancet, the BMJ, The Journal of Global Health and the WHO Bulletin. In 2014-2015, Peter led an independent review of Ireland's first national men's health policy; this led directly to the Irish Government's decision to publish a second policy based on the review's recommendations. Peter is a Fellow of the Royal Society for Public Health (UK) and a member of the editorial board of The International Journal for Men's Social and Community Health.

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REGIONAL POLICY: THE WHO (REGIONAL OFFICE FOR EUROPE) MEN'S HEALTH STRATEGY

Alan White

At the 2018 World Health Organisation's Regional Committee for Europe meeting in Rome occurred the official endorsement by all 53 member states of the "Strategy on the health and wellbeing of men in the WHO European Region"¹ alongside a report on men's health.² This is significant in many ways. Not least, it's the first attempt by the WHO, or indeed any international health organisation, to set the agenda for tackling the issues facing men and their health. Moreover, that it was endorsed by every country suggested that there would be a sea-change in the way that men's health would be seen and tackled across the region.

The drivers for creating the 2016 Regional Office for Europe women's health report³ and strategy⁴ and this subsequent men's health strategy (and accompanying report) were the global and regional policies that emphasised the importance of taking a gender approach to health care. These included the 1997 UN statement on Gender Mainstreaming,⁵ the WHO Health 2020 policy for health and wellbeing,⁶ and the UN Sustainable Goals⁷ (specifically SDG 3 on good health and wellbeing, SDG 5 on gender equality, and SDG 10 on reduced inequalities). Furthermore, the men's health strategy was given added impetus by the 2017 report on premature death due to non-communicable disease in the European region,⁸ which noted the high levels of avoidable premature death between the Eastern and Western countries and found within each member states. These deaths (the 'missing men') were taken as a clear message that men's vulnerability to excess mortality was far more than a biological inevitability and socio-economic factors were at play.

The objectives of the Men's Health Strategy are: reducing premature mortality among men due to non-communicable diseases and unintentional and intentional injuries; improving health and wellbeing among men of all ages while reducing inequalities between and within countries of the region; and, improving gender equality through structures and policies that advance men's engagement in self-care, fatherhood, unpaid care, violence prevention, and sexual and reproductive health.

So, where are we now? Up to press, there appears to have been little impact for the strategy at the country level at present, and we are awaiting the next steps from the WHO to see how they can influence member states to start acting on the Strategies action points. There is also the possibility that other WHO Regions will follow suit in creating their own strategy and hopefully, at some point, a themed edition, or a chapter at least, on men's health in the global WHO's annual report!

Alan White PHD RN is Emeritus Professor of Men's Health at Leeds Beckett University and the Patron of the Men's Health Forum (Great Britain). His work includes the European Commission 'The State of Men's Health in Europe' Report; the State of Men's Health in Leeds report; and a number of edited books focused on the physical and emotional health of men, including the recently published Men's Health medical textbook (Kirby et al. 2021). He has also been working on trying to understand the implications of COVID-19 for men, with 5 published papers, including White (2020). Alan was a member of the WHO (Regional Office for Europe) core group helping prepare their 2018 report and strategy on Men's Health. More details of Alan's work can be found at www.alanwhitemenshealth.co.uk

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PROVINCIAL POLICY: THE QUEBEC MEN'S HEALTH AND WELLBEING ACTION PLAN

Philippe Roy

Men's health initiatives have flourished in the Province of Quebec, Canada, for more than 30 years. The size and scope of men's health actions are high compared to other provinces and countries with a similar or larger size, but they remain largely unknown outside French-speaking regions. It started with few discussion groups in the 1980s that supported opening men's health community services.¹ Health promotion targeting men began in the late 1990s with suicide prevention campaigns and expanded to other issues afterward.² Actions for men's health are initiated by a vast network of public and non-profit organizations: the Regroupement pour la valorisation de la paternité (fatherhood promotion group) has 250 individuals and organizations, the Regroupement provincial en santé et bien-être des hommes (Provincial group for men's health) gathers more than 80 organizations. There are 33 community services for men with violent behaviors. In addition, the Pôle d'expertise en santé et bien-être des hommes (Expertise and

research pole on men's health) can count on 40 researchers and 80 graduated students approximatively. These networks form a strong and vast community base that works with regional health agencies and the Men's health agent at the Health and Social services ministry.

Concerns for men's health have been institutionalized into national public health policies, such as the Men's Health Action Plan 2017-2022 by the Ministry of Health and Social Services.³ The plan is divided into three orientations. Improving men's health promotion aims to address a double solitude: few health promotion initiatives target men specifically, and men feel less concerned by health promotion than women.⁴ The use of evidence-based knowledge is crucial here to implement actions targeting hard-to-reach groups of men. Adapting health and social services is a central piece of the Action Plan. It includes workshops for public and community sector managers and practitioners' training to improve access and response to men's needs.⁵ Improving knowledge through research acknowledges the needs and best practices with diverse subgroups of men. Researchers closely work with men's health respondents in regional health agencies.

Overall, the three orientations mutually influence each other. A key element to increase this influence is concertation between community, practice, research, and policy. One of the main challenges for the future is to increase the dissemination of men's health content into college and university courses.

Philippe Roy, Ph.D is professor at the University of Sherbrooke's School of Social Work (Canada). His research interests include gender, men, masculinities, mental health promotion, suicide prevention, and rural social work. He also teaches many courses on psychosocial intervention with Indigenous communities. He collaborates regularly with community services and health agencies for men's health programs, including the training for psychosocial intervention with men. He is a member of the Pôle d'expertise et de recherche en santé et bien-être des hommes (Men's Health Research Pole), responsible for the Eastern Township region and co-responsible for the community development axis at the Institut universitaire de première ligne en santé et service sociaux (Health and Social Services Research Institute).

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DENMARK'S POLICY ON FATHERS' MENTAL HEALTH

Svend Aage Madsen

In Denmark, 78 of the 98 municipalities screen fathers and fathers-to-be for perinatal depression. In 2009 the Danish Health Authorities officially recognised that men too can suffer from this disturbance. This was implemented following evidence from our research program, The Copenhagen University Hospital Fatherhood Research Program, which, in 2002, showed the existence of this suffering in men in 2007. We publicised the first Danish research results showing that around 7% of fathers get this disturbance. Further research in

Denmark and internationally indicates that close to 10% of fathers experience perinatal depression. In 2020, the Danish Government set up a committee to develop a national strategy to prevent, detect, and treat perinatal depression in men and women. The Danish Men's Health Forum has a seat on the committee, and there is full equality in the committee's terms of reference.

To ensure better fathers' involvement and more customised service for fathers, the Men's Health Forum has taken the initiative to establish 'Father-ambassadors' at the municipality level. More than 75% of all municipalities in Fall 2021 have now appointed one or two such 'Father-ambassadors'. They are appointed among the health nurses who visit 99.9% of all families. The Men's Health Forum train them in better communication with fathers, in better understanding men's mental states and reactions, in the detection and prevention of perinatal depressions in fathers, and much more. Their role is also to peer-educate their colleague health nurses in better involvement and communication with fathers.

An important area of work for both the participating health nurses and midwives is to give all parents-to-be a tool developed by Men's Health Forum called "Preparing to be a parent together", which is developed based on our research and the psychotherapeutic experiences from the Fatherhood Research Program. The purpose of this tool is to form an equal basis for mothers and fathers-to-be to give them psychological strength in their parenting and hopefully prevent the development of perinatal depression in either parent.

Svend Aage Madsen is the Head of Research, Education, and Development and former Head of Department at Copenhagen University Hospital, Rigshospitalet. He heads these research programs: 'Screening and Treating Mothers and Fathers for Perinatal Depression,' 'The Fatherhood Research Program,' and 'Men as Patients.' He has a Ph.D. in Clinical Psychology from the University of Copenhagen, and is licensed as a psychotherapist. Svend Aage Madsen is author and co-author to these books among several others: 'Men's Health and Diseases,' 'Guide to Treat Fathers with Perinatal Depression,' 'Fathers' Attachment to Infants,' 'The Man and the Doctor,' 'Father for Life – a Book for Men as Fathers.' He is also the Chair of the Men's Health Forum in Denmark.

AUSTRALIAN MEN'S HEALTH POLICIES

John Macdonald

All health policies are influenced by how “health” is seen by those who have the power to implement action and to spend money on “solutions.”

“Health” can be seen, broadly speaking, **either** as primarily influenced by the environments in which we live: physical, economic, cultural, emotional, etc., the social determinants of health, **or** as efforts to address a series of diseases, with an emphasis on personal responsibility for lifestyle choices and behaviour, including attendance at medical services such as GPs., a more clinical, medical, approach. In either case, the final shape and direction of what happens are rolled out in medical and health service bureaucracies and policies of the country in question. The tension between these two views is reflected in Australia's 2010 Male Health Policy¹ and the 2020 Men's Health Strategy.²

Towards Social Epidemiology

The emphasis in health policy has shifted from curative intervention to prevention and health promotion through personal responsibility for lifestyle choices and, most recently, to the social determinants of health. These shifts draw attention to and legitimize women's health research that moves beyond biomedical, epidemiological, and subjective knowledge to question previously unquestioned societal norms and structures that influence women's health.³ These authors say that the shift in public health concerning women is equally true for men's health.

Neither document is perfect, but both are worth reflecting on. In brief, the 2010 Male Health Policy was more focused on the Social Determinants of Health and the 2020 Men's Health Strategy more on disease and individual responsibility. The Ten To Men Study of Men's Health⁴ follows in this second direction.

In the future, it remains to be seen whether we remain with the disease and personal responsibility focus or move towards a focus more on the social determinants of health and what can be done to make the country a more health-promoting environment.

John promotes a social determinants of health approach in public health, including in men's health. He is a leader of men's health in Australia and overseas. In 1996 he was named Foundation Chair of Primary Health Care and, since 1999, he has been the Director of the Men's Health Information and Resource Centre (MHIRC) at Western Sydney University. He is also founder and director of a suicide prevention program for Aboriginal men in Western Sydney.

He previously worked in Zambia for ten years, and for shorter periods of time in countries such as Nicaragua, India, Pakistan, Bangladesh, Tanzania, Botswana, South Africa and Hong Kong. He has acted as consultant to the World Health Organisation in Geneva, most recently in January- February of 2016 to report on mental health in Gaza, East Jerusalem and the Occupied Territories. He is Visiting Professor in Birzeit University in Palestine.

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CURRENT CAMPAIGNS FOR MEN'S HEALTH POLICIES: GERMANY

Doris Bardehle

Previous Actions towards a Men's Health Strategy in Germany

Since 2005, the Network for Boys' and Men's Health and the Men's Health Foundation have raised public awareness of “men's health.” The Network for Boys' and Men's Health connects experts involved in boys' and men's health.

Since 2010, four men's health reports have been published by the Men's Health Foundation on health situation,¹ mental health, sexuality, and transition to retirement, including recommendations for action.

Since 2012, the Federal Center for Health Education (BZgA) has had a men's health portal with information and tips on all aspects of men's health. In 2014, the first men's health report was published as part of the federal government's health reporting.

By 2020, five men's health conferences had been held by the BZgA and the Federal Ministry of Health. Furthermore, in 2020 there was verbal support from the Federal Ministry of Health for Germany's men's health strategy, based on the WHO-Europe documents of 2018.

For several years, Men's Health Week has been thematized, and campaigns have been launched to draw attention to December 10 as the day of shortened life expectancy for men. Nevertheless, it has not been possible to integrate a "Men's Health Strategy for Germany" into health policy.

A Proposal for Initial Steps for a Men's Health Strategy

In 2020 three institutions launched a new start for a men's health strategy initiative:

Boys and Men's Health Network (Jungen- und Männer-Gesundheits-Netzwerk mit Sitz in Tübingen); Federal Forum Men (Bundesforum für Männer, Berlin) and Foundation of Men's Health (Stiftung Männergesundheit, Berlin).

A working group from the institutions mentioned above analysed the current status of existing national men's health strategies. It developed proposals for transfer perspectives for Germany that were discussed in a workshop with experts in April 2021.

In August 2021, the elaborated manifesto "It is time for a German men's health strategy" was available.³ The need for improving the health situation of men and the international deficit of Germany in terms of men's health strategy are emphasized. The requirements for a men's health strategy are outlined and the first steps for a men's health strategy for Germany are listed. The manifesto has been sent to political decision-makers.

On September 26, 2021, elections for the Bundestag in Germany took place, and we hope that our initiative will be a vital impulse for the new government.

Doris specialises in social hygiene. Her main work has been in the Magistrate of Greater Berlin, Institute for Organization of Health Care for Rehabilitation. Since 1981 she was dealing with Medical Statistics in the Institute for Medical Statistics of the GDR. In North Rhine-Westphalia she was responsible for health reporting at the State Institute for the Public Health and simultaneously worked as a lecturer, and from 2003 as a professor at the Faculty of Health Sciences at the University in Bielefeld. In 2009, she began working for the Men's Health Foundation, aided by a relocation to Berlin. She has taught over 300 courses in Public Health and Medical Statistics at several universities in Germany and abroad. At the Men's Health Foundation, she is the coordinator of the Scientific Advisory Board. Since Nov. 2020, she has been a member of the Board of Trustees of Global Action of Men's Health (GAMH).

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