



Global Action on Men's Health
c/o Men's Health Forum
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Dr. Tedros Adhanom Ghebreyesus
Director-General-Elect
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Dr Tedros

Men's Health

First, many congratulations on your recent election to the post of WHO Director-General. We wish you every success in your new role.

I am sending this open letter to introduce you to Global Action on Men's Health (GAMH) and to urge WHO to take action to tackle the many significant problems currently affecting the health and wellbeing of men and boys. This is a particularly opportune time to raise these matters with you as Men's Health Week takes place around the world this month (12-19th June).

GAMH is a worldwide network of organisations and individuals who share a concern about the unnecessarily poor state of the health of men and boys. Our mission is to create a world where all men and boys have the opportunity to achieve the best possible health and wellbeing wherever they live and whatever their backgrounds.

Far too many men and boys suffer from health and wellbeing problems that can be prevented. Globally, male life expectancy at birth, at 68 years, lags five years behind female life expectancy and the global 'gap' is predicted to increase over the next 15 years: by 2030, male life expectancy could well be seven years shorter than female life expectancy. There is not a single country where male life expectancy exceeds female and there are currently 27 countries in the world with male life expectancy below 60.

Globally in 2012, 52% of all deaths from NCDs were male, a statistic that is particularly relevant to the delivery of the Sustainable Development Goals. Males were more likely than females to die prematurely (under 70 years) from NCDs in

almost every country (females were more likely to die prematurely from NCDs in just four countries). The proportion of premature NCD deaths in males was twice or more that in females in 11 countries.

Men do worse than women in respect of several of the major risk factors for NCDs. In 2010, 55% of deaths from dietary risk factors were male as were 72% of deaths from tobacco smoking and 65% of deaths from alcohol. More males than females died from environmental factors (unimproved water and sanitation as well as air pollution) and drug use. There was a particularly large sex difference for deaths caused by occupational risks: 88% of deaths from this cause were male in 2010. Males accounted for 82% of all homicide victims in 2012 and have estimated rates of homicide that are more than four times those of females. Males were almost twice as likely to die by suicide as women; in high-income countries, men were three times more likely to die by suicide.

Men who are particularly disadvantaged, such as men who are unemployed, gay, homeless, migrants or from certain ethnic minorities, are often at greater risk of poor health.

The health problems facing men and boys have to date received little national, regional or global attention from health policymakers or healthcare providers. There has been a failure to tackle the causes of poor male health, including men's exposure to occupational hazards, their lower health literacy levels and risk-taking behaviours. Health services, particularly at the primary care level, can be difficult for men to access. The growing evidence base which demonstrates how effective action can be taken to address these challenges remains largely overlooked.

GAMH would therefore like to see:

- Global health organisations, including WHO, and national governments address the health and wellbeing needs of men and boys in all relevant policies.
- Men and boys encouraged and supported to take better care of their own health as well as the health of their partners and children.
- Health practitioners take greater account of the specific needs of men and boys in service delivery, health promotion and clinical practice.
- Other agencies and organisations, such as schools and workplaces, helped to be more aware of their significant impact on the health of men and boys.
- Sustained multi-disciplinary research into the health of men and boys.

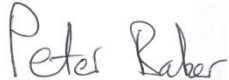
Work with men and boys should sit alongside continuing action to improve the health of women and girls and must not be undertaken at their expense. GAMH does not believe that resources currently allocated to women's health should be transferred to men's health. It is also our view that improving men's health would contribute to the improvement of women's health, e.g. by preventing family incomes falling following the premature death or incapacity of a male earner.

We were very encouraged by your vision statement, not least your commitment to creating 'a world in which everyone can lead healthy and productive lives, regardless of who they are or where they live.' We hope that your election will mark the start of a new approach by WHO to the issue of men's health. To facilitate this, we are keen

to work with you and your staff to develop a work programme on gender that takes the needs of both men and women fully into account. As a first step, we suggest that WHO convenes an expert symposium on men's health followed by a report analysing the problems and recommending a range of solutions at the global as well as the national levels.

I very much look forward to hearing from you and to working with WHO on this important equity issue.

Yours sincerely

A handwritten signature in blue ink that reads "Peter Baker". The signature is written in a cursive style with a light blue background behind the text.

Peter Baker
Director
Global Action on Men's Health

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