



## **SUBMISSION BY GLOBAL ACTION ON MEN'S HEALTH TO THE WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NCDs**

1. Global Action on Men's Health (GAMH) welcomes this opportunity to contribute to the work of the WHO Independent High-Level Commission on NCDs by responding to the consultation on its draft first report.
2. GAMH uniquely represents a wide range of men's health and related organisations, each of which has experience of policy development, advocacy, research and service delivery. It also has a significant number of individual members with experience and expertise in the men's health field as practitioners, researchers and advocates.
3. GAMH works on a broad and cross-cutting range of men's health issues (e.g. health literacy, risk-taking behaviours, use of services, etc.) and focuses primarily on public health and the social determinants of health. It supports an approach that takes full account of sex and gender in order to improve the health of both men and women. Our goals include encouraging the WHO and other international agencies involved in public health to develop research, policies and strategies on men's health and to urge individual states and NGOs to implement measures to tackle men's health problems.
4. We are concerned that gender and in particular the health of men and boys is not mentioned in the draft first report and will focus our comments on that specific issue.
5. WHO data shows that, globally in 2012, 52% of all deaths from NCDs were male. Males were more likely than females to die prematurely (under 70 years) from NCDs in all but four countries. The proportion of premature NCD deaths in males was twice or more that in females in 11 countries, including Russia where 52% of male NCD deaths were premature compared to 24% of female NCD deaths.
6. The overall age standardised cancer incidence rate in 2012 was almost 25% higher in men than in women, with rates of 205 and 165 per 100,000,

respectively.<sup>1</sup> The age standardised cancer mortality rate was over 50% higher for men (126 for men compared to 83 for women). Death rates are notably higher in males for many specific cancers including tracheal, bronchus, lung, liver, oesophageal, bladder, laryngeal and mesothelioma. The impact of cardiovascular disease on women's health is under-recognised but the mortality rates are nevertheless higher for men. A recent study of data for 26 countries found that, in 2010, coronary heart disease mortality was, on average, about four times higher in men than in women aged 30–60; the ratio declined gradually but was still two times higher at ages 75–80.<sup>2</sup> Stroke mortality rates were about 1.5–2 times higher for men than women up until 70 years and older after which the ratio was closer to unity.

7. The age-standardised death rate for diabetes mellitus in males is higher than for females in 61 (71%) of the 86 countries for which data is available on the WHO Mortality Database. From 1980 to 2014, worldwide age-standardised adult diabetes prevalence increased from 4 to 9% in men and from 5 to 8% in women.<sup>3</sup> Over the same period, age-standardised adult prevalence of diabetes at least doubled for men in 120 countries and for women in 87 countries. It is estimated that, if post-2000 trends continue, age-standardised prevalence of diabetes in 2025 will reach 13% in men and 10% in women.
8. The major risk factors for NCDs include unhealthy diets, tobacco use and the harmful use of alcohol. Men do worse in respect of all of these. Worldwide, the age-standardised prevalence of daily smoking in 2015 was 25% for men and 5% for women.<sup>4</sup> Total alcohol per capita consumption in 2010 among male and female drinkers worldwide was, on average, 21 litres of pure alcohol for males and nine litres for females.<sup>5</sup> Data from the Global Burden of Disease Study 2010 shows that, in that year, 55% of deaths from dietary risk factors were male as were 72% of deaths from tobacco smoking and 65% of deaths from alcohol.<sup>6</sup> Males were also almost twice as likely to die by suicide as women. In high-income countries, men were three times more likely to die by suicide.
9. Men tend to be less knowledgeable than women about specific diseases, risk factors and health in general. A study of weight, diet, physical activity and nutritional knowledge among university students in the USA found that men were more likely to be overweight or obese, more likely to consume red meat, fast food, sugar-sweetened beverages, wine and beer, and less likely to be knowledgeable about nutrition.<sup>7</sup> Other research has found that men are less likely

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<sup>1</sup> [http://globocan.iarc.fr/Pages/fact\\_sheets\\_cancer.aspx](http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx)

<sup>2</sup> <http://gh.bmj.com/content/2/2/e000298>

<sup>3</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00618-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00618-8/fulltext)

<sup>4</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30819-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30819-X/fulltext)

<sup>5</sup> <http://www.who.int/en/news-room/fact-sheets/detail/alcohol>

<sup>6</sup> <http://www.jogh.org/documents/issue201701/jogh-07-010306.pdf>

<sup>7</sup> <http://journals.sagepub.com/doi/abs/10.1177/1757913915609945?journalCode=rshi>

to recognise that they are overweight<sup>8</sup> and are less well-informed about the common symptoms of cancer.<sup>9</sup>

10. The under-utilisation of health services by men has also been identified as a problem in many countries. In Europe, infrequent use of, and late presentation to, health services has been associated with men experiencing higher levels of potentially preventable health conditions and having reduced treatment options.<sup>10</sup> This is particularly the case for mental health problems. Studies in sub-Saharan Africa have reported similar findings about men's use of HIV services and also found that men are proportionally less likely to test, begin and adhere to treatment regimes.<sup>11</sup>
11. Men's risk-taking behaviours and their under-use of health services are in large part linked to perceptions of male role norms. Men in rural India are much more likely than women to use tobacco and this is closely linked to their perception that a 'real man' should be daring, courageous and confident and able to demonstrate his manliness by smoking. To demonstrate their masculinity, men with very limited income continue to buy bidi (tobacco wrapped in a leaf).<sup>12</sup> A study of men in Russia suggested that heavy drinking of strong spirits 'elevates or maintains a man's status in working-class social groups by facilitating access to power associated with the hegemonic ideal of the real working man'.<sup>13</sup> Although it is not true for all men, there remains a pervasive belief that a man's body and mind should remain strong and this can create barriers to male help-seeking in relation to both mental and physical ill health.
12. GAMH considers that successfully implemented actions to address NCDs would be particularly beneficial to the health of men and boys across the world; equally, they cannot be optimally effective without an approach that takes account of the specific health needs, attitudes and behaviours of men and boys, and perceives addressing this area as a pathway to better wellbeing and equality for all.
13. GAMH does not believe that tackling men's health is more important than addressing women's health; in reality, there is not a binary choice to be made nor is this a zero-sum game. In specific areas of health, women's outcomes are worse than men's. Moreover, in many countries, women are denied equal access to health services, and gender power dynamics mean they often lack autonomy in health-related decision-making. Women's health problems are inextricably linked to many social, economic, legal, political and cultural forms of discrimination, often perpetrated by men. It is therefore right that women should be regarded as a priority for action by global and national health organisations. As the data highlighted above shows, however, men also face a wide range of serious health problems which require a complementary approach.

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<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5601193/>

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[http://www.cancerresearchuk.org/sites/default/files/niksic\\_et\\_al\\_2015\\_cancer\\_symptom\\_awareness\\_and\\_barriers\\_in\\_england.pdf](http://www.cancerresearchuk.org/sites/default/files/niksic_et_al_2015_cancer_symptom_awareness_and_barriers_in_england.pdf)

<sup>10</sup> [https://ec.europa.eu/health/sites/health/files/population\\_groups/docs/men\\_health\\_extended\\_en.pdf](https://ec.europa.eu/health/sites/health/files/population_groups/docs/men_health_extended_en.pdf)

<sup>11</sup> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-7-13>

<sup>12</sup> <http://journals.sagepub.com/doi/abs/10.1177/1757913915609947?journalCode=rshi>

<sup>13</sup> <http://journals.sagepub.com/doi/abs/10.1177/1097184X12448466>

14. The need to take account of sex and gender in relation to the health of both men and women is well-established in the literature. It is now a quarter of a century since England's Chief Medical Officer included a pathbreaking chapter on men's health in his annual report on the state of the nation's public health and emphasised the importance of paying greater attention to sex differences in disease susceptibility.<sup>14</sup> More recently, in a report on the social determinants of health for WHO Europe, Professor Michael Marmot recommended that strategies should 'respond to the different ways health and prevention and treatment services are experienced by men [and] women' and policies and interventions should be 'responsive to gender'.<sup>15</sup> The head of WHO's gender, equity and human rights group has also written about the importance of 'capturing the different experiences of men and women'.<sup>16</sup>
15. As stated in the WHO Constitution, 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.' Increasing men's ability to lead healthy and fulfilling lives is therefore an ethical imperative. Improving men's health would not benefit just men, however. Lower male premature mortality and morbidity rates would reduce the burden on women and families who depend on men's incomes. Improved mental health and lower levels of alcohol consumption would help to reduce male violence towards partners and others.
16. Healthier men would reduce the economic costs of lost productivity and health treatments. Men's premature mortality and morbidity has been estimated to cost the United States economy approximately GBP 335 billion annually<sup>17</sup> while the economic burden associated with smoking, excess weight, alcohol and physical inactivity in Canadian men is believed to be about GBP 18 billion a year.<sup>18</sup> Retirement ages are rising internationally so it is increasingly important to enable men to remain economically active for longer.
17. There is a growing evidence base from around the world showing that well designed health interventions aimed at men can improve outcomes for themselves and others and transform harmful gender norms. The Football Fans in Training programme in Scotland,<sup>19</sup> now extended into other European countries as EuroFIT,<sup>20</sup> has shown that professional sport can be an effective medium for engaging men in lifestyle improvement programmes. A study of the core elements that make for successful work with boys and men on mental health promotion, early intervention and stigma reduction found that the settings within which interventions take place need to be 'male friendly' and culturally sensitive to the specific requirements of different groups of men and boys.<sup>21</sup>

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<sup>14</sup> <https://onlinelibrary.wiley.com/doi/pdf/10.1002/tre.588>

<sup>15</sup> [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf)

<sup>16</sup> <http://www.who.int/bulletin/volumes/93/11/15-165027.pdf>

<sup>17</sup> <http://journals.sagepub.com/doi/abs/10.1177/1557988311421214>

<sup>18</sup> <http://journals.sagepub.com/doi/abs/10.1177/1557988316671567>

<sup>19</sup> <https://dev.ffit.org.uk/>

<sup>20</sup> <http://eurofitfp7.eu/>

<sup>21</sup> [http://eprints.leedsbeckett.ac.uk/1508/1/Promoting\\_MentalHealth\\_\\_Wellbeing\\_FINAL.pdf](http://eprints.leedsbeckett.ac.uk/1508/1/Promoting_MentalHealth__Wellbeing_FINAL.pdf)

Interventions that aim to reshape male gender roles in ways that lead to more equitable relationships between women and men can reduce sexually transmitted infections and prevent intimate partner violence.<sup>22</sup> Easier-to-access primary care services could also reduce some of the barriers to service use experienced by men.<sup>23</sup>

18. For progress to be made, GAMH believes that global health organizations and national governments should, as part of a comprehensive approach to gender and health, address the health and well-being needs of men and boys in all relevant policies, not least on NCDs, and through the introduction of specific men's health policies in more countries. Educational programmes in schools and male-targeted health information can be used to encourage and support boys and men to take better care of their own health. Health practitioners must inform themselves about the psychosocial aspects of men's health, as well as male-specific clinical issues, and medical training programmes should cover gender and other social determinants of health. Workplaces have a key role, in terms of not only reducing exposure to hazards but also providing a setting for health promotion. Further research is needed into how to influence men's health behaviours and improve their use of primary care services.
19. It is essential for work with men to focus on those groups with the worst health, such as economically disadvantaged men, gay and bisexual men, men who are homeless, migrants or offenders, and men from specific ethnic groups. It is important to recognise that most men want to enjoy good health and wellbeing and that their strengths and the 'positive' aspects of masculinity (for example, a desire to provide for and protect one's family) can be harnessed to help them achieve better outcomes. But in order to successfully change men's behaviour, there must be a focus on men's health concerns and a commensurate policy and programming response.
20. GAMH is aware that, in response to the SDG commitments on NCDs as well as those on gender equality, WHO-Europe is preparing a men's health strategy to complement its already-published women's health strategy.<sup>24</sup> This is likely to be finalised in September 2018. The outcome statement from the recent high-level WHO-Europe meeting on NCDs in Spain also contained this helpful section on gender:

We will integrate an equity-based approach across the health system response to NCDs to address the impact of gender norms and roles and the social determinants of health on the differential exposure to risk factors between men and women, on their health-seeking behaviours and on the responses from health-care providers. We will aim to implement gender-specific interventions and other specific approaches to address the disproportionate morbidity among women and disproportionately high mortality among men, building on the growing knowledge provided by gender-based medicine and research. We will seek to eliminate gender stereotypes in health

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<sup>22</sup> [http://www.who.int/gender/documents/Engaging\\_men\\_boys.pdf?ua=1](http://www.who.int/gender/documents/Engaging_men_boys.pdf?ua=1)

<sup>23</sup> <https://onlinelibrary.wiley.com/doi/pdf/10.1002/tre.357>

<sup>24</sup> <http://www.euro.who.int/en/health-topics/health-determinants/gender/news/news/2017/09/breakthrough-for-mens-health-who-and-experts-kick-off-development-of-strategy-and-report>

promotion, disease prevention and management interventions that may perpetuate harmful aspects of masculinities and femininities, particularly among adolescent boys and girls.<sup>25</sup>

21. We believe the WHO Independent High-level Commission on NCDs should now adopt a similar approach.

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<sup>25</sup> [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/370325/outcome-statement-sitges-eng.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0020/370325/outcome-statement-sitges-eng.pdf?ua=1)