

## GLOBAL ACTION ON MEN'S HEALTH'S RESPONSE TO DHSC'S CALL FOR EVIDENCE TO INFORM THE MEN'S HEALTH STRATEGY FOR ENGLAND

*GAMH is a registered charity headquartered in London, England. We also have many members, both organisations and individuals, based in England with whom we work closely. We strongly support the introduction of national men's health policies and strategies and believe that our insights from a global perspective can help to inform the development of the strategy for England. In this submission, we focus on the specific issue of the strategy's implementation with an emphasis on governance and accountability.*

### **10 key messages on effective strategy implementation**

- Involve men and the organisations representing them in the development of the policy
- Engage organisations beyond the men's health sector in the strategy's development
- Ensure high-level support
- Establish a multi-disciplinary advisory group
- Develop SMART goals for the strategy
- Embed men's health in all policies
- Incorporate monitoring and evaluation
- Provide funding
- Offer training programmes
- Commission research

It is self-evident that any policy or strategy will be less effective, or even fail completely, if it is not effectively implemented. GAMH has monitored the implementation of men's health policies around the world and has drawn some conclusions about how they are most likely to achieve their

objectives. Our evidence, distilled into 10 key messages, is drawn from both published and more informal sources including many conversations with men's health organisations, advocates and academics around the world.

## **1. Involve men and the organisations representing them in the development of the policy**

The Irish experience of developing a national men's health policy points strongly to the importance of involving men and the men's health sector in the process.<sup>1</sup> A review of Brazil's men's health policy contained a similar finding.<sup>2</sup> This is more likely to produce a policy that is well-informed but also one in which men and the sector will feel they have a stake. DHSC's call for evidence, and the various meetings that have taken place between ministers, officials and the sector, suggest that there is a welcome commitment to consultation and engagement and it is recommended that this continues beyond the formal consultation period and up to the point where the policy is finalised.

The Men's Health Forum was appointed a strategic partner of the Department of Health in 2009. Although the strategic partnership programme subsequently lapsed, it would be worth considering whether a similar arrangement, perhaps involving two or three partner organisations from the voluntary sector, would have value in the context of the strategy.

## **2. Engage organisations beyond the men's health sector in the strategy's development**

The strategy will contain actions and recommendations for other government departments, local government, the NHS, medical associations, private companies, the voluntary sector and others. Consulting and building relationships with these key stakeholders prior to the strategy's publication makes it more likely that they will acknowledge its legitimacy and more

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<sup>1</sup> Richardson N. [Building Momentum, Gaining Traction: Ireland's National Men's Health Policy – 5 years on](#). *New Male Studies: An International Journal* 2013;2(3)93-103.

<sup>2</sup> Spindler E (2015). [Beyond the Prostate: Brazil's National Healthcare Policy for Men \(PNAISH\)](#). EMERGE Case Study 1, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.

willingly deliver their allocated tasks. It is particularly important to involve employers as there is good evidence that workplaces have significant potential as a setting for delivering men's health interventions.<sup>3</sup>

### **3. Ensure high-level support**

The strategy is much more likely to be effectively implemented if it has high-level endorsement and ongoing engagement.<sup>4</sup> Ministerial support is essential and it is recommended that responsibility for men's health is explicitly allocated to a specific minister. A senior official should also be tasked with leading implementation with the support of at least one full-time postholder. It is noteworthy that Ireland's Health Service Executive is currently recruiting for the role of a Programme Manager for Men's Health whose role is to advance the delivery of the national men's health policy and to develop stronger strategic capability and leadership within the HSE for men's health.<sup>5</sup> Until now, the HSE official with lead responsibility for men's health combined this with other significant roles and was consequently unable to provide the necessary focus.

There is currently a women's health ambassador for England and it is recommended that an equivalent post be created for men's health. The ambassador's role would primarily be to act as a public voice for men's health, to promote the strategy to its stakeholders and more widely, to develop a relationship with the men's health sector and to advise the government. For the ambassador to be effective, the post must be much better resourced than was proposed by the previous administration. (Just 1-2 days per month for 12 months is more symbolic than meaningful.) It would also be worth exploring the option recently established in Australia where an MP has been appointed to the role of men's health 'special envoy'.<sup>6</sup>

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<sup>3</sup> Seaton CL, Bottorff JL, Soprovich AL, et al. Men's Physical Activity and Sleep Following a Workplace Health Intervention: Findings from the POWERPLAY STEP Up challenge. *American Journal of Men's Health* 2021;15(1). doi:[10.1177/1557988320988472](https://doi.org/10.1177/1557988320988472)

<sup>4</sup> Richardson N, Smith JA, Robertson S, Baker P. Global Men's Health Policy. In Griffith DM, Bruce MA, Thorpe RJ. *Men's Health Equity: A Handbook*. 2019. Routledge; New York.

<sup>5</sup> HSE (2025). [Programme Manager for Men's Health \(Grade VIII\): Job Specification & Terms and Conditions](#).

<sup>6</sup> Australian Government Department of Health, Disability and Ageing. [Mr Dan Repacholi MP](#).

## **4. Establish a multi-disciplinary advisory group**

It is important to maintain engagement with the men's health sector and other key strategy stakeholders in the implementation phase as well as the development phase. Such engagement will help to ensure that implementation is informed and driven by those with direct experience of the issues. It is recommended that a multi-disciplinary advisory group be established, reflecting the diversity and intersectionality within men's health and chaired by a minister (ideally) or a senior official. The advisory group should meet regularly throughout the lifetime of the strategy.

## **5. Develop SMART goals for the strategy**

Ireland's national men's health policy and its original action plan contained 118 action points to be delivered within five years. Not only was this unrealistically ambitious, there were also no clearly-defined priorities or timescales.<sup>7</sup> It is essential that the strategy for England, while being ambitious, is accompanied by an action plan with a set of clear, achievable and prioritised targets and goals with a timetable for implementation and with responsibilities allocated to specific organisations. This will make their effective implementation more likely and also provide clear criteria for monitoring, evaluation and accountability.

## **6. Embed men's health in all policies**

There is a risk that a freestanding men's health strategy will have limited impact if it is not embodied in all other relevant health policies. One of the lessons from Ireland is that, especially in its first five years, the men's health policy was compromised by not being well-aligned with other public health policies and by men's health being insufficiently mainstreamed in other public health policies.<sup>8</sup> It is therefore recommended that the men's health policy's approach is consistent with other

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<sup>7</sup> Baker P (2015). [Review of the National Men's Health Policy and Action Plan 2008-2013. Final Report for the Health Service Executive.](#)

<sup>8</sup> Baker P (2015). [Review of the National Men's Health Policy and Action Plan 2008-2013. Final Report for the Health Service Executive](#)

policies, especially the 10-Year Health Plan for the NHS, and that other policies are men's health 'proofed' to ensure that, where appropriate, they reflect, support and amplify the men's health strategy.

Men's health should also be driven at the local level by regional and/or city-wide men's health policies and by the inclusion of men's health in other local policies including Joint Strategic Needs Assessments and Health and Wellbeing Strategies. The work on men's health led by Leeds City Council provides an excellent template for other, similar local initiatives.<sup>9</sup>

## **7. Incorporate monitoring and evaluation**

Monitoring and evaluation should be built into the strategy from the outset. Internationally, monitoring and evaluation of men's health policies has been weak and, in the long-term, this has undermined the impact of implementation. The HSE in Ireland did commission independent reviews of its men's health policy and first action plan, and also the second action plan,<sup>10</sup> but these took place after the plans had expired, not alongside them in line with best practice in evaluation. It is also recommended that DHSC publishes an annual report on progress.

## **8. Provide funding**

Ireland's national men's health policy was seriously challenged by the near-zero level of funding that accompanied its launch in 2009. The first national men's health policy in Australia was supported with funding (AUD 16.7m) but at a level that has been judged as insufficient in relation to the breadth of policy actions set out in the policy.<sup>11</sup> Inadequate funding has also been an issue for policy implementation in Brazil.<sup>12</sup> While it is recognised that public funds in England are currently limited

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<sup>9</sup> Local Government Association (2018). [Leeds: improving men's health](#).

<sup>10</sup> Baker P (2024). [Independent Review of Healthy Ireland Men 2017-2021. The National Men's Health Action Plan](#). Global Action on Men's Health; London

<sup>11</sup> Richardson N, Smith JA, Robertson S, Baker P. Global Men's Health Policy. In Griffith DM, Bruce MA, Thorpe RJ. Men's Health Equity: A Handbook. 2019. Routledge; New York.

<sup>12</sup> Lima DC, Schwarz E. [The Brazilian national policy of comprehensive healthcare to men](#). International Journal of Men's Social and Community Health. 2018 Aug 24;1(SP1):e36-49.

and it would be a mistake to expect significant new funding to support the men's health strategy, it is nevertheless recommended that ring-fenced funding for implementation is made available. This would be a clear sign of government commitment to the strategy as well as facilitating the delivery of the recommended action points.

Funding constraints mean that the strategy must include actions that can be met largely or entirely within existing budgets, such as improving men's uptake of health checks and bowel cancer screening, higher levels of HPV vaccinations for boys, extending perinatal depression screening to all fathers and the provision of more health information targeted at men on the NHS website. Exploring opportunities for digital health innovations that engage men could also be an additional relatively low-cost and scalable way forward.

Additionally, the strategy should take account of and encourage opportunities for funding important men's health activities from other sources, including public research institutes (eg. the National Institute for Health and Care Research), the private sector, trusts and foundations, philanthropists, etc.

## **9. Offer training programmes**

It is unrealistic to expect the healthcare and related sectors to change the way services are delivered to men without support in the form of guidance and training. One of the early lessons from Brazil's men's health policy was that that professional training is essential. A review of Brazil's policy recommended: 'Implement training, trainings and more trainings for healthcare managers and professionals.'<sup>13</sup> It is therefore recommended that the strategy includes a commitment to discuss with the royal colleges and others how pre- and post-qualification training can be developed to include men's health. The Royal College of General Practitioners has for several years run an annual one-day training course on men's health and the Centre for Postgraduate Pharmacy Education at Manchester

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<sup>13</sup> Spindler E (2015). [Beyond the Prostate: Brazil's National Healthcare Policy for Men \(PNAISH\)](#). EMERGE Case Study 1, Promundo-US, Sonke Gender Justice and the Institute of Development Studies.

University offers an online CPD module<sup>14</sup> but, useful though these are, they are no substitute for national, organised training for all relevant professions. It is recommended that DHSC actively considers, as a first step, how Ireland's very successful ENGAGE men's health training programme<sup>15</sup> could be adapted for use in England and delivered widely to health and related professionals on a systematic basis.

It is also recommended that DHSC publishes guidance for the healthcare sector on how to deliver services that more effectively engage men. As well as drawing on existing research and examples of good practice, guidance could be developed through working groups across a range of professions (general practice, pharmacy, public health, etc). One model for this is provided by The International Pharmaceutical Federation (FIP) which recently organised an Insight Board in collaboration with GAMH to explore how community pharmacy can do more to improve men's health outcomes.<sup>16</sup>

## **10. Commission research**

One of the standout achievements of Ireland's national men's health policy has been the development of the National Centre for Men's Health at South East Technological University into a world-class men's health research hub.<sup>17</sup> NCMH stands with Men's Health Research Program at the University of British Columbia in Canada<sup>18</sup> and the Movember Institute<sup>19</sup> as one of the very few centres of excellence in this field. Regrettably, England's equivalent, the Centre for Men's Health at Leeds Beckett University, was closed in 2017. It is essential that the strategy is informed by high-quality research specific to England and it is therefore recommended that a dedicated academic network, potentially based at York University and

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<sup>14</sup> CPPE. [Men's Health](#).

<sup>15</sup> [Engage National Men's Health Training](#).

<sup>16</sup> International Pharmaceutical Federation (FIP). [Advancing men's health through pharmacy. Report from a FIP insight board](#). The Hague: International Pharmaceutical Federation; 2025.

<sup>17</sup> SETU (2025). [The National Centre for Men's Health](#).

<sup>18</sup> UBC Men's Health Research Program (2025). [We work to improve men's health](#).

<sup>19</sup> Movember (2025). [Movember Institute of Men's Health](#).



with members across the country, is established at an early stage.

It should be noted that Australia's first national men's health policy included funding for 'Ten to Men: the Australian Longitudinal Study on Male Health'.<sup>20</sup> Led by the Australian Institute of Family Studies and is funded by the Australian Government Department of Health and Aged Care, the programme has published several significant reports with more to come.

**Submitted by:**

Global Action on Men's Health  
128 City Road  
London EC1V 2NX  
United Kingdom  
[www.gamh.org](http://www.gamh.org)

Charity registration no: 1183428

**Contact:**

Peter Baker, Director  
[peter.baker@gamh.org](mailto:peter.baker@gamh.org)

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<sup>20</sup> Australian Institute of Family Studies (2025). [Ten to Men](#).