

# SYMPOSIUM ON WHO-EUROPE'S DRAFT STRATEGY ON THE HEALTH AND WELLBEING OF MEN

DUBLIN, 16 MARCH 2018

## KEY MESSAGES

WHO-Europe is preparing a men's health strategy which will hopefully be approved by its 53 member states in September 2018. The symposium participants developed the following recommendations for consideration by WHO-Europe when finalising the strategy:

- Masculinity should not be seen simplistically as a cause of poor health and men should not be perceived as 'a problem to be solved.' Instead, a strengths-based approach should be taken with regard to men and masculinities.
- All men should be kept in mind in the men's health strategy but specific groups that may require particular attention include men who are unemployed, migrants, refugees, poorly educated, gay, bisexual or transgender, or who have sex with men but identify as heterosexual.
- Men should be educated and encouraged to use services appropriately, services need to go 'where men are' and professional training is important to improve service design and delivery.
- Practitioners require training in working with boys and the place of boys in society, and society's expectations and aspirations for them, need to be addressed, especially for boys in some socially excluded groups with limited employment prospects.
- There are existing models of good practice in relation to men actively supporting gender equality, such as the White Ribbon Campaign, that could be used as a template to further engage men in gender equality across member states.
- Member states could benefit from the provision of resources, toolkits and mentoring to support implementation of the strategy.
- One member state, possibly Ireland because of its long-term support for men's health, could play a leadership role within WHO-Europe on this issue.

## INTRODUCTION

For the first time, WHO is developing a strategy entirely focused on the health and well-being of men and boys. The strategy will be for the 53 countries in the WHO European region and will be supported by a report reviewing the evidence on topics such as addressing premature mortality, the intersection between masculinities and existing inequalities, health systems responses to men throughout the life-course, and the role of men in promoting gender equality in health. The report will provide a framework to guide and inform the development of country-specific policy responses to improve men's health.

The report and strategy are expected to be presented to, and hopefully approved at, the 68<sup>TH</sup> session of the WHO Regional Committee for Europe in September 2018.

### SYMPOSIUM PROGRAMME

#### ***Welcome***

Kate O'Flaherty, Head, Health and Wellbeing Programme, Department of Health, Ireland

#### ***WHO-Europe's men's health strategy***

Presentation by Isabel Yordi Aguirre

#### ***Parallel workshops 1***

- The impact of masculinity(ies) on men's health and wellbeing
- Identifying groups of men in most need of support

#### ***Parallel workshops 2***

- Improving men's use of health services
- Improving the health and wellbeing of boys

#### ***Parallel workshops 3***

- The role of policy in driving change
- The role of men in promoting gender equality

#### ***Final plenary***

WHO-Europe has been consulting a wide range of stakeholders about different aspects of the strategy and report. In response, Men's Health Forum in Ireland, Men's Health Forum (Great Britain) and Global Action on Men's Health, with the support of the Health Service Executive in Ireland and the participation of WHO-Europe, hosted a symposium in Dublin on 16 March 2018 with two principal aims:

- To seek the views of key stakeholders and experts working in the field of gender and men's health on key elements of the draft strategy
- To develop a set of recommendations based on the outcomes of the symposium for consideration by WHO in the drafting of the final strategy.

The symposium was primarily aimed at non-governmental organisations across the WHO-Europe region who have a particular interest in the health and wellbeing of men and boys and/or the role of men in promoting gender equality.

There were 33 attendees at the symposium from five countries (see Appendix 1). This report presents a summary of the key messages from the event.

## **WHO-EUROPE'S MEN'S HEALTH STRATEGY**

***Presenter: Isabel Yordi Aguirre***

### *Key messages:*

- WHO-Europe published a women's health and well-being strategy in 2016.
- The men's health strategy is being developed in the context of Health 2020 policy framework and the Sustainable Development Goals. The SDGs have a specific target for non-communicable disease outcomes and it is clear that men are much more likely to die prematurely from the major NCDs.
- The three main goals of the strategy are to:
  - Reduce premature mortality of men from noncommunicable diseases and unintentional and intentional injuries
  - Reduce inequalities in physical and mental health and well-being between men of all ages across the region and within countries
  - Improve gender equality by engaging men in self-care, fatherhood, in unpaid care, in preventing violence and in sexual and reproductive health
- Addressing gender is an accelerator for change and it is important to make health systems gender-responsive. Masculinities need to be brought into the discussion with an emphasis on an approach that aims to transform harmful gender norms, roles and relations.
- The strategy aims to improve men's health and well-being through evidence-informed, gender-responsive and equity-driven approaches that transform gender roles, norms and structures that affect men's exposure to risk factors and act as a barrier to gender equality and health equity achievements.
- There also needs to be an emphasis on a relational approach for men's and women's health so that they are not competing for funding and work together.
- A transformative agenda for men's health should:
  - Strengthen governance for the health and well-being of men
  - Engage men to achieve gender equality in health
  - Make health systems gender-responsive

- Improve health promotion
- Build a strong evidence base
- The strategy will be advisory for member states and they may need support through partnerships and networks to help them with implementation. Ireland may be able to play a role here because of its experience in the men's health field.
- The strategy will be presented for adoption to the WHO Regional Committee in September 2018. WHO will monitor implementation and developments every two years and further consideration needs to be given to who will do this and what the 'measures of success' might look like.

## **Workshop 1**

### **THE IMPACT OF MASCULINITY(IES) ON MEN'S HEALTH AND WELLBEING**

***Chair: Prof Steve Robertson***

***Scribe: Shane O'Donnell***

#### *Key messages:*

- Masculinity should be understood not only as individual practice but as structurally embedded. Change is therefore not just about work with individuals but is also about system and structural shifts.
- There is a need to move away from the simplistic idea that masculinity automatically equals bad health and move towards an understanding of how particular practices can have positive or negative health outcomes for men.
- A strengths-based approach should be taken with regard to men and masculinities and it is critical not to see men simply 'as a problem to be solved.'
- The language used in engaging men is key (e.g. 'mental fitness' rather than 'mental health' or 'coaching' rather than 'counselling').
- Engaging men in ways that are considered gender-sensitive should not reinforce stereotypes about men or women or be discriminatory. Nor should it be assumed that men are a homogenous group and gender-sensitive approaches should encompass a range of strategies to engage different groups of men.
- In the context of a relational approach to gender, women as well as men play a role in the social construction and reinforcing of gendered 'norms', including masculinity norms.

## Workshop 2

### IDENTIFYING GROUPS OF MEN MOST IN NEED OF SUPPORT

***Chair: Professor Alan White***

***Scribe: Dr Paula Carroll***

#### *Key messages:*

- From a strategy perspective, it is important to keep all men in mind and not just focus on specific vulnerable groups.
- Vulnerable groups may differ across member states so data collection and collation is essential to help identify them. However, it can be hard to find data on some socially excluded groups.
- Specific groups of men that warrant attention across all member states include men who are:
  - Unemployed
  - Migrants and refugees
  - Gay, bisexual or transgender as well as men who have sex with men but who identify as heterosexual
  - Poorly educated
  - Boys who drop out of school
- While specific demographics can be helpful in identifying men in need, it is also important to consider events and transitions in men's lives that create a need for greater support, including:
  - Relationship breakdown and loss of access to children
  - Single fatherhood with dependent children
  - Caring
  - Criminal conviction
  - Homelessness
  - Adolescence
- Greater collaboration between agencies is needed as men most in need have multiple challenges and often do not present for help.
- Service capacity building. Including through staff training, is needed to enable more effective work with all men and more vulnerable men in particular.
- There is a need to acknowledge the complexity and interplay of factors that impact on marginalised groups of men: combatting social isolation and focusing on meaningful engagement and connection with services and peers is key.

## Workshop 3

### IMPROVING MEN'S USE OF HEALTH SERVICES

**Chair: Peter Baker**

**Scribe: Dr Gillian Prue**

#### *Key messages:*

- It is important in the absence of research and data not to assume that men's use of services is similar in all European states. There is generally a need for more research into men's use of services, including into what men themselves see as the barriers, and better sharing of good practice.
- In countries where there is more data, some of the 'old' assumptions may not be true, e.g. men in retirement may use services as frequently as women and some screening services are heavily used by men (e.g. abdominal aortic aneurysm screening in the UK).
- Men's use of services may not simply be linked to masculinity but also to structural factors, e.g. how the services are delivered.
- Men may be particularly reluctant to use services in countries where paying for such services can be prohibitive.
- Men's employment patterns are likely to be a key factor determining how services are used. There is also a stigma for many about taking time off work to access health services, especially in some occupations.
- Men should be encouraged to use services appropriately. This requires better education in both self-care and self-treatment as well as when and how to access appropriate services.
- There is a need for services to go 'where men are', including workplaces and non-medical community venues.
- Professional training is important to improve service design and delivery as well as communication between health staff and men.

## Workshop 4

### IMPROVING THE HEALTH AND WELLBEING OF BOYS

***Chair: Tracy Herd***

***Scribe: Finian Murray***

#### *Key messages:*

- There is no shared definition of 'boys' across all member states.
- A strengths-based approach is needed when working with boys and young men and the use of nurturing language is important (e.g. 'What's happened to you?' rather than 'What's wrong with you?').
- The education sector is a key setting for action but teachers need upskilling on working more effectively with boys. A greater understanding of boys' cognitive development, and of their greater vulnerability to developmental disorders (e.g. autism and ADHD), is needed. More male teachers could also help.
- Health practitioners require training in working with boys. Teenage boys' under-use of sexual health services is a particular problem.
- There needs to be a greater focus on developing boys' emotional intelligence.
- The place of boys (and men) in society, and society's expectations and aspirations for them, need to be addressed. This is especially true for boys in some socially excluded groups with limited employment prospects.
- Boys' contact with their fathers should be encouraged (except in circumstances that may be inappropriate), including through 'lads and dads' programmes.
- The problems that can be caused by use of social media, gaming and pornography need to be addressed.

## Workshop 5

### THE ROLE OF POLICY IN DRIVING CHANGE

**Chair: Dr Noel Richardson**

**Scribe: Diana van Doorn**

#### *Key messages:*

- A policy sets out guiding principles while a strategy provides a plan of action to implement the policy. The workshop focused on the strategy for men's health.
- There should be a European-level monitoring function comprising representatives from different member state. This would have a role in strategy implementation, sharing good practice between member states, and addressing inequalities between and within member states.
- Lessons should be learned from the implementation of WHO-Europe's women's health strategy.
- The generation of sex-disaggregated data is essential for implementation and to monitor progress.
- It is not realistic to expect every member state to develop a national men's health policy but the strategy could urge states to consider this.
- Member states could benefit from the provision of resources, toolkits and mentoring to support implementation. An action plan template should be developed to offer step-by-step guidance to member states on implementation Ireland could play a leading role here, e.g. by developing a database with information and best practice evidence. The Irish ENGAGE national men's health training programme in Ireland could also be used as a model or be delivered in other countries.
- The experience of developing and implementing the national men's health policy in Ireland suggests that it is important to: define priorities; identify, develop and strengthen networks and partnerships across government departments, other agencies and community organisations; develop training and capacity-building; improve data collection; have strong leadership; build in evaluation from the outset; and encourage advocacy by NGOs.
- Potential partners may need to be convinced of the case for action on men's health using a range of evidence, including economic benefits.
- A Europe-wide advocacy group should be established to help drive implementation of the strategy.



- Key specific issues that should be covered in the strategy include data collection, research, health literacy, tobacco., alcohol, obesity, cardiovascular disease, fathering, mental health, occupational health, education (for boys and men), the social determinants of health and access to health services.

## **Workshop 6**

### **THE ROLE OF MEN IN PROMOTING GENDER EQUALITY**

***Chair: Alan O'Neill***

***Scribe: Vicky Doyle***

#### *Key messages:*

- There are existing models of good practice that could be used as a template across member states, e.g. the White Ribbon Campaign, which promotes gender equality and a commitment to end violence against women, and the Nordic countries' encouragement and enablement of men to be more involved in childcare.
- More work is needed on gender equality with boys and young men in the education and other less formal but engaging settings.
- Greater encouragement should be give to men to join the nursing and teaching professions.
- There should be a commitment to gender equality at the policy level in all sectors.
- Men and women need to work together on gender equality but, in the field of health specifically, men should be enabled and encouraged to take ownership of the issue and responsibility for their own health.
- Because men are the dominant sex and may see few benefits to them from greater gender equality, the advantages to both sexes need to be explained.

## **CONCLUSION**

The symposium participants were unanimously supportive of the forthcoming men's health strategy and believed it has the potential to be catalytic in its impact within and beyond the European region. The strategy's holistic approach, with particular emphasis on the social determinants and public health, was especially welcomed.

The symposium generated a large number of recommendations for consideration by WHO-Europe. A consistent theme was that simplistic and often long-standing

assumptions – such as ‘men don’t go to the doctor’ or ‘masculinity is bad for men’s health’ – should be jettisoned when they are unsupported by evidence. Instead, a strengths-based approach should be taken, there should be a focus on the structural as well as the individual barriers facing men, and particular attention should be paid to those groups of men facing the biggest health challenges.

Finally, it will be necessary to provide resources to member states to support implantation and a system for monitoring progress must be put in place. There was also a suggestion that one member state, possibly Ireland because of its long-term support for men’s health, could play a leadership role within WHO-Europe.

**The Men’s Health Forum in Ireland** is a diverse All-Ireland network of individuals and organisations, men and women, which seeks to identify the key concerns relating to male health, increase understanding of these issues, and tackle the impact of this inequality. It undertakes research, advocacy, training, networking and demonstration projects. [www.mhfi.org](http://www.mhfi.org)

**The Health Service Executive** provides all of Ireland’s public health services in hospitals and communities across the country. [www.hse.ie](http://www.hse.ie)

**Global Action on Men’s Health** is a collaborative project that brings together men’s health organisations, and others which share their objectives, in a new global network. Its 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. [www.gamh.org](http://www.gamh.org).

**The Men’s Health Forum (Great Britain)** is a national charity that is working to ensure that all men and boys - particularly those in the most disadvantaged areas and communities - have the information, services and treatments they need to live healthier, longer and more fulfilling lives. [www.menshealthforum.org](http://www.menshealthforum.org)

**Healthy Ireland** is a Government-led initiative which aims to create an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society. [www.healthyireland.ie](http://www.healthyireland.ie)

June 2018

## APPENDIX 1

### Symposium participants

Mr	Peter	Baker	Global Action on Men's Health (UK)
Professor	Doris	Bardehle	Foundation of Men's Health (Germany)
Mr	Lorcan	Brennan	Men's Development Network (Ireland)
Ms	Edel	Byrne	Irish Men's Sheds Association
Mr	Enda	Campbell	Irish Heart Foundation
Dr	Paula	Carroll	Waterford Institute of Technology (Ireland)
Ms	Sarah	Coghlan	Movember Foundation (Europe)
Ms	Vicky	Doyle	Health Service Executive (Ireland)
Ms	Anne	Flannery	Larkin Centre (Ireland)
Mr	Colin	Fowler	Men's Health Forum in Ireland
Mr	Fergal	Fox	Health Service Executive (Ireland)
Mr	Michael	Hennessy	Men's Development Network (Ireland)
Ms	Tracy	Herd	European Men's Health Forum (Belgium)
Mr	Paul	Hopkins	Mengage (UK)
Mr	Liam	Kernan	Mengage (UK)
Ms	Andrea	McDermott	AMEN (Ireland)
Ms	Peggy	McGuire	European Institute of Women's Health (Ireland)
Mr	Finian	Murray	Health Service Executive (Ireland)
Mr	Shane	O'Donnell	Queen's University Belfast (UK)
Ms	Elen	O'Donoghue	Movember Foundation (Europe)
Ms	Kate	O'Flaherty	Department of Health (Ireland)
Mr	Alan	O'Neill	Men's Development Network (Ireland)
Ms	Ailish	O'Neill	National Youth Council of Ireland
Mr	Gordon	Ormsby	Trinity College Dublin (Ireland)
Dr	Gillian	Prue	Queen's University Belfast (UK)
Dr	Noel	Richardson	National Centre for Men's Health (Ireland)
Professor	Steve	Robertson	Emeritus, Leeds Beckett University (UK)
Mr	Martin	Tod	Men's Health Forum (UK)
Ms	Rachel	Treanor	National Youth Council of Ireland
Ms	Diana	van Doorn	National Centre for Men's Health (Ireland)
Professor	Alan	White	Emeritus, Leeds Beckett University (UK)
Mr	Robert	Wright	AMEN (Ireland)
Ms	Isabel	Yordi Aguirre	WHO-Europe (Denmark)