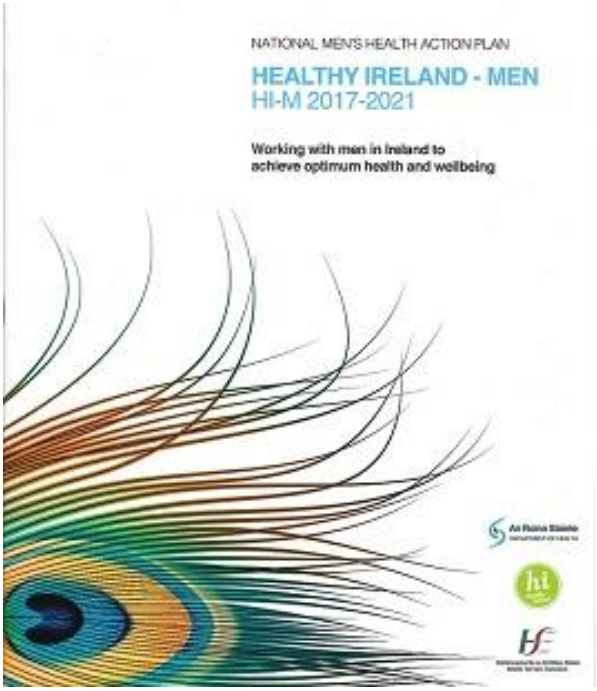
INDEPENDENT REVIEW OF HEALTHY IRELAND - MEN 2017-2021 THE NATIONAL MEN'S ACTION PLAN



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Executive Summary

Men's health has improved significantly in Ireland over the past 20 years. Men here currently have a higher average life expectancy than in any of the other EU-27 countries. However, the average figures mask major inequalities between different groups of men and the challenge for the 2020s and beyond is to tackle systematically these inequalities and to focus particularly on those men experiencing overlapping and multiple disadvantages.

HI-M is generally considered to have had a positive impact, contributing to the more effective implementation of programmes and services by mainstreaming men's health across a range of policy areas. Capacity-building through the ENGAGE training programme has been widely commended and the research effort led by the National Centre for Men's Health has been recognised as world-class.

But some problems with HI-M were also identified: mainstreaming was patchy (many national and local policies still pay little or no attention to men's health), governance was not as effective as it could or should have been, and the work has been generally under-funded with serious impacts on capacity and delivery.

It is recommended that the next Action Plan, to which HSE is already committed, should take an intersectional and equity-based approach and focus particularly on those groups of men with the worst health outcomes. There was broad agreement among the stakeholders consulted for this review that mental health should be a particular priority. It is also recommended that consideration is given to a clinical objective, such as improving men's uptake of BowelScreen. Programmes that have evaluated positively, such as Farmers Have Hearts, should now be rolled out more widely, as has already happened with Sheds for Life.

The Action Plan must be closely-aligned to HI, take a fresh approach to governance (with a more diverse and inclusive implementation group), and seek the support of a high-level champion. More resource is required to deliver the work programme effectively. An additional whole-time equivalent post at national level would make a significant difference.

While there has been little resistance to developing work on men's health, there are some risks that attention will shift away from men's health either because the problems superficially appear to have been solved or because shocking cases of male violence will reduce sympathy for work on issues where men are vulnerable. It is therefore important that the case for a continuing focus on men's health continues to be made and that this is done in the context of a strong and explicit commitment to gender equality.

Ireland is an international leader in men's health research, policy and practice. It was the first country to introduce a national men's health policy and there are still just seven such countries. Its continuing work in this field will not only ensure Ireland's continued pre-eminence in men's health work but also provide support for and inspiration to all those who care about the health and wellbeing of men in Ireland as well as around the world.

Acknowledgements

Global Action on Men's Health wishes to acknowledge the help and support of all those who contributed to this review. This includes those who responded to the online survey and who gave generously of their time to take part in the one-to-one interviews. Particular thanks are due to Fergal Fox (GAMH's main point of contact at HSE), Noel Richardson and Coli Fowler for the extra help they provided and to the Men's Development Network (MDN) for taking the time to submit more detailed evidence in a comprehensive report.

Abbreviations

DoH	Department of Health
EU	European Union
GAMH	Global Action on Men's Health
HI	Healthy Ireland
HI-M	*Healthy Ireland – Men 2017-21. National Men's Health Action Plan*
HSE	Health Service Executive
MDN	Men's Development Network

A note on publication

This Review was submitted to HSE Health and Wellbeing in November 2022 and published (without any edits or updates) by GAMH in January 2025. The publication of the Review follows the launch in November 2024 of the second edition of the National Men's Health Action Plan for the period 2024-2028. The new Action Plan draws on the recommendations made in this Review and is available here.

Suggested citation: 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.

Introduction

Ireland was the first country in the world to adopt a National Men's Health Policy. This ran from 2008-2013. Following a review completed in 2015, the Policy was succeeded by an Action Plan called Healthy Ireland – Men 2017-21 (HI-M). This aimed to maintain the momentum and progress that had been achieved through the Policy.

When HI-M came to the end of its life, the Health Service Executive (HSE) decided to commission an independent review of its impact which would also map out the direction of a new five-year Action Plan.

Specifically, the review was asked to:

- Identify key priorities for the next Action Plan
- Propose clear recommendations to steer the development of the Plan
- Consider which implementation strategies would be most effective
- Highlight any current gaps in provision and the potential for targeting new groups/settings/areas of work
- Suggest programmes where there would be potential to expand cost-effectively and scale-up existing evidence-based provision
- Outline any challenges which may, potentially, arise.

Global Action on Men's Health (GAMH), a UK-based international charity, was pleased to bid for the review and delighted to be appointed. Peter Baker, GAMH's Director, who conducted the review of the Policy in 2014-15 (then working as an independent consultant), was the lead author. This enabled the review to benefit from his previous experience, knowledge of the men's health field in Ireland and beyond, and the contacts he already had with many of the key stakeholders.

GAMH's involvement also enabled the appointment of a review advisory group comprising the following members of GAMH, all internationally-renowned researchers in the men's health field:

- Steve Robertson, Emeritus Professor of Men, Gender and Health at Leeds Beckett University (UK); Programme Director, RCN Research Alliance, Division of Nursing and Midwifery, Health Sciences School, Sheffield University (UK); Adjunct Professor, Waterford Institute of Technology (Ireland); Editor, International Journal of Men's Social and Community Health.

- James Smith, Deputy Dean Rural and Remote Health, Professor of Health and Social Equity, Flinders University (Australia).

- Alan White, Emeritus Professor of Men's Health at Leeds Beckett University (UK).

Methodology

The relatively limited budget and time available to the Review indicated that a pragmatic as opposed to an overly theoretical approach would be most effective and likely to produce the accessible and actionable report that was required.

An **online survey** was sent to all the organisations listed as lead agents and partners in HI-M as well as to a wider group of men's health stakeholders in the public, private and voluntary sectors. Participants were asked to identify the progress they believed had been made in delivering HI-M's general and specific objectives. Views were also sought on enablers and barriers to implementation and on recommendations for future target areas in the new five-year Action Plan. 70 survey responses were received with 42 being suitable for analysis. The remaining 28 surveys were excluded because the respondents did not meet the requirements of having a particular interest in public health, gender and health or men's health in Ireland and/or they did not live or work in the Republic of Ireland.

Once key issues were identified from the survey, **one-to-one semi-structured interviews** of 30-60 minutes were conducted online with 20 key stakeholders. These interviews enabled the issues covered by the Review to be explored in greater depth. All members of HI-M's Advisory Group were invited to participate as well as others identified in consultation with the Review commissioner at HSE (Fergal Fox) and other Advisory Group members. The wider group of invitees included Community Healthcare Organisation (CHO) Managers and Heads of Services. The interviews were recorded, digitally transcribed and analysed to identify key themes and issues. Appendix 1 contains a full list of the interviewees.

It should be noted that this Review did not set out to provide a detailed analysis of the implementation of every action point in HI-M. This was simply not possible within the time available.

There was also a **rapid literature review**. This had three main areas of focus:

- Policy reports and action plans relevant to HI-M.
- Research and scholarship emerging from, or related to, HI-M.
- A reflection on recent international developments in men's health policymaking and an exploration of any implications for the future direction of men's health policy in Ireland.

Preliminary findings were presented online to a meeting of the Advisory Group to elicit further comments and views.

A first draft and subsequently a final draft of the report was presented to the commissioner and the feedback received was taken fully into account in this final version. Comments were also sought from GAMH's review advisory group.

Findings

1. Wider context

There is now greater **interest in men's health policy** internationally than when HI-M was developed. Seven countries now have national men's health policies: Australia, Brazil, Iran, Ireland, Malaysia, Mongolia and South Africa. In 2018, the WHO European Region published a men's health strategy and two other WHO regions (the Western Pacific and the Americas) are now actively considering this option.

The Lancet Commission on Gender and Global Health, which is likely to report within the next 12 months, is expected to recommend a greater focus on men and masculinity in global health policy and practice. GAMH's primary role is to advocate for a greater policy focus on men's health nationally and internationally and the Movember Foundation has very recently appointed its first director of global policy and advocacy.

Within the men's health field, there is an increasing focus on **intersectionality and equity** issues. Men's health advocates and researchers have for many years pointed out that men should not be regarded as a homogenous entity and that some groups do significantly worse. Men who are on low incomes, unemployed, homeless, offenders, gay, bisexual, transgender or from an ethnic minority are among those with the poorest outcomes. More recently, and especially since the concept of intersectionality has been more widely used and understood, there has been an even greater effort to identify and focus on the most vulnerable populations. The work of Professor Derek M. Griffith, Director of the Center for Men's Health Equity at Georgetown University (USA), has been central to this development. His output includes includes the seminal publication, *Men's Health Equity: A Handbook*, published in 2019.[1]

The importance of an intersectional approach in an Irish context has been highlighted in a paper on middle-aged men and suicide by Shane O'Donnell and Noel Richardson.[2] This points out that:

> Intersectionality proposes that socially defined roles and characteristics are inextricably linked and cannot be separated into distinct factors that operate independently or additively (gender+race+class). Rather, it considers simultaneous interactions of social identities, locations and structures that have a multiplicative effect on social (dis)advantage and that capture overlapping systems of privilege, subordination, and marginalisation.

O'Donnell and Richardson conclude that:

> Traditionally, the main focus of health policy in Ireland and elsewhere has been on behaviour modification and increasing personal capacity to effect change. However, it is imperative that policy also accounts for intersectionality and the wider social determinants of health that, in the context of this study, provide insights into the circumstances and social

[1] Griffith DM, Bruce MA, Thorpe Jr RJ, editors. *Men's health equity: A handbook* (Routledge; 2019).
[2] O'Donnell S, Richardson N. No Country for Middle-Aged Men? *International Journal of Men's Social and Community Health*. 2020 Sep 8;3(2):e32-45.

contexts that push more vulnerable and marginalized groups of middle-aged men further into the margins of society.

The third relevant development is the **COVID-19 pandemic**. Its impact on global health and wellbeing cannot be over-estimated. Men have been most affected in a particular way: they form the majority of those becoming seriously ill or dying from COVID. Globally, around 60% of deaths have been male. In Ireland, the male proportion of deaths has been lower (54%)[3] although the ratio of male:female ICU admissions was 1.5:1 during the first pandemic wave in 2020.[4]

COVID highlighted not only men's biological fragility (their immune systems are inherently weaker than women's when challenged by respiratory infections like COVID) but also their higher incidence of the underlying conditions (such as hypertension, diabetes and COPD) that make serious COVID disease more likely. Further, the pandemic focused attention on health services' sub-optimal engagement with men with the result that men, especially younger men, have been less likely to be vaccinated or to follow COVID prevention guidelines such as mask-wearing and social distancing.

These three developments – the growing interest in men's health policy, the focus on intersectionality and equity, and the COVID-19 pandemic – are all relevant to men's health policy in Ireland. Men's experience of the pandemic has reinforced the case for a continuing focus on men's health. The importance and value of a policy response to men's health is increasingly widely recognised. It is also clear that men's health policy should take account of the 'multiplicative effect'[5] of different layers of social disadvantage.

2. The state of men's health in Ireland

The case for male-targeted policy and action continues to be made by the unnecessarily poor state of men's health in Ireland.

Male life expectancy has steadily improved over the past decade, increasing from 78.7 years at birth in 2012 to 80.8 years in 2020. The life expectancy 'gap' between males and females also decreased over the same period, from 4.4 years to 3.6 years, although the difference is still significant. By 2020, Ireland had achieved the highest life expectancy of all 27 EU countries as well as the United Kingdom, but it was still below the level in Iceland and Norway (81.6 years in both).[6] Despite the undoubted progress made in Ireland, there is clearly potential for further improvements in male life expectancy.

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[3] Health Protection Surveillance Centre (2022). *Report on COVID-19 deaths reported in Ireland*. https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/covid-19deathsreportedinireland/COVID-19_Death_Report_Website_v1.6_30-05-2022.pdf (accessed 30 November 2022).

[4] Beatty, K., Kavanagh, P.M. A retrospective cohort study of outcomes in hospitalised COVID-19 patients during the first pandemic wave in Ireland. *Irish Journal of Medical Science* 191, 1973–1983 (2022).

[5] In this context, 'multiplicative effect' means that the impact of the layers of social disadvantage in combination is greater than that of the sum of the individual layers.

[6] Eurostat data. https://ec.europa.eu/eurostat/en/ (accessed 29 July 2022).

It is of critical importance to take account of **health inequalities** within the male population. Male life expectancy is closely related to income levels. Men in the most affluent quintile (fifth of the population) lived on average to 84.4 years; men in the most deprived quintile, by contrast, lived to 79.4 years.[7] There is a similar pattern when mortality is analysed by men's occupation, with professional workers having a standardised death rate of 478 while that for unskilled workers was 804. Ethnicity is also relevant with Traveller men in Ireland having a life expectancy of 71.3 years.[8]

Specific **health behaviours** must be acknowledged. The *Healthy Ireland Survey 2021* shows that men are more likely than women to smoke, especially men aged under 25 (19% of men in this group smoked compared to 11% of women) or to drink alcohol (and especially to binge drink).[9] Men are less likely to consume five or more portions of fruit and vegetables every day. They are also much less likely to visit a GP (60% of men made a visit in the past year compared to 72% of women) or to consult a mental health professional.

The MHFI report, *Men's Health in Numbers: Trends on the Island of Ireland*,[7] funded by HSE and published in 2020, provides an invaluable source of data across a wide range of health issues. It also highlights the gaps in current official statistics, which are not sufficiently disaggregated by sex and gender and do not allow for an analysis of health outcomes for specific groups such as homeless or trans males or some ethnic minority populations.

3. The impact of HI-M

HI-M identified four broad themes for action:

(a) Establishing appropriate **governance structures** that are aligned with Healthy Ireland to oversee the implementation of HI-M 2017-2021.

(b) Contributing to the implementation of the **priority programmes** for Healthy Ireland - healthy eating and active living, wellbeing and mental health, positive ageing, alcohol, tobacco free, and healthy childhood - with a particular emphasis on addressing health inequalities between different sub-populations of men.

(c) **Building capacity** with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging men and boys at both an individual and an organisational level.

(d) Ensuring that **research** continues to underpin the development of men's health practice in Ireland and contributes to the Healthy Ireland agenda.

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[7] Devine P, Early E (2020). *Men's Health in Numbers: Trends on the Island of Ireland*. Dublin: Men's Health Forum in Ireland. https://www.mhfi.org/MensHealthInNumbers1.pdf (accessed 30 November 2022

[8] European Union Agency for Fundamental Rights (2020*). Travellers in Ireland: Key results from the Roma and Travellers Survey 2019*. https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-roma-and-travellers-survey-country-sheet-ireland_en.pdf (accessed 30 November 2022).

[9] *Healthy Ireland Survey 2021: Summary Report*. https://assets.gov.ie/206555/260f3b84-bf78-41a2-91d7-f14c7c03d99f.pdf (accessec 30 November 2022).

Analysing the broad impact of HI-M in relation to each of these themes is helpful because it suggests how the next Action Plan could be made more effective.

(a) Governance structures

Just over one-third (38%) of respondents to the online survey agreed/strongly agreed that HI-M established appropriate governance structures. Just 7% of respondents disagreed or strongly disagreed; the largest number (55%) either did not know, were not sure or neither agreed nor disagreed.

An analysis of the specific action points for governance set out in HI-M shows that some were met and some not. A National Men's Health Action Plan **Advisory Group** was created and met regularly, including through the worst phases of the pandemic. All of the partner organisations identified in HI-M as potential members were successfully recruited to the Group. The Group meetings were appropriately minuted.

There was, overall, **significant praise and appreciation for the Advisory Group** members' expertise, experience, commitment and sheer hard work. It was also acknowledged that the collegiate nature of the relationships between key members of the Advisory Group – notably those who have been involved in men's health work in Ireland since the early days of the development of the men's health policy – has resulted in a willingness to 'go the extra mile' and to contribute to work outside of organisational boundaries. The added value of this cannot be over-estimated.

Some members of the Advisory Group expressed the view that, during the Group's five-year term of office, it should have more frequently reviewed its **membership** and considered the involvement of additional stakeholders. (Although it should be pointed out the Irish Men's Sheds Association was invited to join the Group.) This could have helped to ensure that the Group was more representative and inclusive, was exposed to different perspectives and new ideas, and appeared less like (as some described it) a small 'club' comprising the 'usual suspects.' There was also a concern that the unusually flexible approach shown by key members may not be sustained if and when these individuals leave their roles (and some are approaching retirement). Several interviewees also commented that the involvement of younger people could have helped with succession planning for the next Action Plan. Several specific potential 'next generation' names were mentioned during the consultation.

It was suggested that the Advisory Group lacked a member (or members) with sufficient seniority who could ensure that its work could more effectively impact on wider policies and programmes both within and without the health sector. Despite the clear governmental commitment to men's health, evidenced by the original National Men's Health Policy and then HI-M, it was felt that men's health remained far from being mainstreamed across health and related policy areas and that the involvement of a more senior HSE or DoH official could have helped. It was intended that a men's health representative should be appointed on all priority programme committees in the HSE to ensure the integration of men's health policy on these programmes. This goal was only partly achieved with a lack of capacity being one of the principal causes.

It was observed in the one-to-one interviews that the Advisory Group did not **review the Action Plan** during its five-year period and that, with hindsight, this was a mistake. There should have been some flexibility which enabled a response to changing circumstances. The most salient development was the COVID-19 pandemic but the Advisory Group minutes suggest that its discussions were largely limited to the impact on the existing men's health work programme rather than how Ireland's pandemic response could be made gender-responsive and address the particular burden on men. Again, limited capacity and resources was cited as an explanation for this oversight.

An annual Men's Health **Business Plan** was produced for three of the five years of HI-M (2018, 2019 and 2020). Appropriately, these Plans were built around the action points set out in HI-M and, for each action, identified the lead and partner organisations, the programme activities and the outcomes. However, the 2019 Plan was not fully completed (the activities and outcomes sections were left blank). The lack of a Plan for 2021 somewhat impeded a full assessment of the impact of HI-M although significant information about the progress made was still available in the minutes of the Advisory Group..

HI-M envisaged that there would be an **Annual Report** that would document progress and which would be submitted to the DoH and HSE and be posted on the DoH website. No Annual Reports were actually published, to the detriment of transparency and accountability. The planned annual Men's Health **Communications Plans** were not produced either. However, regular progress reports in all of the main men's health programmes were submitted to HSE and the Advisory Group minutes document communication activities. Communications were planned and executed through the Advisory Group and were linked through stakeholders as appropriate. Men's Health Week was the key communications priority.

Men's Health Forum in Ireland (MHFI) was charged with hosting a **national men's health website** that provides and maintains up-to-date access to both national and international men's health publications and reports. The organisation's website has met this objective by providing a free, easy-to-access, non-partisan, comprehensive information portal which reflects the diversity and breadth of men's health issues, needs and work on the island of Ireland and beyond. The website is complemented by MHFI's monthly e-newsletter, a Men's Health Week Facebook page, a Twitter feed and a dedicated YouTube channel. Men's health articles and communications also appeared in key internal HSE publications, such as Healthy Matters, and on HSE's Health and Wellbeing Ezine, YouTube channel and Twitter channel.

(b) Priority programmes

The online survey and the one-to-one interviews show that respondents, broadly, took the view that HI-M had a positive impact. Just over half (55%) of survey respondents agreed/strongly agreed that HI-M contributed to more effective implementation of programmes and services by mainstreaming men's health across a broad spectrum of policy areas. Just 12% disagreed/strongly disagreed while 24% neither agreed nor disagreed and 10% said they were not sure or did not know.

The picture is more mixed at the granular level. When online survey respondents were asked about specific programmes, wellbeing and mental health generated most agree/strongly agree responses (71%). This was followed by healthy eating and active living (62%), positive ageing (60%), alcohol (55%), tobacco free (50%), and healthy childhood (36%). 45% of respondents agreed that HI-M contributed to tackling inequalities between different sub-populations of men.

An **analysis of HI policy and planning documents** also reveals a mixed picture in terms of references to men's health in general or HI-M specifically.

The Healthy Ireland Strategic Action Plan 2021-2025 contains an explicit commitment to:

> 'Support gender-based health promotion on women's and men's health, building on existing initiatives, for example the … HSE Men's Action Plan.'

A key overarching theme in the Plan is reducing health inequalities and placing a greater emphasis on work with disadvantaged and harder-to-reach communities.

The Healthy Ireland Outcomes Framework does not mention men specifically but does state that the indicators used – such as overweight and obesity, smoking, harmful use of alcohol, cancer incidence, moderate and severe depression, and long-term unemployment – will be disaggregated where possible in terms of gender as well as age, socio-economic status and geography.

Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland 2021-2025 refers to HI-M in the appendices. Here, the document states that the workplace is recognised as a setting in which to promote men's health and optimal work-life balance for men. However, men are not mentioned in the rest of the document or in the accompanying workplace case-studies document. The implementation plan for the Framework has yet to be published, however.

The *Sláintecare Implementation Strategy and Action Plan 2021–2023* contains a clear commitment to tackle inequalities but does not specifically mention HI-M or men's health more broadly.

Stronger Together: The HSE Mental Health Promotion Plan 2022-2027 is silent about men besides noting that levels of positive mental health are generally higher in men than women in certain age-groups and that mental health problems are more prevalent among some age-groups of women as well as Traveller men and women.

The Higher Education Healthy Campus Charter and Framework does not mention sex, gender or men.

Get Ireland Active! National Physical Activity Plan for Ireland does not mention men except for noting that they are generally more active than women.

The Skin Cancer Prevention Plan 2019-2020, besides some statistics, does not mention men. This is despite HI-M and a major report on the excess burden of cancer in men having previously highlighted a need for targeted education and awareness initiatives to improve men's awareness of skin cancer because of men's presentation at later stages of the disease.[10]

The State of Tobacco Control in Ireland: HSE Tobacco Free Ireland Programme 2022 Second Report specifically mentions HI-M. It notes that while it 'sets out a general theme on contributing to the implementation of the priority programmes for Healthy Ireland, including *Tobacco Free Ireland*, it lacks specific action. Smoking-related harm health needs, and specific gender-sensitive approaches, should be addressed in subsequent action plans for women and men's health in Ireland.' The We Can Quit stop smoking programme, originally aimed at women, has already been adapted for men-only and mixed gender groups. However, even though officials from the tobacco programme did engage with MDN and HSE's Men's Health Promotion Officer, the current approach for men was criticised by some respondents for not being sufficiently gender-responsive and essentially the same as what is offered to women.

The *National Sexual Health Strategy 2015-2020* and *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025* were published before HI-M and the *National Cancer Strategy 2017-2026* was developed before HI-M was published. It would therefore not be possible for them to refer to HI-M. However, it could have been expected that these initiatives took account of the National Men's Health Policy 2008-13 and this omission could be a further consequence of the under-resourcing of the men's health work. It should also be noted that the HSE's Sexual Health and Crisis Pregnancy Programme targets much of its work towards men who have sex with men.

Community Healthcare Organisation (CHO) policies were also reviewed to determine the impact of HI-M at the local level. Eight CHO annual operational plans, spanning the period 2018-2021, were analysed. Only one plan, for Community Healthcare West (CHO 2), mentioned HI-M specifically. This contained an action to implement HI-M as well as some specific commitments such as delivering the Men on the Move programme, developing the ENGAGE programme, and supporting Connecting for Life though initiatives with marginalised groups including Traveller men.

However, most of the CHO plans did refer to some specific actions on men's health. For example, to support a gay men's health service (CHO 1), to develop and implement a bespoke men's health screening initiative for Travellers (CHO 4), to support Men's Sheds in the area to roll out a community nutrition and cooking programme (CHO 5), and to deliver community-based health promotion programmes such as Men on the Move (CHO 7).

While men's health generally and HI-M may not have been addressed in many national or local policy statements and plans, it is clear that a range of specific men's health

[10] Clarke N, O'Leary E, Sharp L, et al (2013). *A Report on the Excess Burden of Cancer Among Men in the Republic of Ireland.* https://www.ncri.ie/sites/ncri/files/pubs/ReportOnTheExcessBurdenofCancerAmongMenintheRepublicofIreland%28FullReport%29.pdf (accessed 28 June 2022).

interventions referred to in HI-M made a significant contribution to a number of key HI programmes. These interventions included Men on the Move (now rolled out nationally, following a positive evaluation), Farmers Have Hearts and On Feirm Ground.

The *HSE Health and Wellbeing Annual Report 2021* contained a section dedicated to men's health which highlighted the support HSE provides to the men's health sector and key areas of activity including the Engaging Men webinars, Men's Health Week, Sheds for Life, and the ENGAGE training programme.

Overall, it is clear that men's health has impacted positively on several key areas of policy but that it remains some distance from being fully mainstreamed. Significantly, the one-to-one interviews suggest that some national programme leads have been unaware or only vaguely aware of HI-M and of the need to take men's health into account in their policy area. Also, when convening policy implementation or similar groups, normal practice has been to reach out to individuals and organisations working in that specific field and not also to those with a cross-cutting interest, including men's health. (These comments should not be taken as a criticism of any individuals. Such a disconnect is probably inevitable when people are very focused on a single issue in a high-pressure environment. But the findings do point to the need for action if the necessary cross-cutting approach to policy is to be achieved.)

One programme lead also made the point that one reason why men's health can get overlooked is that the sector does not make as much 'noise' as, say, women's organisations which are much harder to ignore. This might, in part, be because the majority of non-governmental men's health organisations are in receipt of HSE/DoH funding leading to potential conflicts of interest.

(c) Building capacity

60% of survey respondents agreed/strongly agreed that HI-M built capacity with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging with men and boys at both an individual and an organisational level.

The **ENGAGE training programme** has been the central component of this work. It is without doubt a unique world-leading course that has, since its launch in 2012, succeeded in reaching well over 2,000 health and related professionals. During the lifespan of HI-M, two units have been added to the programme: 'Men in the Middle' (which focuses on how to engage middle-aged men) and 'On Feirm Ground' (which works with Teagasc Advisors to support the health and wellbeing of farmers).

There has, to date, been one formal evaluation of ENGAGE, based on surveys of participants in the period 2013-2015.[11] This found that, overall, participants were highly satisfied with the training immediately post-training and at five-month follow-up. Participants' self-reported level of knowledge, skill and capacity in identifying priorities, engaging men and influencing practice beyond their own organisation increased immediately following training

[11] Osborne A, Carroll P, Richardson N, et al. From training to practice: the impact of ENGAGE, Ireland's national men's health training programme. *Health Promotion International*. 2018 Jun 1;33(3):458-67.

and, with the exception of improving capacity to engage men and influencing practice beyond their organisation, these improvements were sustained at five-month post training. The vast majority of service providers reported that ENGAGE had impacted their work practice up to five-month post training. The researchers concluded that the findings suggest that ENGAGE 'has succeeded in improving service providers' capacity to engage and work with men' and that 'improving gender competency in the delivery of health and health related services may increase the utilisation of such services by men and thereby improve health outcomes for men.'

In the open-ended survey responses, it was suggested that the development of the unit for Teagasc Advisors provides an important template for extending the reach of ENGAGE beyond the health and community/voluntary sectors.

HI-M also identified **Men's Health Week** as an important contributor to capacity-building. Men's Health Week has been held in Ireland every year since 2005 and continued to be delivered during the COVID-19 pandemic. A large number of partners across the island of Ireland have been successfully engaged each year with about 100 in both 2020 and 2021. This level of external engagement in men's health activities is a highly significant catalyst to activity across a range of sectors. Men's Health Week is widely regarded as very successful event and it is noteworthy that the Women's Health Action Plan announced the launch of a Women's Health Week from 2022.

A programme of webinars focusing on Engaging Men was launched in April 2021 and so far four have been delivered. During 2022, HSE Health and Wellbeing has also begun hosting a series of webinars exploring the impact of masculinities on men's health. These webinars – which attracted significant numbers of registrations - succeeded in reaching many new stakeholders.

(d) Research

71% of survey respondents agreed/strongly agreed that HI-M ensured that research continued to underpin the development of men's health practice in Ireland and contributed to the Healthy Ireland agenda.

The work of the **National Centre for Men's Health** at South East Tecnological University (formerly IT Carlow) has been central to the research effort. The Centre has become an internationally-recognised research body which has, over many years, produced a wide range of academic papers and reports and contributed to many conferences and seminars within Ireland and beyond. Guidance on working with specific groups of men or in different settings has also been produced alongside educational and training resources, eg. for the ENGAGE programme.

A particular focus has been evaluations of key programmes including Men on the Move, Farmers Have Hearts and Sheds for Life. The Centre has also supervised several PhD students working on men's health, including suicide prevention and a football-based physical activity intervention. It is also important to note that the National Centre is able to add significant value to its HSE grant by attracting further funding from other partners.

The main concerns expressed about the research work were the sustainability of the National Centre if and when its current Director, Dr Noel Richardson, leaves and that the research priorities of the Centre may not always reflect those of the HSE. The HSE appears to take the view that the Centre's focus should, in recognition of the funding provided, focus more on health service issues and Healthy Ireland. There is also a significant concern about the apparent disconnect between the production of robust research and evidence and their translation into action by senior decision-makers that results in trangible outcomes.

4. Enablers and barriers

Respondents to the online survey were asked to suggest up to three enablers of and barriers to progress in the implementation of HI-M. These have been grouped around key themes and weighted to reflect the significance attached to them.

(a) Enablers

The five most commonly identified enablers were (in order of priority);

(1) Community-based initiatives, including Men's Sheds and work with sports clubs
(2=) Research
(2=) Training, specifically ENGAGE
(2=) Men's Health Forum in Ireland
(5) General and nurse practitioners

One important additional enabler, identified in the one-to-one interviews, was the realistic number of action points in the Action Plan. The original men's health policy and action plan contained 118 action points, unprioritised and supposedly deliverable within five years. That would have been a massive challenge, even without the economic recession that overshadowed the launch and implementation of the policy. HI-M, by contrast, contained 28 action points, a much more manageable and realistic target even when taking into account the disruption caused by the COVID-19 pandemic.

(b) Barriers

The five most commonly identified barriers were (in order of priority);

(1) Funding and resourcing of men's health work
(2) Men's attitudes and behaviours, including help-seeking and stigma
(3) Governance and leadership, specifically the lack of high-level support
(4) The media, including a lack of support from the media and the negative impact of social media
(5) COVID-19

The one-to-one interviewees were asked if they perceived any kind of backlash or emerging hostility to men's health work following the murder of Ashling Murphy in Tullamore in 2022 and other similar events or for other reasons. Generally, interviewees were not aware of

any backlash although one thought that some politicians were reluctant to be seen supporting men's health for fear of being seen as anti-women. Another believed that gender was to some extent currently less salient an issue than previously and that other inequality issues were now considered more important.

5. The next Action Plan

At the outset, it should be stated that the level of policy and programmatic activity on men's health in Ireland and its impact is unparalleled internationally. Australia is the only other country that comes close. However, that does not mean that it is not possible to do better and, given many of the poor health outcomes experienced by many men, especially those in disadvantaged and marginalised groups, there is still a compelling case for further sustained and systematic action. This would also maintain Ireland's position as a world-leader in this field.

(a) Key priorities

It is, first and foremost, important that work starts on the development of the next Action Plan as soon as is practicable. The **momentum** generated by previous work, this review and the legacy of COVID-19 must not be lost.

It is essential that the new Action Plan is, like HI-M, **closely-aligned to HI and Sláintecare Healthy Communities**. 71% of respondents to the online survey thought that the new Action Plan should be aligned with HI in particular. Just 5% did not and 24% said they did not know or were not sure. Close alignment with HI was also strongly recommended by the interviewees. It is also important that the current review of HI takes account of men's health and makes an explicit commitment to further progress.

As far is possible, the new Action Plan should take an **intersectional, equity-based approach**. While account must be taken of the wider population of men, a greater focus on those men affected by overlapping and multiple disadvantage should be included.

The Action Plan should also continue to be based on the principles underpinning the ***National Men's Health Policy 2008-13***. As well as adopting a gender-mainstreaming approach, this policy placed particular emphasis on the social determinants of health, community development, health promotion, intersectoral and interdepartmental collaboration, tackling men's health from a strengths perspective, and supporting men to become more active agents and advocates for their own health. These principles remain as valid now as they were almost 15 years ago.

Recommendations

1. The next Action Plan should be developed as soon as is practicable.

2. Close alignment between the Action Plan, HI and Sláintecare Healthy Communities is essential.

3. An intersectional, equity-based approach should be central to the development of the next Action Plan.

4. The Action Plan should be based on the core principles underpinning the *National Men's Health Policy 2008-13.*

(b) Implementation strategies

Several key themes emerged from the online survey and the one-to-one interviews.

First, the **Advisory Group** should be renamed. Implementation Group, Task Force or Action Group might be more appropriate, not only sounding more positive and dynamic but also more accurately reflecting the group's actual role. The term 'Action Group' is used in this report from now on, although it is recognised that the name eventually chosen will need to be aligned with HSE Health and Wellbeing governance procedures.

Secondly, the **membership** should be reviewed. It was not suggested by any participant in the consultation that any existing organisation or member should be removed or replaced but rather that the group should be broadened to be more inclusive and to bring in fresh perspectives and ideas. If the next Action Plan focuses on some specific sub-groups of men, it would be appropriate for organisations working with those sub-groups to be represented.

Given the importance of local activity, CHOs should have a seat at the table. In recognition of the extent of its involvement in local men's health programmes, the GAA's involvement should be considered. It was also suggested that it would be useful to have a member with clinical expertise, such as a nurse, GP, urologist or a public health practitioner, as well as someone with a background in workplace health. The involvement of younger people would help to make the group more sustainable as older members retire or move on. There could also be more representation from other parts of HSE, including the operational arms of HSE Health and Wellbeing.

It was suggested that the Action Group could invite lay members. While the involvement of people who can bring to bear their personal experience in this kind of committee is important in principle, there is always a risk that such a step could be tokenistic and that lay members would struggle to engage fully. Another option, which might work better, could be to convene a consultative sub-group of several lay members which meets, say, six-monthly to raise issues of concern and comment on activities and progress.

The Action Group could also create sub-groups to tackle specific issues. This might be especially helpful if the whole-group membership becomes significantly larger. It is recognised, however, that additional resources are likely to be required to manage any such expansion in activity.

The issue of whether any civil society organisations should be represented on the Action Group was raised in the one-to-one interviews. It was suggested that a group charged with responsibility for implementing an HSE action plan, in this case HI-M, should comprise HSE officials only. External organisations may have a role in implementation through funding

contracts or could have a useful advisory role but these functions should be kept distinct and separate. This is a point of view worth considering further but the value of maintaining the historic working relationships between the range of organisations currently represented on HI-M's Advisory Group must be taken fully into account.

Thirdly, there is room for improvement in the **reporting** of activities and progress. It is understood that a decision has already been taken to continue to include a men's health section in HSE Health and Wellbeing's annual report, which is a positive development. This section could be used not only to highlight what has been but also to flag up forthcoming plans.

Fourthly, to ensure that men's health achieves greater prominence and profile, and also cuts through into other major policies and programmes both nationally and locally, there is need for **higher-level engagement**. One option would be for a more senior official to chair the Action Group and/or for there to be a senior level men's health champion. It was suggested by several one-to-one interviewees that direct engagement at assistant national director or even national director level might be most appropriate. It was noted that the Women's Health Action Plan 2022-2023 Action Group is co-chaired by the Chief Nursing Officer who is additionally designated as Women's Health Champion in DoH.

Fifthly, respondents and interviewees commented on the need for a more focused and sustained **communications** effort to help to increase awareness of the Action Plan itself. It was both significant and interesting that several survey respondents said they had not heard of HI-M, despite being active in the men's health field in Ireland. As has already been stated, some national policy leads in HSE have also only been vaguely aware of HI-M. A primary target for communications should be health professionals not currently part of men's health networks.

There is also an opportunity to raise public awareness of men's health issues. One suggestion was that there should be a focus in public-facing work on creating an emotional engagement with men's health through the telling of men's personal stories. Although the impact of Laura Brennan's story (in her case, on cervical cancer and HPV vaccination) was probably unique, it does demonstrate the potential power of this approach especially when used to highlight specific issues of concern.

Although this is not the role of an Action Plan led by HSE, and is an activity best delivered independently by civil society organisations, an effective communications campaign could also influence TDs and ministers and encourage them to take a greater interest in men's health. This would, in turn, facilitate the implementation of the Action Plan.

Sixthly, **resourcing** was widely seen, both by survey respondents and interviewees, as a major barrier to faster progress. The Men's Development Network, in its written submission to this review of HI-M, made the case for the next Action Plan to be accompanied by a 'high-level' budgetary figure as well as year-by-year budgets. It also advocated the adoption of 'Equality Budgeting' in men's health which could ringfence funding for the cohorts of men at greatest risk of marginalisation.

While most respondents shared the view that HSE or other public sector funding is preferable, there are unlikely to be significantly higher levels of support from this source in the foreseeable future. It is noteworthy that ENGAGE sought (unsuccessfully, unfortunately) funding from Movember. This application highlights the potential of alternative non-statutory funding sources. Charitable foundations are one potential source as are commercial organisations with male markets, including pharmaceutical companies.

One interviewee suggested that it might be possible to leverage the fundraising expertise of large charities like the Irish Heart Foundation and the Irish Cancer Society to raise funds for men's health projects jointly developed by several organisations in the sector. It was also suggested that the new Action Plan establishes a grants programme which aims to encourage collaborative working to deliver projects in line with the Action Plan's objectives.

The level of HSE staffing currently allocated to men's health work was widely believed to be insufficient. An additional whole-time equivalent post would go a long way to help.

The development of the women's health action plan was, rightly, prompted by what has been described as a 'crisis' which included a wide range of problems in sexual and reproductive health and, in particular, catastrophic failings in the cervical cancer screening programme. The women's health action plan refers to the men's health policy and action plans as a precedent but, for women's health, a much higher level of political capital and financial resources have been committed. €31 million additional funding for new development in women's health was allocated in the 2022 Budget. This investment is clearly very necessary and welcome but it does throw into relief the currently very much lower level of support for men's health. The problems facing men are perhaps less immediately dramatic than those for women but they remain significant and require a commensurate response.

Seventhly, an **evaluation** of the new Action Plan should be baked in from the start with clear performance indicators and robust baseline measures. It was pointed out that the findings, together with those of previous reviews (including this report), will take account of systematic men's health work over a 20-year period and should be shared internationally, perhaps via an event which brings together all those countries that have developed national men's health policies. Such an event could also help with the planning of men's health work in Ireland into the 2030s.

Finally, a potential specific research project was suggested by several interviewees. They thought **ENGAGE**, because it is such a significant programme, merits a second up-to-date evaluation and that this should include a review of the actual impact on professional practice and service delivery at the local level.

Recommendations

5. The Advisory Group should be appropriately renamed to reflect its focus on Action Plan implementation and it should publish and disseminate an annual report on its work. 'Action Group' is provisionally suggested

6. A review of membership of the Action Group is required so that it becomes more representative, inclusive and sustainable once currently key individuals move on. Lay membership should be actively considered.

7. The Action Group should annually, or as appropriate, consider how the Action Plan might need to be changed to take account of changing circumstances.

8. At the start of the new Action Plan, consideration should be given to a briefing session to introduce it to all relevant policy group leads across HSE and DoH. National policy leads should also be offered training on men's health. This would make it more likely that men would be taken into account at a more strategic level.

9. Higher level support for the Action Plan is required, perhaps following the approach of the women's health action plan which has an Action Group co-chaired by the Chief Nursing Officer.

10. The Action Group must be more firmly and formally locked into the HI governance structure.

11. A communications plan should be developed to improve both professional and public awareness of men's health issues.

12. A funding strategy is required to bring new money into men's health to supplement that provided by HSE. An increase in HSE staffing dedicated to men's health would also be welcome. A whole-time equivalent senior-level national men's health policy lead would make a significant difference.

13. An evaluation of the new Action Plan should be included from its outset.

14. Men's health should be specifically highlighted as a responsibility of health promotion officers in each CHO area, included in job descriptions and baked into departmental and individual staff workplans.

15. Each CHO should also appoint a lead officer for men's health.

16. Consideration should be given to the creation of a men's health practitioner network to share good practice. An annual or biennial national conference on men's health would also help to share information, maintain momentum and raise the profile of the issue. (It is understood that plans for a HSE men's health conference are already in train.)

17. The long-term future and sustainability of the National Centre for Men's Health should be reviewed and planned for by HSE and South East Technological University.

18. Consideration should be given to the translation of robust research and evidence into decision-making about initiatives that produce tangible health outcomes.

19. A further evaluation of ENGAGE, focusing on its impact locally, would be helpful.

(c) Current gaps in provision and the potential for targeting new groups/settings/areas of work

Respondents to the online survey were asked to suggest up to three priorities for the new Action Plan. These have been grouped around key themes and weighted to reflect the significance attached to them.

The five most commonly identified priorities were (in order of priority):

(1) Mental health, including suicide and addictions (in particular alcohol)
(2) Addressing men's health behaviours by improving health literacy, education and awareness
(3) Improving governance, including by higher-level support, alignment with other policy areas and prioritisation
(4) Promoting physical activity
(5) Tackling health inequalities, including those affecting Travellers, men with disabilities and non-binary people

Mental health also featured strongly in the one-to-one interviews. It was observed that it is in many ways a connecting thread across many other health issues because men with poor mental health are more likely to take risks with their physical health.

Respondents were also asked if there were any groups, settings or areas of work where there are currently gaps in provision and which should be highlighted for action in the new Action Plan. Their answers have been grouped around key themes and weighted to reflect the significance attached to them.

The five most commonly identified gaps in provision were (in order of priority):

(1) Workplaces, including farms
(2=) Boys and young men
(2=) Physical activity and sport
(4) Traveller men
(5) Alcohol

Drinkaware, in a response to this review of HI-M, also commented on the need for a public information campaign on alcohol aimed at men and boys.[12]

Many of those interviewed one-to-one believed that the next Action Plan should take an equity-based, intersectional approach and focus as much as possible on those sub-groups of men with the worst health outcomes. Men who are economically disadvantaged, Travellers, minority ethnic men and migrants were most frequently highlighted.

[12] Drinkaware's response to the public consultation on the Healthy Ireland Men Action Plan 2017-2021 (2022). https://drinkaware.ie/drinkawares-response-to-the-public-consultation-on-the-healthy-ireland-men-action-plan-2017-2021-public-consultation/ (accessed 29 July 2022).

One interviewee suggested that, following the women's health action plan, the next men's health Action Plan should also include at least one clinical issue which would support prevention. One possibility would be increasing men's uptake of BowelScreen; this was identified as important in the *National Cancer Strategy 2017-2026*. Another would be prostate cancer screening for which the evidence is now increasing compelling.[13] The Action Plan could be the catalyst for a detailed review of this historically fraught issue.

It should also be noted that, as described previously, the Tobacco Free Ireland Programme has recommended that the next Action Plan for men's health should include gender-responsive actions to reduce smoking prevalence.

Recommendations

20. The new HI strategy, which is currently being developed, should specifically reference men's health and the ambition to make all policies and programmes gender-responsive.

21. The next Action Plan should, like HI-M, be closely aligned with HI and help to meet HI's objectives.

22. Greater alignment is needed between HI national and local policies and the Action Plan.

23. Further to recommendation 3, which set out the need for an underpinning intersectional, equity-based approach, the new Action Plan should, while engaging with the wider community of men, focus on tackling inequalities and focus on those sub-groups of men with the worst health outcomes. Such an approach would be well-aligned with HI's focus on healthy communities.

24. Members of the Action Plan Action Group should be invited to attend meetings of other relevant policy and planning groups, although there will need to be a discussion of strategic priorities to take account of resource constraints. For the same reason, such engagement would only be feasible at the national level.

25. Men's mental health should be prioritised and the workplace (including farms) utilised as a key setting for engaging men. This would be well-aligned with HI's settings-based approach.

26. Consideration should be given to the inclusion of a clinical goal in the Action Plan, such as improving male uptake of BowelScreen. Consideration could also be given to the potential for prostate cancer screening in the light of recent research and recommendations from the European Association of Urology. Consideration should be given to a partnership with the HSE National Cancer Screening Programme.

27. The Action Plan should consider how it can contribute gender-responsive actions to the delivery of the HSE's Tobacco Free Ireland Programme.

[13] Van Poppel H, Roobol MJ, Chapple CR, Catto JW, et al. Prostate-specific antigen testing as part of a risk-adapted early detection strategy for prostate cancer: European Association of Urology position and recommendations for 2021. *European Urology* 2021 Dec 1;80(6):703-11.

(d) Programmes with potential for cost-effective expansion and scaling-up

The **Sheds for Life** programme has recently been evaluated and been shown to be cost-effective.[14] The analysis found that programme participants experienced an average 3.3% gain in quality-adjusted life years (QALYS) from baseline to three months and a further 2% gain from three months to six months at an estimated cost per QALY of €15,724. These findings suggest that Sheds for Life is a cost-effective initiative that effectively engages and enhances the well-being of Shed members.

The researchers conclude by advocating the prioritization of Sheds for Life and there is, clearly, a good case for rollout beyond the areas already identified (the counties of Kildare, Limerick, Louth, Leitrim, Meath, Roscommon and Waterford). The findings of a similar study of Men on the Move were instrumental in the decision of the HSE to scale up its roll out nationally.[15]

The recent comprehensive evaluation of **Farmers Have Hearts**, while not reviewing cost-effectiveness, demonstrated the programme's clear impact on health outcomes and recommended that a national roll-out should be considered.[16] The research found that over the course of one year, 81% of farmers who took part in Farmers Have Hearts made lifestyle changes to improve their health and 41% improved their cardiovascular risk-factor profile.

Recommendations

28. The existing projects and programmes that have received positive evaluations should be scaled up for wider or national rollout.

29. The potential for introducing ENGAGE to other workplaces, building on the experience of On Feirm Ground, should be explored. The construction industry is a potential candidate.

(e) Potential challenges

Few new external challenges to continuing strategic work on men's health were identified by the consultation. Some concerns, but not major ones, were expressed about men's health perhaps seeming less salient as an issue with the focus switching to **women's health** as a more urgent issue following the cervical cancer screening scandal. It could help to point out that a binary choice does not have to be made between men's health and women's health and a balanced and complementary approach is both possible and preferable.

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[14] McGrath A, Murphy N, Egan T, Ormond G, et al. An Economic Evaluation of 'Sheds for Life': A Community-Based Men's Health Initiative for Men's Sheds in Ireland. *International Journal of Environmental Research and Public Health* 2022 Feb 15;19(4):2204.

[15] Kelly L, Harrison M, Richardson N, Carroll P, et al. Economic evaluation of 'Men on the Move', a 'real world' community-based physical activity programme for men. *European Journal of Public Health* 2021 Feb;31(1):156-60.

[16] van Doorn D, Richardson N, Meredith D, McNamara J, et al (2022).. *Farmers Have Hearts. Cardiovascular Health Programme: Detailed Impact Report.* Teagasc, Carlow. https://www.teagasc.ie/media/website/publications/2022/Farmers-Have-Hearts---Cardiovascular-Health-Programme---Detailed-Impact-Report.pdf (accessed 29 July 2022).

With men in Ireland now having the highest average **life expectancy** in the EU-27, it might at first sight seem as if this is a case of 'job done'. This underlines the importance of focusing on those populations of men who are not currently benefitting from the improved health outcomes of men in the more advantaged groups. (This reiterates the point already made above.)

Tragic events caused by male violence against women have the potential to turn opinion against work that appears to position men as victims and does not hold them to account for their anti-social and sometimes **violent and abusive behaviour**. The next Action Plan should ensure that it acknowledges the importance of gender equality and the need to tackle male violence, even if that is not an issue directly addressed in the Plan, and demonstrate the positive impact better men's health can have on the health and wellbeing of women.

Recommendations

30. The new Action Plan must make clear its support for gender equality, women's health and how 'healthy masculinities' can contribute to these objectives as well as reducing male violence.

Conclusion

HI-M has enabled the consolidation and continuation of the very positive work begun by the National Men's Health Policy. Despite the constraints imposed by limited resources and the COVID-19 pandemic, much has been achieved, including the development of men's health projects and programmes, the mainstreaming of men's health across other policy areas, capacity-building through the ENGAGE training programme, and world-class research led by the National Centre for Men's Health. The wide range of stakeholders consulted for this report, through a survey and one-to-one interviews, was broadly positive about the implementation of the Action Plan and there was particular praise for the experience, expertise and commitment of members of the Advisory Group.

Perhaps inevitably, the report also identifies some problematic issues. Policy mainstreaming was patchy at both national and local levels, governance and implementation could have been more effective, and the work was generally under-funded with consequences for delivery. Generally, there seems to have been a disconnect between, on the one hand, robust research and evidence and, on the other hand, action to deliver tangible outcomes by senior decision-makers.

This report makes 30 recommendations for consideration in the development of the next Action Plan. These include maintaining alignment with HI, continuing to base the men's health work on the principles underpinning the *National Men's Health Policy 2008-13*, a fresh approach to governance with the involvement of a high-level champion, a greater focus on those groups of men with the worst health outcomes as well as mental health issues and, crucially, the provision of more resource to support implementation and

delivery. The inclusion of a clinical objective should also be considered, perhaps improving men's uptake of bowel cancer screening.

Ireland now has the highest average male life expectancy across all the member states of the European Union. While this achievement must not be minimised, there is still important work to be done in particular with men in those groups which are being left behind. While the wider population of men must not be overlooked, this is the particular challenge now facing the next phase of men's health work in Ireland and should be the focus of the new Action Plan.

Appendix 1

List of one-to-one interviewees

- Lorcan Brennan*, Training and Resource Development Manager, Men's Development Network
- Sean Cooke, CEO, Men's Development Network
- Helen Deely, Assistant National Director, Health and Wellbeing, Health Service Executive
- Coli Fowler, Director of Operations, Men's Health Forum in Ireland
- Fergal Fox, Head of Stakeholder Engagement and Communications, Health Service Executive
- Colm Kelly Ryan*, Head of Programmes, Men's Development Network
- Fiona Mansergh, Assistant Principal Officer, Health and Wellbeing Programme, Department of Health
- Orla McGowan, Head of Training and Programme Design, Health and Wellbeing, Health Service Executive
- John McNamara, Health and Safety Specialist, Teagasc
- Janis Morrissey, Director of Health Promotion information and Training, Irish Heart Foundation
- Joan Murphy, Health Promotion Manager, South East Community Healthcare
- Finian Murray, Senior Health Promotion Officer, Health Service Executive
- Maeve O'Brien, Interim Lead, Sexual Health and Crisis Pregnancy Programme, Health Services Executive
- Shane O'Donnell, Health Promotion Officer, Health Service Executive
- Kevin O'Hagen, Cancer Prevention Manager, Irish Cancer Society
- Biddy O'Neill, National Project Lead, Health and Wellbeing Programme, Department of Health
- Roger O'Sullivan, Director of Ageing Research and Development, Institute of Public Health
- Colin Regan, Community and Health Manager, Gaelic Athletic Association
- Noel Richardson, Director of the National Centre for Men's Health, South East Technological University
- Aisling Sheehan, HSE National Lead for Alcohol and Mental Health and Wellbeing

* *Lorcan Brennan and Colm Kelly Ryan were interviewed together. All the other interviews were one-to-one.*

Appendix 2

List of recommendations

Key priorities

1. The next Action Plan should be developed as soon as is practicable.

2. Close alignment between the Action Plan, HI and Sláintecare Healthy Communities is essential.

3. An intersectional, equity-based approach should be central to the development of the next Action Plan.

4. The Action Plan should be based on the core principles underpinning the *National Men's Health Policy 2008-13.*

Implementation strategies

5. The Advisory Group should be appropriately renamed to reflect its focus on Action Plan implementation and it should publish and disseminate an annual report on its work. 'Action Group' is provisionally suggested

6. A review of membership of the Action Group is required so that it becomes more representative, inclusive and sustainable once currently key individuals move on. Lay membership should be actively considered.

7. The Action Group should annually, or as appropriate, consider how the Action Plan might need to be changed to take account of changing circumstances.

8. At the start of the new Action Plan, consideration should be given to a briefing session to introduce it to all relevant policy group leads across HSE and DoH. National policy leads should also be offered training on men's health. This would make it more likely that men would be taken into account at a more strategic level.

9. Higher level support for the Action Plan is required, perhaps following the approach of the women's health action plan which has an Action Group co-chaired by the Chief Nursing Officer.

10. The Action Group must be more firmly and formally locked into the HI governance structure.

11. A communications plan should be developed to improve both professional and public awareness of men's health issues.

12. A funding strategy is required to bring new money into men's health to supplement that provided by HSE. An increase in HSE staffing dedicated to men's health would also be

welcome. A whole-time equivalent senior-level national men's health policy lead would make a significant difference.

13. An evaluation of the new Action Plan should be included from its outset.

14. Men's health should be specifically highlighted as a responsibility of health promotion officers in each CHO area, included in job descriptions and baked into departmental and individual staff workplans.

15. Each CHO should also appoint a lead officer for men's health.

16. Consideration should be given to the creation of a men's health practitioner network to share good practice. An annual or biennial national conference on men's health would also help to share information, maintain momentum and raise the profile of the issue. It is understood that plans for a HSE men's health conference are already in train.

17. The long-term future and sustainability of the National Centre for Men's Health should be reviewed and planned for by HSE and South East Technological University.

18. Consideration should be given to the translation of robust research and evidence into decision-making about initiatives that produce tangible health outcomes.

19. A further evaluation of ENGAGE, focusing on its impact locally, would be helpful.

Current gaps in provision and the potential for targeting new groups/settings/areas of work

20. The new HI strategy, which is currently being developed, should specifically reference men's health and the ambition to make all policies and programmes gender-responsive.

21. The next Action Plan should, like HI-M, be closely aligned with HI and help to meet HI's objectives.

22. Greater alignment is needed between HI national and local policies and the Action Plan.

28. Further to recommendation 3, which set out the need for an underpinning intersectional, equity-based approach, the new Action Plan should, while engaging with the wider community of men, focus on tackling inequalities and focus on those sub-groups of men with the worst health outcomes. Such an approach would be well-aligned with HI's focus on healthy communities.

23. Members of the Action Plan Action Group should be invited to attend meetings of other relevant policy and planning groups, although there will need to be a discussion of strategic priorities to take account of resource constraints For the same reason, such engagement would only be feasible at the national level.

24. Men's mental health should be prioritised and the workplace (including farms) utilised as a key setting for engaging men. This would be well-aligned with HI's settings-based approach.

25. Consideration should be given to the inclusion of a clinical goal in the Action Plan, such as improving male uptake of BowelScreen. Consideration could also be given to the potential for prostate cancer screening in the light of recent research and recommendations from the European Association of Urology. Consideration should be given to a partnership with the HSE National Cancer Screening Programme.

26. The Action Plan should consider how it can contribute gender-responsive actions to the delivery of the HSE's Tobacco Free Ireland Programme.

Programmes with potential for cost-effective expansion and scaling-up

28. The existing projects and programmes that have received positive evaluations should be scaled up for wider or national rollout.

29. The potential for introducing ENGAGE to other workplaces, building on the experience of On Feirm Ground, should be explored. The construction industry is a potential candidate.

Potential challenges

30. The new Action Plan must make clear its support for gender equality, women's health and how 'healthy masculinities' can contribute to these objectives as well as reducing male violence.

Appendix 3

About Global Action on Men's Health

GAMH is a Charitable Incorporated Organisation (CIO) registered in England (Registration no: 1183428). Its postal address is c/o Men's Health Forum, 7-14 Great Dover Street, London SE1 4YR, United Kingdom. www.gamh.org.

Global Action on Men's Health (GAMH) was established in 2013, launched during International Men's Health Week in June 2014 and registered as a UK-based charity in May 2019.

GAMH brings together organisations and others with an interest in men's health in a new global advocacy 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.

Far too many men and boys suffer from health and wellbeing problems that can be prevented. Globally, male life expectancy at birth is just 71 years but poor male health is not recognised or tackled by global health organisations or most national governments.

GAMH wants to see:

- Global health organisations 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.
- An approach to health that fully recognises the needs of both sexes in policy, practice and funding and which promotes greater gender equality.

GAMH uniquely represents a wide range of organisations and individuals with experience of policy development, advocacy, research and service delivery. GAMH's focus is primarily on public health and the social determinants of health, it is concerned about a broad and cross-cutting range of men's health issues and has a strengths-based view of men and boys.

GAMH is led by a nine-strong board of trustees. Its chair is Dr Anthony Brown (Australia) and its vice-chairs are Prof Derek Griffith (USA) and Amon Lukhele (Malawi). The Director is Peter Baker (UK).