

Global Men's Health Equity: Considerations, Challenges, & Opportunities

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Global Action on Men's Health

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Global Action on Men's Health

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Public health under Trump 2.0: the first 50 days



Jan 20, 2025, US President Donald Trump took charge of the Oval Office and began by signing an array of executive orders spanning from withdrawal from WHO and the Paris Climate Agreement to freezing trillions of US\$ worth of federal funding and a ban on diversity, equity, and inclusion programmes. The new US Administration's onslaught on some of the world's most respected scientific public health institutions such as the Centers for Disease Control and Prevention (CDC) and National Institutes of Health threatens to undermine decades of progress and leadership. The immediate results are confusion, fear, uncertainty, disruption, and chaos; in the longer term: a disaster for domestic and international public health.

There is a clear evidence-based agenda for public health renewal in the USA as set out in *The Lancet* special issue on public health in the USA—a Presidential Briefing Book, which laid bare public health issues and priorities for the new administration: the shortest life expectancy among high-income countries and geographical, racial, ethnic, gender, and socioeconomic disparities. “Tackling educational attainment, the epidemic of overweight and obesity, other behavioural risks, and universal health coverage are important targets that will have widespread benefits”, wrote Ali Mokdad and Christopher Murray in their Viewpoint.

Nevertheless, there are limits to what the

Lancet Public Health 2025

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See **Viewpoint** *Lancet* 2024;
404: 2392–94

For more on the **American Public Health Association For Our Health initiative** <https://www.forourhealth.org/news/forourhealthlaunch>



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THE DANGER OF INDIFFERENCE

**“Then they came for me
and there was NO ONE LEFT
to speak for me.”**

—PASTOR MARTIN NIEMÖLLER

Goals

- Identify consistent factors to **consider** in men's health equity
- Discuss per some of the persistent **challenges** facing men's health and men's health equity
- Explore **opportunities** to promote men's health and achieve men's health equity





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Epidemiology of Global Men's Health (overview)

- Men's and women's life expectancy is increasing and the gender difference is widening
- Women's morbidity and mortality is decreasing (improving) faster than men's
- The largest gaps between men's and women's health are in Central/Eastern Europe, Central Asia, Sub-Saharan Africa and Latin American and the Caribbean (vs. North America, Western Europe, and Australasia)
- The primary causes of sex differences are non-communicable diseases (e.g., CVD, cancer), external causes (e.g., suicide, road traffic injuries), infectious diseases (e.g., COVID, HIV, Hepatitis), & substance use (e.g., alcohol & drugs)

(Catto, et al, under review)

Epidemiology of Global Men's Mental Health (overview)

- Men's rates of dying by suicide are higher than in women and suicide is a leading cause of death for men under 50 years old
- Women tend to have higher rates of mental ill-health conditions, live longer with chronic mental illness, and have more Disability-Adjusted Life Years than men

Epidemiology of Global Men's Health in War and Conflict Zones (e.g., Rwanda and Syria)

- Women tend to outlive men by more than 10 years despite facing displacement, gender-based violence, and other significant forms of adversity and oppression

(Catto, et al, under review)



Photo:

<https://news.un.org/en/story/2017/03/553252>

Twentieth century surge of excess adult male mortality

Hiram Beltrán-Sánchez^{a,1}, Caleb E. Finch^b, and Eileen M. Crimmins^b

“Female life expectancy now exceeds that of males in all countries. ***Although this gender difference has become accepted as normal, it is a relatively recent demographic phenomenon*** that emerged with the reduction of infections and the increase in the share of adult mortality attributed to cancer and cardiovascular disease. Heart disease is the main condition associated with increased excess male mortality...”

www.pnas.org/cgi/doi/10.1073/pnas.1421942112

PNAS | July 21, 2015 | vol. 112 | no. 29 | 8993–8998



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Twentieth century surge of excess adult male mortality

Hiram Beltrán-Sánchez^{a,1}, Caleb E. Finch^b, and Eileen M. Crimmins^b

“...heart disease is the main condition associated with increased excess male mortality with the strongest increases in birth cohorts of the 20th century.”

“About 30% of the excess male mortality at ages 50–70 after 1880 is attributable to smoking. As expected, national sex differences in smoking patterns are linked with different patterns of mortality change. ...”

www.pnas.org/cgi/doi/10.1073/pnas.1421942112

PNAS | July 21, 2015 | vol. 112 | no. 29 | 8993–8998



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GONE MISSING...



The Treatment of Men in Global Cancer Policy

Natalie Leon and Christopher Colvin

A report from Global Action on Men's Health

“Worldwide, the incidence rate for all cancers combined was 19% higher in men (222.0 per 100,000) than in women (186 per 100,000) in 2020...The gender gap for overall cancer mortality worldwide is twice that for incidence, with death rates 43% higher in men than in women (120.8 and 84.2 per 100,000, respectively)”.⁷

This global gender gap in cancer outcomes has been stable for decades and has also been found in numerous regional and country-level studies.^{8,9,10,11} A 2010 report from the UK, for example, found that men were 44% more likely to be diagnosed with non-sex-linked cancers than women, and 69% more likely to die from these.⁹

- “In 2020, 37% of men and 8% of women worldwide used tobacco.”
- “Tobacco-driven morbidity and mortality (most prominently from cancer and cardiovascular disease) is consequently higher in men than in women: tobacco is a contributing factor in 20% of men’s deaths compared with 6% of women’s deaths.”

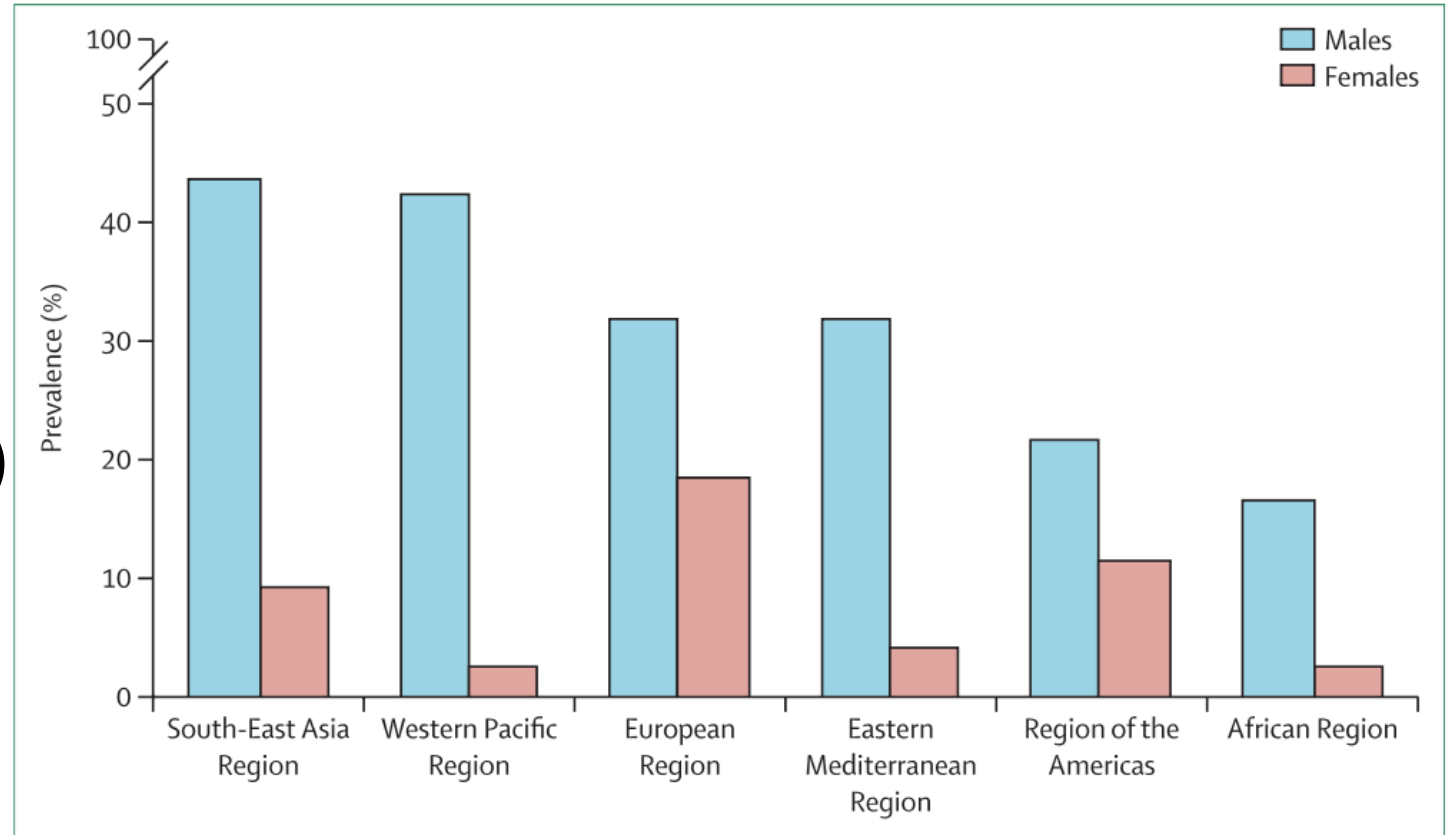


Figure 2: Prevalence of tobacco use among males and females ages 15 years or older by WHO region, 2020
Data are from WHO’s global report on tobacco use.¹⁰⁵

(Hawkes, et al, 2025)

“...despite the differences in exposure and health outcomes between men and women, very few interventions in tobacco control take a gender-justice approach.”

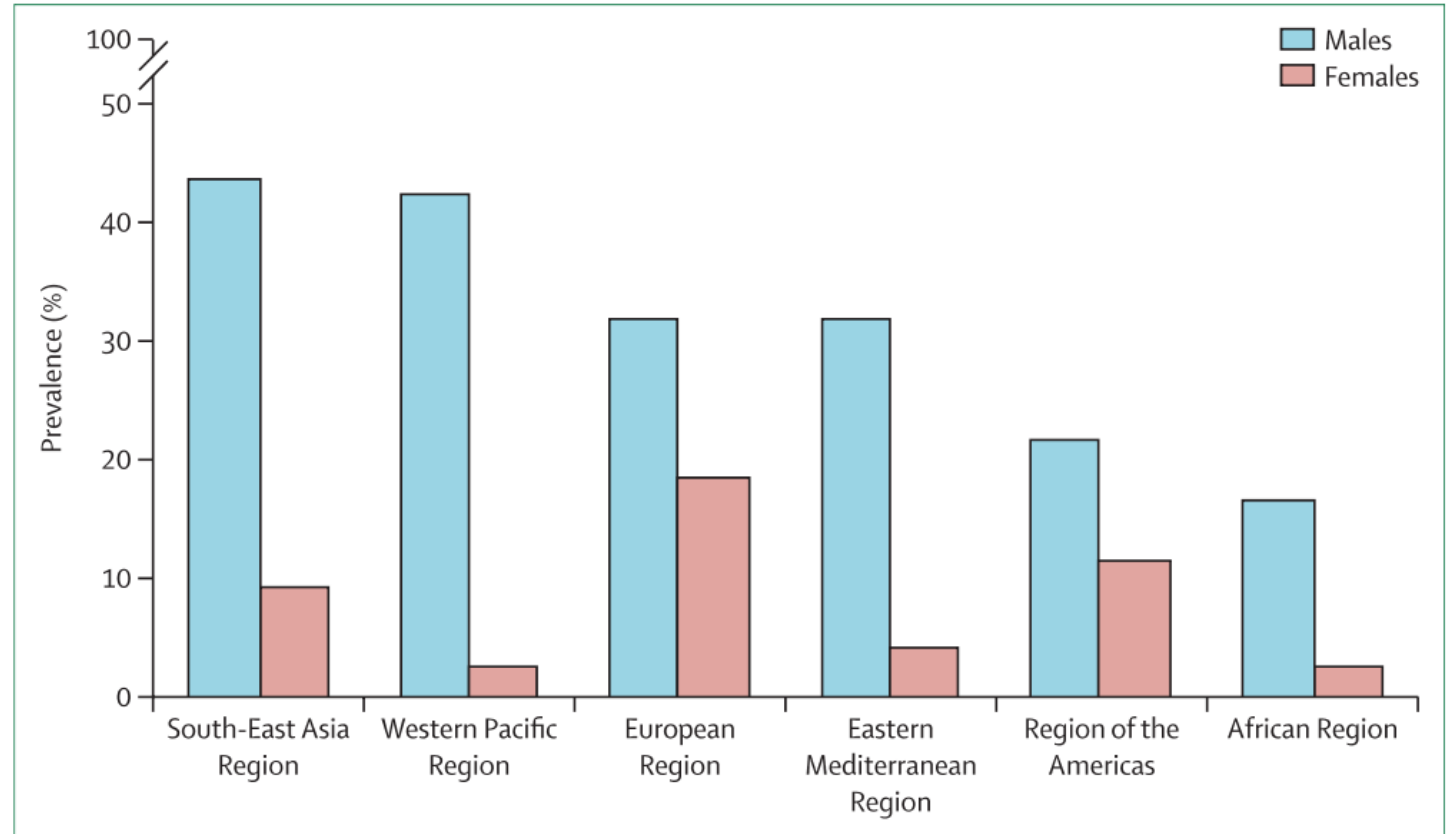
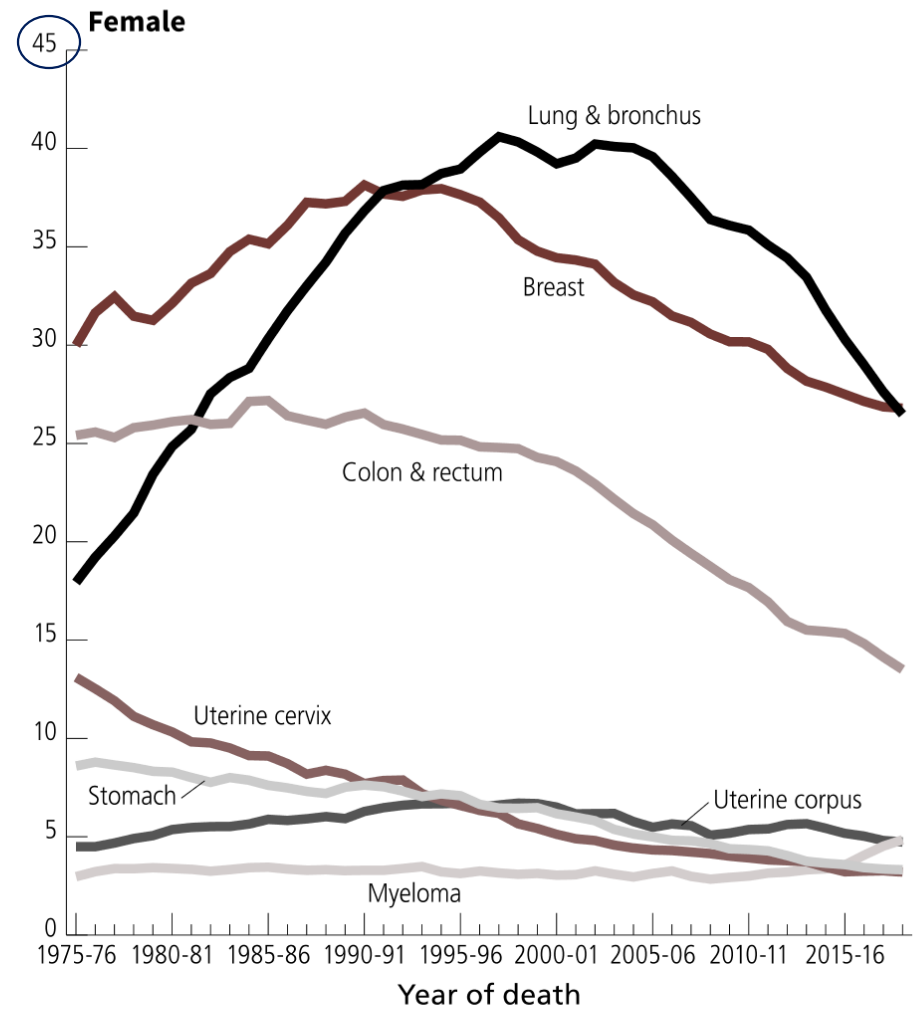
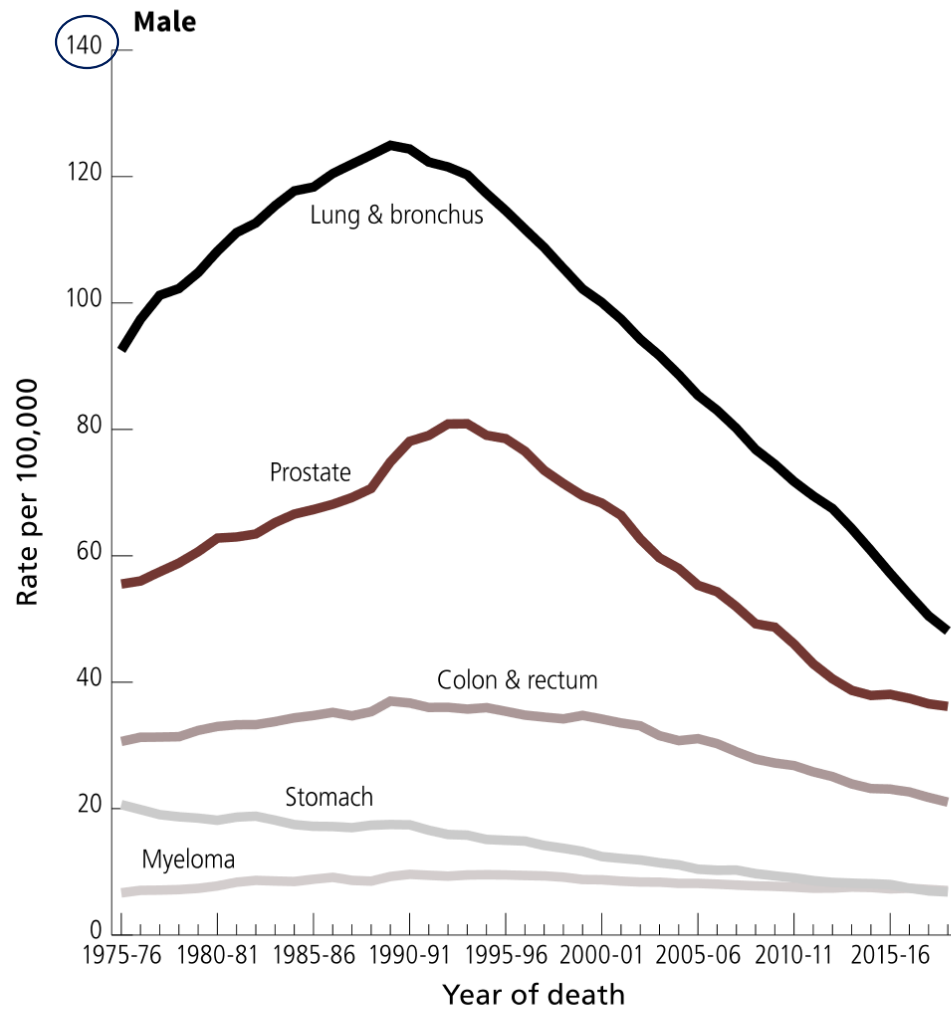


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Data are from WHO’s global report on tobacco use.¹⁰⁵

(Hawkes, et al, 2025)

Figure 6b. Trends in Death Rates* among Black People for Selected Cancers by Sex, US, 1975-2019



Race includes Hispanic ethnicity. Rates are age adjusted to 2000 US standard population and 2-year moving averages.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2021.

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Breaking Down the Menthol Tobacco Social Justice Issue: A History of the Problem



Did you know? For many decades Big Tobacco conspired to addict the Black Community to menthol tobacco products.

1600-1800's

During slavery, tobacco was a major cash crop in the colonies from the 1600's through the early 1800's. Over the next two centuries, the growth of tobacco as a cash crop fueled the demand in North America for slave labor.



1900-1920's

Tobacco was the king of cash in the 1920's. Big Tobacco used marketing tactics that capitalized on using imagery of Black adults and children to keep smokers smoking and the big money rolling into the tobacco industry.



1930-1940's

For years Big tobacco companies promoted a richer, more glamorous life through smoking. By the 1930's, **targeted marketing tactics were used to attract more Black people to smoke.** They did this by claiming menthol cigarettes were less harsh on the throat. Companies knew that menthol made smoking easier to start but harder to quit.



1950-1960's

By the 1950's, **wide-spread demand for mentholated cigarettes lead to increased nicotine addiction in the Black community.** Big Tobacco purposely paid popular Black magazines like Ebony and Jet to run feature cigarette ads using well-known athletes and celebrities.



1964

The 1964 Surgeon General's Report documented the relationship between smoking and death. As a result, the tobacco industry projected that the sales of non-menthol cigarettes would decline as more educated and affluent population groups would no longer smoke cigarettes at the same rate.



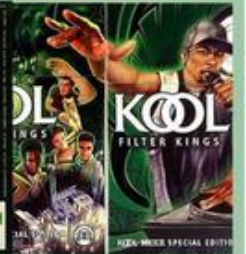
1965-1970's

By 1965, Big Tobacco began to heavily market mentholated cigarettes to the Black community through culturally tailored advertising images and messages. The KOOL brand capitalized on the new culture of 'coolness' in African American culture popular culture that evolved from the Miles Davis' jazz movement.



1980-1990's

From the 1980's through the 1990's, tobacco companies sponsored concerts and other events to push menthol sales to Black youth and young adults. The KOOL cigarette company took over sponsorship of the KOOL Jazz Festivals and used hip-hop brands with popular DJ's on packs of cigarettes to entice more sales to Black youth.



2000-2020's

By the mid 2000's, about three in four (77.4%) of African Americans smokers preferred menthol cigarettes, over 3 times the rate as among Whites (23%). The disproportionate rate of smoking in the Black community has caused major health disparities like COPD, heart disease and cancer of the lung, throat, and stomach.



2021

It's time to hold Big Tobacco accountable!

Smoking rates in the Black community remains much higher than those of the general population and quitting rates are lower. However, cigarette smoking remains the predominant cause of preventable disease among African Americans in the U.S., leading to disability, death and loss of income.



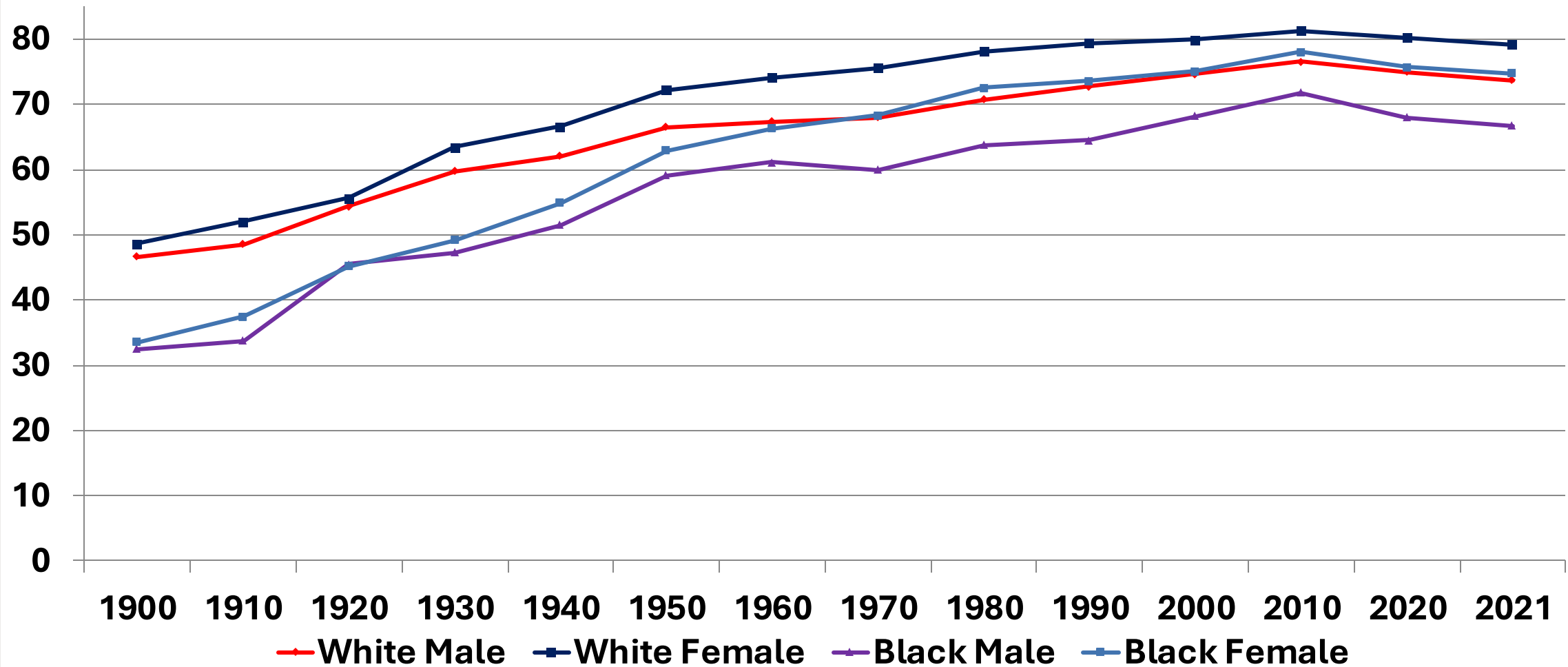


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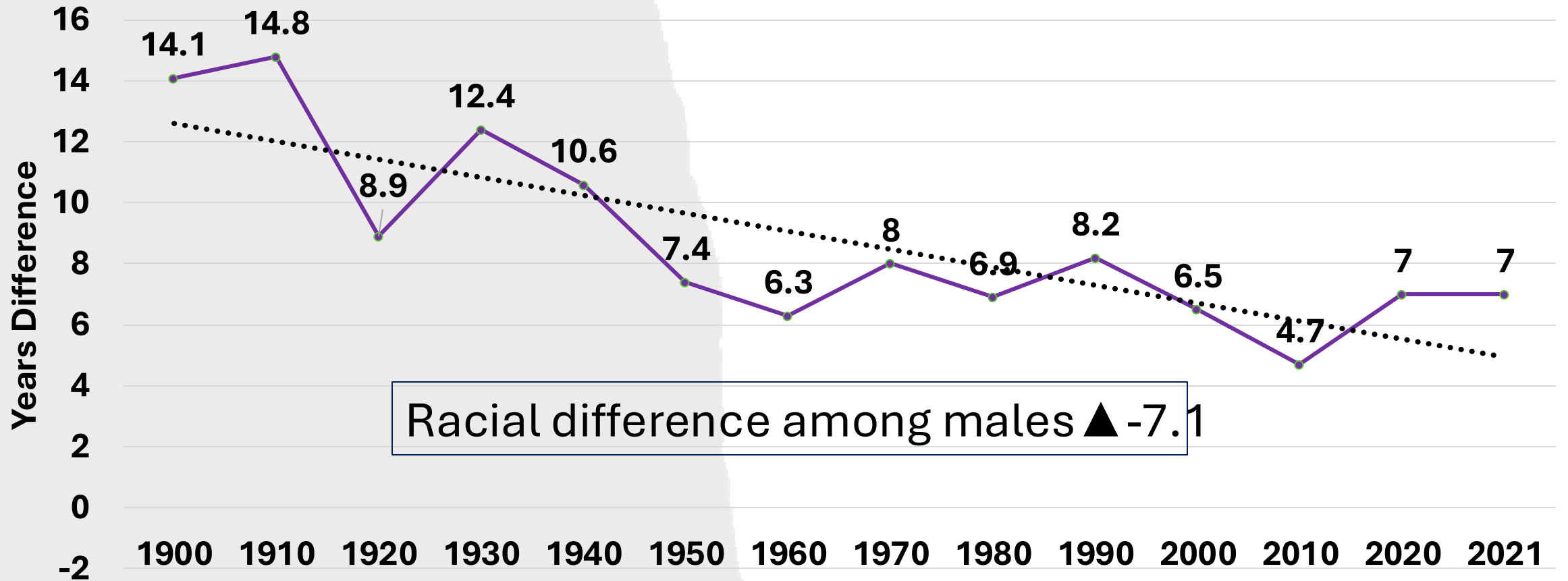
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Life Expectancy at Birth by Race and Sex, 1900-2021



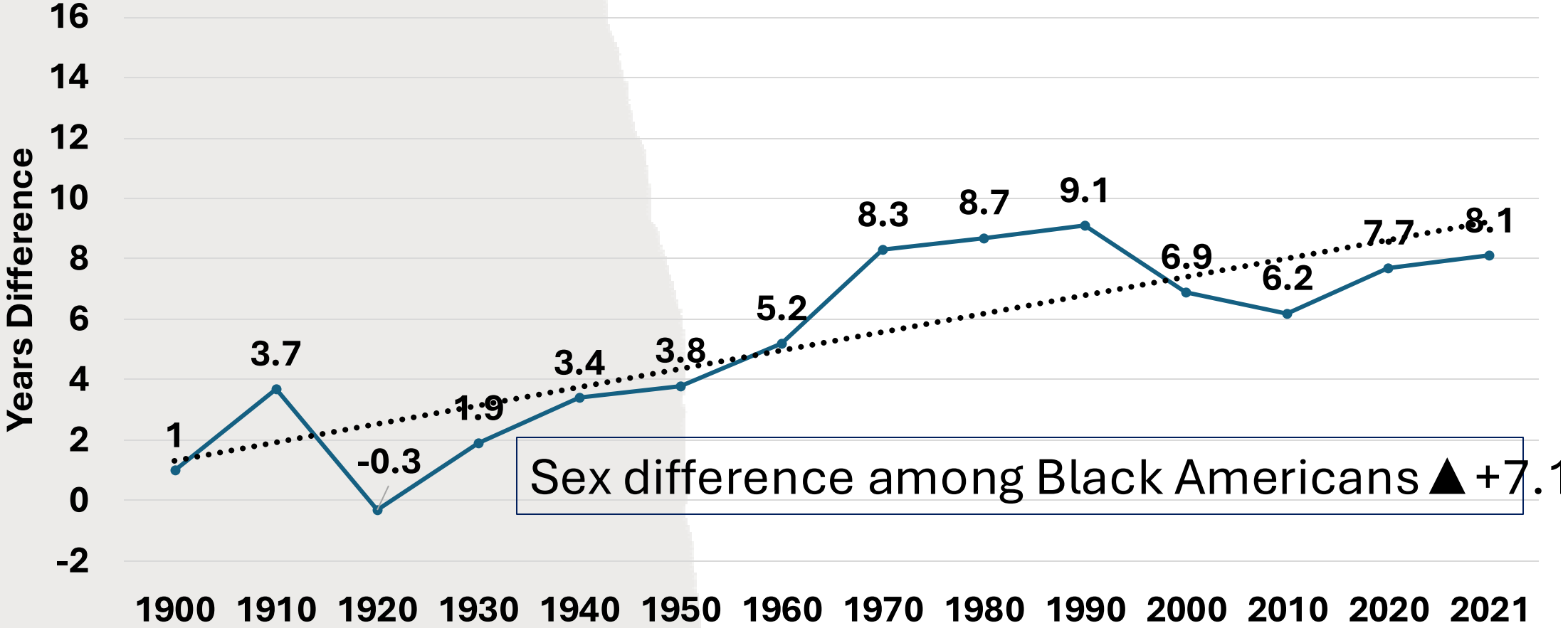
(Griffith, 2024)

Racial Difference in Life Expectancy at Birth between Black Males and White Males, 1900-2021



(Griffith, 2024)

Sex Difference in Life Expectancy at Birth between Black Females and Black Males, 1900-2021



(Griffith, 2024)



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Figure 1. Changes in Female Life Expectancy in the US and 21 Other High-Income Countries Between 2019 and 2020

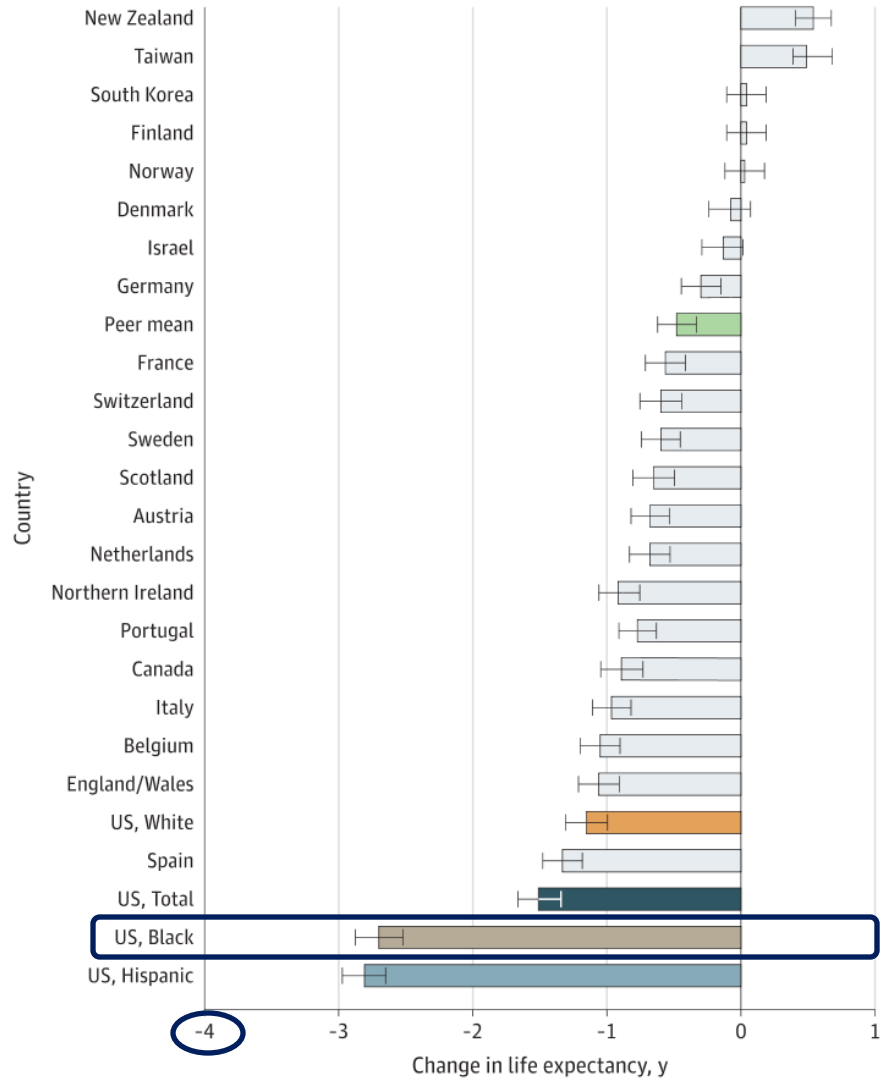
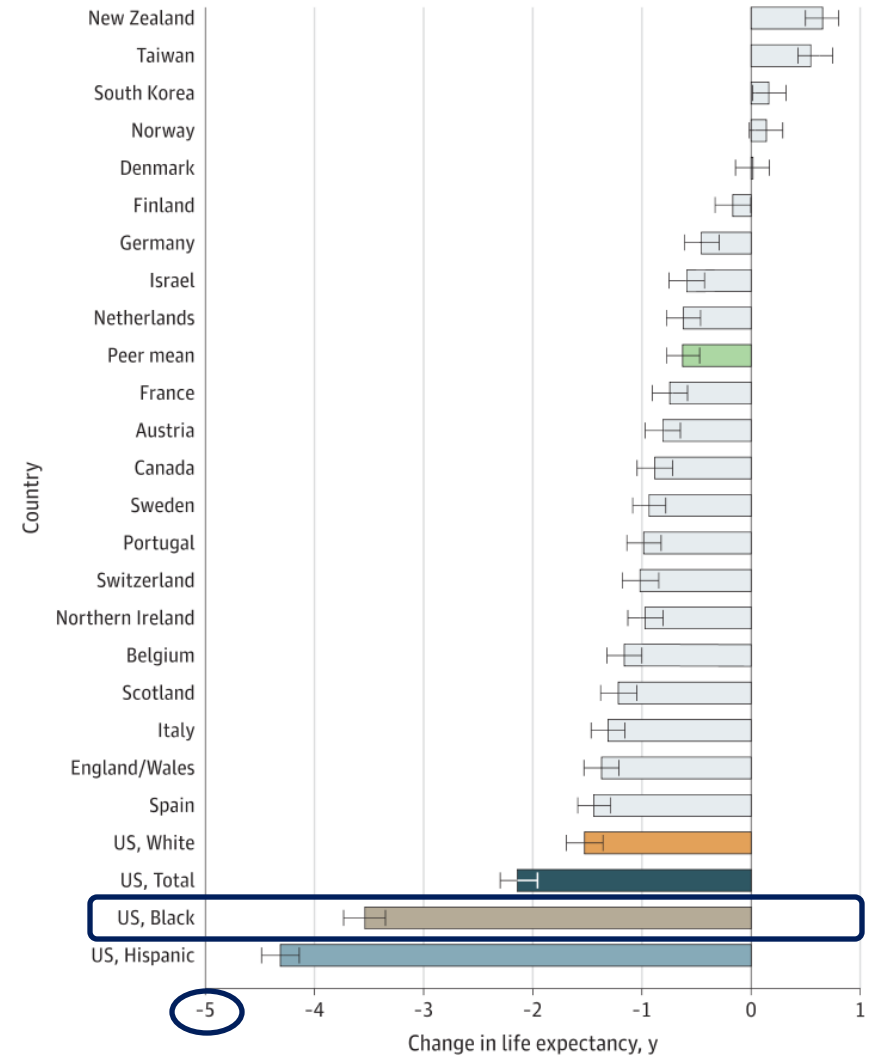


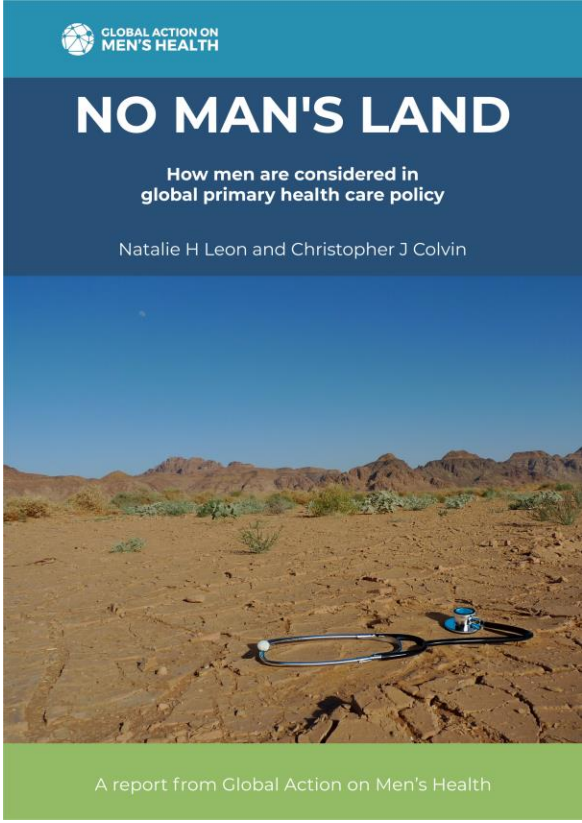
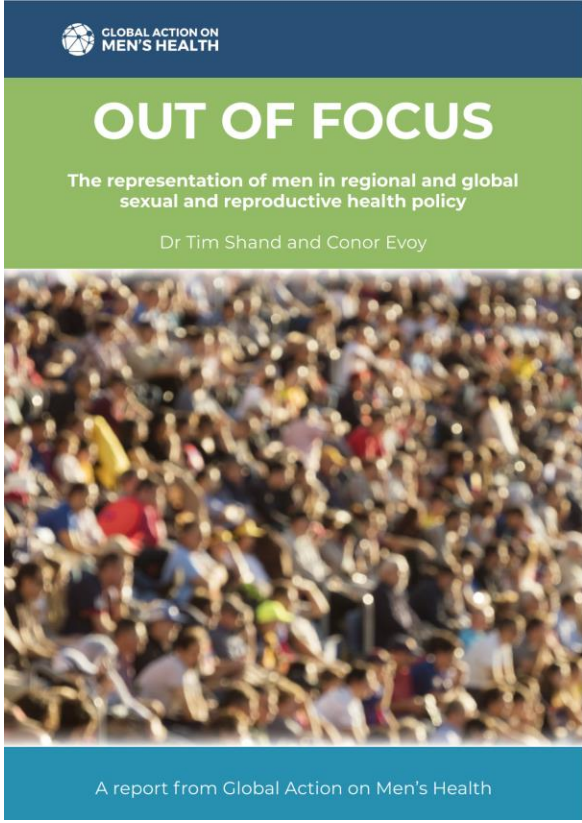
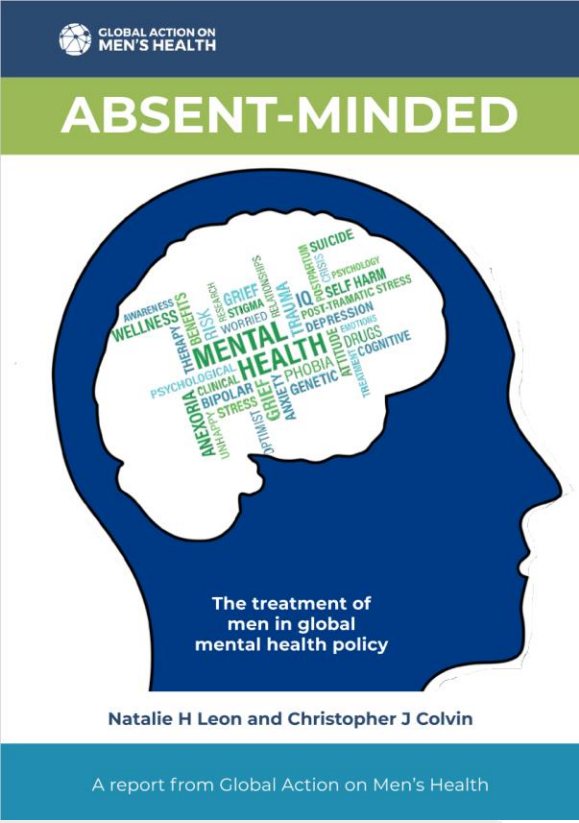
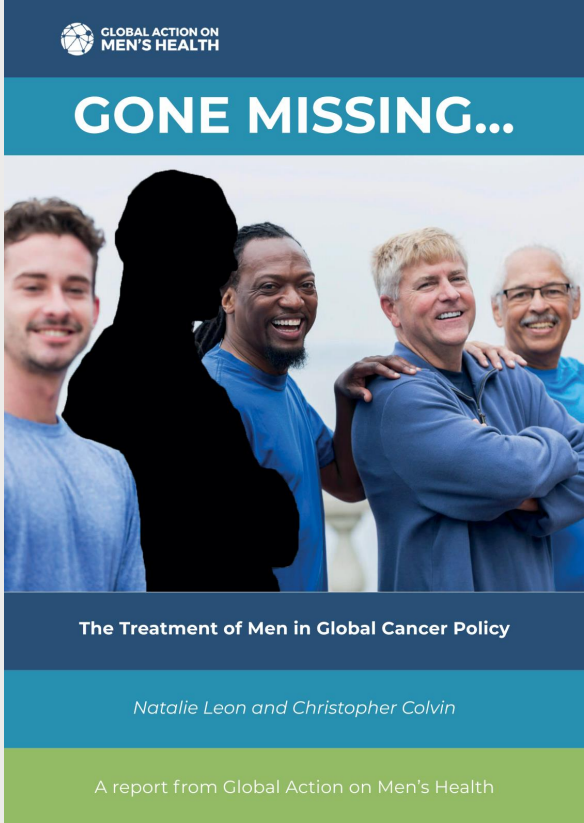
Figure 2. Changes in Male Life Expectancy in the US and 21 Other High-Income Countries Between 2019 and 2020



(Woolf, Masters, & Aron, 2022)



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(<https://gamh.org/>)



Gender in Global Health

- “Within global health, gender is often synonymous with the power imbalances experienced by women and girls.”
- “...global health practitioners and policy makers often use gender as shorthand for talking about women and girls (who are often framed as inherently vulnerable) rather than gender as a relational construct that affects everyone’s health.”

Achieving gender justice for global health equity: the *Lancet* Commission on gender and global health



Sarah Hawkes*†, Elhadj As Sy*†, Gary Barker*, Frances Elaine Baum*, Kent Buse, Angela Y Chang, Beniamino Cislaghi*, Jocalyn Clark*, Raewyn Connell*, Morna Cornell*, Gary L Darmstadt*, Carmen Simone Grilo Diniz*, Sharon Friel*, Indrani Gupta*, Sofia Gruskin*, Sarah Hill*, Amy Chiaying Hsieh, Renu Khanna*, Jeni Klugman*, Aaron Koay, Vivian Lin*, Khadija T Moalla*, Erica Nelson, Lynsey Robinson, Nina Schwalbe*, Ravi Verma*, Virginia Zarulli

Executive summary

Achieving gender justice in global health—which we define as encompassing the realisation of universal rights in relation to health equity and gender equality, while also addressing the drivers of gender-based discrimination and exclusion—would yield positive benefits for all people by improving health outcomes, reducing health inequities, and ensuring more inclusive and equitable global health workplaces and workforce governance. Despite these potential benefits, gender has become a divisive term, including in global health, and initiatives to bring about gender justice—as well as the very concept of gender itself—are actively contested by well funded groups that seek to obstruct progress towards gender justice.

improvements in population-level health outcomes result. We call for all relevant stakeholders to adopt a lens of gender justice during the formulation, implementation, and assessment of health legislation and policy, and for investment in further identification of positive, powerful, and actionable evidence that positions gender justice as essential to improving health equity and wellbeing for everyone.

Definitions matter

In health surveys and research, the terms sex and gender are frequently conflated, but although they interact in driving health outcomes, they refer to different concepts. Gender is a social structure that involves hierarchies of power and influences the distribution of resources

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For the Arabic translation of the executive summary see Online for appendix 1

For the Chinese translation of the executive summary see Online for appendix 2

For the French translation of the executive summary see Online for appendix 3

For the Hindi translation of the

(Hawkes, et al, 2025)



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“...aims to achieve both equity (ie, equitable distribution of resources, access, and opportunities) and equality for all.”

Achieving gender justice for global health equity: the Lancet Commission on gender and global health



Sarah Hawkes†, Elhadj As Sy*†, Gary Barker*, Frances Elaine Baum*, Kent Buse, Angela Y Chang, Beniamino Cislighi*, Jocalyn Clark*, Raewyn Connell*, Morna Cornell*, Gary L Darmstadt*, Carmen Simone Grilo Diniz*, Sharon Friel*, Indrani Gupta*, Sofia Gruskin*, Sarah Hill*, Amy Chiaying Hsieh, Renu Khanna*, Jeni Klugman*, Aaron Koay, Vivian Lin*, Khadija T Moalla*, Erica Nelson, Lynsey Robinson, Nina Schwalbe*, Ravi Verma*, Virginia Zarulli*

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- What should equity mean in the context of...
 - Gender and health?
 - Men's health?



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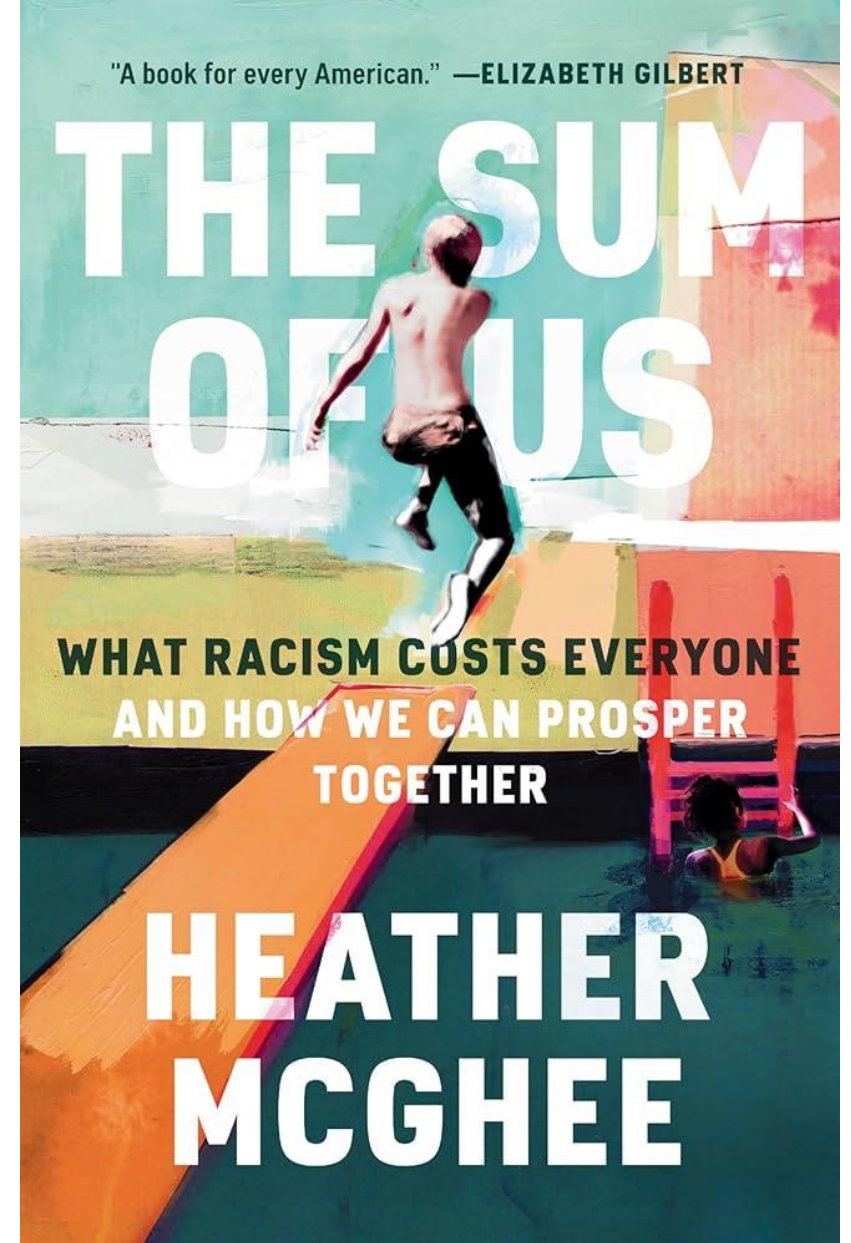
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“Avoid the impression of a zero-sum game...”

“A comprehensive approach to gender and health policy is needed to ***avoid the impression of a zero-sum game—ie, that funding for the health of men and boys or the health of trans people is not competing with funding for women and girls.*** Resource allocation or policy attention for one group should not result in taking funds or diverting attention from another.”

“Heather suggests that we **replace the “Zero-Sum Model” with the *Solidarity Dividend***. The idea that there are gains to be unlocked when we come together... It is the notion around there being more that unites us than divides us, and that we can work together to find common solutions for common problems because ultimately, we all want the same things.”

(<https://bostonchamber.com/thought-leadership/heather-mcghee-discusses-the-costs-of-racism-and-challenges-the-zero-sum-paradigm/>)



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Intersectionality

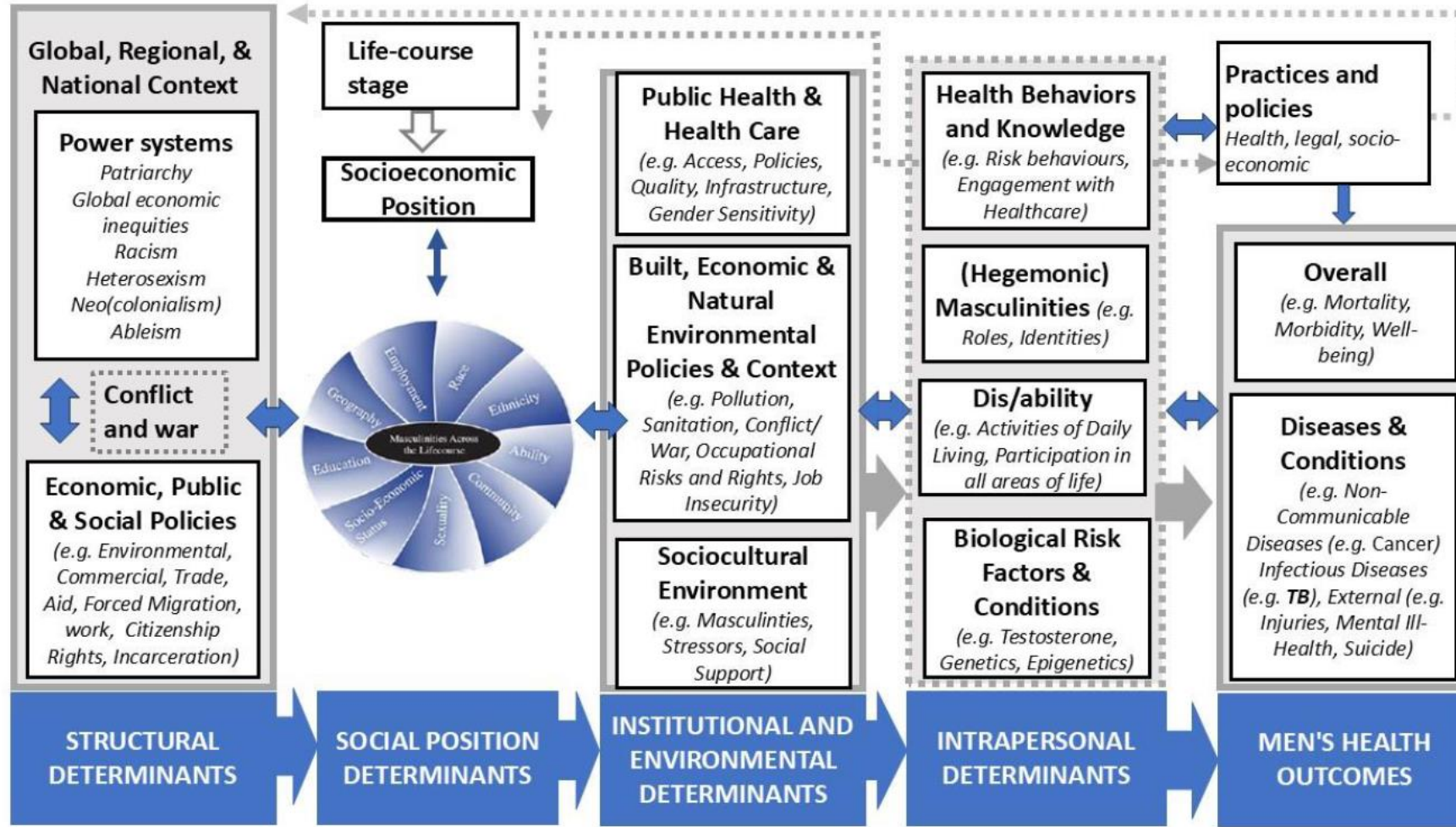
- “I hope to suggest a methodology that will ultimately disrupt the tendencies to see race and gender as exclusive or separable... the concept can and should be expanded by factoring in issues ***such as*** class, sexual orientation, age and color.”
- “‘asking the other question’... For example, we should look at an issue or condition traditionally regarded as a gender issue and ask, “***Where is the racism in this?***”
- I look at the issue of racial inequities in health and ask, “***Where is the gender in this?***”



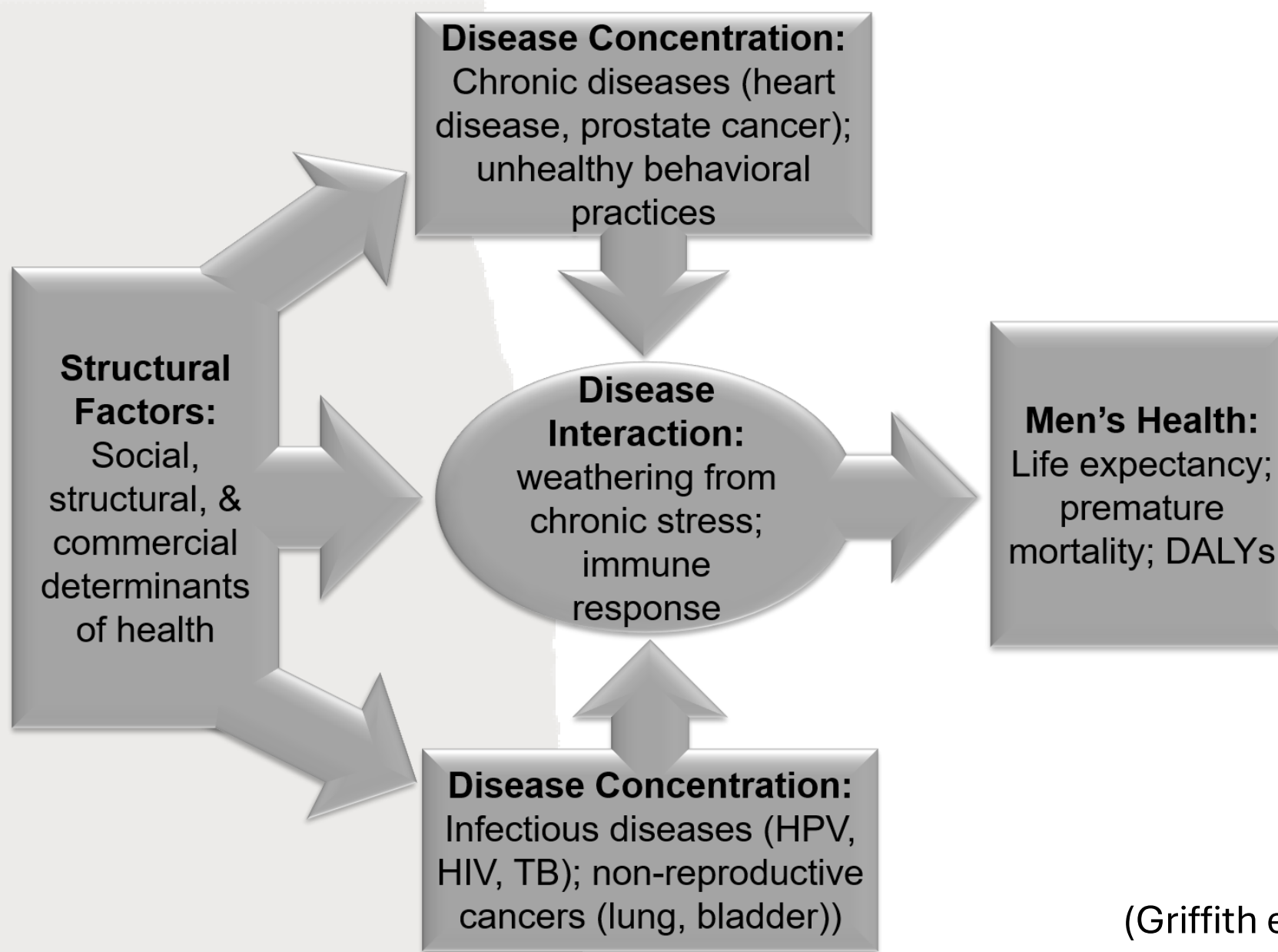
(Crenshaw, 1991, p. 1244)

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Figure 1 - Conceptual framework for understanding the drivers of intersecting inequalities in men's health



(Tolhurst et al, under review)



(Griffith et al, under review)

Goals

- Identify consistent factors to ***consider*** in men's health equity
- Discuss per some of the persistent ***challenges*** facing men's health and men's health equity
- Explore ***opportunities*** to promote men's health and achieve men's health equity





The first step toward creating an improved future is developing the ability to envision it.

Tony Dungy



- What if we centered the focus on equity in men's health?
- What if men's health was anchored in an intersectional approach rather than one that centers gender or masculinities?



(<https://www.newsweek.com/new-george-floyd-memorial-pays-tribute-black-americans-killed-police-1509296>)



**WHAT ARE YOU
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That's all Folks!



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