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MEN'S HEALTH: TIME FOR A POLICY RESPONSE

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This special launch issue of the *International Journal of Men's Social and Community Health* (IJMSCH) focuses on the role of policy in the achievement of improved outcomes in the health and well-being of men and boys. As far as possible taking a global perspective, this issue. This issue sets out to analyze existing national men's health policies and other areas of policy that impact on the health of men and boys. It also looks at the role of NGOs in improving men's and boys' health as well as other relevant issues.

We are pleased that the call for papers generated such an enthusiastic and diverse response. We also believe that this issue is being published at a very significant time given the spike in interest in men's health policy by a number of significant organizations. WHO-Europe, plans to launch a men's health strategy for its 53 member countries in 2018, and UNAIDS in late-2017 published a major report, Blind Spot, on the need to target men in work on HIV /AIDS.

There are, without doubt, serious problems with the health of men and boys that require a response. Globally, men experience a significant burden of disease and despondency with many of their key health outcomes poorer than women's. In 2016, average male life expectancy at birth was 5.5 shorter than female life expectancy.¹ In fact, the difference between male and female life expectancy has, at the global level, widened since 1970 and is predicted to reach seven years by 2030.² Needless to say, men in low-income countries die far younger than men in high-income countries.

Within countries, there are major differences in health outcomes in male life expectancy related to socioeconomic status and ethnicity. Men in the Indian state of Kerala have the highest life expectancy in the country but, at the age of 40, those in the highest income quartile can expect to live about three years more than men in the lowest quartile.³ White males in the USA live over four years longer than their Black or African American counterparts.⁴ Gay men in the USA are more likely to report severe psychological distress, heavy drinking and moderate smoking than heterosexual men.⁵ In Australia, Indigenous men are more likely to smoke than non-Indigenous men.⁶

This excess burden of male mortality is in part explained by the health practices of men. Data from the Global Burden of Disease Study 2010 shows that, in that year, 72% of deaths from tobacco smoking were male as were 65% of deaths from alcohol.⁷ The majority of deaths from dietary risk factors were also male. The under-utilization of primary care services by men has been identified as a problem in many countries, especially in the Global North (which includes the USA, Canada, Western Europe, Australia, New Zealand and Japan).⁸

Masculinity has a significant role as a social determinant of the health practices of men, both positive and negative. In fact, the term 'masculinities' is probably preferable to 'masculinity' because male identities are not fixed but vary with social class, age, ethnicity, culture, geography and over time.

The Global Early Adolescent Study,⁹ which covers 15 countries of widely varying levels of development, found that the gender norms boys learn in early adolescence – particularly the emphasis on physical strength and independence – make them more likely to be the victims of physical violence and more prone to tobacco and other substance abuse, as well as homicide. A study of men and women in the UK found that the more both sexes identified with ‘traditional masculinity, the more likely they were to exhibit damaging health behaviours; this finding was particularly strong for men.¹⁰

Similarly, a review of research on the role of masculinity in mental health shows that adherence to traditional masculine norms, especially to being emotionally stoic, was a predictor of attempted suicide, of higher levels of mental health stigma and of reduced mental health help-seeking.¹¹

More positively, the importance many men attach to physical fitness can be beneficial to their health. There is evidence that men, once engaged in behaviour change programs (e.g., weight loss), are more likely than women to have positive outcomes,¹² perhaps because of their propensity to focus on the achievement of specific goals. Firefighters have been shown to construct their gender identity around having a fit body in order to work effectively and they therefore perceived help-seeking as a way of preserving their masculinity, rather than as a threat to it.¹³

In a review of the social determinants of health in Europe for WHO, Professor Michael Marmot argued that national governments should develop strategies that ‘respond to the different ways health and prevention and treatment services are experienced by men [and] women ... and [ensure] that policies and interventions are responsive to gender.¹⁴ In a subsequent report on health inequalities in the UK specifically, Marmot highlighted the fact that deprivation has a greater negative impact on men's health outcomes than women's and called for a greater policy focus on men's health to help tackle this.¹⁵

A complementary study of 18 Global Public Private Partnerships for Health (e.g., GAVI, Global Road Safety Partnership and TB Alliance) came to similar conclusions.¹⁸

Historically, however, there has not been a strategic response to the health problems facing men either globally or in the overwhelming majority of countries.¹⁶ An analysis of the policies and programs of 11 major global health institutions, including WHO, found that they did not directly address the health needs of men.¹⁷ This was confirmed by a more recent analysis of 140 global health organizations' approach to gender issues.¹⁹

The paper in this issue by **Nathan Wilson, Andy Smidt, and Matilda Tehan** highlights the particular neglect of men with an intellectual and developmental disability (IDD), with a focus on Australia. 60% of people with IDD are male but a complex array of bio-psycho-social gendered health needs for males with intellectual disability appear to be overlooked in the literature, policy and in practice. The authors make a series of recommendations, including better engagement of disability and male health researchers and the development of a range of practice-specific initiatives.

Gillian Prue, Donna Graham, Gilla Shapiro, Olinda Santin, Ian Banks and Mark Lawler also tackle the specific but very pertinent issue of HPV (Human papillomavirus) vaccination policy. They note that even though HPV infection impacts on both sexes – causing a range of cancers (cervical, vaginal and vulval in women; penile in men; and anal and oral cancers in both sexes) – men are not offered vaccination in most of the countries that vaccinate women. The authors argue that, particularly in low- and medium-income countries, the incidence of HPV-related cancers in men, the lack of effective treatment, the high prevalence of HIV (which increases the risk of HPV infection and related cancers) and negative attitudes to men who have sex with men all support the case for a gender-neutral vaccination strategy.

There are some important signs of progress, however. National men's health policies have been developed in Australia, Brazil, Iran and Ireland. An independent review of the Irish policy found that, overall, it made a significant and important contribution to making the issue of men's health more prominent, providing a framework for action and achieving change, although its impact was much stronger in some areas than others and very weak in some.²⁰ In 2017, the policy was extended for a further five years and explicitly linked to the government's over-arching public health policy, Healthy Ireland.²¹

The paper by **Noel Richardson and Paula Carroll** in this issue suggests that the Irish policy shows how a focus on governance and accountability, advocacy, research and evaluation, partnerships and capacity-building acted as a catalyst and framework for action in the roll-out of a broad range of men's health initiatives. They also acknowledge that the translation of cross-departmental and inter-sectoral recommendations into sustainable actions has been a central challenge.

Daniel Costa Lima and Edurado Schwarz write about the Brazilian men's health policy (PNAISH), which they helped to implement as part of the National Men's Health Unit in the Ministry of Health, and describe its genesis and focus. Despite the challenges in implementation, which included a lack of information and training for staff in local health services, tensions between biomedical and social approaches and funding constraints, all 26 Brazilian States, the Federal District of Brasilia and over 1,000 cities established local Men's Health units. The issue of fatherhood and caregiving has proved particularly means of focusing the attention of policy makers, health professionals and the general population on men's health and its relation to gender equality. A separate review of the Brazilian policy (PNAISH) suggested that it has reached over 1,000 municipalities and helped to catalyze a men's health movement in Brazil and more widely in Latin America.²²

John Macdonald shares his views about the Australian men's health policy, pointing to both strengths and weaknesses. The policy, which very strongly endorsed a social determinants of health approach, initiated a national longitudinal study of male health and led to government support for the National Men's Shed Movement and the work of that organisation in building the health of older men, a group vulnerable to physical and mental health issues. However, implementation of the policy as a whole was weak with no national infrastructure, no targets and no funding for wider programs.

The role NGOs can play in the development of policy is demonstrated in the paper by **Laura Pascoe, Dean Peacock and Lara Stemple**. They describe the

evolution of men's place in the HIV response, especially in Africa, and how Sonke has played a role in directly engaging men and also pushing for policy change. In many ways, the role of Sonke and other NGOs in raising men's issues with UNAIDS provides a good case-study about the potential role of men's health organizations in policy development generally. The paper also demonstrates that potential conflict with organizations representing women can be negotiated by means of a dual focus on improving men's access to HIV services as well as strengthening men's support for gender equality.

New opportunities for a leap forward in men's health policy are now emerging. The now widely-accepted view that the highest attainable standard of health as the fundamental right of every human being means that there is a clear ethical case for measures to improve the health of men. The UN's Sustainable Development Goal (SDG) 3 seeks 'to ensure health and well-being for all, at every stage of life.'²³ This Goal specifically includes specific commitments to reducing by one third premature mortality from non-communicable diseases (NCDs), promoting mental health and well-being, strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol, and halving the number of global deaths and injuries from road traffic accidents. None of these goals can be achieved without taking account of the health of men.²⁴ The development of WHO-Europe's men's health strategy has been largely prompted by the SDGs.

Healthier men would also reduce the economic costs of lost productivity and health treatments. Men's premature mortality and morbidity has been estimated to cost the United States economy approximately USD 479 billion annually.²⁵ The economic argument matters, especially at a time of spiralling health costs as a consequence of greater longevity and more expensive medical treatments.

The next major challenge in the men's health field is to persuade policymakers and providers at local, national and international levels to take the action

that is needed to make a difference. This can be best achieved through advocates from all backgrounds working together through multi-disciplinary networks and fora. It is important that advocates are not just professionals but include a wide variety of lay people, for example as local health champions. NGOs can play an important role in making the case and also engaging wider support for action.

Men's health policies and strategies are essential at local, national, regional and global levels. They can serve to raise the profile of the issue, offer a framework for action and provide a benchmark for evaluating impact and holding services accountable for their performance. As well as men's health policies, other policies (e.g., on diabetes, cardiovascular disease or cancer) should take account of male-specific issues and needs. The existing national men's health strategies provide lessons for the development of similar policies elsewhere and the forthcoming WHO-Europe strategy will, hopefully, prove to be both a catalyst and a blueprint for action.

Such policies and strategies would help to end men's health inequalities, a problem that has been hiding in plain sight for far too long.

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