

## **Tonio Borg**

Member of the European Commission, responsible for Health and Consumer Policy

# **Commissioner Borg delivers speech at the European Parliament on "Men's Health"**

*Check Against Delivery*  
*Seul le texte prononcé fait foi*  
*Es gilt das gesprochene Wort*

Tonio Borg, European Commissioner for Health and Consumer Policy, attends a European Parliament event on 'Time to improve men's health: the next step for the EU?'

**Brussels, Belgium, 19 March 2013**

TUESDAY, 19 MARCH 2013

SPEECH

Madame Schaldemose,

Honourable Members,

Ladies and gentlemen,

The health strategy of the EU takes into account the gender dimension of health policy and stresses the need to tackle health inequalities. To respond to this challenge, and take informed decisions, sound data is essential.

And this is why one of the objectives of our existing Health Programme is to improve data collection and health analysis – including analysis of gender patterns.

In this context, we commissioned two reports, one on women's health, which was published in 2009, and one on men's health, published in 2011.

Both reports have made a significant contribution to understanding better the state of citizens' health and the differences between women and men's health. They

represent a huge amount of work and I am grateful to their authors.

Let me mention a few findings of the men's health report which I feel are particularly pertinent:

First, the gap in life expectancy: women live longer than men; on average, there is a 5 year difference in life expectancy at birth between men and women. The death rate is higher for men in all age groups.

What is more striking is that this gap between women and men varies so widely between EU countries: it is over 11 years in some countries and just over 3 in others. This suggests there is major potential for improvement.

Second, the pattern of particular diseases: it is clear that cardiovascular diseases and cancer are the most important causes of death in men, just as they are in women.

Yet, according to a UK study published in January this year, men have a 14% higher risk of developing cancer. This is no surprise, taking into account that men are more exposed to many cancer risk factors.

However, male cancer patterns are changing: lung cancer is declining while prostate cancer has become the most

frequently diagnosed cancer, affecting around a million men in Europe.

There are also differences in communicable diseases: in Europe, on average, for every 1 woman with AIDS, there are 3 men with AIDS. This is why, in our projects on HIV/AIDS, men, in particular men who have sex with men, are a key target.

Men's depression and other mental health problems are also under-detected, under-diagnosed and under-treated in all European countries.

Here, the health programme is financing a project called PREDI-NU which will help men look for help and information on depression in all anonymity through a website with self-help tools.

I have also just launched a new Joint Action with Member States on Mental Health last month, aimed for example, at preventing depression, which will take into account gender differences.

Men also have a higher overall rate of admission to hospital than women. Men tend to seek help only when they are seriously ill, rather than going to the doctor regularly.

Poor lifestyles and preventable risk factors account for a high proportion of premature death and morbidity in men, just as they do in women.

People who eat less healthily, take less exercise, are overweight or obese, abuse alcohol, smoke, engage in substance misuse or risky sexual behaviour put themselves at a higher risk of health problems.

These key risk factors hit men harder than women: amongst smokers and people who abuse alcohol, there are more men than women; and men are considerably more likely to binge-drink.

The main message from this report is that there is a high level of preventable premature illness and mortality in men, which can be addressed.

So what do we do with the findings?

The information is clearly very relevant to EU, national and local health policies and it is essential that it is widely circulated, which is why meetings like this are so important.

It is also a good sign that this report has already been mentioned in other publications, including the British Medical Journal and the Journal of Men's Health.

At EU level, the Commission aims to ensure that its policies take proper account of gender issues. The information in this report provides an important contribution to this process.

We will continue to develop and implement policies that support men's health, for example by focusing on disease prevention through initiatives on tobacco, on nutrition and physical activity, and on alcohol abuse.

In particular, the European strategy on nutrition, weight and obesity related health issues, has helped to promote the EU Physical Activity guidelines. These recommend support for sport in the workplace and for using cycling and walking as a means to get to work.

The Commission also supported a publication targeted at boys, in which football star players from across the world tell what they like to eat – and they eat healthy.

The Commission intends to continue its work with EU countries and stakeholders to reduce alcohol related harm, which, as we know, is higher amongst men.

The Commission has also developed material targeted at men, including videos, in its ex-Smokers are Unstoppable

campaign; and it developed a partnership on anti-smoking with a well-known football team to reach out to men.

All these issues have helped us to identify the EU's priorities for action which are being addressed, in part, through work under the Health Programme.

For example, gay men have been targeted by the 'EVERYWHERE' project, a voluntary European code that sets out a series of HIV prevention standards for businesses aimed at gay men. Businesses that comply with these standards are certified with the "Everywhere" seal of approval and over 80 venues have already been certified.

The Commission has also initiated a reflection process on chronic diseases, together with EU countries and stakeholders, to address common issues linked to prevention and healthcare.

In this context, everybody agrees on the need for more EU action to share good practice in preventing chronic diseases. There is also agreement on the need for EU level work on disease management including mapping of patient empowerment initiatives. Prevention amongst men could be enshrined in this framework.

A Joint Action on chronic diseases is currently being developed between EU countries and the Commission to take this work forward.

I am also keen to foster a reflection on the issue of inequalities and discrimination in healthcare, including discrimination based on gender. The Commission is currently organising two events on this issue and we will keep you informed and invite you.

In conclusion, men's health is a concern across the EU. Public information is important but is rarely sufficient on its own to push people to actually adopt healthier behaviours.

Health promotion efforts are most successful when they employ a range of methods which support people to make healthy choices in everyday lives.

I was very interested in Dr Richardson's presentation about the Irish experience in handling men's health.

Another example is the UK's programme of men's health delivered via English Premier League football clubs in 2012. This was a men's health initiative with educational activities on match days and weekly lifestyle classes at football stadia. It reached out to over 10,000 men!



I also attended recently an event with the German Region of Hessen and learned about their initiative, targeted at men, to raise awareness and help prevent colorectal cancer. These are just some examples of how Member States are developing prevention targeted at men.

To conclude, I want to thank you for this meeting. It is clear we have some significant work to do; the needs of both men and women require more attention in our policies for disease prevention and care.

I am committed to taking this policy forward and to addressing the inequalities that exist in the field of health.

I hope I can count on your input and support.

Thank you

**End**