



Contribution to the Commission's consultation on the future of the EU Health Strategy

The European Men's Health Forum (EMHF) is the only European organisation dedicated to the improvement of men's health in all its aspects. EMHF is a coalition of organisations actively contributing to the improvement of men's health in Europe. Represented in 18 European countries, EMHF provides a stronger voice for men's health. It actively promotes collaboration with other international networks and institutions sharing the same goals.

EMHF warmly welcomes this initiative which builds on the Consultation process conducted in 2004 by former Commissioner David Byrne. In its discussion paper "Enabling Good Health for all", Mr Byrne declared the poor health status of men in the European Community totally unacceptable. "Life expectancy for men in the EU varies from 64 to 77 years, the incidence of lung cancer varied 5 fold between countries, and of tuberculosis 17 fold. Can we allow such health inequalities in health status in the EU? This wide health gap goes hand in hand with the economic gap."

Although it is recognised as a public health issue, the health of men and boys remains unnecessarily poor. The gender life expectancy gap may be reducing slowly in some countries although it remains above 5 years for most of the EU. Yet few public health resources are dedicated to overcoming the main obstacles in the way of men's health improvement. Men and boys continue to suffer often easily preventable ill health and die prematurely as a result.

The severity of the situation varies enormously among male population groups. As with women and girls, socio-economic status and cultural background remain key determinants of attitudes to health. The resulting differences in health outcomes appear to be particularly significant in men. Tragically, this reality is often overlooked in policy making.

EMHF is a fervent advocate of a greater and integrated focus on men's health across all areas of public policy. It is clear that traditional health promotion approaches have lacked effectiveness with men. Research into new approaches that will also involve other policy areas is clearly needed. Social affairs, education, workplace and environment are clear policy areas

Through poor men's health, the well-being and prosperity of all those who live and work with men will also tend to suffer. In EU policy terms, this means that giving a higher priority to improving men's health will have a positive global health benefit for our populations: men, women and children.

In its aim to further the consideration of men's health in public health policy, EMHF will build on the Commission's work by proposing men's health and gender-based perspectives on questions 3, 4 and 8.

QUESTIONS

3. Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?

The Forum would in principle be supportive of Commission initiatives that would help raise the profile of gender-related health issues on the EU and national public policy agendas, and lead to implementation, evaluation and monitoring at community level.

DG Employment and Social Affairs published a communication COM(2004) 304 final on modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the “open method of coordination” (OMC). The document highlighted that, to promote high-quality care in order to improve people’s state of health and quality of life, Member States should mainstream the gender dimension in the development of prevention and health policies, in order to better take into account the specific problems of men and women and make their care more effective.

Two years later on 30 November and 1 December 2006, the Council meetings for Employment, Social Policy, Health and Consumer Affairs not only recognised that “there are gender-based differences in health risks in Member States, which are costly in both economic and human terms” but also stressed “that the recognition of the gender dimension in health is an essential part of EU health policies and that health promotion projects and services should be tailored, as appropriate, to women's or men's needs.”

EMHF recommends that, with regard to the above two EU recommendations, provision should be made in the future strategy to monitor and **assess the participation of Member States in developing and implementing gender sensitive health policies**. An invaluable tool to inform the development of future policy measures, it is also needed to bridge the gap within EU and national governmental areas of responsibilities in which the topic of gender and health often tends to disappear.

Based on Treaty provision [Articles 2 and 3(2) EC], the Commission should **include explicit considerations for gender impact in all its legislative work**. Systematic Health Impact Assessments currently assess the impact of policy options on the health status of relevant population groups as a means to assist policy makers in their decisions. Such provisions should be extended to take account of men and women as distinct and key population groups with regard to their respective health needs and exposure to risk.

4. How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?

Gender mainstreaming has been built into the Commission *modus operandi* for several years. Although the impact of gender on health is not often recognised in EU policy, several key public health priorities would potentially benefit from a gender-based approach, one that recognises men's attitude to health as a key factor:

- **Health inequalities:** A long debated issue where men have often not been seen as suffering from unequal opportunities in terms of access to health literacy, reconciliation of work and family life, access to health services, availability of health technologies for male specific conditions.
- **Alcohol abuse:** the burden of ill-health due to alcohol is disproportionately shouldered by young men in Europe, with 13,400 deaths in men aged between 15 and 29 years being due to alcohol (28% of all deaths in this age group), seven times as high as the 1,900 deaths due to alcohol occurring in the same age group of women.
- **Nutrition and physical activity:** according to the WHO a majority of men are obese or pre-obese in most European countries (except Belgium, Denmark and Italy). In the UK, already two third of men are overweight or obese compared to over half of women. If present trends continue, more than three quarters of British men will be overweight or obese by 2010
- **Tobacco consumption:** there is a clear gender pattern in tobacco consumption as the current trend in many European countries is for more young women than young men to smoke, despite huge EU resources being deployed behind health promotion campaigns.
- **Management of long term medical conditions** particularly in areas such as HIV/AIDS, cancer, CVD, mental health, rheumatoid arthritis, and diabetes. Earlier diagnosis, health literacy, care management in the community are all key aspects that would greatly benefit from due considerations for men's attitudes to health.

Practice evidence demonstrates that tackling health determinants in men is most effective when health promotion messages are delivered in a way that is male sensitive and in a choice of settings often outside of the healthcare system (e.g. workplace). Altering men's attitude to health also require a long term investment in developing 'male sensitive' approaches to providing healthcare, and initiating work on health for boys and young men in school and community settings. Within the reach of the current health strategy are two areas:

- **Health Literacy:** The new strategy should do more to promote healthy lifestyles, where to find information about treatment options, how to navigate the health care systems. Improving both access to and understanding of accurate and unbiased health information in a

gender sensitive way is essential. It is a vital key to addressing men's known reluctance to seek professional health advice and use the health service.

- **Guidance for national gender-based healthcare provision.** Based on examples of evidence-based practice across the EU, the future health strategy should support initiatives aiming to develop recommendations to Members States regarding the development or improvement of care services best adapted to men's and women's respective health needs.

EMHF welcomes the Commission's recognition that achieving better health in Europe is a matter for all areas of policy. As such, EMHF calls on the Commission to **ensure that the impact of gender on health be appropriately taken account of in public health and in other fields of EU policy**. Specifically, men's health issues have so far suffered from a poorer level of awareness with other Commission directorates.

8. Do you have any further comments?

EMHF recommends that the health strategy should also:

- **Clarify the method that will be used to measure the impact of the health strategy.** As mentioned in the discussion document, indicators such as DALYS or improved ECHI can be used to monitor the implementation and results of the strategy. However, we feel that indicators and analysis should be broken down by gender in more detail. The current level of breakdown warrants a better understanding of gendered health patterns, and has the potential to adversely impact on the effectiveness of future gender-sensitive public policies and strategic recommendations.
- **Support the development of research about the impact of gender on health behaviours.** Current epidemiological mortality data only glimpses at these issues. Thanks to existing knowledge from research in gendered behavioural patterns and from health practice evidence, it has been established that male attitudes to health and usage patterns of health services can be very different from women's, and among male groups themselves. While such behaviours are deemed to be a major contributor to men's poorer health expectations, very little pan-European research exists that would enable a better understanding of this impact, prevent counterproductive stereotyping, and help identify more systematic interventions that can effectively inform future policy on a European basis.

Pan European research is urgently needed to specifically assess men's usage patterns of health services. With key partners in the health profession and academia from several European countries, EMHF is already working on the development of a project that would look at

this issue from the perspective of both men and women. We assume that the European Commission will be greatly interested in collaborating to this initiative.

Conclusion

EMHF is committed to working closely with the Commission so the interest and health needs of European men and boys can be specifically reflected in the future EU strategy.

EMHF calls on the Commission to ensure that health remains a primary concern for the EU and for its Member States, not least on the basis that good health effectively contributes to economic and social growth.

EMHF calls on all Directorates of the Commission to increase their contribution towards better health for all, effectively integrating this EU responsibility across all policy areas.

With 2007 being named European Year for Equal Opportunities, The EU must promote the fact all men should also have an equal opportunity to attain the highest possible level of health and well-being. Current policies have already showed they didn't necessarily fit all. Specific attention needs to be given to individual population groups, such as men, in order to reach the highest possible health status for all.

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