A large blue silhouette of a man's head in profile, facing right, serves as the background for the page. A large blue circle with an orange border is overlaid on the left side of the silhouette, containing the main text.

Men's Health: Let's break the stigma and taboos

Promoting awareness to
raise European health
standards

SEPTEMBER 2023

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The Let's Talk Prostate Cancer Expert Group is grateful to Peter Baker, Director of Global Action on Men's Health, for his input on a draft of this report.

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Executive Summary

Addressing men's health presents an ongoing and escalating challenge across the European Union. There is increasing data highlighting the key role of gender in shaping health outcomes, yet men's health has not received adequate policy attention in recent years. Men are disproportionately affected by certain diseases, many of which are preventable and treatable when detected early. One notable example is prostate cancer, where survival rates significantly improve with early diagnosis.

The lack of comprehensive initiatives to tackle prostate cancer-related health inequalities faced by men, ranging from early detection programmes to awareness campaigns and youth education, has led to the creation of the Let's Talk Prostate Cancer (LTPC) initiative. This initiative works to adopt a multi-stakeholder approach to meet this challenge. While the LTPC Expert Group focuses on prostate cancer policy, it has recognised a more profound challenge within men's health policy that requires our immediate attention.

The primary objective of this paper is to catalyse a robust and sustained political prioritisation to address men's health challenges. The paper presents a glossary of diseases that disproportionately affect men's health. It also discusses how societal norms, biological, and physiological factors contribute to increase the overall men's well-being challenges. Additionally, this paper culminates with in a set of recommendations for developing a tailored European policy framework dedicated to addressing men's health.

WE CALL FOR:



The creation of an EU Initiative on Men's Health and increased support for the establishment of national policies aimed to address men's health concerns



The establishment of a European Centre for Men's Health Research



The promotion of gender-responsive services



The promotion of gender-neutral HPV prevention programmes



National implementation of the updated Council's cancer screening recommendations



Investment in research and holistic approaches to Men's Health.

Finally, to enhance the readability of the paper, we have placed all supplementary information, including statistics on various health-related topics, in the Annex section, at the end of this document. Its aim is to enhance the document by supplementing it with additional information related to the health topics discussed within the paper and to enrich the document with scientifically grounded evidence sourced from various publications.

Prioritising men's health holds far-reaching advantages that resonate across all facets of society. It contributes to building up healthier families and fosters a culture of promoting positive role models for future generations. By recognising the common benefits of men's health, we can work toward a more balanced, prosperous, and health-conscious society for all.

Introduction

Men's health has gained significant attention and concern over the past two decades, prompting numerous studies and publications to delve into the subject. Despite notable advancements in addressing men's health challenges, there remains a certain deficiency in sustained political and societal prioritisation. Several projects conducted by the European Union (EU) and the World Health Organisation (WHO) have underscored the importance of raising awareness and implementing gender-responsive policies to combat preventable morbidity and premature mortality among men.¹

Key European health initiatives, such as Europe's Beating Cancer Plan and the Healthier Together EU Non-Communicable Diseases Initiative,² have not systematically addressed the underlying causes of male-specific cancers or diseases.

In September 2018, **the Strategy on the Health and Well-being of Men was introduced at the 68th session of the WHO Regional Committee for Europe,³** with the WHO/Europe report "The Health and Well-being of Men in the WHO European Region: better health through a gender approach" serving as a background to this strategy.⁴ This report showcases crucial data on men's health issues and social-economic aspects across the European Region, with the optimal goal to support the implementation of novel strategies for the health and well-being of the male population.

Despite WHO's call for reducing health inequalities to increase men's overall well-being, **the main challenges and policy recommendations articulated in the WHO report have largely gone unaddressed.**

To this date, no EU framework has followed up on these recommendations that explicitly recognises men's health as a top-tier policy concern. At the broader EU level, a noticeable lack of representation dedicated specifically to approaching men's health from a comprehensive vision persists.

In January 2023, the European Men's Health Forum, a Brussels-based independent organisation, closed its doors in the EU.^{5,6} The organisation played an instrumental role in conducting educational seminars, conferences, and the provision of materials to raise the profile of men's health on a European level. However, at the national level within the EU, successful examples of organisations actively dedicated to addressing men's health concerns can be identified, such as those in Ireland⁷, Denmark⁸ or Germany⁹.

Amid this landscape, it's crucial to recognise that men's health issues are not isolated; they are interconnected with a wide range of health conditions influenced by biological or lifestyle factors. This includes greater workplace exposure to substances posing health risks, unhealthy social behaviours, and strong cultural stigma impacting self-care and mental health.

Policy solutions must look beyond the surface and delve into these underlying issues. This is possible by promoting health measures in settings that normalise a more open conversation about men's health which, in turn, challenges underlying taboos and offers hope for current and future generations.

Increased Burden of Disease

The topic of men's health disparities, particularly regarding lower life expectancy, has been the subject of discussion since the late 1990s in several European countries, Australia¹⁰, and the United States amongst others.¹¹

Despite ongoing discourse, men's health concerns continue to receive limited recognition and attention from policymakers and healthcare providers in countries and regions worldwide. This is evident across various health conditions and diseases that impose a greater burden on men compared to women. While underlying reasons for this increased burden are complex and multifactorial, research suggests that a combination of biological and clinical factors contribute to these disparities.¹²

For example, men across all age groups, tend to have higher levels of testosterone compared to women, which may increase their risk of developing cardiovascular disease (CVD) and the absence of the Y-chromosome that occurs in men seems to be responsible of higher incidence regarding certain types of cancer such as prostate, lung and kidney.¹³ Additionally, men, on average, have a higher body mass index (BMI) than women, increasing their susceptibility to condition like diabetes mellitus, heart disease, and other chronic ailments.¹⁴ In this context, the WHO estimates that in the period 2000 to 2019, non-communicable diseases (NCDs) were the cause of 86% of all deaths among males.¹⁵ The main contributors to these deaths were CVDs, cancers, diabetes, and respiratory diseases.

Irrespective of the cause of death, men experience an overall higher rate of mortality compared to women.¹⁶ The 2018 WHO European Region's review on the social determinants of health attributes this discrepancy to several factors. Education emerges as a significant influencer, shaping how health is perceived between genders.¹⁷ Additionally, men face higher levels of exposure to physical and chemical hazards in occupational settings. Societal taboos

and longstanding models of masculinity also hinder open discussions about men's health concerns, compounded by their tendency to visit healthcare professionals less frequently when they are unwell.¹⁸ Furthermore, even when men do seek medical attention, they are less inclined to report symptoms of disease or illness.¹⁹

In 2011, the European Commission contributed to the debate by publishing a report on "The State of Men's Health in Europe".²⁰ The report highlighted a growing consensus regarding what constitutes a 'men's health-related issue', stressing that men are particularly vulnerable to diseases with heavy impacts. This vulnerability arises from a combination of biological factors, **lifestyle choices, and social determinants of health**. While certain EU policies, such as smoking bans,²¹ road safety legislation,²² and workplace health and safety measures,²³ indirectly contribute to improving men's health outcomes, the report identified a lack of attention to male-specific health-related issues, which require individual attention.

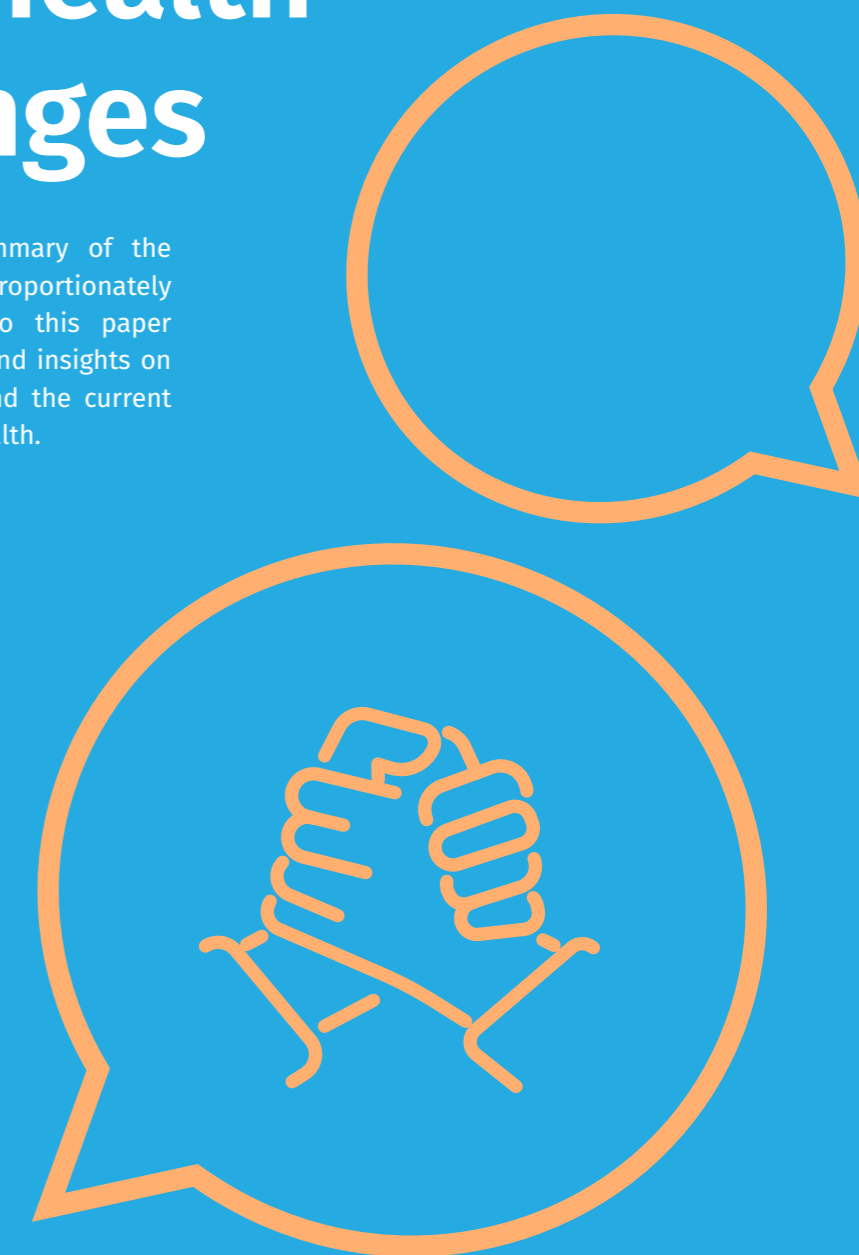
The mentioned report should serve as a catalyst to create a comprehensive and proactive approach to men's health policy. This can be achieved by developing targeted public health campaigns, increased investments in research and healthcare infrastructure, and the promotion of healthier lifestyles through education and raising awareness. Additionally, the new policies should address not only the immediate health concerns but look at the general and long-term wellbeing of men.

Consequently, a compelling call to action resonates across the EU, demanding swift and comprehensive initiatives in men's health policy. This urgency becomes even more pronounced when considering the multifaceted challenges presented by Europe's rapidly ageing population, coupled with the unprecedented disruptions brought by the COVID-19 pandemic.²⁴

1.0

Men's Health Challenges

This chapter includes a summary of the primary health challenges disproportionately affecting men. The Annex to this paper contains further information and insights on the different disease areas and the current policy framework for men's health.





1.1 Cancer

Cancer ranks the second leading cause of death in the EU. In 2022, it was estimated that 14% of men are estimated to die from cancer before reaching 75 years, while 31% are expected to be diagnosed with cancer before reaching the abovementioned age.^{25,26}

What is particularly striking is the disproportionate burden borne by men, evident in both higher incidence and mortality. Data from the European Cancer Organisation reveal that 60% of all annual cancer diagnoses occur in men.²⁷ Among the most prevalent and deadly cancers, colorectal, lung and prostate cancer account for half of the cases.

Prostate cancer, in particular, places an excessive burden on men, emerging as the second most frequent and fatal cancer across the EU. In 2020, it had an incidence rate of 403 cases per 100,000 and a mortality rate of 92.8.²⁸ **The concerning increase in cancer cases, especially among the younger population, highlights the importance of actively working to improve cancer early detection through screening programmes, that have shown to be effective in decreasing cancer specific mortality and fostering investment into research for innovative treatments.** Additionally, there is a need for policymakers and stakeholders to collaborate effectively and promote male awareness participation in cancer screenings,²⁹ and to achieve the goals outlined in Europe’s Beating Cancer Plan,³⁰ while providing substantial support to Member States in the implementation of the updated Council Recommendations on Cancer Screening.³¹



1.2 Respiratory Diseases

Respiratory diseases, particularly chronic lower respiratory diseases (CLRD), significantly impact men’s health in the EU, with men experiencing higher death rates compared to women. This gender disparity is influenced by factors such as smoking habits and occupational risks,³² exacerbated by

the vulnerability of men to respiratory diseases highlighted by the COVID-19 pandemic. Despite these concerning trends, there is a notable absence of specific strategies addressing the gender disparities related to respiratory diseases. **To address this issue, targeted interventions are essential. These interventions should include efforts to reduce smoking rates, promote healthier lifestyles, ensure equitable access to healthcare, and a focus on prevention and comprehensive care.**



1.3 Cardiovascular Diseases

Cardiovascular diseases (CVDs) constitute a group of medical conditions affecting the heart and blood vessels, including coronary artery disease, heart failure, stroke, peripheral artery disease, and other vascular disorders. CVDs are the leading cause of death in the EU, responsible for an estimated 1.7 million deaths per year.³³ Notably, the number of male deaths from CVDs was 1.8 times higher than the number of female deaths.³⁴

While the Healthier Together EU Non-Communicable Diseases Initiative acknowledges the significance of addressing modifiable risk factors for CVDs, it falls short in recognising the disproportionate burden of these diseases on men and the less favourable lifestyle factors often experienced by men. Addressing these disparities necessitates the incorporation of targeted interventions, **such as raising awareness among men, promoting regular check-ups and preventative screenings, and encouraging early detection and treatment.**



1.4 Diabetes

In 2019, approximately 32.3 million adults were diagnosed with diabetes in the EU, a substantial increase from the estimated 16.8 million adults in 2000.³⁵ Notably, the number of men diagnosed with diabetes has more than doubled since 2000, reaching 16.7 million in 2019. While women have also seen a substantial

rise in diabetes cases, with the number increasing by over 50% from 9.5 million in 2000 to 15.6 million in 2019, men are more susceptible to developing diabetes due to biological factors and require less weight gain than women to develop the condition.

While the EU has recognised the diabetes challenge, as evidenced by the European Parliament resolution on “Prevention, management and better care of diabetes in the EU on the occasion of World Diabetes Day”,³⁶ **there remains a pressing need for targeted efforts to address the distinct challenges faced by men when it comes to diabetes.**



1.5 Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs) continue to pose challenges to public health globally, severely affecting all aspects of a person’s sexual life and reproductive health. The COVID-19 pandemic had a detrimental effect on patients with STIs, increasing the burden on both the male and female population. While men and women are almost equally infected by more common STIs, namely, syphilis, chlamydia, gonorrhoea, trichomoniasis, and genital herpes, men’s incidence rate represents a higher percentage in all STIs.³⁷

Yet, there is a clear lack of men’s engagement and awareness of reproductive and sexual health (except for HIV), as social, cultural, and economic factors play a key role when it comes to male participation in health topics.³⁸ The EU should lead the efforts to include STIs in primary and secondary education in each Member State, promoting a cross-harmonised curriculum as a best practice example to be shared, and encouraging the inclusion of healthcare professionals in delivering sexual health education.



1.6 Mental health

Mental health is a vital component of overall

well-being, encompassing various aspects of an individual’s psychological, emotional, and social functioning. According to the WHO, mental health refers to a state of well-being in which individuals recognise their abilities, effectively cope with life’s stresses, work productively, contribute to their communities, and experience fulfilment. Several factors, including biological, psychological, social, and environmental elements, can influence an individual’s mental health.³⁹

The European Commission has demonstrated its commitment to addressing mental health introducing several initiatives,⁴⁰ including the Healthier Together programme launched in 2021. This programme, although primarily focused on NCDs, features mental health and neurological disorders as significant concerns. Through a collaborative process involving EU countries and stakeholders, this initiative aims to implement impactful actions to promote well-being, prevent mental health issues, enhance social inclusion for individuals with long-term conditions, and improve access to high-quality services. The four priority areas of the initiative include creating conducive conditions and increasing resilience, promoting mental well-being, enhancing access to quality services, and protecting rights while combating mental health stigma.

Although these priority areas are already in progress and will continue until 2027, the initiative fails to address men’s mental health issues, despite the inclusive title, “Healthier Together”.⁴¹

Men are particularly affected by mental health issues, as exemplified by the situation in Ireland, where 26% of men aged 25-34 have been reported experiencing mental health challenges.⁴² Additionally, the alarming rate of male suicide in the EU is cause for concern. In 2016, intentional self-harm claimed the lives of approximately 48,700 individuals, with around 77% of these suicides occurring among men. The significant disparity in suicide rates between men and women in Europe, with men experiencing nearly five times higher rates, while women are diagnosed with depression up to three times more often than men, can likely be attributed to shortcomings in men’s access to psychological services.⁴³ This discrepancy may also be partially attributed to a reluctance among men to seek help due to societal stigma surrounding mental health issues. Moreover, there is often a lack of gender-responsive approaches in

therapy, which could further deter men from seeking the support they need to address their mental health concerns.

Although the European Commission plans to adopt a comprehensive approach to mental health through a communication initiative, it does not specifically address the issues surrounding men's mental health and suicide.⁴⁴

Focusing on men's mental health is paramount, particularly in combatting societal pressures and stigmas associated with preconceived gender roles. Such attention not only contributes to healthier lifestyles but also has a cascading effect on addressing many other diseases that disproportionately impact men.

2.0

The Role of Lifestyle in Men's Health

Lifestyles encompass a variety of activities, attitudes, and values that are influenced by factors such as economic and social conditions, education, and age.



A healthy lifestyle is characterised by behaviours and habits that promote physical, emotional, intellectual, social, spiritual, environmental, and occupational well-being.⁴⁵ As previously discussed earlier in this paper, lifestyle-related risk factors are major contributors to the burden of NCDs, such as heart disease, diabetes, and cancer, which are the leading causes of death and disability worldwide.⁴⁶ These conditions are largely preventable through lifestyle modifications, making lifestyle interventions a critical component of disease prevention and management.⁴⁷

The importance of lifestyle in health was underscored back in 2011, when the European Commission released the State of Men's Health Report. This report highlighted the existence of strong gendered dimension to lifestyle choices and risky behaviours that place men at higher risk of ill health than women.⁴⁸ Over the years, this recognition has gained further traction among by healthcare professionals, policymakers, and the public, with campaigns promoting a healthy lifestyle already in place, e.g., the two-year campaign of the European Commission "Healthy Lifestyle 4 All".⁴⁹



2.1 Obesity

In the EU, it is evident that men tend to experience higher rates of obesity compared to women.⁵⁰ This discrepancy can largely be attributed to unhealthy dietary choices and lifestyle habits, including the consumption of excessive amounts of calorie-dense foods that contribute to weight gain and obesity. Additionally, sedentary lifestyles and a lack of physical activity further exacerbate this issue.⁵¹ As an example, the percentage of obese men in Ireland in 2019/2020 aged 16 and above was of 43%.⁵²

While the EU has put forward several legislative files relating to food and food labelling, including regulations on nutrition and health claims made on food, these measures primarily focus on establishing a more stringent level of consumer protection.⁵³ What is concerning is the absence of legislative measures that specifically address male obesity and related health problems. While there are broader initiatives combating obesity in general, a distinct focus on the unique challenges faced by men in this regard remains lacking. **It is crucial to promote awareness and develop targeted strategies to tackle this issue and prioritise men's health in policy discussions concerning obesity.**



2.2 Smoking

In the EU, there exists a significant gender disparity in smoking prevalence, with a higher percentage of men than women being daily smokers.⁵⁴ In 2019, 22.3% of men aged over 15 were daily smokers, surpassing the smoking rate for women by 7.5 percentage points.^{55,56}

Despite these noticeable differences, there is an absence of targeted initiatives within the EU specifically tailored to support men in their smoking cessation efforts. While broader measures have been implemented to address smoking, such as the Tobacco Products Directive,⁵⁷ that includes restrictions on tobacco advertising and the requirement for health warnings on tobacco-related products, there remains a need for interventions that specifically target men and their smoking cessation journeys. **By recognising the importance of gender-responsive approaches to tackle smoking cessation, we can foster improved health outcomes and reduce the prevalence of smoking-related diseases for men across Europe.**

However, despite growing awareness, specific men's health challenges related to their lifestyle are often overlooked.



2.3 Alcohol Consumption

Alcohol consumption patterns within the EU exhibit significant gender discrepancies, mirroring the trends observed in smoking habits. Notably, in 2019, men in the EU displayed a higher prevalence of daily alcohol consumption, with a rate of 13% compared to 4.1% among women. To put this into perspective, in 2019, alcohol-related fatalities in Ireland accounted for 210 deaths.⁵⁸

These disparities are further pronounced across different age groups and countries, indicating the need for targeted interventions.⁵⁹ While societal factors contribute to this gender gap, such as cultural norms and marketing strategies, the EU lacks specific initiatives tailored to addressing men's drinking habits and promoting responsible alcohol consumption.

Historically, men have exhibited higher levels of alcohol consumption than women, reflecting various sociocultural influences and expectations. These factors include traditional gender roles, societal norms, and targeted marketing strategies geared

towards men. The data highlights a significant gap in the EU's efforts to address men's drinking habits effectively, despite the evident gender disparities.⁶⁰ While public health campaigns and regulations aim to combat excessive alcohol use, targeted interventions catering to men's specific needs are noticeably absent.

Recognising the importance of gender-responsive approaches, it becomes crucial to address the gender disparities in alcohol consumption within the EU. By tailoring interventions to men's unique needs, we can promote healthier behaviours and mitigate the risks associated with excessive drinking. Gender-responsive initiatives should consider the sociocultural factors influencing men's alcohol consumption, including societal expectations, peer influences, and traditional masculine norms.

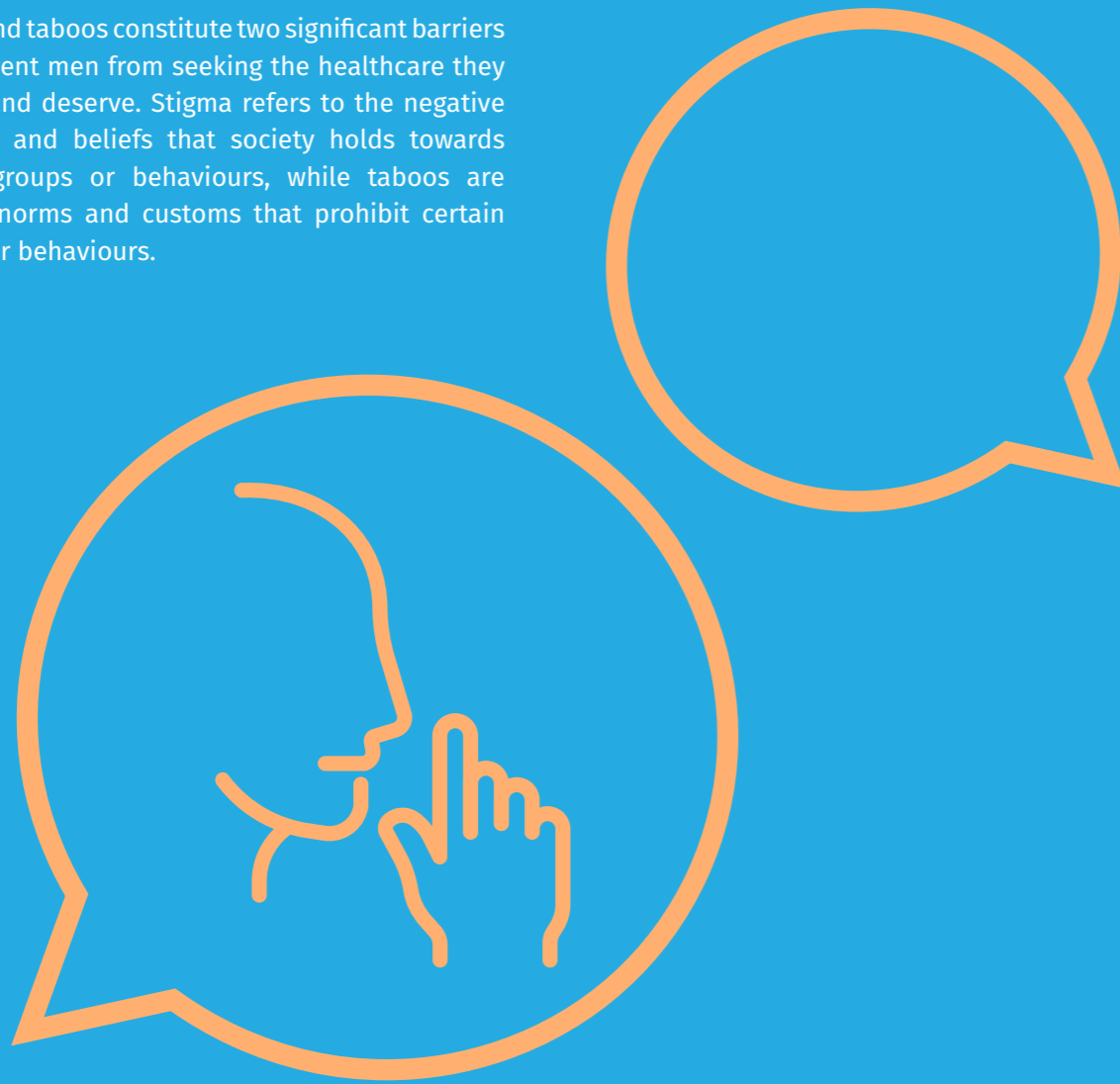
To reduce the alcohol consumption by men, the EU must develop comprehensive, gender-responsive interventions. By acknowledging the disparities and understanding the underlying factors contributing to men's higher alcohol consumption rates, targeted strategies can be implemented to promote a reduction of drinking habits among men.

The EU should seize this opportunity to enhance public health efforts, reduce the burden of alcohol-related harms, and foster healthier behaviours within the male population.

3.0

Stigma and Taboo

Stigma and taboos constitute two significant barriers that prevent men from seeking the healthcare they require and deserve. Stigma refers to the negative attitudes and beliefs that society holds towards certain groups or behaviours, while taboos are societal norms and customs that prohibit certain actions or behaviours.



When it comes to men's health, stigma and taboos can be particularly problematic as they can prevent men from seeking help or talking openly about their health concerns.⁶¹ There are several types of stigmas that men face:

Social Stigma

Social stigma in men's mental health refers to the negative attitudes and stereotypes that individuals or groups facing mental illness encounter.

Self-stigma

Self-stigma is an internalised form of stigmatisation that individuals impose upon themselves. In the case of men's mental health, self-stigma occurs when men internalise negative views and opinions surrounding mental illness, resulting in self-judgment and feelings of shame about their symptoms and condition.

Professional stigma

Professional stigma arises when healthcare professionals exhibit negative attitudes and prejudice their male patients. This stigma often stems from fear or misconceptions about the causes and symptoms of mental illness.

Cultural stigma

Cultural stigma refers to how different cultures interpret mental illness. It is shaped by beliefs, values, norms, and the meanings attributed to specific illnesses.

Furthermore, men are less likely than women to seek treatment for mental health issues due to downplaying their symptoms, which can be attributed to self-stigma, and a hesitance to openly discuss their mental health. Societal norms often discourage men from expressing their emotions or troubles, leaving many without the necessary support and understanding. Between December 2022 and January 2023, the Danish Men's Health Society conducted a survey with the aim of gathering data on the relationships between general practitioners (GP) and male patients. The results of the survey, published in April 2023, showed that only 1 man out of 5 between the ages of 25 and 39 consider they have enough confidence with their GP to speak about their emotions and health concerns.⁶² This lack of emotional acceptance and engagement hinders men from acknowledging their struggles, making it

difficult to seek help or even recognise the state of their mental health.⁶⁴

Although the European Commission published a research paper on the topic of countering the stigmatisation and discrimination of people with mental health problems in Europe, the focus was on general mental well-being without going into specific stigmas that men face.

Implementing a comprehensive European mental health plan that specifically targets men's health is crucial for addressing the stigmas faced by men in the realm of mental health. By developing and implementing targeted strategies, these actions can effectively combat the societal biases and misconceptions that contribute to stigmatisation:

- I. A European mental health plan would help raise awareness about the specific challenges and unique mental health needs of men
- II. A coordinated approach across European countries would enable the sharing of best practices and the implementation of evidence-based interventions. By drawing on successful initiatives from different Member States, the plan can provide guidance and support to countries that may face limited resources or expertise in addressing men's mental health stigmas
- III. A European mental health plan would facilitate collaboration among stakeholders, including healthcare professionals, policymakers, community organisations, and advocacy groups and
- IV. A European mental health plan would empower men to seek help, provide them with appropriate resources, and contribute to dismantling the stigmas and stereotypes surrounding men's mental health, leading to improved overall well-being and mental health outcomes across the EU.

Raising Awareness!

Men's health is a multifaceted issue that needs to be addressed. The burden of disease and specific health challenges faced by men, such as cardiovascular diseases, diabetes, cancer, STIs and mental health, cannot be ignored. Furthermore, lifestyle factors play a significant role in men's overall health.

Minorities, including men from racial and ethnic minorities, sexual and gender minorities, and those from lower socioeconomic backgrounds, are at increased risk of poor health outcomes. The stigma surrounding men's health issues also creates barriers to seeking prevention and care; which ultimately can lead to delayed diagnosis and treatment.

Raising awareness and encouraging men to take an active role in managing their health is crucial. Health education and initiatives aimed at promoting healthy lifestyles and early detection and treatment of diseases can have a significant impact on reducing the burden of men's health issues. We urge policymakers, healthcare providers, and the society to prioritize men's health and work towards creating a culture of health that benefits all men, especially men from minorities.

4.0

The potential of political prioritisation

Exploring best practices from the Ireland's National Men's Health Policy.





Did you know?

Ireland was the first country in the world to adopt a national men's health policy.

Launched in 2008 by Irish Department of Health and Children, the National Men's Health Policy and Action Plan (NMHPAP) (2008 – 2013)⁶⁶ recognised the importance of addressing men's health in the light of higher disease burden, death, and suicide rates affecting them. To address such shortcomings the plan puts forward several key action proposals. Firstly, it suggests the establishment of an interdepartmental oversight to monitor and evaluate policy outcomes continuously. Additionally, there is a recommendation to create a **Centre for Research and Development in Men's Health**, emphasising the importance of research in policy implementation. In terms of health promotion, the policy advocates for a positive focus on men's health and the **dissemination of gender-competent health information**. It also calls for the implementation of existing policies with a gendered approach and the review of legislation to deter risk-taking behaviour among men.

Concerning health services, the policy urges the development of initiatives for men to access health services promptly, particularly for marginalised groups. It emphasises gender-competent cancer prevention, mental health, and sexual health services. Lastly, the policy addresses home initiatives, highlighting the need to encourage men to take responsibility for their health in domestic settings.

This includes developing gender-competent father-inclusive policies, establishing a National Carer's Strategy, addressing sub-standard living conditions, and providing support for both male perpetrators and victims of domestic violence.

The Review of the overall implementation of the NMHPAP commissioned by the e-Health Service Executive (HSE) showed the positive outcomes of such policy initiatives, from the establishment of robust governance and accountability structures and procedures dedicated to men's health to a substantial increase in research and evaluation reports, contributing significantly to the development of an evidence base for men's health. Moreover, a comprehensive national men's health training program was implemented, enhancing the knowledge and skills of professionals working in this field.

To continue this momentum, an Action Plan for Men's Health was launched again in 2017 with the aim of revamping the previous plan and offering a renewed focus on men's health under the National Framework of Actions to improve the health and well-being of people living in Ireland ("Healthy Ireland") and the HSE priority areas.⁶⁸

5.0

Policy Recommendations



Acting in the field of men's health policy is not only essential for improving the health outcomes of men themselves but also has broader societal implications. As stressed in the European Commission's report,⁶⁹ improving men's health can have broader implications for partners and children, especially in single-income and lower socio-economic households, where absenteeism from work due to a father's/partner's ill health can result in substantial economic consequences.

Although this precedent set a positive first step for the promotion of men's health in Europe, there is still much more that needs to be done to recognise and address the male-specific health challenges in Europe as men's health issues can represent a major burden on healthcare systems due to heavy-impact diseases which often require significant medical interventions and long-term care.⁷⁰ By investing in preventative measures such as screening and early interventions, the EU can reduce the need for costly treatments and hospitalisations, thus relieving pressure on healthcare systems. As such, the following policy recommendations can potentially lead to a more efficient resource allocation and better healthcare outcomes for men, ultimately improving the overall health of patients:



I. Ensure sustained effort on Men's Health policy

We strongly advocate for an enduring commitment to men's health policy, drawing inspiration from the European Commission's commendable report on the State of Men's Health. It is imperative that we continue the momentum by exploring the establishment of a dedicated European Union initiative focused on men's health. This initiative should extend its support to Member States in the formulation and implementation of national policies designed to comprehensively address the unique health concerns of men. Drawing inspiration from the approach taken by Ireland, the EU should set out a clear strategy on Men's Health, with tangible objectives and progress indicators, which shall be subject to evaluation after five years from its implementation to evaluate progress achieved and identify persisting gaps to stir future actions.



II. Bridge knowledge gaps to inform effective Men's Health policy

A focused effort on supporting research on Men's Health has proven to be pivotal in bringing progress in the context of the national Men's Health policy in Ireland, contributing significantly to the development of an evidence base for men's health policy. Building on this success and to foster a deeper understanding of men's health issues across the EU, we propose the establishment of a European Centre for Men's Health Research. This centre would play a pivotal role in advancing knowledge through rigorous research,

facilitating the collection and analysis of pertinent health data, and promoting collaboration among leading experts and institutions across Europe.



III. Promote gender-responsive healthcare services

We encourage the EU and Member States to support similar sensitisation and training initiatives to address the current deficit in gender-responsive service provision for men and promote more "men-friendly" healthcare services across the EU. Initiatives like ENGAGE and other successful national men's health training programmes in Ireland have proven pivotal in helping healthcare professionals establish connections while fulfilling the health and well-being requirements of males across all age groups. This is because men-specific behaviours and attitudes have a profound impact on their access to healthcare services and should be taken in serious consideration in the design and delivery of health-related programmes and services.



IV. Promote gender-neutral HPV prevention

To enhance the inclusivity and effectiveness of prevention, and in line with the ECO's initiative HPV Action Network, we call for the adoption of gender-neutral HPV prevention programmes. Most of current HPV prevention programmes focus on girls even though boys are also at risk from a range of HPV-related cancers (penile and anal cancers) as well as

genital warts. Although several EU Member States have extended their HPV prevention targets to boys, namely Austria, Belgium, Croatia, Czechia, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, Luxembourg, Netherlands, Portugal, Sweden, service uptake remains suboptimal and further efforts should be put in place to achieve the elimination of all cancers caused by HPV.⁷²



V. Support early detection and risk-based screening for prostate cancer

We encourage all Member States to promptly implement the updated Council's cancer screening recommendations. These recommendations now also encompass prostate cancer, reflecting the evolving landscape of men's health. Building on this, we call for sustained political prioritisation at both the EU and national levels to enhance the early detection of prostate cancer through conducting piloting screening programmes in the different member states to further study how to best implement those screening programmes (e.g The PRAISE-U project as a pivotal example on how to study and implement further the EU Council Cancer

Screening Recommendations. We suggest drawing inspiration from the successful progress achieved in the detection and treatment of breast cancer and aim to replicate such successes in the context of prostate cancer.



VI. Invest in research and holistic approaches to men's health

recognising the multifaceted nature of men's health, and to promote a sustainable research and policy environment focused on Men's health, we call on the EU to develop targeted calls for tender and allocate appropriate fundings for research on health inequalities affecting men in the realm of diseases such as cancer, diabetes, and cardiovascular diseases. This financial support should furthermore be channelled toward training programmes promoting holistic approaches to men's health that encompass prevention, early detection, treatment, and ongoing care.

Overall, the EU must heed these findings, formulate comprehensive strategies, and allocate resources accordingly to address the specific health challenges faced by men. By taking these steps, EU institutions can play a significant role in promoting the well-being of individuals, families, and communities throughout Europe.

5.0

Annex



Cancer

Following the devastating effects, the COVID-19 pandemic had on the European health system, and the increase in cancer cases across Europe, the EU reflected the necessity of tackling cancer through the launch of Europe's Beating Cancer Plan in February 2021, whose main objective is to tackle cancer holistically, from prevention to improving survivors and patients' quality of life.

The objective is set to be achieved by implementing ten policy objectives that are combined with flagship initiatives in areas such as early detection cancer programs and ensuring access to essential medicines and innovation.

As part of the actions accomplished in the field, in December 2022, **the Council of the EU adopted the updated Council Recommendation on strengthening prevention through early detection**, which newly includes early prevention of lung, gastric, and prostate cancer. On prostate cancer and following the Scientific Opinion of the Group of Chief Scientific Advisors from the European Commission published in September 2022, the Council opted to include in its Recommendation pilot programmes and further research on evaluating “appropriate management and quality based on prostate-specific antigen (PSA) testing for men”. There is still a debate over the mass screening of prostate cancer which can potentially exacerbate the inequalities in men's cancer care across Member States as the ultimate power to implement these screening programmes lies on them.

Yet, the updated Recommendation has already inspired key stakeholders to set up a united front regarding the new Council's provisions. Following their publication, the European Association of Urology (EAU) published, in May 2023, a paper on “How to follow the new EU Council recommendation and improve prostate cancer early detection (The Prostaforum 2022 declaration) in which they presented further policy actions to support the promotion of early detection programmes for prostate cancer across the EU, calling on the Member States to further implement the Council's provisions towards the development of early detection programmes with the aim of reducing the burden that prostate cancer represents for men across the EU.

Furthermore, the fact that prostate cancer is asymptomatic at first stage and hold a high stigma around it, preventing early detection, highlights the need for action across Member States.

Despite this fact, the EU has already set up one of its main funding programmes the EU4Health Programme, the “PRAISE-U” project, whose aim is to reduce the burden and excess of morbidity and mortality caused by prostate cancer through smart early detection. This project is being implemented across different locations of Member States, where pilot screening programmes will take place to develop a “flexible algorithm to conduct risk-based approach screening for prostate cancer to improve the strategy of PSA”. The project gathers a wide range of stakeholders across twelve Member States which include Belgium, Spain, Poland, Lithuania, Czechia, Estonia, and Denmark among others .

Other funding mechanisms such as Horizon Europe and Digital Europe are providing further financial support, as the two other main programmes are both types of projects related and interconnected to health topics, including cancer, health digital transformation and research on potential new innovative treatments.

Along with prostate cancer, there is a growing incidence of penile and testicular cancer in Europe, , due to further exposure to risk factors such as ultraviolet exposure and chronic infections, which will increase the burden already posed by prostate cancer on men's broader reproductive and sexual life.

As the impact of these diseases on men's health is often misunderstood, the main challenge remains in raising awareness about the early symptoms of these conditions and encouraging men to seek advice from a healthcare professional, especially among risk groups such as men with an early puberty and those with

undescended testicles (cryptorchidism), as these symptoms can be absent or insidious. In this sense, targeted responses are needed to address the strong association between Human Papillomavirus (HPV) and cancer, along with the implication of HPV in almost all cases of cervical cancer. Gender-neutral vaccination against HPV should become the norm, meaning that all adolescent boys should also be included in the HPV national immunisation programmes.

Overall, when it comes to addressing the impact of cancer on men's health, the EU should keep driving further policy attention and commitment to tackling cancer by reinforcing the ongoing and future actions of Europe's Beating Cancer Plan and continue supporting all stakeholders involved in upscaling and reinforcing national healthcare systems, including patient organisations. Additionally, to harmonise institutional consensus on men's cancer care, further education and training should be given to healthcare professionals, especially on building up ideal patient pathways that would consider all stages, from prevention to post-treatment of the disease.



Respiratory Diseases

Respiratory diseases, including chronic lower respiratory diseases (CLRD), are a significant subset of non-communicable diseases (NCDs) and have a considerable impact on men's health in the EU. CLRD comprises chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases, and other respiratory conditions. These diseases are primarily non-communicable, meaning they are not caused by infectious agents and are not transmissible between individuals.

According to EUROSTAT's respiratory disease statistics, respiratory conditions are one of the main causes of death in the EU. In 2017, the standardised death rate for respiratory diseases was 79.7 deaths per 100,000 inhabitants, with the death rate for males being 1.9 times higher than for females. This disparity persisted in 2019, both at the EU level (112.9 standardised death rate for males vs. 59.6 for females) and across all EU Member States, highlighting the consistent burden respiratory diseases impose on men.

Multiple factors contribute to higher mortality rates among men with respiratory disease, including differences in smoking habits, with a higher proportion of male smokers compared to women. Additionally, occupational risks, such as exposure to harmful substances in certain industries, may contribute to higher death rates among males.

The COVID-19 pandemic has further emphasised the impact of respiratory diseases on men's health. Data from the Joint Research Centre (JRC) technical report on COVID-19 infections and fatalities in 2020 indicate that men face higher morbidity and mortality risks from COVID-19. This is attributed mainly to gender-based immunological differences and lifestyle. The case fatality rate (CFR), which compares the number of deaths to the total number of people diagnosed with COVID-19, consistently shows a male disadvantage across all age groups. Gender-based immunological differences and the presence of comorbidities, such as hypertension and cardiovascular diseases, contribute to the higher fatality rates observed among men. Furthermore, higher alcohol consumption, which is more commonly observed among men, may also play a role in the disparities. Despite recognising the disproportionate burden of respiratory diseases on men, the European Commission has not developed a corresponding strategy. While the Commission's initiative on non-communicable diseases addresses chronic respiratory diseases as one of its key strands, there is limited emphasis on specifically addressing the gender disparities and health inequities related to respiratory diseases among men.

To address the disparities and reduce the burden of respiratory diseases on men's health, targeted

interventions recognising the underlying societal causes are necessary. It is crucial to implement measures aimed at reducing smoking rates among men, promoting healthier lifestyles, and ensuring equitable access to healthcare services for respiratory conditions. Efforts should also focus on prevention, early detection, and comprehensive care for respiratory diseases. By addressing these issues, it is possible to improve the health outcomes and well-being of men affected by respiratory diseases in the European Union.



Cardiovascular Diseases

Cardiovascular diseases pose a significant burden on men: in 2017, the EU's standardised death rate for diseases of the circulatory system was 368 deaths per 100,000 inhabitants, with the rate for males being 1.4 times higher than that for females; this trend persisted in 2019 across all EU Member States, where standardised death rates for diseases of the circulatory system were consistently higher for males. A more detailed analysis revealed that male standardised death rates were higher than females for each of the six causes of death related to circulatory diseases. For instance, the rate of ischaemic heart disease was 1.8 times higher among males compared with females. The difference between the sexes was less pronounced for other heart diseases, cerebrovascular diseases, and other circulatory system diseases.

Men are more likely to engage in behaviours such as smoking, harmful alcohol consumption, and unhealthy eating, all of which are known contributors to cardiovascular diseases. Furthermore, cardiovascular diseases can be particularly challenging to manage as they may not exhibit noticeable symptoms until they reach an advanced stage, making early detection and treatment critical for good outcomes. Men, however, tend to seek detection and treatment less frequently than women, often only doing so when symptoms become severe. This delay in seeking medical attention puts men at a higher risk for complications.

Erectile dysfunction serves as a significant indicator of a potential cardiovascular event, often appearing as the initial sign of an underlying cardiovascular condition, up to two to five years before an acute event occurs. It is therefore crucial to eliminate any stigma associated with erectile dysfunction, as addressing this issue offers a dual benefit: by openly discussing it with a healthcare professional, men can find solutions to improve their sexual health while also undergoing screenings for cardiovascular diseases. This proactive approach may help prevent the onset of serious cardiovascular events like stroke or myocardial infarction.

By recognising and addressing the unique challenges faced by men with cardiovascular diseases, the EU can contribute to reducing the burden and improving health outcomes for men across all Member States.



Diabetes

In 2019, approximately 32.3 million adults were diagnosed with diabetes in the EU, a substantial increase from the estimated 16.8 million adults in 2000. In this context, the number of men diagnosed with diabetes has more than doubled since 2000, reaching 16.7 million in 2019. Women have also experienced a substantial rise, with the number of female diabetes cases increasing by from 9.5 million in 2000 to 15.6 million in 2019. However, men are more susceptible to developing diabetes due to biological factors such as weight gain.

The impact of diabetes on men's health becomes even more evident when considering mortality rates. EUROSTAT's data on death due to diabetes mellitus in the European Union in 2020 reveals that the death rate among men was 31.15 per 100,000 people, compared with 22.52 per 100,000 among women. The impact of

undiagnosed diabetes in Europe is a concerning issue, particularly as it is estimated that around 24.2 million individuals were living with diabetes but remained undiagnosed in 2019. This alarming statistic highlights a significant gap in identifying and managing the condition. Furthermore, there is evidence to suggest that men are more likely to remain undiagnosed for extended periods compared with women, primarily due to their less frequent use of health services.

In addition to the health impact, diabetes also carries significant economic and social consequences, including increased healthcare costs. In 2020 the Organisation for Economic Cooperation and Development (OECD) report “Health at a Glance: Europe 2020: State of Health in the EU Cycle” calculated that in 2019, the health expenditure allocated for diabetes in the EU was €150 billion, estimated at €3000 per adult. While the EU has recognised the challenge of diabetes, as testified by the European Parliament resolution on “Prevention, management and better care of diabetes in the EU on the occasion of World Diabetes Day”, there is still a pressing need for targeted efforts to address the distinct challenges faced by men about diabetes. Most specifically, despite the Healthier Together EU Non-Communicable Diseases Initiative acknowledging the disproportionate burden of diabetes on men, the EU has not taken targeted action to address the unique challenges men face concerning diabetes.

In light of this, the EU should prioritise the collection and analysis of gender-disaggregated data on diabetes to inform policy and invest in research to better understand the underlying factors contributing to the higher prevalence and mortality rates of diabetes among men.



Sexually Transmitted Infections

In the EU, this is a reflected fact as men are more affected than women by the main STIs bacteria; (chlamydia, syphilis, and gonorrhoea). As some of these STIs can remain largely asymptomatic, it is crucial that men - especially those at higher risk of infection – receive robust sexual and reproductive health education and information in school. To this day, education, including sexual education, is still governed by Member States, and therefore, sexual education in school is a key pillar in combating sexual misinformation, youth awareness, male population prevention and early access to treatment. It is only mandatory in 19 Member States regardless of European institutions (e.g., European Parliament) calling on Member States to adhere to WHO's Standards for sex education in Europe and the development of sexual education policies.

Furthermore, only in 15 Member States, are HIV/AIDs and STIs included as part of sexual health education, as in some Member States, a large scale of the population is opposed to promoting sexual health education and reproductive health. As such, the EU must drive inclusive and holistic best practices and guidelines, following the UN Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021 towards ending STIs, which emphasises the need to include multisectoral actions to reduce stigmatisation and discrimination and create programmes to increase male's awareness and presence when it comes to reproductive health topics, including STIs.

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