



Why have a men's health policy?

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Men's Health in Numbers: Trends on the Island of Ireland will be published by the Men's Health Forum of Ireland (www.mhfi.org) in December 2020, and brings together statistics relating to key markers of men's health. The report collates data from a wide range of sources, including government statistics agencies, cancer registries, European data archives, and locally-based surveys. Projects involving two jurisdictions can be a challenge, as Northern Ireland and the Republic of Ireland have different political and policy contexts, especially in relation to health care structures and delivery. One major difference is the presence of a men's health policy or a Men's Health Action Plan in the Republic of Ireland, and the absence of one north of the border.

Male health policies provide a key mechanism for addressing the health issues affecting boys and men at the local, national, regional and global levels. However, only four countries have adopted a male health policy: Republic of Ireland, Brazil, Australia and Iran. Each of these place a different emphasis on particular services and outcomes, reflecting the health, cultural and policy contexts of the specific country.

Republic of Ireland

The *National Men's Health Policy 2008-2013* in the Republic of Ireland was the first such policy in the world, and was brought about due to three main factors. Firstly, concerns about differences in health outcomes between males and females, and between different groups of males. A clear example is the lower life expectancy at birth for males compared to females, and for Traveller men in particular. Secondly, it was acknowledged that there needs to be a gendered approach to men's health in order to improve their engagement with services and programmes. Thirdly, work by grass roots men's health organisations highlighted concerns about the state of men's health in general, and among specific groups of men.

The policy took a social determinants approach, and

highlighted the need for a whole system response in order to be effective. Other key elements of the policy included an emphasis on prevention and on supporting men to become active agents and advocates of their own health.

A review of the policy highlighted some successes, such as promoting positive health behaviours, improving training on men's health for a range of professionals, and developing men's health partnerships across statutory, community, voluntary and academic sectors (Baker, 2015). However, the absence of ring-fenced financial and other resources undermined the capacity of this policy to fully deliver its objectives (Richardson and Smith, 2011).

The policy ended in 2013, and was not replaced. Instead, men's health became part of the overarching *Healthy Ireland* framework, and a *National Men's Health Action Plan 2017-2021* was developed. This emphasised the need to address health inequalities between different groups of men, as well as developing gender-competent and male-friendly approaches to improve engagement.

Brazil, Australia and Iran

Brazil launched its National Men's Health Policy in 2009, with two main components. Firstly, the improvement of men's primary health care services and training for healthcare providers. Secondly, the implementation of sexual and reproductive health services in primary health care units (Spindler, 2015). While these objectives have been partly achieved, criticisms include the over-emphasis on men's individual responsibility for their health, and a poor implementation strategy.

The National Male Health Policy: Building on the Strengths of Australian Males was launched in 2010. This policy emphasised the specific needs of subgroups of males (such as Aboriginal and Torres Strait Islander males, and fathers) to improve health equity (Richardson and Smith, 2011). A key strength of the policy was the commitment of funding by

the Australian Federal Government. Nevertheless, the policy faced criticism for being too modest, and for lacking long-term high-level support. The policy has been superseded by the *National Men's Health Strategy 2020-2030*.

A national men's health policy was implemented in Iran in 2013, with the aim of improving the positive physical, psychological and social health of males. The two key themes are to improve supportive environments (such as the workplace, social spaces and home), and to improve relevant support services (Esmailzade et al., 2016).

What about Northern Ireland?

Northern Ireland does not have a male health policy, although male health has been recognised in other documents. *A Gender Equality Strategy for Northern Ireland 2006-2016* noted that the health needs of men and boys, including high levels of suicide, should be addressed within an associated men's action plan. However, the *Gender Equality Strategy* has expired and has not been replaced. In September 2020, the Northern Ireland Executive announced the development of a series of social inclusion strategies to cover disability, poverty, sexual orientation and gender. Issues relating to the health of men and boys are pertinent to all of these.

Other organisations have pushed forward this agenda. *Men's Health in Northern Ireland: Tackling the Root Causes of Men's [ill]-Health* (Man Matters, 2011) highlighted the need to adopt a Men's Health

and Wellbeing Policy. Within *Improving Men's Health in Northern Ireland* (BMA Northern Ireland, 2011) the BMA argued that improving male health should be a shared responsibility among government, health professionals, community organisations and men themselves. Recommendations included increasing research to develop a men's health policy, improving services in a supportive environment, and promoting responsibility.

Conclusion

Overall, male health policies are integral to the promotion of health needs and improving health outcomes. However, their success is determined by effective implementation. Richardson and Smith (2011) highlighted key features of an effective policy:

- Ring-fenced resources, funding and expertise to support relevant action plans.
- Recognition of key structural issues (such as socio-economic status and ethnicity), and place less focus on men's health as an individual responsibility.
- Acknowledgement of diversity and differing gendered values amongst males.
- Management of expectations of those who input into the policy making and decision process.
- Active support and participation from government departments.
- Clear governance, accountability and evaluation framework from the outset of the policy timeframe, and an action plan to provide later evidence of 'what works'.

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