

# FIRST EXPERT MEETING ON MEN'S HEALTH IN THE WHO EUROPEAN REGION

## MEETING REPORT



September 2017



## **ABSTRACT**

On the 5<sup>th</sup> of September 2017, the Division of Policy and Governance for Health and Well-being and the Division for Noncommunicable Diseases and Promoting Health through the Life-course, gathered a group of experts and senior technical staff from the WHO Regional Office for Europe to discuss priorities for action on men's health in Europe. The outcomes of the meeting will inform the concept note of the Strategy for men's health and well-being in the WHO European Region that will be presented for consideration at the 68<sup>th</sup> Regional Committee of the Regional Office for Europe in September 2018.

## **KEY WORDS**

MEN'S HEALTH

GENDER

EQUITY

SOCIAL DETERMINANTS

MEETING REPORT

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## BACKGROUND AND MEETING OBJECTIVES

Men's health has been receiving increasing attention on the European health agenda. One of the key triggers for this attention is the high level of premature mortality among men in the eastern part of the European Region. Although levels of premature mortality are slowly improving, the gaps between the eastern and western parts of the Region remain high. Similar health inequalities can also be seen within countries across the Region between different subgroups of men. There is a growing body of evidence supporting gender-responsive approaches which looks at the links between gender and socio economic, environmental and cultural determinants and, the impact of these links on risk factors and systematic responses.

The importance of working to address men's health is also highlighted by evidence, policies and actions that promote engaging men and boys alongside women and girls in order to transform roles and norms, ultimately leading to better and more equal health for all.

The 2030 Agenda for Sustainable Development (Agenda 2030<sup>1</sup>) provides a strong framework to move men's health forward which can be maximized by taking an explicit gender approach when addressing the Sustainable Development Goals (SDGs). The SDGs of particular importance include: SDG 3, Ensure healthy lives and promote well-being for all at all ages, engaging men to achieve the targets of SDG 5, Achieve gender equality and empower all women and girls and SDG 10, Reduce inequality within and among countries. As part of the implementation of the WHO European policy framework for health and well-being, Health2020<sup>2</sup>, and in order to support countries towards achieving the Agenda 2030, the WHO Regional Office for Europe is preparing a Strategy on men's health and well-being (hereinafter referred to as "the strategy"). The strategy will inform actions that member states and the WHO secretariat can take to improve men's health and well-being through the incorporation of a gender approach and by engaging men in achieving gender equality. The strategy will be informed by current evidence gathered in a regional report on men's health and well-being.

The development of the strategy and the report is jointly led by the Division on Policy and Governance for Health and Well-being and the Division of Non Communicable Diseases and Promoting Health during the Life-course.

As a part of the strategy formation process, the WHO Regional Office for Europe held an experts meeting in Copenhagen on the 5<sup>th</sup> September 2017. The purpose of this meeting was to bring together leading experts in men's health and gender and health to advise and support the WHO Regional Office for Europe in developing the regional men's health initiative.

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<sup>1</sup> <https://sustainabledevelopment.un.org/post2015/transformingourworld>

<sup>2</sup> <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>

The specific objectives of the experts meeting were:

- To provide feedback on the objectives and priorities of the men's health initiative as included in the proposed framework and report outline.
- To identify ongoing processes and research that can support the development of the report and strategy.
- Identify gaps in evidence supporting the strategy and discuss how these can be filled.
- Suggest recommendations for data collection, research and action for men's health and well-being over the next 10 years.

## **SUMMARY OF MEETING DISCUSSIONS**

The meeting was divided into four sessions, focusing on the following:

1. Presenting the objectives and framework of the WHO European region men's health initiative.
2. Discussing the content of the WHO Europe report on men's health and well-being.
3. Addressing gender and the determinants of men's health and well-being: discussing masculinities.
4. Engaging men for health and well-being and on gender equality: identifying key experiences.

All sessions followed a common structure which included: a short introduction by WHO, 1-2 interventions from expert discussants, and an open discussion around a number of guiding questions.

### **Moving forward with the Gender and Health Agenda: Developing a men's health initiative in the WHO European Region**

Following the women's health strategy adopted in 2016, the WHO initiative on the health and well-being of men and boys is the next move within the gender and health agenda and the life-course approach in Europe.<sup>3</sup> This initiative builds further on the operational framework to achieve progress towards the SDGs, in particular SDG 3, SDG 5 and SDG 10 as previously mentioned.

#### **Objectives and timeline**

The main objectives of the initiative are:

- Reducing premature mortality of men and improving their health and wellbeing through a gender approach across the life-course (SDG 3).
- Reducing inequalities between men of all ages across the region and within countries (SDG 10).
- Improving gender equality by engaging men in issues such as self-care, fatherhood, unpaid care, preventing violence and sexual and reproductive health (SDG 5).

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<sup>3</sup> <http://www.euro.who.int/en/health-topics/health-determinants/gender/publications/2017/strategy-on-womens-health-and-well-being-in-the-who-european-region>

The WHO Regional Office for Europe's initiative on men's health and well-being will include the following components:

- a) Provide evidence that serves to identify priorities and supporting action.
- b) Develop a 10 year strategy to include *recommendations* for countries and for the WHO secretariat that are relevant for the whole region and strengthen action of existing WHO priorities.
- c) Assist countries to identify and *act on priorities*.
- d) *Monitor and report* on progress.

The timeline for the report and strategy development is guided by the WHO governing body sessions. The preparation process is underway and was formally kicked off through the meeting of experts. The strategy will be submitted for discussion at the 69<sup>th</sup> Regional Committee to be held in September 2018 and this is also the deadline for the publication of the report.

### Conceptual Framework

It was important to start by framing the scope of the report and the strategy. The aim of the initiative is not to describe and address all of the health and well-being issues of boys and men but instead, to address how gender and other determinants impact key issues of men's health, such as premature mortality due to non-communicable diseases (NCDs). Agenda 2030 is a transformative agenda and so it is critical to engage men in gender equality and in improving overall health.

Throughout the development and implementation process, the initiative will draw on a conceptual framework ([Figure 1](#)) to address gender and socio economic, cultural and environmental determinants of men's health and well-being. This figure is adapted from the Women and Gender Equity Knowledge Network from the Commission on the Social Determinants of Health<sup>4</sup> and the SDGs.

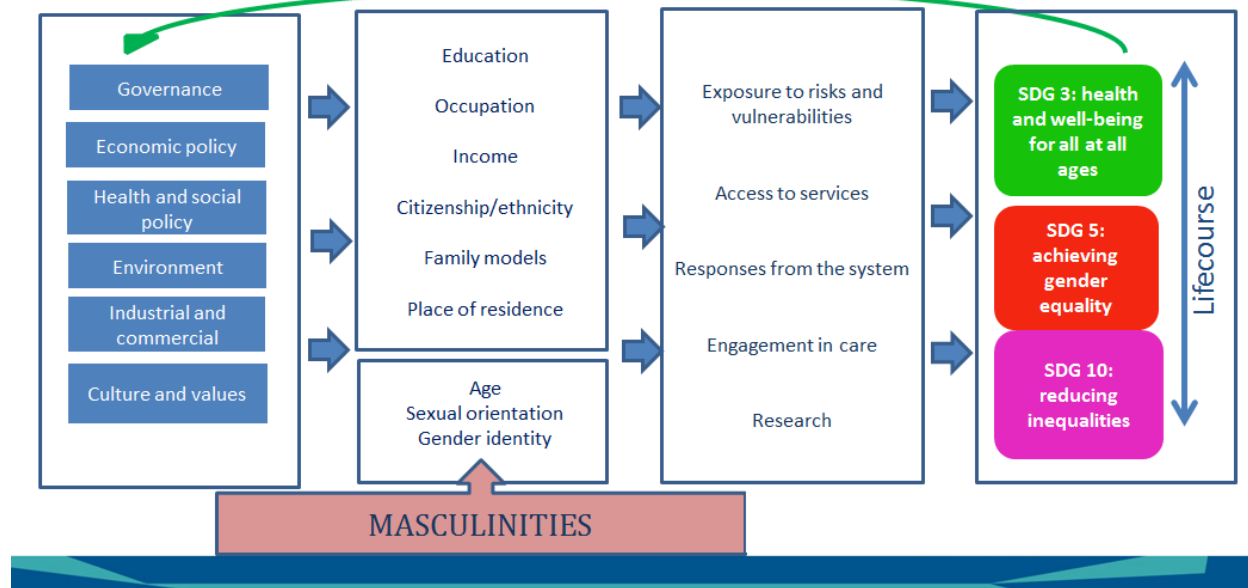
This framework is meant as a flexible working tool to guide the analysis of the evidence and the focus of the strategy. It was presented for discussion and experts were invited to provide feedback. One of the challenges is to ensure that the life-course approach is properly reflected with a focus on strengthening transitions throughout the life-course and not simply narrowing the analysis to life stages.

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<sup>4</sup> [http://www.who.int/social\\_determinants/themes/womenandgender/en/](http://www.who.int/social_determinants/themes/womenandgender/en/)

**Fig 1: Draft conceptual framework for the WHO men’s health initiative in the European Region**

Men’s health and well-being: a transformative agenda for the next 10 years



**Building on Experience**

It is important to learn from Member States and civil society working with men, men’s health and gender equality, as well as to understand better what the main challenges and opportunities are at the subnational, national, regional and global levels . Learning from key stakeholders and understanding challenges and opportunities at various levels is essential in order to shape a WHO strategy that can contribute to transformative action in the next 10 years.

At the global level there is a mindset of determinism, implying that causes of ill-health in men and their risk-taking behavior have to do with biology and cannot be changed. Experts highlighted that any WHO initiative on men’s health would need to look at the causes and determinants of men’s ill-health, men’s risk-taking behavior and the resulting health impacts. It is important to address the underlying reasons for these causes, determinants and behaviors without stigmatizing male behaviors and recognizing that not all men are equal.

There is a lack of pressure for change by politicians and civil society to address factors that impact men’s health. Economic perspectives, such as the economics of alcohol abuse and tobacco should be explored and used to create political buy in.

A few challenges were raised, such as a bias in identifying men’s health by urology and a lack of understanding that masculinities are a social determinant of health. A WHO initiative must confront this bias as there is an increasing evidence base stating the opposite. The strategy would need to show that change can be achieved, give direction and promote the capacity building required to achieve results.

Ireland is the only WHO Europe Member State that has a national men's health policy. Some lessons learned from this process include: the importance of advocacy, which in the Irish case was led by women groups, in raising awareness and introducing the topic on a variety of agendas; inter-sectoral collaboration at the policy level through partnerships, pooled funding and capacity building initiatives that may be easier to achieve at the implementation level;; the importance of a core group working in a cross-cutting fashion coordinating implementation and progress review; and that strengthening the evidence-base through partnering with academia is important for strategy development and implementation. Country-level experience shows that the conceptual scope can be broad while at the same time, the approach more focused, without being contradictory.

A WHO strategy for improved health and well-being of men would need a whole-of-government/whole-of-society approach, including aspects related to education, environment, workplace, transport, etc. The strategy needs to promote support for civil society organizations working on men's health which tend to be small and mostly a movement of professionals, not grass roots in origin. Civil society engagement is crucial to challenge and change a culture that perpetuates an image on men not needing care.

There was a discussion about the need of having a definition of men's health. The WHO secretariat is keen on using the WHO definition of health applied to men and boys. In order to avoid preconceived notions and connotations, it may be useful to refer to the initiative as the health and well-being of men and boys (rather than men's health).

Since this is the first time that the WHO is embarking on a men's health strategy, there was an expressed hope that this can become a blueprint for Europe and for other regions. It was highlighted that while Regional WHO strategies do not set targets, when adapting the strategy to national contexts, setting targets may be useful for monitoring and accountability.

## **A WHO Europe report on men's health and well-being: starting to map the evidence**

The purpose of the European report on men's health and well-being is to collect the evidence that will inform the regional strategy. Both processes are being developed in parallel and informing each other. A draft outline of the report was shared with the experts prior to the meeting.

Following the scope of the initiative, the report will not aim at describing and presenting the evidence of all health and well-being issues of boys and men but at:

- assessing how the links between gender and other determinants impact on some key health issues for men, such as premature mortality due to NCDs; and
- reviewing the evidence on gaps and good practices on how engaging men in their own health and in gender equality has beneficial health outcomes

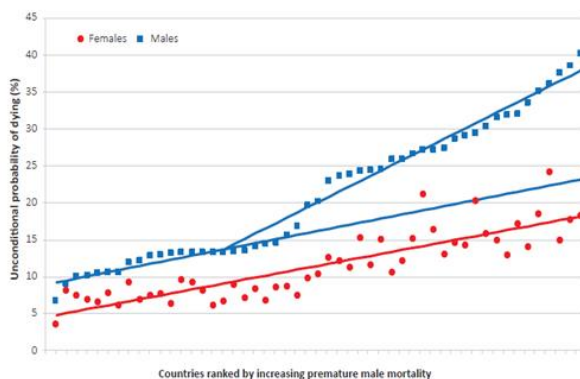
[Figure 2](#) illustrates the rationale behind these objectives with the first graph showing the risk of premature death in men and women between 30 and 69 years dying from NCDs. It is important to note that most countries at the lower end of the graphs are western European. The second graph shows the



Gender Gap Index in Europe which demonstrates that none of the European countries have achieved gender equality in this Region and that the higher ranking countries are western European. It is important to acknowledge that these two figures mask important inequities within countries and within socioeconomic, ethnic and culturally diverse groups.

**Fig 2 Rationale behind the men’s health initiative: premature mortality and gender inequality**

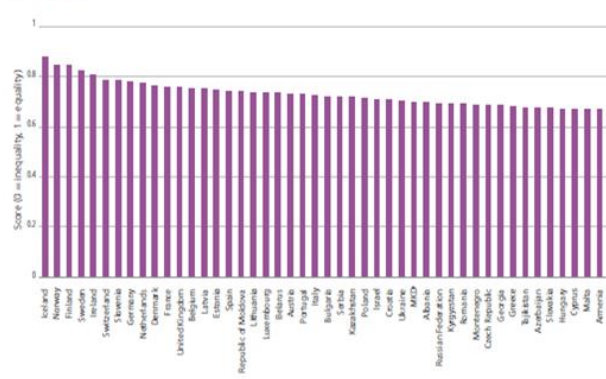
**Fig. 3. Unconditional probability of dying between ages 30 and 69 years from four major NCDs for males and females in Member States in the WHO European Region, latest available data**



**Fig. 3.1.**

Gender Gap Index

Source: WBG (17)



## Draft report outline

The draft report outline presented for discussion included the following chapters<sup>5</sup>:

- The main patterns of ill health for men in the region.
- Addressing premature mortality: the impact of gender norms and roles on risk factors and its relation with socioeconomic, cultural and environmental determinants of health across the life-course.
- Vulnerability, stigma and social exclusion: the intersections between masculinities and existing inequalities affecting groups of men such as migrants, LGBTI, prisoners and older men.
- Health systems responses to men across their lives: access and use of services, participation, self-care, and others.
- The role of men in promoting gender equality in health: prevention of violence, involvement in paid and unpaid care, reproductive health and fatherhood.

A brief overview of previous data collection and reports on men’s health in Europe and beyond was shared by key experts involved in these processes. This information served as a backdrop for discussing

<sup>5</sup> A new outline is under preparation at the time of finalizing this report

the most important gaps in evidence and data and how these gaps can be filled; challenges and controversial issues; and some key recommendations for research and data collection. It was highlighted that this would be the first report covering the whole WHO European Region and the first report on men's health developed by WHO.

Experiences from previous initiatives, as well as the overview on mortality and morbidity produced for this expert meeting by the WHO Collaborating Centre for Public Policy and Health at Durham University, highlighted difficulties in finding sex disaggregated data comparable between countries and that the data available many times required extra processing before an analysis across databases could happen (e.g. in terms of age-standards). If sex disaggregated health data was available, cross-linking this data with information on social determinants represents a complex challenge. Similar challenges were also experienced during the development of the WHO report on women's health<sup>6</sup>.

It is important to complement the routinely collected data with qualitative studies and country survey data, such as those produced by the Health Behaviour in School-aged Children (HBSC) study, the United Nations Population Fund (UNFPA) and others that include a variety of relevant topics for men's health. These topics include: attitudes and peer pressures, gender responses to stress, health seeking behavior, and men engaging in violence prevention.

In addition to risk factors there should be a focus on investigating success factors including:

- The parental leave system: how participation in care of children equals better health and better health of children?
- Why men who participate in care of children take less risks.
- Does care-giving drive a certain behavior which then improves health?
- How peer support groups for adolescents are also considered success initiatives in reducing risk factors.

Searching for data is a challenge. While many issues were raised, the report is meant to be an 80 page document; therefore, many of the issues raised will need to be left out. Another factor to keep in mind is that the report is intended to inform policy that is translated into action. The possibility of having a book of essays that would go deeper into some of the issues was presented as an option.

The following suggestions for improving the draft outline were provided:

- The report needs to inform the strategy so there should be a close connection between the conclusions of the report and the recommendations of the strategy.
- The coupling of premature mortality and gender equality makes much sense and it would be important to make the red thread very clear as this analysis is innovative and new to some.
- Beyond epidemiological trends and geographical patterns, the report would need to look at what interventions have the most impact.

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<sup>6</sup> <http://www.euro.who.int/en/health-topics/health-determinants/gender/womens-health/womens-health-report>

- There is a need to have an increased focus on well-being such as: what brings well-being among men, what works for men? How are men engaged? Do parental leave policies work? Other social welfare policies? How do these policies reduce risk factors among men?
- It should include a relational approach to women's health and its connection to men's health.
- Include evidence that challenges the acceptance of the "bread winner" model by men and women and its impact on coping strategies, depression and stress.
- The report needs to include a discussion on health literacy including: how do men understand health information? How do we best reach men with gender transformative health promotion that is not perpetuating stereotypes?
- It would need to include reflections in the report on approaches to women's health and how this connects to men's health (relational approaches to health).
- The report should also discuss models of leadership that are required to implement programmes that produce results.
- Further issues that could be included are:
  - Links between violence and other adverse childhood experiences across the life-course (e.g. drug abuse, impact of gender on HIV/AIDS prevalence, incidence and mortality).
  - Impact of gender and social exclusion on groups such as prisoners and migrants.
  - The impact of conflict on men's health, particularly mental health and sexual violence against boys and men.
  - Issues that are taboo such as boys in child marriages and sexual violence against boys and men in conflict.

### Using a Life-course Approach

Ensuring the life-course approach is incorporated throughout the report is important yet challenging. Below lists some suggestions that were brought up during group discussions on how to apply this lens:

- Data analysis could be age-disaggregated to show what issues are important at which life stage. Further analysis could also be completed on interventions across the life-course.
- While the report could be thematic as per its outline, the strategy could be developed around the life-course, focusing on life stages and high-impact interventions.
- The life-course approach should focus on assets and positive change.
- There can be boxes across the report (since it is an advocacy document) highlighting life transitions and key issues, possibly connected to the chapter most closely connected in content.
- The report can discuss exposure to risk factors across the life-course with a focus on places and settings for appropriate responses beyond health sector.
- Life-course issues could be highlighted through the use of language by using the words boys, adolescents, men and older men, as appropriate.
- It would also be important to include the intergenerational approach, life cycle and how parents influence their children.
- Connecting the work to a wider range of SDGs including SDG 8 on decent work and SDG 16 on inclusive governance is important.

Caution was also raised that life-course solutions need to avoid being reductionist and naive, and need to adequately address gender issues. Moreover, focusing on age may decrease attention on intersecting inequalities, and how life transitions happen at different ages.

### **Determinants of Men's Health and Well-being: Discussing Gender and Masculinities**

Health 2020 and the Agenda 2030 recognize that gender and social, economic, environmental, commercial and cultural factors influence men's health and well-being. The concept of masculinities and its impact on health was presented and discussed based on a short review of recent evidence shared with the participants before the meeting.

While there are important interlinkages between gender norms and positive and negative aspects of masculinities and midlife mortality, it is important to clarify the conceptual and data challenges that may affect the analysis.

A discussion paper<sup>7</sup> produced for the WHO European Meeting of national NCD Directors held in Moscow on 8-9 June, 2017 presents a thorough analysis on the future course of premature mortality in the region. This document was distributed to participants as part of the background documentation.

In Europe there has been a clear decline in premature mortality from NCD in the last decade. The decline is fastest in the countries with the highest mortality, and the Region is converging at a steady rate of reduction in the gap East-West. However, the risk of premature death in men in countries in the Eastern part of the Region is still high. The graph in [Figure 2](#) shows that in Western countries the risk gradient is slowly increasing for men and women, and the slopes for the two sexes is fairly parallel. In the middle-income countries of Europe, the gradient for male premature mortality increases suddenly relative to women, and dramatically compared to men of the same age in Western countries. The WHO Regional Office for Europe is challenging the fact that in some countries, this burden has been seen for such a long time that many countries consider the burden to be a natural phenomenon. WHO Europe is bringing the discussion on gender and masculinities to the WHO Global Conference on NCDs taking place in Montevideo 18-20 October, 2017.

The men's health initiative supports the need to target this excess mortality through interventions that focus on the disproportionate exposure of men to alcohol and tobacco and their lack of access or utilization of clinical preventive services. There is also a need to target deeper determinants such as attitudes to masculinities and femininities and the role of men in society.

The WHO Centre for Primary Health Care of the Division of Health Systems and Public Health is reviewing the patterns of utilization of health services by men, and, the impact of the links between social norms of masculinities with socioeconomic status, age and ethnicity.

In terms of the concept of masculinities, it was highlighted that it would be important to take a structural approach. This approach would work at multiple levels and recognize the interconnection between gender norms, behaviours and stereotypes with other determinants of health. The analysis of

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<sup>7</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0008/340865/Report-1-2.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0008/340865/Report-1-2.pdf?ua=1)

the impact of masculinities should not shift the focus towards individual behaviour. It is similarly important to recognise that the concept of masculinities is dynamic and diverse, is influenced by culture and sub-culture and is changing over time and space. It would be useful if the report would include a short introduction to the concept of masculinities and health without becoming a theoretical exercise.

In any analysis of masculinities and health, it would be important to avoid simplifications such as the “medicalization” of behaviour and to take a balanced approach when trying to bridge research to policy. Masculinities not only affect behavior but also affect the design and responses from the services which may not be set up in a way that allows easy access for men. More complex explanations of this content will be needed.

It is important that the men’s health initiative take a broad perspective to addressing modifiable risk factors, including issues of health literacy and the capacities of the health system. It is also important to focus on masculinities alongside femininities and norms related to sexual orientation and gender identity.

The issue of language and translation was addressed. The use of new terminology and how it translates to other languages is a constant concern which it is usually solved with glossaries that explain the concepts. Russian speaking experts confirmed that “masculinities” can be used in Russian and that the key scientific literature has already been translated.

### **Engaging men for health and well-being and for gender equality**

Engaging men to achieve gender equality, including engaging men in care, (self-care, parenthood, care of family and in unpaid care), violence prevention and gender equality initiatives is a less developed area in previous men’s health reports and policies. The changing caring roles and needs across the life-course are however, well-recognized, and the work on fatherhood and health is most advanced in this regard.

The WHO initiative on the health and well-being of men and boys will also address the prevention of men’s violence, against men and against women, and men’s engagement in promoting sexual and reproductive health for all. Working with the education and social sectors and using a settings approach will be important aspects of this part of the initiative.

The Men Engage platform in Eastern Europe and Central Asia has together with UNFPA documented many lessons learned and good practices in relevant to men’s health, particularly, addressing fatherhood as an important life transition; working with men in family planning, antenatal care and motherhood; assessing the health impact of parental leave policies; and promoting the caring roles and needs of older men.

It would also be important to look at specific country experiences at national and sub-national levels. For example, a recent Swedish policy sets new goals for gender equality and also for gender equal health. Engaging men for gender equality is part of the policy. In addition, a new agency on gender equality to strengthen implementation and evaluation has been established, shifting the focus from policies to results. Currently, there is no real data on the health effects of gender equality policies in Sweden, but this is mainly because these policies did not have health as an aim and it was therefore not

evaluated as such. In terms of data, positive health effects of parental leave have been well-documented. Sub-national policies and examples will also be researched in order to generate information and evidence into this component of the men's health initiative.

Simplifications should equally be avoided when analysing the health impact of gender equality policies. For example, equal opportunity policies in Sweden have led to women's higher labour force participation but this is not proportional to the number of women in higher managerial positions. Similarly, impact of education policies on low performing rates of boys in schools and the effects on health across the life-course can be further analysed from a gender perspective. This would include looking at the unequal share of men in lower paid care or teaching jobs in kindergartens and schools, the medicalization of boys' behaviour and the impact across the life-course versus, the social impact of low performing rates among girls across the life-course. This analysis is multifaceted and challenging and it would be addressed as part of the life-course and intergenerational impact.

## Conclusions and Next Steps

Experts' were asked to identify key issues for the report and strategy that could make a change in the next 10 years. Below are some of the suggestions, which are not included in other parts of the report:

- Give solutions to problems by including success factors, guidance and case studies that can be transferred to practices.
- Continue the push for disaggregation of data by sex and age.
- Collect evidence on masculinities and describe intervention.
- Important to balance with women's health and how it connects with gender equality.
- Importance of culture – bring on board experts that have this expertise from the humanities.
- Role of private sector for sick leave and parental leave.
- Make a distinction between public health policies, and the health benefits of other policies (co-benefits).
- Highlight the role of the health ministry on understanding and advocating for how policies outside the health sector can be health promoting and evaluate their health impact.
- It is important that health sector understands how and where to reach men (key settings).
- Strengthening the message that people-friendly services need to be men friendly services.
- Strategy to propose multidisciplinary implementation groups in countries.
- Explore use of social media for key messages and advocacy to get in contact with younger populations.

Experts were invited to send their comments to the report and expressions of interest within the week after the meeting. Their feedback and the conclusions of the meeting will inform the second draft of the report outline and the concept note of the strategy that needs to be ready in October. Experts were also asked to suggest existing events where the report and strategy can be presented so the secretariat can produce a calendar of events.

## ANNEXES

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION  
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ  
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

### Expert meeting on men's health and well-being

Copenhagen, Denmark  
5 September 2017  
UN City  
0.02.09

Draft 26 February, 2018

### Annotated Programme

08:30-09.00	<i>Registration</i>
<b>09:00 - 09:30</b>	<b>Introductions and welcome</b> <b>Purpose and expected outcome of the meeting</b> WHO Europe
<b>09:30 - 10:30</b>	<b>Presenting the men's health initiative in the WHO European Region: looking at men's health from a gender and a life course approach</b> WHO Europe presentation Short interventions by Noel Richardson, Niclas Jarvklo and Peter Baker on lessons learned from country and global initiatives  Guiding questions for discussion: <ul style="list-style-type: none"><li>• What are the lessons learned from Member States and civil society initiatives?</li><li>• What are the challenges and opportunities at the subnational, national, regional and global level?</li><li>• What would be expected from the WHO Strategy?</li></ul>
10:30 - 10:45	<i>Healthy break</i>
<b>10:45 - 12:15</b>	<b>A WHO Europe report on men's health and well-being: mapping the evidence</b>

WHO introduction of the report outline

Short interventions by David Hunter/Shelina Wisram, Alan White and Siam Schoofs: lessons learned from previous reports.

Moderated discussion about the outline for the report, existing evidence and gaps:

- What are the most important gaps in evidence and data and how can we fill these gaps?
- What are the challenges and controversial issues?
- What would the key recommendations for research and data collection?

*12:15 - 13:15 Lunch*

**13:15 – 14:30 The impact of masculinities in the midlife mortality crisis What do we know?**

WHO EURO: risk factors and access to primary health care

Short interventions by experts on masculinities: Sara Hawkes and Claire Sommerville

- What are the conceptual challenges?
- What are the data challenges?
- What would be the main recommendations for actions?

*14:30 – 14:45 Healthy break*

**14:45 – 16:30 Engaging men on health and on gender equality**

Short interventions on engaging men in care, violence prevention and gender equality initiatives UNFPA, Vasco Prazeres

- Do we have evidence on good practices?
- Which other sectors we should involve?
- What should be the health sector priorities?

**16:30 – 17:00 Conclusions and next steps**

Isabel Yordi Aguirre





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**Expert Meeting on Men's Health  
in the WHO European Region  
UN City, Copenhagen, Denmark  
5 September 2017**

**30 August 2017  
Original: English**

## **Provisional list of participants**

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## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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