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Strategy on the health and well-being of men in the WHO European Region

Health 2020 recognizes that gender is an important determinant of health, and the adoption in 2016 by the 66th Regional Committee for Europe (RC66), in resolution EUR/RC66/R8, of the Strategy on Women's Health and Well-being in the WHO European Region (document EUR/RC66/14) was an important milestone in the operationalization of gender-responsive policies.

The gender approach to better health outcomes and efforts to improve gender equality in health are now being taken forward through this draft strategy on the health and well-being of men in the Region.

This draft strategy incorporates Member States' comments on previous drafts and is submitted to RC68 for consideration and endorsement.

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Introduction

1. In recent years, the health and well-being of men has received increasing attention in the WHO European Region. A key trigger for this attention is the high level of premature mortality among men, particularly in the eastern part of the Region. Life expectancy at birth in males in countries of the Region ranged from 62.2 to 81.3 years in 2015, while healthy life expectancy ranged from 56.6 to 71.8 years. Although levels of premature mortality are slowly improving in all countries, variations between the eastern and the western parts of the Region remain high. Similar differences also exist within countries and between groups of men with different socioeconomic backgrounds.

2. The adverse mortality among working age men has a profound demographic, economic and political impact on the Region. The burden of premature mortality is so great and has been observed for so long that, in many countries, it is considered to be a natural and unmodifiable phenomenon. The gradients observed in mortality rates among men in both western and eastern countries of the Region dispel this fallacy.

3. The focus on men's health has also been driven by a growing body of evidence that provides a better understanding how gender intersects with other social, economic, environmental, political and cultural determinants influencing exposure to risk factors and interactions with health systems. Moreover, an increased engagement of civil society with men's health and with the important role of men in the gender equality agenda calls for explicit commitment and action.

4. Therefore, and in this context, the draft strategy on the health and well-being of men aims to inform action by Member States in the Region to improve men's health and well-being while promoting gender equality.

5. The United Nations 2030 Agenda for Sustainable Development provides a solid framework for promoting action aimed at reducing premature mortality among men and improving men's mental health and well-being through the achievement of the Sustainable Development Goals (SDGs), including SDG 3 on good health and well-being, SDG 5 on gender equality and SDG 10 on reduced inequalities.

6. Reduced gender inequalities are both a driver and an accelerator of progress towards all the SDGs, and are therefore a central component of the solutions to sustainable development. The strategy reflects on promising evidence from efforts to facilitate and target positive engagement by boys and men with paid and unpaid care, fatherhood, prevention of male-to-male and gender-based violence, as well as action on sexual and reproductive health.

7. The WHO Regional Office for Europe takes forward the gender equality, equity and human rights agenda in health through the implementation of Health 2020, the European policy framework for health and well-being. Moreover, the draft strategy builds on strategies and action plans endorsed by the Regional Committee in recent years: The Strategy on Women's Health and Well-being in the WHO European Region (document EUR/RC66/14) and the Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind (document EUR/RC66/13), adopted in 2016 in resolutions EUR/RC66/R8 and EUR/RC66/R7, respectively, highlight the need to address the impact of gender and socioeconomic

determinants on men's health and well-being and the equally important roles of men and women in achieving gender equality.

8. The draft strategy also builds on the achievements of civil society groups working in the areas of men's health and for gender equality at the national, regional and global levels, on the lessons learned from national policy responses to men's health, and on a wide range of evidence gathered in men's health reports and reports supporting gender-specific approaches.

Background and rationale

9. The draft strategy and its recommendations are supported by a review of existing evidence on key issues of the health and well-being of men from a gender and social determinants of health perspective and including the responses of health systems and policy approaches. Below are some of the key issues identified throughout the review process.

10. A gender approach to health refers to the socially constructed roles, behaviours, attributes and opportunities for males and females. The influence of early socialization patterns and social structures and institutions determines what is considered masculine and feminine. The concept of masculinities is being used in public health to help in the understanding of how men's exposure to risk factors, their engagement with health and social services, and the responses provided from the system across the life-course are shaped by gender. The concept of masculinities has also been brought into health equity debates as a means of improving understanding of how factors related to social support, power, academic performance or employability conditions, among others, influence men's engagement with health services or health promotion campaigns.

11. In all European countries noncommunicable diseases, mainly cardiovascular diseases, cancers and respiratory diseases, are the leading cause of death and disability among men, followed by injuries. Although premature mortality is declining throughout the Region, a focus in some countries on premature mortality in males aged 30–69 years from cardiovascular diseases is an opportunity for further acceleration of progress.

12. Gender differences in rates of injury are striking, starting from early childhood and continuing throughout the life-course. There are higher rates of injury in low- and middle-income countries than in high-income countries, and inequalities related to social class within countries. But socioeconomic factors are not the only explanation of these differences. Seventy per cent of deaths due to injuries are in males, and while male injury mortality rates in middle-income countries are 2.2 times higher than in high-income countries, there is no difference in females. Moreover, about three quarters of all road traffic deaths occur among young men under the age of 25 years.

13. Self-harm and suicide are also significant causes of death and the disease burden among men in the European Region and present substantial variations between and within countries. Suicide is more than three times higher among males than females in all age groups over the age of 15 years and there is an almost tenfold difference between countries. A leading underlying cause of suicide is depression, which is the second-highest cause of years lived with disability in men.

14. Ill-health and health inequities among men are strongly influenced by exposure to risk factors such as alcohol consumption, tobacco and other substance use, and overweight. Evidence also indicates that risk factors are highly interrelated and tend to cluster because of social and economic inequities. Tobacco, alcohol and drug use are strongly determined by gender norms and roles and socioeconomic background, and are more common among men of all ages.

15. Despite these data, men report better subjective health than women, and fewer unmet health care needs. Most of the evidence shows that men participate less in preventive health services, seek medical help at a later stage than women and receive more informal care. Evidence suggests that the design of health services and the settings in which they are delivered, as well as the understanding of norms around masculine roles and behaviour among health professionals, are important factors influencing the way health systems respond to men's health issues.

16. Factors influencing inequalities in men's and women's health across the life-course, include societal factors such as levels of national wealth, levels of gender equality and cultural norms, and individual factors such as education, income, employment status, occupation, disability, sexual orientation, ethnicity, migrant status and access to economic resources.

17. Factors that contribute to social exclusion and vulnerability, such as financial insecurity, migratory status and discrimination, increase risks for ill-health among both men and women. Gender norms and roles intersect with these processes, resulting in the marginalization and exclusion of some groups of men and thereby increasing their exposure to ill-health, as illustrated by the higher risk of tuberculosis among homeless men, men who are prisoners and men with alcohol dependency. High youth unemployment in several European countries hampers young men's access to services, with negative consequences for their mental and physical health and increasing the risk that they will become long-term recipients of social benefits.

18. Women outnumber men when it comes to carrying out paid and unpaid care although the number of men caring for an older adult has been increasing over the past 15 years in several countries, especially with regard to lower-level types of care. Men spend on average 2–2.5 hours per day on unpaid care work, while women spend 4–4.5 hours. Specific studies on gender equality and health suggest that men's greater participation in the care of children influences men's health outcomes, including reduced risks for premature mortality, alcohol abuse and sick leave from work. Documented barriers to men's greater involvement in unpaid care include gender norms and stereotypes, workplace culture, pay gaps and limits placed by work-family policies.

19. The majority of victims and perpetrators of interpersonal violence are men. Evidence suggests that enhanced gender equality in society reduces violence by men. Violence against women tends to be higher in contexts where violence between men is normalized. Being a victim of violence in childhood increases the likelihood of being a victim or perpetrator of violence in later life.

20. There is general agreement that men's reproductive health needs are not being met, including in relation to family planning, prevention and treatment of sexually transmitted infections, healthy sexuality and infertility. Lack of knowledge about symptoms, treatment and services prevents men from contacting health services with sexual and reproductive

health concerns. Even where specific sexual and reproductive health services are available for young people, most clients are young women, as gender stereotypes may prevent men from accessing the services.

21. Evidence suggests that meeting the sexual and reproductive health needs of men results in lower rates of sexually transmitted infections in men and women, in lower rates of unintended pregnancy, in better parenting and in healthier and more satisfying personal and family relationships.

Guiding principles

22. The draft strategy targets men and boys of all ages. To allow for easier reading, the text that follows refers to men only, while implicitly meaning boys and men. When a specific life stage or life transition is targeted, this is made explicit in the text.

23. The guiding principles of the draft strategy are based on approaches which are in line with the guiding principles of Health 2020 and the 2030 Agenda for Sustainable Development, including those described below.

- A human rights-based approach, informed by international human rights treaties and commitments, which seeks to redress discriminatory practices and unjust distributions of power and facilitate the aim of progressively realizing the right to health.
- A gender-responsive approach that reflects the need to consider gender norms, roles, relations and inequalities and that acts to reduce their harmful effects. This approach unites men and women as social groups influenced by the distribution of power and social and economic resources, and considers the intersections of gender with socioeconomic status, age, ethnicity, disability, sexual orientation, religion, etc.
- An outcome-based approach that prioritizes those interventions with the greatest scope for reducing premature mortality, extending life expectancy, improving the quality of life and reducing inequalities in health.
- A life-course approach that builds on the interaction of multiple promotive, protective and risk factors throughout people's lives and aims at increasing the effectiveness of interventions through actions that are taken early, appropriately to transitions in life, and together by the whole of society. This approach benefits the whole population across the life course, as well as accruing benefits for future generations.
- An equity-driven approach that recognizes the influence of economic, social and environmental determinants of men's health and addresses the way gender intersects with the determinants that generate inequalities. This is essential for improving the health of the most at-risk men.
- A people-centred health system approach that ensures coverage, availability, accessibility and affordability of high-quality, integrated health and social services for men through all life stages.
- A whole-of-government and whole-of-society approach that acts in collaboration with other sectors to improve health outcomes.

- An assets-based approach that builds on the positive aspects of men's experience, knowledge, skills and attitudes to health and well-being, promotes supportive environments and strengthens community development.
- A participatory approach that recognizes the need to engage men across communities in the development and implementation of the strategy in order to achieve sustainable results.
- A public health approach that ensures that the strategy is informed by evidence-based programming that leads to better health outcomes.

Goal and objectives

24. The goal of the strategy is to improve men's health and well-being through evidence-informed, gender-responsive and equity-driven approaches that transform the gender roles, norms and structures that affect men's exposure to risk factors and act as a barrier to gender equality and health equity achievements in Europe.

25. The main objectives of the strategy are intrinsically linked with the targets of the SDGs and Health 2020:

- reducing premature mortality among men due to noncommunicable diseases and unintentional and intentional injuries;
- improving health and well-being among men of all ages while reducing inequalities between and within countries of the Region; and,
- improving gender equality through structures and policies that advance men's engagement in self-care, fatherhood, unpaid care, violence prevention and sexual and reproductive health.

Priorities and key areas for action

26. The priorities presented below have been identified through consultation with a wide range of stakeholders, including an online consultation with all Member States, experts, partners, civil society organizations, the Healthy Cities Network and the Regions for Health Network.

27. Priority-setting was supported by the strategic objectives and priorities of Health 2020, the SDG targets and the framework of social determinants of health and gender inequalities in health that allows men's health to be addressed without overlooking that of women. The recommendations are further supported by a review of existing evidence being compiled by the Regional Office in a report on men's health and well-being in the European Region to be launched in September 2018.

28. As a result of this process, five broad priority areas were defined as described below. These areas are interrelated and reflect the need to take a comprehensive approach based on country needs and contexts.

Strengthening governance for the health and well-being of men

29. Improving the health and well-being of men and contributing to gender equality are complementary objectives that will require changes in governance for health. They require appropriate governance mechanisms and outcomes that are sensitive to the relations that unite men and women as social groups in a particular community. Policies and actions should build on the gains achieved by addressing gender and social determinants of health, to obtain greater health equity. They should also focus on the promotion and protection of men's health alongside that of women, breaking down barriers between different programmes instead of reinforcing them.

30. Member States may consider the following actions:

Improving policy coherence

- (a) ensuring that health policies and multisectoral policies address how the intersections between gender norms and roles and other determinants affect exposure to risk and health outcomes among men across the life course;
- (b) ensuring that gender equality policies address the impact of gender as a determinant of men's health and engage men as active agents of change;
- (c) ensuring that men's health policies and health policies addressing key issues for men's health, such as those on tobacco and alcohol, road injuries, nutrition and mental health, address the impact of gender norms and roles and the intersections with socioeconomic determinants of health, in targeting men;
- (d) integrating gender budgeting across health policies and programmes for more efficient financing of the health priorities for both men and women and for promoting gender equality;
- (e) strengthening monitoring frameworks for the implementation at national, subnational and local level of strategies and policies relevant for men's health along with existing monitoring mechanisms;

Working across sectors

- (f) working with the social and the education sectors to promote positive and healthy gender norms and roles and challenge gender inequalities from early childhood through life skills training, parenting and community-based programmes;
- (g) strengthening intersectoral mechanisms between the health and education sectors to eliminate gender stereotypes harmful for health at all levels of education;
- (h) monitoring the impact of education and employment policies on men's health and well-being across the life course to identify critical actions;
- (i) ensuring that a gender approach is taken in occupational safety and health policies in order to address men's exposure to high-risk occupations, injuries and fatalities in the workplace;

Strengthening participation

- (j) promoting and facilitating the participation of men, and communities of men, alongside women as users of health services, patients and carers, when developing and implementing health policies and programmes;

- (k) strengthening collaboration with civil society organizations that contribute to improving men's health and that advocate for gender equality;
- (l) prioritizing schools, homes, workplaces, sports and social spaces as settings for reaching men and for promoting transformative action to increase men's participation in education and caring professions, and in community work;

Leaving no one behind

- (m) strengthening policy action and community capacity at the national, subnational and city levels to improve the health and well-being of the most at-risk men in both urban and rural settings;
- (n) ensuring that measures for health equity specifically consider that gender norms and roles may exacerbate social exclusion, in particular in relation to men who are unemployed, homeless, prisoners, veterans, migrants, of a different ethnic origin from the majority, GBTI (gay, bisexual, transgender and intersex), or who are living with mental illness or another disability;
- (o) ensuring that financial protection mechanisms address the needs of men who experience social exclusion and marginalization because of their age, ethnicity, sexual orientation, gender identity, homelessness, disability or mental health conditions.

Making gender equality a priority for men's health

31. Europe has one of the highest levels of gender equality among WHO regions, but according to existing gender equality indexes no Member State has achieved full equality. The evidence demonstrates that there is an imbalance of power in society that has reinforced inequalities between men and women in access to, and distribution of, resources with an impact on health.

32. Few gender equality policies include men's engagement as a means of improving their own health and improving gender equality. Likewise, gender equality initiatives are less developed in existing men's health reports and policies. Engaging men in gender equality includes learning from positive experiences, transforming patterns of care (including self-care, parenting, care of family and unpaid care), and engaging men in action to prevent gender-based violence and improve sexual and reproductive health. Many of these activities would lead not only to greater gender equality but also to a reduction in exposure to risk factors.

33. Member States may consider the following actions:

Supporting the important role of men in achieving gender equality

- (a) developing and implementing gender equality policies that recognize the benefits of gender equality for the health and well-being of both men and women and promote the important role of men in achieving gender equality;
- (b) ensuring that gender equality policies recognize that the intersections between masculinities and social determinants may exacerbate exposure to risk and vulnerability among some groups of men;

- (c) strengthening collaboration and partnerships between the health sector and civil society, in particular organizations active in the field of fatherhood, in engaging men in care, in reproductive health, and in the prevention of violence;
- (d) specifically targeting adolescents with interventions that address the impact of discriminatory gender norms and roles in health and in harmful practices, and that provide options for transformative change;

Challenging the gender imbalance in paid and unpaid care

- (e) developing innovative programmes from early childhood onwards to promote gender-equitable behaviour to achieve gender balance in the provision of paid and unpaid care;
- (f) identifying and addressing institutional biases that may perpetuate intended or unintended gender-based discrimination in health in areas such as education, employment, social protection mechanisms, pension schemes and health insurance policies;
- (g) promoting and addressing in policies the critical role men play in the lives and development of children by facilitating the sharing of parental responsibilities and by recognizing the benefits to children's and familial well-being that result from men engaging actively in family life;
- (h) assessing the health impact of parental leave policies and flexible working arrangements that support men's roles as fathers and carers and a shared responsibility for care with women;

Engaging boys and men in violence prevention

- (i) developing programmes that focus on life skills, parenting, preschool and academic enrichment, social development, safe schools and comprehensive programmes that focus on more than one of these areas;
- (j) supporting programmes that address the likelihood of boys being victims of violence and in becoming perpetrators or being subjected to violence later in life;
- (k) promoting the role of men and communities of men as active agents of change to challenge the normalization of violence between men;
- (l) engaging men and communities of men, alongside women's groups, in programmes geared towards eliminating violence against women;

Sharing responsibility for reproductive health

- (m) addressing gender norms, roles and stereotypes and promoting the role of adolescent boys and men in policies, programmes and services related to sexuality education, family planning, contraception, prevention and management of unintended pregnancies, maternal health, sexually transmitted infections and infertility;
- (n) addressing social norms, creating enabling environments and promoting evidence-based programmes to normalize men's use of sexual and reproductive health services and products.

Making health systems gender responsive

34. According to a review of social determinants of health and the health divide in the WHO European Region, men's poorer life expectancy reflects several factors, including health behaviours and paradigms related to masculinities. These influence exposure to risk, health-seeking behaviours and the way health providers address men and their health needs.

35. Gender-responsive health systems need to ensure a model of care that makes health services more accessible for boys and men and that addresses the impact of masculinities on health across the life-course. This should include people-centred health services actively reaching out to men at high risk and acknowledging diversity across different groups of men. Growing evidence shows that when a gender approach is applied men will change the way they engage with their own health.

36. Member States may consider the following actions:

Understanding men's health needs and patterns of health-seeking behaviour

- (a) acknowledging that men's health needs, their health-seeking behaviour and the responses of the health system are influenced by gender norms and roles and the intersections with other determinants of health;
- (b) ensuring that men's health needs are met across their life-course through gender-responsive policies, services and programmes;
- (c) strengthening the knowledge and competences of the health workforce in addressing interactions between biology, gender and other determinants of health;

Addressing men's health challenges

- (d) improving the capacity of primary health services to prevent, assess and manage cardiometabolic risk of heart attacks and stroke among high-risk men, particularly through detection and control of high blood pressure;
- (e) developing gender-appropriate instruments to identify and treat depression and other mental health conditions among the most at-risk men, including the psychological impact that life transitions (for example, fatherhood or retirement) may have on men's lives;
- (f) ensuring that health systems are responsive to men's sexual and reproductive health needs, including in the areas of family planning, prevention and treatment of sexually transmitted infections, healthy sexuality and infertility, throughout their lives, as they affect the men themselves and others;
- (g) addressing the links between mental health, alcohol and substance abuse, as both risk factors and consequences of interpersonal and intimate partner violence;
- (h) developing interventions and services that target adolescent boys who are involved in or are victims of interpersonal violence, bullying and abuse, including mental health promotion, life skills training and counselling in schools;

Improving health services delivery

- (i) ensuring a model of care that recognizes the different health needs and health-seeking behavioural patterns of men, supports continuity of care and makes health and social services more accessible and appropriate;
- (j) designing more men-friendly and flexible primary health care services, including outreach services targeted at bringing the most at-risk men into these services;
- (k) strengthening the capacity of primary health services to assess and manage the impact of masculinities and other determinants of men's access to prevention, diagnosis, treatment, management, rehabilitation and palliative health and social services;
- (l) taking positive measures for a more gender-balanced health workforce within all professional categories to ensure sustainable models of care and combat job segregation that perpetuates stereotypes and unequal pay;
- (m) identifying strategies to improve men's adherence to treatment and overall safe use of medicines;
- (n) ensuring that policies and services avoid the medicalization of boys' and men's behaviours that are influenced by gender norms and roles;

Reaching out to men

- (o) building awareness and capacity among health providers to promote inclusive services and eliminate discriminatory practices, particularly in relation to men who experience social exclusion and marginalization because of their age, ethnicity, sexual orientation, gender identity, homelessness, disability or mental health conditions;
- (p) utilizing digital health to improve the quality and outreach of health and social services to male populations through new and innovative applications of technology that address social and practical barriers experienced by men.

Improving health promotion

37. Gender-transformative health promotion aims at improving health outcomes across the life course by redefining harmful gender norms, challenging gender stereotypes and developing more equitable gender roles and relationships.

38. Health promotion initiatives that fail to take gender perspectives into account are usually less effective and may sometimes perpetuate gender stereotypes in a way that is counterproductive to achieving sustainable health outcomes and gender equality.

39. Member States may consider the following actions:

Focusing on key life transitions

- (a) promoting interventions that maximize the impact of health promotion activities among different age groups of men and that take into account the impact of gender, social, economic and environmental determinants of health;
- (b) encouraging health providers to use important life transitions, such as adolescence, becoming a father or retirement, to promote positive health messages and encourage healthy habits;

Building on assets and positive images

- (c) ensuring that health promotion initiatives build on and promote a positive image of boys and men regardless of age, sexual orientation, gender identity, ethnicity, culture and religion;
- (d) ensuring that health promotion initiatives eliminate the use of gender stereotypes that perpetuate unequal and harmful role models and behaviours;
- (e) developing supportive environments that promote a positive, holistic approach to the roles of men as fathers, partners, co-workers and carers;

Focusing on the main risks

- (f) prioritizing interventions to reduce the disproportionate exposure of boys and men to alcohol and tobacco use, substance abuse and road traffic injuries;
- (g) promoting healthy eating choices at home, in schools and at work that are based on evidence of the impact of gender norms and socioeconomic determinants on men's diet;
- (h) developing universal and targeted interventions to reduce the high levels of self-harm and suicide among boys and men;
- (i) promoting interventions that encourage health-seeking behaviour in boys and address challenges and stigmatizing attitudes related to mental health conditions;
- (j) promoting healthy sexuality from an early age and across the life course, including for older men;
- (k) building capacity among school and primary health workers and other front-line professionals to address risks using a gender and socioeconomic determinants approach;

Using settings and places

- (l) strengthening gender-responsive school programmes on health and life skills development that foster healthy lifestyles and well-being, promote appropriate use of social media and the Internet, combat bullying (including cyberbullying) and reduce the use of violence to resolve conflict;
- (m) targeting the workplace as a key setting in which to develop a range of men's health initiatives, based on consultations with men and women;
- (n) ensuring that health promotion initiatives use recreational and sports facilities to reach boys and men;
- (o) supporting age-friendly environments and spaces at local level that promote well-being and reduce the increased risk of loneliness and social isolation that men from various socioeconomic groups and at various ages may experience;
- (p) building on lessons learned from digital health initiatives, such as online counselling, that address men's specific needs using life-course, gender and social determinants of health approaches, particularly in respect of mental health, substance abuse, parenting, sexual and reproductive health, emotional well-being and caring roles.

Building on a strong evidence base

40. A robust evidence base that includes evaluation of policies and actions is crucial for the development and implementation of well-informed policy processes. Throughout the consultation and evidence-gathering process for the draft strategy, important gaps have been identified in sex disaggregated data and gender analysis which need to be filled to inform men's health issues.

41. Member States may consider the following actions:

- (a) collecting and using disaggregated data to inform policies and programmes; disaggregation by age and sex needs to be complemented with disaggregation as recommended in the indicators developed to monitor progress towards the SDGs;
- (b) developing a comprehensive body of evidence on men's health from a gender perspective;
- (c) promoting research and innovation on sex and gender differences in the use of medicines, service delivery and health promotion, and that identify and disseminate good practices;
- (d) developing operational research on the ways in which gender causes different forms of risk-taking and health-seeking behaviour among boys and men from early childhood to adulthood that includes a gender and a socioeconomic perspective throughout the life-course;
- (e) promoting research on the health impact and the benefits of gender equality policies on the health and well-being of men;
- (f) developing tools and capacities for translating research and lessons learned from good practices into policy and programmes.

Monitoring and reporting

42. Monitoring and reporting will be carried out in connection with the Health 2020 monitoring framework, the SDG targets and indicators, the Strategy on Women's Health and Well-being in the WHO European Region and other relevant existing frameworks, in order to avoid duplication and to facilitate accountability. A harmonized approach will be critical for minimizing the reporting burden on countries and maximizing the impact of reviews and recommendations for subsequent action.

Time frame

43. The key milestones in developing the strategy are listed below.

September 2017	Milestone 1	Technical consultation with experts on available evidence, gaps and success criteria
November 2017	Milestone 2	Feedback from the second session of the Twenty-fifth Standing Committee of the WHO Regional Committee for Europe (SCRC)
February 2018	Milestone 3	Second technical consultation with experts on available evidence, gaps and success criteria
February 2018	Milestone 4	Full draft of the strategy submitted for consultation to the Twenty-fifth SCRC
February–March 2018	Milestone 5	Consultations with Member States and other relevant stakeholders
March 2018	Milestone 6	Feedback from the third session of the Twenty-fifth SCRC
April 2018	Milestone 7	Submission of the draft resolution and revised strategy to the fourth session of the Twenty-fifth SCRC
May 2018	Milestone 8	Open discussion of the draft strategy at the fourth session of the Twenty-fifth SCRC
June 2018	Milestone 9	Submission of the final draft strategy for the consideration of the 68th session of the Regional Committee (RC68)
September 2018	Milestone 10	Discussion of the strategy on the health and well-being of men in the WHO European Region, accompanied by a draft resolution, for consideration by RC68. Launch of the European report on the health and well-being of men

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