



Written Comments to the OECD Health Committee

June 2026

Preliminary findings from the upcoming report "Why do women get sicker but men die younger?"

DELSA/HEA(2026)9

General Comments

- *Business at OECD* welcomes the OECD's balanced, life-course analysis, which recognises that women experience a greater burden of ill health and disability, while men experience substantially higher premature mortality. Addressing these gaps is not a zero-sum exercise: greater attention to men's health can complement continued progress on women's health.
- *Business at OECD* encourages the OECD to highlight the importance of adopting a "life-course" approach to gender and health: i.e., strengthening the perspective of whole-person, coordinated care across the course of a person's life. This approach emphasizes integrated, person-centred care that combines prevention, primary care, behavioral health and care navigation rather than condition-specific interventions or framing alone.
- Our members advocate avoiding framing gender and health solely through a reproductive health lens. Women's health encompasses reproductive health as well as physical health, mental health, behavioral health, chronic disease and chronic-condition management, caregiving responsibilities and healthy ageing. The discussion of women's access barriers should be expanded to include affordability, care navigation and continuity of care as determinants of outcomes.
- Coordination and partnership with the private sector can support better data, measurement and population-health analytics which can inform more effective health policy interventions and decisions.
- We invite the OECD to include responsible self-care explicitly in the final report and to link the analysis more closely to implementation. Health literacy, service design and access through workplaces, community pharmacies, regulated digital services and community organisations can support earlier action while complementing primary care.
- We would also welcome further consideration in the final report of the wider economic and societal consequences of poor men's health and preventable premature mortality. Research commissioned by Movember and conducted by HealthLumen estimates that approximately USD 379.5 billion could have been saved across six high-income countries in 2023 if the five leading causes of preventable premature death among men had been avoided. While these estimates vary by country and should be interpreted within their national contexts, they illustrate the potential value of stronger prevention, earlier engagement with health

services and gender-responsive health policies.

Specific Comments

- Paragraph 23: Self-care and healthier lives:** Paragraph 23 highlights the importance of preventing poor health across the life course. The final report could recognise responsible self-care as one contributor to this objective. Better health literacy, symptom recognition, self-monitoring and timely use of professional support can encourage prevention, earlier diagnosis and more effective management of chronic conditions for all genders. Global Action on Men's Health's 2026 report *Men & Self-Care: A Critical Gap in Health Policy & Practice* links men's poorer outcomes with lower use of preventive services, delayed help-seeking, poorer symptom recognition and suboptimal management of chronic conditions. Strengthening men's ability to care for their health could therefore support healthier ageing, reduce avoidable pressure on health systems and help people remain active in the workforce for longer.
- Table 2 - Categorising causes of morbidity and mortality:** The OECD's proposed categorisation covers prostate and testicular cancer, benign prostatic hyperplasia and male infertility. The final analysis could usefully extend beyond these conditions to consider wider men's sexual and reproductive health needs, including sexual dysfunction and their links with mental health and non-communicable diseases. Global Action on Men's Health's 2024 review *Out of Focus* analysed 37 sexual and reproductive health policies and found that erectile dysfunction was explicitly named in only two policies, neither of which discussed treatment options or its links with underlying conditions such as cardiovascular disease and diabetes. This supports broadening the OECD's analysis beyond infertility and reproductive cancers to include sexual dysfunction as a significant male health issue.
- Paragraph 30 - Digital access and health literacy:** Given men's lower engagement with traditional health services, we would welcome consideration of digital channels as an early route to reliable health information and professional support. This is particularly relevant for younger men: Movember's *Young Men's Health in a Digital World* found that 63% of surveyed men aged 16-25 watched men and masculinity influencers. Those who watched this content were more likely to report poorer mental-health outcomes, lower willingness to prioritise their mental health and greater risk-taking. The final report could therefore consider how trusted content, digital health literacy and clear referral pathways can help online access support earlier help-seeking and reduce exposure to misleading or harmful information.
- Paragraph 39: Expanding access to medication reviews:** We would welcome consideration of community pharmacists as an additional route to medication reviews and ongoing health support, particularly for men who engage less frequently with other health services. Advancing men's health through pharmacy: Report from a FIP insight board identifies community pharmacies as accessible settings for prevention, appropriate medicine use and referral. This potential is reinforced by the Men's Health Forum's 2026 UK research, which found that 92.4% of men use a pharmacy, but only 25.25% speak to a pharmacist when they have a health concern, highlighting an opportunity to convert existing pharmacy contact into more meaningful engagement. Privacy, clear referral pathways and stronger integration with primary care would be important enablers.

- **Paragraph 52 - National strategies and implementation:** The OECD identifies 11 comprehensive women's health strategies but only four national men's health strategies or similar plans. The final report could compare implementation across countries, including governance, resources, sex-disaggregated indicators, professional training and evaluation. Short case studies from countries with both women's and men's health strategies could highlight transferable approaches.

Industry Examples

America's Health Rankings, the longest running state-by-state analysis of health of the in the US provided by United Health Foundation, reviews over 250 measures from more than 50 publicly available data sources to assess the nation's health and well-being on a wide range of demographics including race and ethnicity, gender, education, age, disability status and income, among others. Gender measures explore differences in health among men and women driven both by biological factors and those influenced by access to resources and societal norms¹. The analysis examines maternal health², gender differences in mental and behavioral health³, including in specific demographics such as military personnel⁴, and gender health disparities in older adults⁵.

References Proposed for Inclusion

1. Leon, N.H. and Colvin, C.J. No Man's Land: How men are considered in global primary health care policy. Global Action on Men's Health, 2024. [Access here.](#)
2. Shand, T. and Evoy, C. Out of Focus: The representation of men in regional and global sexual and reproductive health policy. Global Action on Men's Health, 2024. [Access here.](#)
3. Shand, T. and Baker, P. Better Men's Health: A Pathway to Improving Global Non-Communicable Diseases (NCD) Outcomes. Report of a Roundtable at the 2025 World Health Summit. London: Global Action on Men's Health, 2026. [Access here.](#)
4. Baker, P. Men & Self-Care: A Critical Gap in Health Policy & Practice. Global Action on Men's Health, 2026. [Access here.](#)
5. International Pharmaceutical Federation. Advancing men's health through pharmacy: Report from a FIP insight board. The Hague: FIP, 2025. [Access here.](#)
6. Movember Institute of Men's Health. Young Men's Health in a Digital World. 2025. [Access here.](#)
7. Pollard, J.: An Unfilled Prescription: Tapping Pharmacy's Potential to Boost Men's Health. London: Men's Health Forum, 2026. [Access here.](#)

¹ [Explore Health Topics | AHR](#)

² [2025 Health Of Women And Children Report | 2025 Health Of Women And Children Report](#)

³ [Mental And Behavioral Health Data Brief | Mental And Behavioral Health Data Brief](#)

⁴ [2022 Health Of Those Who Have Served Report | 2022 Health Of Those Who Have Served Report](#)

⁵ [Introduction | 2026 Senior Report | AHR](#)
