

Advancing men's health through pharmacy

Report from a FIP insight board

June 2025



FIP Development Goals



International
Pharmaceutical
Federation

Colophon

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Recommended citation

International Pharmaceutical Federation (FIP). Advancing men's health through pharmacy. Report from a FIP insight board. The Hague: International Pharmaceutical Federation; 2025.

Cover image:

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Acknowledgements

FIP conducted this insight board in collaboration with the charity Global Action on Men's Health (GAMH).



This resource is supported by unconditional funding from Opella.

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Sanofi's consumer healthcare business unit

1 Introduction

In 2019, global life expectancy was estimated at 71 years for males and 76 years for females.¹ A stark disparity exists in premature mortality, with one-quarter of all men dying before the age of 65, compared to less than one-fifth of women.² Male mortality rates are consistently higher than female rates across all age groups, and this gap is widening. Additionally, men and boys face disproportionately poor health outcomes in areas such as cancer, cardiovascular disease, diabetes, and suicide.³ This is due to a combination of biological, behavioural, and social factors, all of which contribute to higher mortality rates in men across various age groups and regions. Biological factors include having a higher incidence of heart disease, partly due to men benefitting less from the protective effects of female hormones.^{4,5} Men are more likely to engage in risky behaviours such as tobacco use, excessive alcohol consumption, and reckless driving, leading to higher rates of accidents, liver disease, and other preventable conditions.^{4,6,7} Although men's life expectancy lags behind women's by approximately four years, only one year is due to biological differences, with the remaining three years driven by modifiable factors like risk-taking behaviours and poorer lifestyle habits.⁸

Beyond these biological and behavioural risks, societal expectations often reinforce attitudes of stoicism and self-reliance, discouraging men from seeking medical advice or engaging in preventive healthcare.⁵ As a result, men are more likely to delay or avoid seeking care, leading to late diagnoses and poorer health outcomes.^{9,10} Finally, structural barriers within healthcare systems such as inconvenient clinic hours, lengthy appointment booking procedures, and extended waiting times can also further deter men from accessing care.⁵

Given these challenges, community pharmacies represent a critical touchpoint for improving men's health outcomes. As universally accessible healthcare providers, pharmacists offer walk-in services in pharmacies without the need for appointments, reducing logistical barriers to care. Furthermore, pharmacists, as trusted healthcare professionals, are well-positioned to initiate conversations about health concerns, conduct screenings, and provide education on chronic disease management, thereby improving men's health literacy and potentially medication adherence. Training pharmacists to deliver male-friendly care and implementing targeted public awareness campaigns could significantly enhance engagement, particularly among working-age men. Pharmacists' integration into multidisciplinary care networks also ensures better continuity of care and referral pathways for men who might otherwise forgo medical attention, thereby bridging the gap in health outcomes and promoting earlier engagement with preventative care. Yet there is evidence that men generally use pharmacy services less effectively than women.¹⁰

As part of its [EquityRx](#) programme and its efforts to advance equity and equality through pharmacy, and in collaboration with the international charity [Global Action on Men's Health](#), FIP hosted an insight board to strengthen pharmacy's role in improving men's health outcomes, thereby improving gender equity. The insight board brought together pharmacists, FIP leadership, and representatives from FIP member organisations from different countries, alongside experts and advocates in men's health, to develop practical and evidence-based strategies that enhance pharmacy-based support for men's health and well-being.

The insight board aimed to:

1. Identify key barriers and opportunities for improving men's health support within community pharmacy settings.
2. Showcase successful global initiatives that demonstrate effective pharmacy-led approaches to men's health.
3. Provide actionable insights for pharmacists to implement strategies that promote positive health outcomes for men.
4. Develop a strategic framework that pharmacists can adopt, adapt, and advocate within their respective communities.
5. Contribute to an intelligence report with recommendations for policymakers, regulators, and healthcare stakeholders worldwide.

Through two rounds of breakout rooms, the experts at the insight board addressed the following primary questions:

1. What are the most common health concerns among men that pharmacies can help address, and how can pharmacists play a more active role in prevention, early detection, and management?
2. What are the main barriers preventing men from engaging with pharmacy services, and what strategies have been effective in encouraging their participation?

3. Can you share successful initiatives from different regions where pharmacies have effectively engaged men in healthcare, such as vaccination programmes or tailored health services?
4. What practical steps can community pharmacists take to create a more welcoming environment and proactively support men's health?
5. How can pharmacy-led initiatives that support men's health contribute to broader universal health coverage (UHC) goals, and what advocacy tools can be used to promote this at a national or global level?

This report summarises the discussion and highlights the key insights that were shared. The findings will lead to actionable recommendations that will inform future policies and practices within the pharmacy profession and clear next steps for FIP and our membership.

2 Insight board participants

Chair	
Catherine Duggan	FIP Chief executive officer, The Netherlands
Lars-Åke Söderlund	FIP Vice president, Sweden

FIP staff	
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Ruben Viegas	Sustainability and humanitarian programme manager

Insight Board participants		
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Peter Baker	Director, Global Action on Men's Health (GAMH)	UK
Doris Bardehle	Coordinator of the Scientific Advisory Board, Men's Health Foundation; Member of the Board of Trustees, Global Action on Men's Health (GAMH)	Germany
Hayley Berry	Lead learning development pharmacist, Centre for Pharmacy Postgraduate Education (CPPE)	UK
Nicola Brink	Chief executive officer, Self-Care Association of South Africa	South Africa
Brad Butt	Founder and lead pharmacist, Men's Health Downunder	Australia
Leticia Caligaris	Secretary, FIP Community Pharmacy Section	Uruguay
Shelita Dattani	Senior vice president, Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacy Association of Canada	Canada
Simonè Eksteen	Pharmacist and manager, Eksteen Pharmacy	South Africa
Paul Galdas	Professor of men's health, University of York	UK
Luna Hammoud	Founder and manager, LunaPharm	Leban
Stanislav Kniazkov	Technical officer, Pricing and reimbursement, WHO Regional Officer for Europe	Denmark
Andrea Murphy	Professor, College of Pharmacy, Dalhousie University	Canada
Leonila Ocampo	ExCo member, FIP Community Pharmacy Section; Philippines Pharmacists Association (PPA)	Philippines
Shivali Sharma	Pharmacist and owner, Shoppers Drug Mart	Canada
Jack Shen Lim	General secretary, Malaysian Pharmacists Society (MPS); Observer, FIP Community Pharmacy Section	Malaysia
Raj Vaidya	Vice president & chairperson, Indian Pharmaceutical Association - Community Pharmacy Division; Observer, FIP Community Pharmacy Section	India
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Observers	
Amanda Caudwell	Global head, Self Care Access Strategy, Opella
Kristie Sourial	Global switch science medical lead, Opella

3 Key health concerns among men

The insight board participants highlighted a range of common and pressing health concerns that disproportionately affect men, many of which are preventable or manageable with timely intervention. Pharmacists, given their accessibility and evolving role in public health, were seen as pivotal in addressing these concerns through prevention, early detection, and management. These health concerns include:

3.1 Non-communicable diseases (NCDs):

Across all breakout room discussions, NCDs were consistently listed as a main health concern for men, although the main causes of these diseases vary across regions.

"I think in Malaysia we have a big problem with NCDs or lack of detection of NCDs, especially in men. In Malaysia, we tend to eat a lot. We have almost 24 hours of food. So that's actually a metabolic syndrome. That's one area that I think pharmacy can definitely help, and it's something that we are concerned about."

Some of the NCDs mentioned are listed below.

3.1.1 Cardiovascular diseases

Cardiovascular diseases were widely recognised as major health concern for men, especially in regions where unhealthy dietary habits and sedentary lifestyles are culturally entrenched. In certain countries, access to calorie-rich food and a lack of health literacy can contribute to rising rates of obesity, hypertension, and heart disease. Despite the prevalence of these issues, men are often less likely to attend routine health checks or seek preventive care until symptoms become severe.

Pharmacists, as accessible healthcare professionals, can support early detection by offering regular blood pressure and cholesterol checks, raising awareness of cardiovascular risks, and counselling patients on diet, exercise, and medication adherence.

"We know men are more likely to have undiagnosed hypertension, and blood pressure checks are easy to do. If a man can just walk into a pharmacy and get it done over the counter, the potential impact is huge."

3.1.2 Diabetes

Diabetes, particularly type 2 diabetes, also emerged as a prominent concern tied to unhealthy lifestyle habits. In many settings, men may not be aware of the signs and symptoms until complications arise. Cultural and behavioural norms may also discourage men from seeking help for what they perceive to be non-urgent health issues. In some cases, men may continue consuming high-sugar, high-fat foods despite early warning signs, resulting in poor glycaemic control and disease progression.

Pharmacists can play an initiative-taking role in diabetes prevention and management by conducting blood glucose screenings, promoting lifestyle changes, and offering self-care advice. They can often be the first healthcare professionals to detect signs of uncontrolled diabetes and can help initiate timely referrals, support medication adherence, and educate patients on complications.

3.1.3 Cancer, particularly prostate cancer

Cancer, particularly prostate and colorectal cancers, was another common concern. Due to cultural stigma and a lack of public health campaigns, many men delay testing or avoid it altogether. This is especially evident in countries where national-level male-focused cancer awareness is infrequent or absent. Men often arrive at the pharmacy with symptoms but lack awareness of their significance or are unsure of how to manage them.

Pharmacists can fill this awareness gap by encouraging routine screening and triaging men to appropriate services. Some pharmacies run targeted cancer awareness campaigns, distribute screening vouchers, or partner with NGOs and health

providers to facilitate early detection. These efforts are critical in guiding men toward appropriate interventions, allowing for early detection and proper management of the disease.

“Prostate cancer diagnostics are improving in specificity and accuracy, allowing for point-of-care screening. However, access to these diagnostics is very patchy across countries. Community pharmacists can also support adherence to adjuvant therapy post-radiation, which is often managed at the community level.”

3.1.4 Mental health issues

Mental health challenges—such as anxiety, depression, stress, and sleep disorders—are consistently underreported and undertreated in men, largely due to societal expectations that discourage emotional vulnerability. Many men still internalise the idea that they must remain stoic and strong, leading to silence around psychological distress. This is further complicated by structural issues such as economic stress, social isolation, and lack of access to timely mental health services, particularly in low-resource settings. Participants have highlighted that these mental health issues can sometimes lead to the lack of detection of other diseases, such as cancer, due to men not expressing their distress when they should.

“Mental health is another health concern that actually leads to a lack of detection for cancer. I think men tend not to talk about it if they have prostate issues or anything to do with their perception of possibly being ill.”

Pharmacists often act as an early point of contact for men experiencing mental distress. In community settings, they may recognise signs of mental health issues during routine consultations, such as when men seek sleep aids or anxiety-relieving medications. Pharmacists can gently initiate conversations, offer basic advice, and refer patients to appropriate support services. In some countries, they also help direct patients to free or subsidised mental health care options when affordability is a barrier. While pharmacists cannot replace specialised mental health professionals, they play a crucial role in breaking the stigma and encouraging earlier help-seeking.

“Here in Nova Scotia, depending on where you live, there's differences in terms of economic viability, and I think some of these important conversations around mental health are probably significantly tied to social and structural determinants of health—alongside stigma. So, a big area for me has always been thinking about how we can destigmatise having conversations. And community pharmacy, I think, is a great one.”

3.2 Sexual and reproductive health issues

Among the most discussed topics were issues related to men's sexual and reproductive health. Sexual health conditions, particularly erectile dysfunction (ED), are widespread among men but often go unaddressed due to shame, embarrassment, stigma, or discomfort in discussing such issues, especially with female pharmacists and in conservative cultures. ED specifically, as highlighted by the participants, differs among different age groups.

“From my perspective, we can identify at least two distinct groups of men when it comes to the use of erectile dysfunction medications. On one hand, there are older men who experience genuine dysfunction and use these treatments as part of a legitimate clinical approach. On the other hand, there is a growing number of younger men who use these medications mainly on weekends, often without medical indication and with a more recreational than therapeutic intent. It's important to note that the approach to these users is not always the same. In my personal experience, this pattern is especially visible in pharmacies that are open 24 hours, where the demand from younger users is more frequent.”

Other issues that were highlighted include sexually transmitted infections (STIs) and dermatological conditions affecting the male genital area, which—similar to ED—can be difficult or embarrassing for patients to discuss with physicians and pharmacists.

“Another issue is infections, particularly in the private parts. They are hesitant to go to a doctor, but they expect something can be done at the pharmacy. Of course, without looking, the pharmacist can’t know exactly what it is. It could be infections from sexual activity, or dermatological issues like fungal infections or eczema.”

Participants also shared issues around traditional circumcision practices—especially when performed in unsafe conditions—and how they pose serious health risks to adolescent boys. Pharmacists, though not directly involved in such practices, can play an educational and supportive role by informing communities of safer medical alternatives and helping manage complications or infections that result from non-clinical procedures.

“On average, 250,000 young men, essentially teenagers, are circumcised on an annual basis in South Africa. Many of these circumcisions are done by traditional leaders, so they're not done in sterile conditions. And while it doesn't sound like a great deal, 70 lives are lost per annum because of these circumcisions taking place in unsterile environments.”

Pharmacists can reduce these barriers by offering confidential consultations, adopting a neutral and professional tone, and normalising the conversation. In the case of ED, pharmacists can explain how the condition may be related to chronic diseases like diabetes or hypertension and guide patients toward further evaluation or treatment. Similarly, for STIs, pharmacists can educate men on prevention, symptoms, and testing services, helping reduce transmission and long-term complications.

3.3 Tobacco and alcohol use

Another issue that was highlighted at the insight board is the use of tobacco and alcohol and their associated health implications. In many countries, it is strongly associated with masculine identity and is more socially accepted among men than women. Cultural norms often encourage or tolerate smoking from an early age, and in some regions, it is common to see tobacco use among men across all age groups. Vaping is becoming increasingly prevalent, particularly among younger men, who may perceive it as a safer or trendier alternative. However, both forms of nicotine use carry serious health risks, including cardiovascular disease, respiratory illness, and cancer. Alcohol use, which participants also mentioned, was linked to stress, depression, and social isolation, often used as a coping mechanism and contributing to serious physical and mental health risks.

“There's the issue that is quite in the forefront at the moment: tobacco cessation and tobacco abuse, either through vaping or smoking, which are, especially in Asian cultures, predominantly male behaviours rather than female.”

4 Barriers preventing men from engaging with pharmacy services

During the insight board, experts discussed key barriers that hinder men from engaging with pharmacy services, highlighting consistent themes across various countries and regions. Identifying these barriers is essential to understanding how pharmacy-based services can be more effectively tailored to meet men's needs and encourage their active participation in healthcare. These barriers are listed below.

4.1 Behavioural and cultural norms

Participants at the insight board discussed how across many regions, countries and cultures, deeply ingrained beliefs about what it means to be “a man” play a central role in shaping health-seeking behaviours. Traditional masculine norms often value strength, stoicism, and self-reliance, qualities that may discourage men from showing vulnerability or sharing concerns or health issues. This eventually leads to a reluctance to seek help for both physical and mental conditions, with men feeling like they must endure discomfort or distress in silence.

Several participants noted that these norms act as a psychological barrier, particularly in areas like mental health, sexual health, and chronic disease management. Men are often taught, implicitly or explicitly, that seeking help is a sign of weakness. As a result, many delay engaging with healthcare providers until symptoms become severe, missing critical opportunities for early intervention.

“Behavioural and cultural perceptions around masculinity and gender roles strongly influence men’s health behaviours and their underutilisation of pharmacy services. These same dynamics affect tobacco use, where pharmacists also have a strong role.”

“In the mind of people (in Lebanon), men are strong. They cannot cry, they cannot be depressed, they must be stoic. They cannot express their feelings.”

“When it comes to Asian culture, there is a culture of silence, especially in the older generation—anybody above the age of 50—where you cannot talk about your own condition, especially as a man. That actually creates a knowledge gap, as well as a gap in health care. And that’s something that we need to find ways to go around.”

“It is important to think how pharmacists, as a group, might need to consider marketing strategies across a representation of what it means to be a ‘male-identifying person’.”

Additionally, stigma surrounding conditions such as erectile dysfunction, sexual health issues, and mental illness further widens the gap, discouraging men from seeking support from pharmacists or other healthcare providers due to feelings of shame, embarrassment, or fear of judgment.

“We know the reasons why more men contribute to mortality than women, simply because they tend to hide what they are feeling instead of opening up early. So it’s important that the pharmacist is able to trigger or initiate a discussion with men openly, and let them feel that we are here to support and help them.”

Compounding these challenges, some men also express scepticism about the motivations behind pharmacy services, perceiving them as primarily commercial enterprises. This perception, linked to the dual retail and clinical roles of many community pharmacies, can lead to concerns that advice may be sales-driven rather than focused on patient need. Furthermore, concerns were raised about the relative expertise of pharmacists compared to doctors, with some men questioning whether pharmacists had the clinical authority or depth of knowledge to address complex or sensitive health issues. These findings echo earlier research by the Men’s Health Forum in the UK, which found that men were often unsure about pharmacists’ qualifications and expressed mistrust in the clinical neutrality of advice delivered in commercial settings.¹³

4.2 Gender dynamics in patient-pharmacist interaction

The participants at the insight board discussed how, in many regions, particularly those with conservative social or cultural values, the gender of the pharmacist plays a significant role in shaping how male patients engage with their pharmacists. With the community pharmacy workforce being mostly composed of women, some men may feel uncomfortable discussing sensitive or intimate health issues with a female provider, especially when it comes to conditions involving sexual health, such as erectile dysfunction or sexually transmitted infections, as well as mental health concerns, where societal expectations already discourage emotional openness. Some cultures can view such conversations as inappropriate or shameful, especially in public or semi-public settings like community pharmacies. This reluctance can lead to missed opportunities for intervention, delayed treatment, and sometimes, complete avoidance of care.

“When it comes to addressing erectile dysfunction, another challenge can arise depending on the gender of the pharmacist. In some cases, male customers feel uncomfortable discussing these issues with female pharmacists, which creates a barrier to open and effective communication. They may avoid direct conversations or prefer to speak with male professionals.”

“Bear in mind that there is already a gender bias because more female patients will be in our environment anyway.”

“The fact that a lot of pharmacists now - about 75% to 80% - are women, and that becomes a barrier.”

“In India, men may prefer male pharmacists. If there isn't a male pharmacist, they may hesitate to talk about certain things.”

4.3 Health literacy

The third barrier identified is health literacy which can be a significant deterrent to healthcare engagement. Many men may not fully understand the signs or symptoms of chronic conditions or the long-term consequences of leaving them unaddressed. This lack of understanding makes it harder to recognise when professional help is needed or how to describe symptoms accurately. In some communities, particularly those with limited access to education or multilingual health information, this issue is even more evident.

“Some men do not recognise certain symptoms as problematic or do not view the pharmacy as a place to receive advice beyond medication supply.”

“Research in Germany shows that health literacy is low, especially for men. Pharmacies could play an important role in improving it.”

4.4 Pharmacy education and training

Another important barrier identified by participants is the need for better pharmacy education and training, particularly in the context of men's health. While pharmacists are highly trusted and accessible healthcare professionals, some may lack the specific skills or confidence required to initiate sensitive conversations, which can result in missed opportunities to engage male patients at critical moments of need. This can be due to not having the clinical knowledge or strong communication and people skills that are essential for engaging and building trust with male patients.

“Pharmacists are not always well equipped to handle problems. They need that exposure and training.”

Pharmacists must be able to recognise when a man might be struggling but unwilling to express it directly, and learn how to approach such conversations with openness and non-judgmental language. As one participant suggested, it is

not just about having the knowledge—it's about knowing how to engage: creating a safe space, asking the right questions, and giving men permission to open up.

4.5 Lack of awareness of the role of pharmacy

Many men are unaware of the full scope of services that pharmacies provide, often viewing pharmacists solely as dispensers of medication. This perception prevents them from seeking advice on health issues even though pharmacists are well-positioned to support these needs. This is also made worse by the absence of targeted marketing or public health messaging that showcases pharmacies as accessible entry points into the healthcare system for men's health needs.

"In Germany, there's competition between pharmacies and doctors, especially general practitioners. The roles of each still need to be clearly defined with physician associations."

"Another issue is that many men simply don't know what pharmacists can offer. They may not realise that pharmacists can do more than just hand out pills. We also give advice and information."

4.6 Time constraints and lack of remuneration for pharmacists

Even when pharmacists are willing and capable of supporting men's health, many simply don't have the time or resources to do so effectively. This barrier was mentioned repeatedly during the discussions. In busy community settings, pharmacists often have high workloads, juggling dispensing, paperwork, and patient queries with little time left for meaningful, one-on-one conversations. Another major barrier is remuneration. In many countries, pharmacists are not paid for offering services like health education, screening, or counselling. Without funding from the government or private insurers, it is not sustainable for pharmacies, especially smaller or privately owned ones, to dedicate time and space for these kinds of services on a regular basis. This combination of time constraints and lack of funding not only limits what pharmacists can offer but also affects how confident or comfortable they feel starting conversations and engaging patients.

"If we're going to deliver services, we need to be paid for them. There's no mechanism for reimbursement by government or private health here in Australia. So, individuals bear the cost. This means programmes have to be sustainable."

"The lack of time is a barrier—not that we (pharmacists) don't want to help the patients, but really, we don't have time. There is also no remuneration or compensation or reward for these services here in Lebanon. So, lots of pharmacists will not be encouraged to initiate even the conversation with these people, let alone do these initiatives."

4.7 Patient privacy and confidentiality

For many men, particularly when discussing sensitive or embarrassing issues, concerns around privacy and confidentiality act as a major barrier to engaging with pharmacists. Pharmacies often lack (visible) consultation spaces, and men may be unaware that private rooms are available or feel uncomfortable requesting to speak to a male pharmacist instead of a female.

"I think confidentiality and privacy are issues for men when going to a pharmacy. They might not know there's a consultation room or how to ask to use it. Talking about a health problem in public can be embarrassing, and for men, it may be even harder."

"It is important to inform all individuals, especially men, that there is a private consultation room available and it is ok to request to speak with a male pharmacist or pharmacy team member."

4.8 Limited inclusion of pharmacists in health policies

A key barrier raised by participants was the limited inclusion of pharmacists in national men's health strategies. Even when governments show commitment to improving men's health, pharmacy is often excluded from policy discussions and strategic planning, with the focus typically placed on hospitals and physician-led care. This lack of integration reduces the visibility of pharmacists and limits opportunities for collaboration, funding, and systemic support.

"In Malaysia, there is actually a government position paper on men's health. The problem is that pharmacists were not included. As always, it was more hospital-driven. So, I think something the pharmacy society can do is try to get onto these government reports and guidelines on how men's health should be approached."

5 Successful strategies and initiatives to support men's health

As part of the insight board, participants shared practical strategies and initiatives that pharmacists and pharmacy organisations can adopt to better engage men in health services. Building on earlier discussions about the main health concerns and the barriers men face in healthcare, the discussions focused on forward-looking approaches aimed at improving health outcomes through community pharmacy. Several recommendations were shared, with great examples from different countries. Some of these initiatives are listed below.

5.1 Creating a more welcoming pharmacy environment

Participants shared that creating a space that feels welcoming and inclusive to men is key. Participants stressed that small changes to the physical environment can make male clients feel seen, understood, and supported. Suggestions included displaying male health products more visibly, using signage and brochures that reflect male-specific health needs, and ensuring clear visibility of consultation rooms so men know private conversations are possible.

"In many pharmacies in the UK and elsewhere, often there are products that are more female-oriented. Female-focused products—particularly cosmetics—may be more prominently on display. So, when a man walks in, what he might see or perceive is a service geared mostly toward women and children, because of the way products are displayed. Maybe shaving products or sports supplements need to be given greater prominence."

The presence of male pharmacists or staff and having private consultation rooms were identified as factors that may also influence men's comfort levels.

"Who they see behind the counter plays a big part in this as well. So really trying to diversify who we have that are there to engage with our patients and to conduct these appointments and consultations."

Opening hours were also flagged as a key enabler. Men working full-time or commuting may find it difficult to visit pharmacies operating on standard schedules. One participant shared how he was unable to purchase decongestants before work because the pharmacy only opened at 9am. Making opening times more flexible—such as earlier morning or late evening hours—was suggested as a simple but powerful step to increase accessibility.

5.2 Tailored marketing and public health campaigns for men

Several participants emphasised the need for more targeted marketing and public engagement focused on men and promoting the services they can get at their local pharmacies. Effective outreach goes beyond general health messaging. Campaigns need to be specifically tailored to men, using platforms they engage with and messages that resonate. This includes leveraging social media, community advertising, and even traditional media when relevant. The use of male-focused health awareness months like Movember or Men's Health Week was highlighted as a way to launch pharmacy-based initiatives. To make the messaging credible, the importance of using highly impactful voices such as community leaders, athletes, or even pharmacists as influencers is key.

"One of the things I think is really important is making sure that we have advertising for the services that we're providing in and around the pharmacy area, that is very much emphasising the role that we play in supporting men's health, reinforcing for males to be able to see and know that, 'Hey, if I'm having issues in this area, this is something that I can come to this pharmacy for.'"

"I think one way of doing this could be to engage with male health ambassadors—involve male staff or community leaders to act as health ambassadors—which could help break down barriers and encourage other men to participate."

"One important aspect to consider is the potential of social media as a tool for raising awareness. Through short, visual campaigns, we can engage male audiences with messages like 'Did you know...?' and direct them to a dedicated pharmacy services page."

5.3 Meeting men where they are – outside the pharmacy

Many participants mentioned taking pharmacy services to places men frequently visit rather than waiting for men to come into a healthcare facility or pharmacy. This could include partnerships with gyms, barbershops, or sports clubs. By creating opportunities for outreach in more familiar, less clinical settings, pharmacists can initiate health conversations and build trust outside the formal healthcare system.

“We do blood checks in the pub. We go there not to get the result but to break the barrier. By being in their space, we become familiar and trusted. So when they pass by our pharmacy, they recognise us and feel comfortable coming in.”

One speaker mentioned successful partnerships between gyms and nutrition companies, suggesting similar collaborations could be adapted by pharmacists. Another spoke about outreach in refugee camps through NGO collaboration, especially in humanitarian settings where vulnerable male populations might be less likely to access pharmacies.

“I believe community pharmacists have to go outside their pharmacies if they really want to reach vulnerable populations—such as refugees and immigrants. Maybe they can collaborate with NGOs and carry out education and awareness efforts directly in the refugee camps.”

5.4 Communication skills and language use

Participants highlighted that the quality of communication between pharmacists and male patients plays a critical role in encouraging engagement with health services. Adopting a communication style that is non-judgemental, respectful, and person-centred, especially when addressing sensitive issues such as mental health or sexual health, is key. Participants also mentioned the use of motivational interviewing techniques as a valuable tool for enhancing interactions. This approach, which focuses on listening empathetically, asking open-ended questions, and setting goals in collaboration with the patient, allows pharmacists to better understand the patient's perspective, and encourages behaviour change in a respectful, supportive manner.

“In my experience, asking a man to take a test like a blood test or blood pressure check is hard. Most will say no and insist they're fine. It takes a long time to get them into the room. And when their blood pressure is high, they ask to be checked again because they feel fine. It's hard to say, “No, you're not okay.” We need to prepare ourselves mentally for these conversations.”

The importance of using simple language and avoiding clinical terminology was also highlighted, particularly when speaking with individuals who may already feel reluctant to discuss health concerns. Clear, direct language that empowers rather than intimidates was seen as essential for effective communication.

“It would also be useful to clearly and concisely present the most common symptoms of specific male health conditions — for example, benign prostatic hyperplasia — using accessible, non-alarming language that encourages men to consult with their pharmacist.”

“If you come into a pharmacy in England, and English is not your first language and you're a male, you don't want to be waffling through. You can feel very uncomfortable.”

Lastly, participants shared examples of how subtle choices in communication can significantly influence a man's comfort level in the pharmacy. For example, directing the conversation to the male patient rather than his partner or family member communicates recognition and respect for his autonomy.

“If we have a husband and wife, for example, coming in to pick up a prescription, who are you directing that conversation towards? Are you directing it towards him or her? Are we making sure that we are connecting equally in these situations? And making sure that we are empowering men to feel that they are advocates for their health and for their families' health as well.”

5.5 Pharmacy education and training

Although pharmacy education and training was listed as a barrier which sometimes hinders patient-pharmacist engagement, it was also mentioned as a key enabler. This includes education and training to develop communication skills specific to men's health needs, understanding gender norms, and learning how to navigate sensitive topics confidently and respectfully. Equipping pharmacists with these tools can help guide them through sensitive conversations, build trust and rapport with patients, address men's hesitation to seek healthcare, and ultimately improve health literacy.

"Training programmes are key. We know that the Centre for Pharmacy Postgraduate Education (CPPE) in the UK provides training modules on men's health."

One participant suggested using pharmacy students and interns to support awareness campaigns in busy pharmacies, both as a practical resource and as an opportunity to develop early communication skills with male patients.

"We can also use the students who are doing their internship in community pharmacies to train them to approach men and participate in different awareness campaigns. If we are short on time, students can be a valuable tool in these awareness efforts."

By embedding men's health engagement into pharmacy training and day-to-day workflow, it becomes part of routine practice rather than an added burden. Participants agreed that by equipping pharmacy teams with structured training and communication strategies, pharmacists can become more confident and effective in supporting men's health.

5.6 Making every interaction count through a life course approach

Participants emphasised that even the briefest pharmacy encounters are meaningful opportunities to engage men in health conversations. Since many men do not seek healthcare regularly, pharmacists should treat every visit—whether for a purchase, advice, or a quick question—as a chance to build trust, plant a seed of awareness, or prompt a health check.

"It's also worth noting that many men are increasingly consuming nutritional supplements, such as protein powders, creatine, vitamins, and testosterone boosters. This growing interest in fitness, energy, and performance provides a strategic entry point. Engaging men through supplement-related services or conversations in the pharmacy could serve as a useful hook to introduce broader health topics, such as cardiovascular risk, sexual health, or preventive screenings."

Pharmacists also mentioned the use of opportunities that arise during targeted services. For instance, during consultations for erectile dysfunction, they could also raise weight management or cardiovascular health in a natural, non-judgmental way.

"Making the most of every opportunity, such as healthy lifestyle advice when carrying out erectile dysfunction consultations on things like weight management, and linking that in with other services that you could offer."

One suggestion was to offer quick check-ups or "health pit stops" on the way to work—blood pressure checks, glucose screenings, or health advice in a convenient, informal setup. This could also help shift men's perception of pharmacies from medication-focused spaces to trusted wellness hubs.

"Another idea is to have a "health pit stop" concept. Maybe every Wednesday, for example, you

have a quick health check environment—somewhere men can stop on their way to work. It's early, quick: check your blood pressure, grab a coffee, and go."

Rather than relying on one-time interventions, participants highlighted having a long-term, life course approach to men's health. Establishing familiarity with the pharmacy from early adulthood and reinforcing it during different life stages—such as becoming a father or entering retirement—can help position pharmacy as a consistent, trustworthy source of care.

"And if we take a life-course perspective, we can identify specific points in men's lives where it's helpful to target services and help men become more relationally familiar with pharmacies as appropriate places to access healthcare. Fatherhood, retirement—these are different transition points."

"People getting to know a pharmacist and developing trust and confidence in them and in the service—extending that across the life course—is important."

5.7 Policy support and collaboration across sectors

Participants highlighted that while individual pharmacists can do much to engage men in health, sustained impact depends heavily on system-wide support. Government recognition, funding mechanisms, and policy integration are essential to legitimise and scale up men's health initiatives in pharmacy. Several participants noted that national pharmacy associations and professional bodies must play a more visible role in advocating for the inclusion of pharmacists in men's health policy and public health planning. Stronger representation at the policy level can, in return, facilitate pharmacy remuneration for such initiatives.

"There are five categories of tools that would help promote this agenda at the national levels with policymakers and high-level decision-makers. First of all, the regional strategy—to guide member states in the direction of using more pharmacy care and pharmacy services for improved men's health. It would be extremely helpful to have a demonstration platform—a pharmacy that implements most of these promising or good practices that colleagues mentioned in this discussion—concentrated in one place where we could bring policymakers and practitioners to get inspiration from. And of course, a technical document with WHO local stamp outlining the good model and best practices. The fourth category is evidence—clearly demonstrating effectiveness of community pharmacy interventions in improving health outcomes for men. We lack this sort of evidence, and it's difficult to speak with policymakers and advocate for it without having this proof. And last but not least, the financing model, particularly focusing on attracting public funds to make these kinds of services sustainable and more affordable to people."

One participant shared a compelling example of how strong government support can empower pharmacists to take on a more integrated and impactful role within the healthcare system.

"The government here has really been supportive of pharmacy services and the role that we play in providing primary care. Because of the lack of access many people have had since COVID to their physicians, we are getting more and more scope added to what we're able to do. We are providing a cost-effective solution for the government. We are preventing emergency room visits with acute conditions we're able to prescribe for. We are able to triage. We can send our patients for labs. We can review the labs. We can prescribe. These are key things that have helped us play a critical role in our overall healthcare ecosystem. When you really lean into examples like this and use it as a platform to advocate for expanded scope, we have real data to show the number of emergency room visits we've positively impacted—so that primary care and physicians are treating urgent care."

Participants also emphasised the value of interprofessional collaboration. Working alongside general practitioners, NGOs, nutritionists, and other healthcare stakeholders can amplify the reach and effectiveness of pharmacy-led services.

"So we work with a local barber (in the UK)—the local barbers here do blood pressure checks. We had machines and we trained them. They'll do it. If the reading isn't great, they'll tell them (men), "Your next step is to go speak to the pharmacy down the road. They'll be the professionals." So you are linking in with that. We do that with health clubs as well, talking about what patients ask them for, maybe things around medicines or supplements, and saying, "Why don't you tell them to speak to us pharmacists?" It just creates a sense that everybody knows the pharmacy is key to delivering men's health."

6 Conclusion

This insight board has brought into focus the critical yet often overlooked role that pharmacists can play in advancing public health, particularly men's health. While the health gap between men and women continues to widen in many parts of the world, the insights captured here highlight how pharmacists are uniquely positioned to address this imbalance, being accessible, trusted, and embedded in communities.

Participants first identified the most pressing health issues affecting men, particularly those where pharmacists can play a key role in prevention, early detection, and management. These include:

- Non-communicable diseases (NCDs), including:
 - Cardiovascular diseases
 - Diabetes
 - Cancer, particularly prostate cancer
 - Mental health issues
- Sexual and reproductive health concerns
- Tobacco and alcohol use.

Following this, participants explored the barriers and the reasons why men may be less likely to access pharmacy services and shared a number of personal, cultural, and structural barriers that must be addressed to improve engagement, including:

- Behavioural and cultural norms
- Gender dynamics in patient–pharmacist interaction
- Health literacy
- Pharmacy education and training
- Lack of awareness of the role of pharmacy
- Time constraints and lack of remuneration for pharmacists
- Patient privacy and confidentiality
- Limited inclusion of pharmacists in health policies.

To overcome these barriers, the participants discussed a number of practical and policy-level strategies. These initiatives offer a roadmap for pharmacists, policymakers, and professional bodies seeking to make pharmacy services more inclusive and impactful for men. These include:

- Creating a more welcoming pharmacy environment
- Tailored marketing and public health campaigns for men
- Meeting men where they are – outside the pharmacy
- Communication skills and language use
- Pharmacy education and training
- Making every interaction count through a life course approach
- Policy support and collaboration across sectors.

These findings not only provide a foundation for improved pharmacy practice but also align with broader global goals of universal health coverage (UHC). By making pharmacy services more accessible, responsive, and inclusive for men, pharmacists can help ensure earlier intervention, greater equity in care, and improved public health outcomes. Strengthening pharmacy's contribution to men's health is a key step in advancing health equity for all. With continued leadership, innovation, and collaboration, pharmacy can drive meaningful progress in men's health and help build more responsive, equitable healthcare systems for all.

To inform future work on men's health and support the advancement of these goals, the following actions are proposed:

1. Continued discussion within FIP and with FIP's partner organisations about how pharmacy can respond better to men's health needs.
2. Practical guidance to pharmacists on improving engagement with men.

3. Recommendations to national pharmacy organisations about how to advocate for policy change on pharmacy and men's health.
4. FIP will work with international agencies, both UN and professional bodies, and with advocacy groups for men's health to ensure delivery.

These steps will support the development of a global pharmacy agenda that is responsive to men's health needs, ultimately contributing to stronger, more inclusive health systems.

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06/2025 | Advancing men's health through pharmacy