WHERE IRELAND STANDS:

An Update on the Real Face of Men's Health

SEPTEMBER 2026

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Contents

About Movember

Founded in Melbourne, Australia in 2003, Movember is a global movement for the advancement of men's health.

Over the past 23 years, Movember has challenged the status quo, supported men's health research and transformed the way that health services reach, respond to, and retain men in healthcare. We have taken on prostate cancer, testicular cancer, mental health and suicide prevention with unwavering determination. In Ireland we have raised over €29.7m for men's health in Ireland, thanks to a passionate community of global Movember supporters.

We advocate for inclusive healthcare systems that are tailored to the unique needs of men, women, and gender-diverse people from wide-ranging cultural backgrounds. We hope to create a future where barriers to healthy living are overcome, stigmas are removed, and everyone has an equal opportunity to live a long, healthy life.

1. Introduction

In September 2025 Movember published *'The Real Face of Men's Health in Ireland'*[1], a landmark overview of the state of men's health.

Real Face underscored the compelling need to address poor men's health outcomes in Ireland and made a strong case for sustained funding of and deeper political and policy commitment to improving men's health.

One year on from the publication of *Real Face*, this update builds on the 2015-2022 data provided in that report, bringing in the latest 2023-2024 figures to further define where Ireland currently stands on premature death among men, its leading causes, and suicide. Twelve months have passed and the case for action remains as pressing now as it was a year ago.

This report also provides an update on some of Movember's most recent work in Ireland. This includes an overview of our recently published report on paternity leave, 'Extra Time With Dad', alongside some additional insights on fathers' health that emerged from the research behind that report.

We also offer an overview of our recently concluded study on health and wellbeing interventions for farmers in Ireland. This was commissioned by Movember to contribute to the HSE's development of a national Farmer Health and Wellbeing Plan, a core action under the 'Healthy Ireland – Men' National Men's Health Action Plan (Movember is a member of the Plan's Implementation Group).

Improving men's health in Ireland – whether at the national level by shifting the dial on premature mortality and suicide, or at the community level through backing what works for men in their communities – requires a significant injection of political commitment, policy focus, and, crucially, sustained investment. In August 2026, Movember made a submission to Government on Budget 2027 where a more detailed case is outlined for this. This report can be read alongside that budget submission, and a summary is reproduced in this document's appendix.

2. Where Ireland Stands: Some New Data on Men's Health Outcomes

Movember's *'The Real Face of Men's Health in Ireland'* report underscored the compelling need to address poor men's health outcomes in Ireland.

The report found that:

- Two in five (40.2%) Irish men die prematurely – before the age of 75 – and **the vast majority of these deaths are preventable**.
- The national suicide crisis disproportionately affects men. In 2022, 79% of all deaths by suicide were men and 97% of GPs say they encounter suicidal men annually.
- Many more men die from the five leading causes of preventable and manageable disease than women – 148% higher for circulatory diseases; 58% greater in digestive disorders; 32% higher for respiratory illness and 17% higher in cancer.
- Men's poor health has a significant emotional, psychological and physical impact on families, loved ones and caregivers. Nearly two thirds of unpaid caregivers in Ireland are women, and the impact of men's poor health on them is particularly pronounced.[2]

Twelve months on from *The Real Face of Men's Health in Ireland*, the picture for men across the country is one of familiar patterns holding rather than shifting. Premature mortality among Irish men has continued to edge downward over the past decade, but cancer and heart disease, both preventable conditions, overwhelmingly remain the leading causes of early death, and suicide continues to claim men's lives at a rate roughly 4.6 times that of women.

The following sections draw on data from 2023-2024, building on the 2015-2022 data provided in the *Real Face* report. They further define where Ireland currently stands on premature death among men, its leading causes, and male suicide, and why the case for action remains as pressing now as it was a year ago.

PREMATURE MORTALITY: TOO MANY MEN ARE STILL DYING TOO YOUNG IN IRELAND

While the total number continues to trend in a promising, downward trajectory, nationally, Irish men are around 1.56 times (i.e. 56%) more likely to die prematurely than women (338 vs 216 per 100,000 in 2024) - a gap that has stayed stubbornly consistent across the decade rather than narrowing.

Figure 1. National Premature Mortality Trends (0-74 years)
Age standardised mortality rate per 100,000 population by sex (2015-2024).

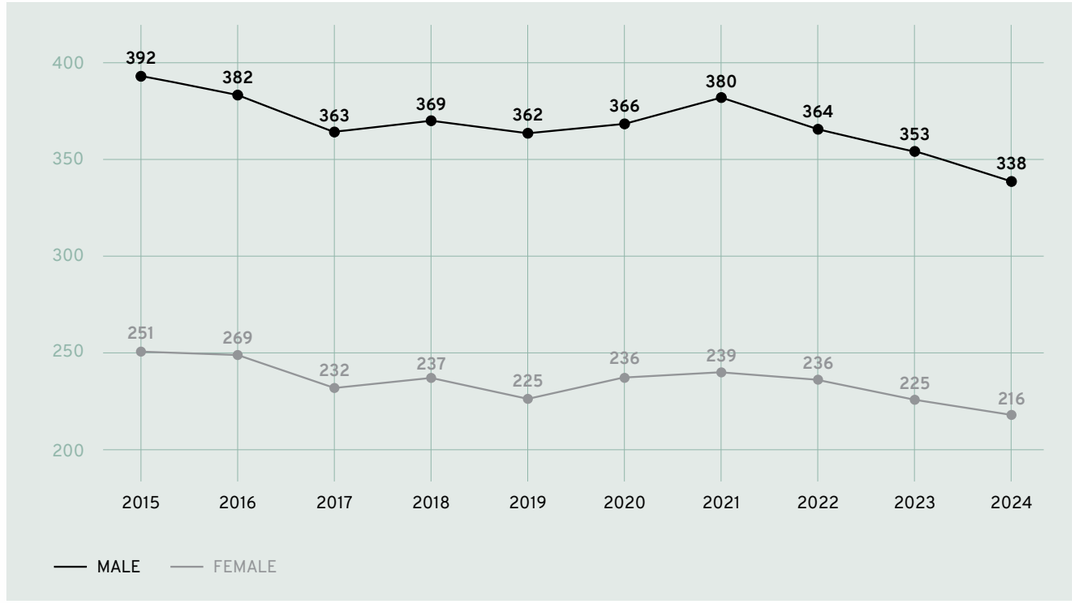


Table 1. Male All-Cause Premature Mortality by County (2022 - 2024): Top and Bottom 5

County	ASR per 100k	Rate Ratio	County	ASR per 100k	Rate Ratio
Leitrim	426.5	1.21	Kilkenny	317.8	0.90
Wexford	418.0	1.19	Donegal	316.6	0.90
Louth	416.5	1.18	Meath	313.4	0.89
Mayo	391.2	1.11	Laois	299.4	0.85
Sligo	380.1	1.08	Kildare	286.7	0.82

Average age-standardised rates (ASR) per 100,000 men aged 0-74 and ratio compared to national average.

Data source: CSO Ireland (Table MORT02). Rate ratios are relative to the national average ASR for 2022–2024 (352 per 100,000).

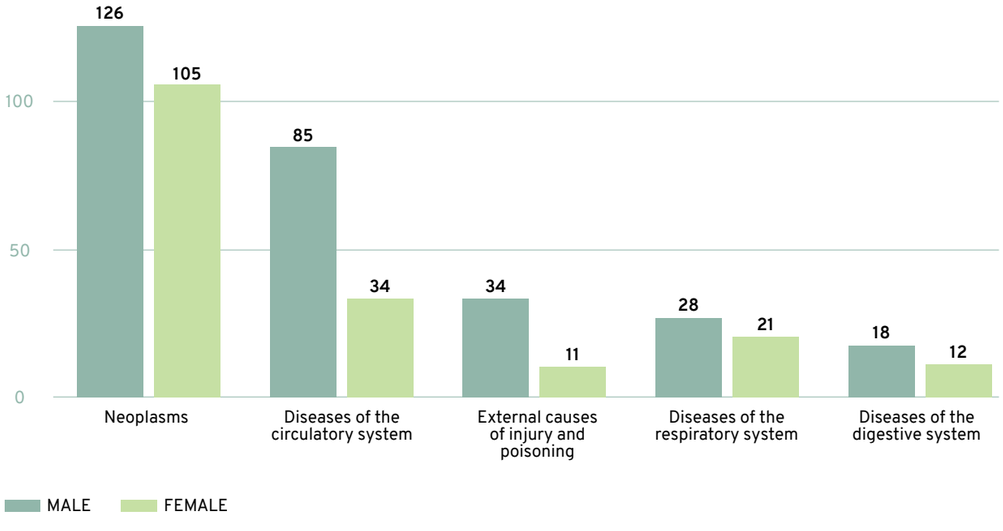
Using 3-year averages to smooth out annual fluctuations, men in Leitrim, the county with the highest mortality rate, are 1.21 times more likely to die prematurely than the national average (benchmarked at 1.00) - and 1.5 times as likely than men in Kildare, the best-performing county.

MEN ARE STILL DISPROPORTIONATELY AFFECTED BY PREVENTABLE CAUSES OF DEATH

Cancer and circulatory disease dominate the picture for Irish men - but the specific-cause breakdown shows where the sharpest pressure points lie.

In the twelve months since *The Real Face of Men's Health in Ireland* report was launched, the leading causes of premature male death remain unchanged. Irish men are more than twice as likely to die of cardiovascular disease, and three times as likely to die of accidents than women.

Figure 2. Top 5 broad causes of premature mortality (2024)



National age-standardised mortality rate per 100,000 population (ranked by male rates).

- Looking at specific causes rather than broad categories, ischaemic heart disease is the single leading cause of premature death in Irish men (51.8 per 100,000) - roughly 1.7 times the rate of the second-leading specific cause, lung cancer (29.8).
- Together, the top 10 specific causes of premature death account for just over half (52%) of all premature male deaths in Ireland.
- Suicide is the 5th leading specific cause of premature death among Irish men (11.5 per 100,000) - behind heart disease, lung cancer, accidents and chronic respiratory disease.

Table 2. Top 10 Specific Subcategories of Premature Mortality in Irish Men (2024)

Rank	Specific Diagnosis/Subcategory	ASR per 100k
1	Ischaemic heart disease	51.8
2	Malignant neoplasm of larynx and trachea/bronchus/lung	29.8
3	Accidents	20.8
4	Chronic lower respiratory disease	13.6
5	Suicide and intentional self-harm	11.5
6	Other heart disease	10.4
7	Malignant neoplasm of rectum and anus	10.1
8	Cerebrovascular disease	9.9
9	Malignant neoplasm of lymph/haematopoietic tissue	9.4
10	Malignant neoplasm of pancreas	9.1

National age-standardised mortality rates (ASR) per 100,000 men aged 0-74

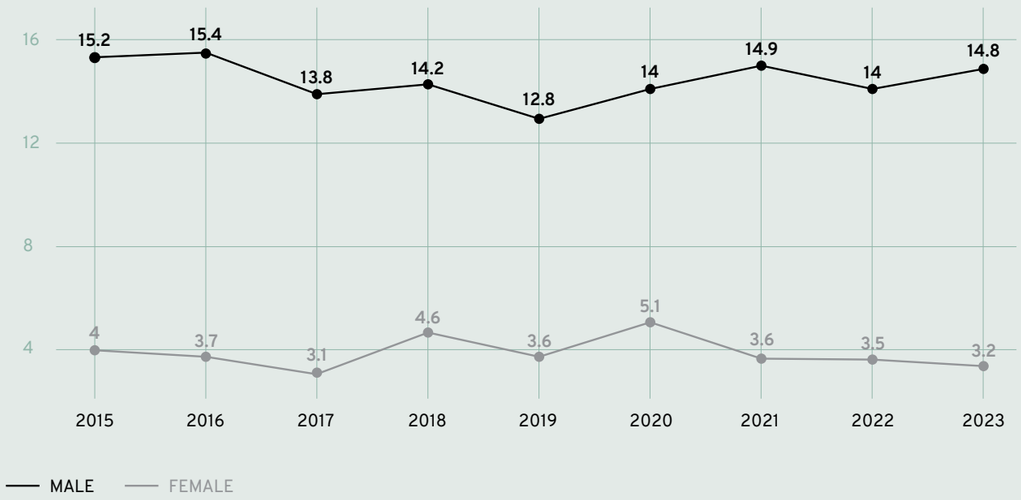
Source: CSO Ireland (Table MORT02)

SUICIDE AMONGST MEN IS STILL MOVING IN THE WRONG DIRECTION

Ireland's high male suicide rate has moved up and down without a clear direction of travel over the past decade. After falling from 15.4 in 2016 to a low of 12.8 in 2019, it climbed again through the pandemic years to 14.9 in 2021 and has held at roughly 14-15 per 100,000 ever since. Essentially, it remains unchanged from where it stood ten years ago.

- In 2023, men were around 4.6 times more likely to die by suicide than women.
- Averaged over 2021–2023, male suicide rates reveal a clear geographic pattern rather than a scatter of isolated outliers. Three distinct clusters of elevated risk stand out - the west coast, the northern border counties, and the southeast - while a broad band running through the midlands and southwest shows consistently lower rates.
- Suicide rates vary sharply by county. Men in Sligo face a rate twice the national average, followed by Waterford (1.79x) and Wexford (1.77x). At the other end, Kilkenny's rate sits at less than a third of the national average (where the average is expressed as 1.00)

Figure 3. National Suicide Trends (all ages)
Age standardised mortality rate per 100,000 population by sex (2015-2023).



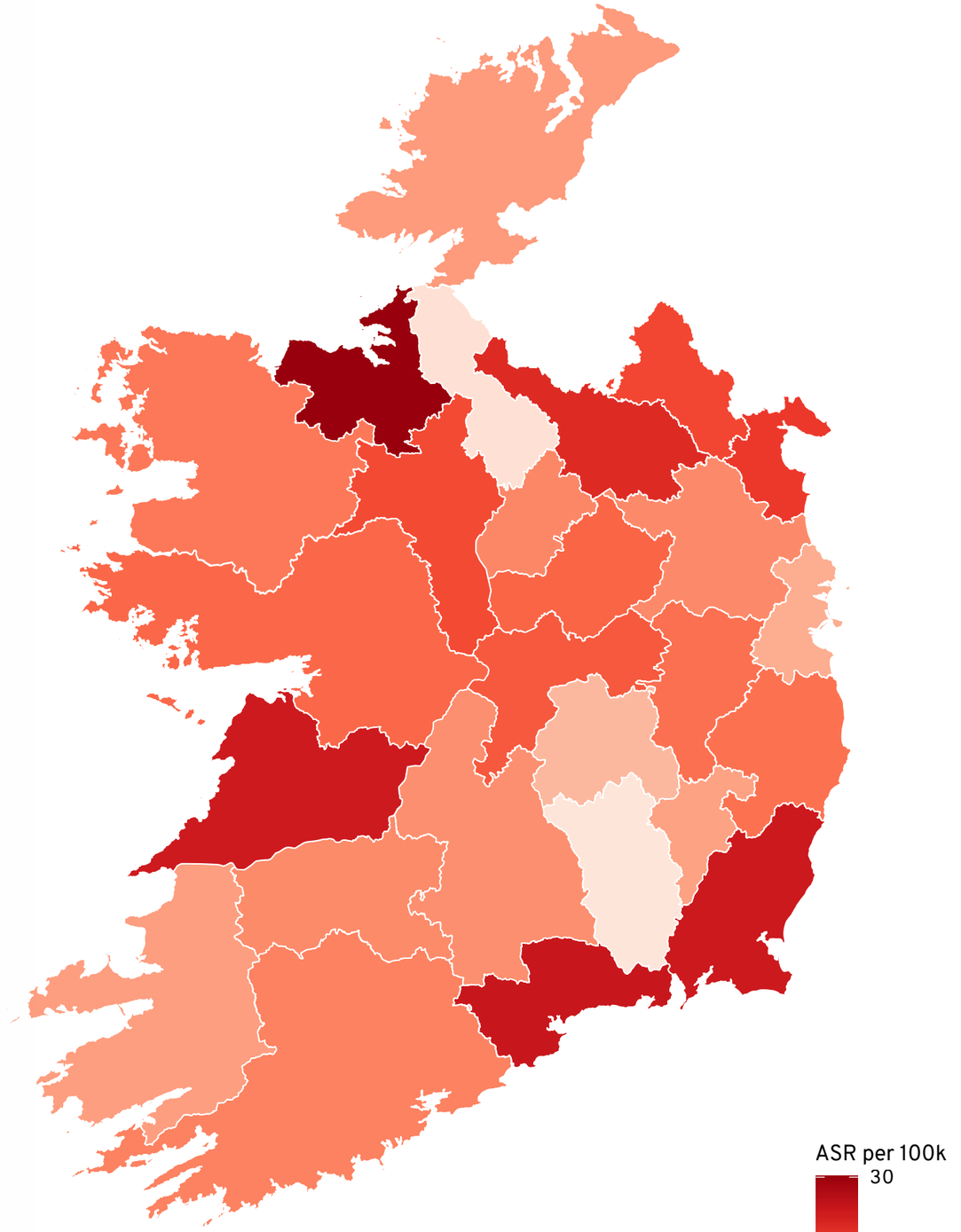


Figure 4.
Male Suicide Rates Across Ireland
Average Age-Standardised Rate (2021-2023)
Source: CSO Ireland (Table MORT02) | Boundaries: Tailte Éireann (OSi)

Table 3. Male Suicide by "Bottom 5, Top 5" County (2021 - 2023)

County	ASR per 100k	Rate Ratio
Sligo	30.1	2.07
Waterford	26.1	1.79
Wexford	25.7	1.77
Clare	25.6	1.76
Cavan	23.6	1.62

County	ASR per 100k	Rate Ratio
Carlow	11.3	0.78
Dublin	10.1	0.70
Laois	8.9	0.61
Leitrim	4.7	0.32
Kilkenny	4.3	0.30

Average age-standardised rates (ASR) per 100,000 men and ratio compared to national average

Data source: CSO Ireland (Table MORT02). Figures reflect a 3-year average (2021-2023) to smooth single-year volatility and account for coroner registration lags. The national average for benchmarking is 14.6 deaths per 100,000 men.

Taken together, these figures describe a health gap that has proven remarkably resistant to change. Irish men continue to die years before their time, continue to experience mortality from causes that are largely preventable or treatable at a disproportionately high rate, and are still taking their own lives at a rate that dwarfs that of women.

If Ireland is to close this gap, the data tells us that we must deliver targeted investment where the need is greatest. Movember will continue to press for policy and services that reach men where they are actually dying too soon - not simply where the national conversation happens to be focused. In this vein, Movember welcomes the publication in May 2026 of Connecting for Life 2026-2035, Ireland's new national strategy for the reduction of suicide and self harm.[3]

A note for readers:
While county-level statistics provide a high-level snapshot, they don't provide the full picture. Media headlines that compare counties can often miss the fact that poor health outcomes are frequently driven by pockets of deprivation within counties, rather than broad county-wide disadvantage.

THE CASE FOR A NEW NATIONAL MEN'S HEALTH POLICY

Ireland was the first country in the world to publish a National Men's Health Policy in 2009, leading the way globally.

And following the introduction of the policy there was meaningful improvement in men's health, particularly in reducing premature deaths. Movember estimates that by 2018 up to 17,342 years of premature male death may have been avoided relative to expected trends, in the period following the introduction of the policy[4], with particular reductions in the areas the policy specifically set out to change.[5]

But as demonstrated by *The Real Face of Men's Health in Ireland* and this report, momentum on men's health has since faltered. A comparable, comprehensive policy and investment framework has not been fully realised in relation to men's health since the expiration of the previous Men's Health Policy in 2013. While a National Men's Health Action Plan exists under the Healthy Ireland Framework, it does not yet have sufficient visibility, is constrained in scale and resourcing, and sits outside any up-to-date cross-government policy framework for men's health.[6]

In April 2026, Movember made a submission to the public consultation on the Healthy Ireland Framework, advocating for the development of a new National Men's Health Policy as a whole-of-government policy mandate – complementing, not replacing, the National Men's Health Action Plan 2024-2028. Movember reiterated this recommendation in its submission to Government on Budget 2027 in August 2026[7], and will continue to advocate for the development of a new National Men's Health Policy as a whole-of-government policy mandate.

3. Some of Movember's Recent Work in Ireland

FARMERS' HEALTH AND WELLBEING: CONTRIBUTING TO THE NATIONAL MEN'S HEALTH ACTION PLAN THROUGH RESEARCH

Farmers are named as an at-risk group in the National Men's Health Action Plan 2024-2028, and Task 1.6 commits to a dedicated Farmer Health and Wellbeing Plan. To support that work, Movember partnered with the University of Adelaide to complete an international review of farmer mental health and wellbeing interventions, covering what has been tested across comparable countries over the past five years. As a member of the Healthy Ireland - Men Implementation Group, Movember will use this evidence to help shape the Plan.

The scale of need is stark. Research from University College Dublin's Agri Mental Health Group, funded by the HSE National Office for Suicide Prevention, found that 23.4% of farmers surveyed were at risk of suicide, and over half (55%) reported symptoms of moderate to severe depression.[8]

For more information on our work with the University of Adelaide, contact Cliona Fitzpatrick, Movember Policy and Evidence Director at cliona.fitzpatrick@movember.com.

What the evidence tells us

Five Irish interventions were included in the review: On Feirm Ground, Skills for Resilience, FarmConnect, Let it Bee, and a community-based lifestyle programme. The strongest results come from supports that are community-based, culturally appropriate, strengths-focused, and built into farmers' daily lives.

- **Peer-led and community settings work.** FarmConnect gave farmers a safe space to talk about difficult topics, including suicide and bereavement, and helped reduce isolation and stigma. Skills for Resilience produced lasting gains in mental health literacy from a single session.
- **Gatekeepers matter**, and On Feirm Ground shows their value. Its training gave farm advisors a strong, immediate lift in the confidence and skills to support farmer mental health. Sustaining those gains over time calls for ongoing support and refresher training, alongside rural services for advisors to refer farmers into.
- **There is a clear gap in downstream support.** Ireland has strong upstream and midstream programmes, but little tailored support for farmers already in distress or crisis. International models such as low-intensity online tools, tailored counselling, and farmer-specific helplines could be adapted and piloted here.

- The evidence is strongest for mental health literacy, gatekeeper training and direct clinical support, but thinner for population-level promotion and financial supports. Crisis intervention tailored to farmers is effectively absent. The evidence supports **scaling what already works while piloting and evaluating the rest.**

What this means for the HSE's Farmer Health and Wellbeing Plan

- **Take a multilevel approach.** Build coping and connection (upstream), establish trusted gatekeepers such as farm advisors and rural financial counsellors to link farmers to help (midstream), and coordinate low-intensity and clinical supports nationally (downstream).
- **Fill the downstream gap.** Draw on proven international models to develop and pilot tailored supports for farmers in crisis, as local evidence for what could work in Ireland is absent.
- **Address structural pressures, not just individuals.** Rapidly changing agricultural, climate and regulatory demands are a real source of stress. It is important to ensure that farmers are involved in the decisions that affect them.
- **Build in evaluation and tracking.** Commission a regular national survey of farmer mental health, help-seeking and stigma, and evaluate programmes across the full continuum with longer-term follow-up and economic evidence.

In its capacity as a member of the Healthy Ireland - Men Implementation Group, Movember looks forward to working further with colleagues in the HSE to apply this learning to their work shaping a new Farmer Health and Wellbeing Plan.

THE CASE FOR SUSTAINED INVESTMENT IN COMMUNITY MEN'S HEALTH

As our research on farmer mental health and wellbeing interventions in Ireland shows us, community-based interventions are a crucially important element in addressing the health needs of men in Ireland.

The National Men's Health Action Plan equally acknowledges the importance of scaling up evidence-based men's health programmes in the community.

Movember's *Real Face of Men's Health* report showcases many of these programmes– many funded or supported by the HSE and organisations including Movember – as practical examples of 'what works'. They range from men's sheds to the Heads-Up programme; from Men on the Move to the Place 4U Men's Health Programme; from the Men's Development Network to the Cairde suicide prevention initiative and the GAA healthy clubs programme.

For Men's Health Week 2026, Movember launched a video showcasing some of these initiatives, demonstrating the significant impact investment in them can have on men and their communities.

Movember believes that working in close collaboration with Government to back what works at a community level can make a real difference, and we have a track record of doing just this. In England Movember has partnered with the Department of Health and Social Care, and the People's Health Trust, on a Men's Health Community Fund. Combining government commitment and resources alongside those of Movember and philanthropy, significant investments are being made in community-led programmes that improve men's health and wellbeing. Alongside improving outcomes for the men reached, it aims to build practical evidence about what works, to inform future policy, commissioning and systems change.[9]

We believe that with the necessary commitment we can do the same in Ireland. Ahead of Budget 2027[10] we called on the Irish Government to launch a new 3-year public investment fund in grassroots men's health community programmes in Ireland. Movember have also pledged to partner with the Irish Government to increase this fund by expanding the base of potential funders.

Figure 5. Stills from The Real Face of Men's Health in Ireland video

EXTRA TIME WITH DAD: MAKING THE CASE FOR IMPROVED PATERNITY LEAVE

In June, we launched our *Extra Time With Dad*[11] campaign with a report that called on the Government to convene a dedicated Paternity Leave Working Group. The report highlighted how far behind the rest of the EU Ireland is in providing support for new dads, and drew on the findings of a survey of 403 Irish dads commissioned by Movember and conducted in May.

- 2.8 weeks – the equivalent number of full-time weeks of salary support offered to men when paternity and parents leave are combined
- 74.5% - the average loss of salary experienced by fathers who take paternity and parents leave in Ireland
- 8.5 weeks - the EU average number of full-time weeks of salary support offered to men, three times that of Ireland

This survey also revealed:

- ~60% of Irish fathers believe two weeks' statutory paternity leave is not enough time. A similar proportion say that €299 per week is not enough money to enable them to take it
- 1 in 5 responding fathers said they took no paternity leave whatsoever whether statutory or from their employer
- 68% of those surveyed who took paternity leave relied either in part or in full on employer supports or top ups
- ~50% of eligible fathers did not claim statutory Paternity Benefit between 2019 and 2022

On top of these findings, there were additional in-depth survey insights on how Irish fathers viewed their physical and mental health during their first year of fatherhood, as well as their experiences interacting with health services. Most dads did rate their health positively overall, with roughly three quarters positive about their mental health and just over two thirds about their physical health. This means the strain sits with a significant minority who are largely going unsupported.

These responses – which didn't feature in the final published version of the *Extra Time With Dad* report – paint a nuanced picture of fatherhood in Ireland. They show that while for most respondents, becoming a new dad is one of the most rewarding and nourishing experiences they will ever encounter, there is a lot more going on at this key time in the lives of young fathers that requires meaningful support.

- 1 in 4 new dads described their mental health as fair or poor, most often linked to stress, sleep deprivation and the weight of new responsibilities
- 3 in 10 new dads described their physical health as fair or poor, with sleep deprivation, exhaustion and less time for self-care the main pressures affecting their wellbeing

"The stress of balancing family and work commitments, losing friends and other relationships because they didn't understand my role as a father, man and partner. Being told by a colleague that I was negatively affecting my career by taking 6 months parental leave. Lack of control over leisure activities, demands from work that I could not comply with as I had to pick up or take care of my kids, childcare struggles and lack of family or work support ."

— Respondent

"Becoming a father changed my understanding of love and patience. I developed a much deeper sense of purpose and emotional connection than I had before".

— Respondent

When it came to interacting with Health Services, dads responding to the survey made clear they feel overlooked and excluded in health appointments, despite their willingness to engage.

- 53% of new dads responding sought extra health checks since becoming a father, but nearly 2 in 5 have avoided or been unable to access healthcare when needed, often due to cost, work pressures, or prioritising family health over their own
- Nearly 2 in 3 said they were not asked by a health care professional during their partner's pregnancy about their mental health, and another 2 in 3 were not asked about their mental health since the birth of their child
- 57% felt recognised as an important parent, and 53% felt included in conversations and decisions
- 47% received useful information to support or help them prepare for fatherhood, and only 42% said health care professionals made a clear effort to help them prepare

Figure 6. Only 1 in 4 dads feel that society or the Government takes fathers' mental health seriously. This points to a clear gap in recognition and support.

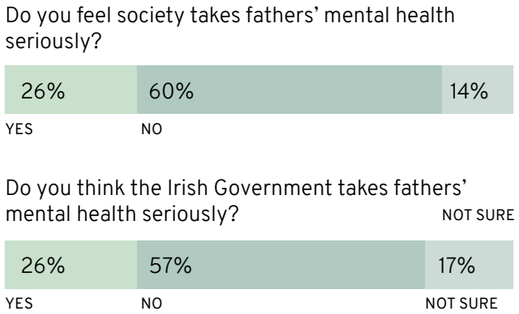
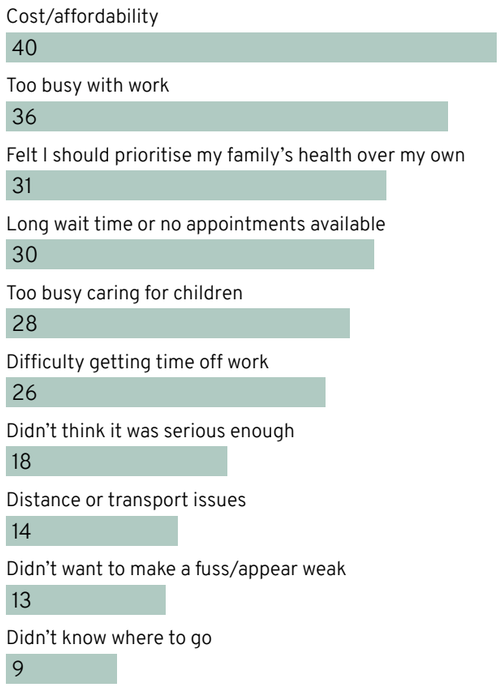


Figure 7. Reasons for avoiding or being unable to obtain healthcare.



Dads increasingly link their own health to that of their family.

Some 85% of men say being a father makes it important to look after their mental health and 83% their physical health. Approximately 7 in 10 notice that when they are struggling emotionally it affects their partner and children.

"I was working out less cause I didn't have the time and I was eating more junk because I was too tired to prepare proper dinners."

— Respondent

The financial pressure runs deeper than just paternity leave.

Over half of dads reported money problems since becoming a parent: around 1 in 3 took on extra debt, roughly 1 in 4 asked for financial help, and about 1 in 8 either could not pay bills, rent or mortgage on time, or went without meals.

These findings make clear that *Extra Time With Dad* was never just about the numbers on a payslip. Behind the statistics on leave and salary support sit real fathers navigating stress, exhaustion, and a system that too often fails to see them. If Ireland is serious about closing the gap with the rest of the EU, the response can't stop at policy reform alone - it must also mean recognising fathers as partners in their family's health, not bystanders in it.

Movember will continue to press Government for a dedicated Paternity Leave Working Group, and to make the case that supporting new dads is not a nice-to-have, but a public health priority.

4. Conclusion: What's Next

One year on from the publication of *The Real Face of Men's Health*, the case for action on men's health remains as pressing now as it was a year ago.

Improving men's health creates benefits that extend far beyond the individual, leading to stronger families, healthier relationships, and more resilient communities. Health-aware men live longer, healthier lives and are better able to participate in family life, support their loved ones, remain active in the workforce, and contribute to society. Investing in men's health therefore delivers a significant social return, positively impacting men, women, children, communities, and the wider economy.

Improving men's health in Ireland – whether at the national level by shifting the dial on premature mortality and suicide, or at the community level through backing what works for men in their communities – requires sustained political commitment, policy focus, and investment.

Movember will continue to work together with partners in Government and in the wider health sector to tackle the complex issues in men's health together, including through the ongoing commitment of Movember's own expertise and funding across research, programme delivery, community networks and awareness raising.

Appendix: Movember's Budget 2027 Submission

In August 2026, Movember made a submission to Government on Budget 2027.[12] The submission's budgetary and policy recommendations are summarized below.

BUDGETARY RECOMMENDATIONS

- **Allocate an initial €10 million, split across the 2027 and 2028 Budget cycles to deliver the National Men's Health Action Plan 2024-2028** in line with the plan's original ambition.
- Work with the Action Plan's coordinators to **commission a full cost analysis to ensure appropriate resourcing and implementation** of this and future Action Plans, supporting the broad range of men in Ireland.
- **Commit to sustained investment in Movember's Ahead of the Game programme** in partnership with the Irish Life GAA Healthy Club Programme to ensure its continued growth and impact, building on the €1M already committed by Movember.
- **Launch a new 3-year investment fund in grassroots community programmes, partnering with Movember** and other potential funders to increase funds available.
- **Commit to piloting the Movember Men in Mind programme among mental health practitioners in Ireland** and thereafter to scale it to strengthen the healthcare workforce's knowledge, skills and confidence in effectively working with men and retaining them in good health.

POLICY RECOMMENDATIONS

- **Develop a new National Men's Health Policy as a whole-of-government policy mandate complementing, not replacing, the National Men's Health Action Plan 2024-2028.** The Policy should take inspiration from the Women's Health Action Plan and: provide cross-government leadership, coordination and accountability; address upstream determinants of men's health; secure sustainable, ring-fenced investment and strengthen links between policy, implementation and evaluation.
- **Convene a dedicated multi-stakeholder Paternity Leave Working Group** with a mandate to review the duration of statutory paternity leave and develop a phased pathway beyond the EU minimum of 10 working days, develop a roadmap to replace the flat-rate €299/week Paternity Benefit with an earnings-related model that reduces income loss, and examine workplace culture barriers.
- **Commit to supporting young men online** through consultation with global leaders on recognised harms specific to young men and potential policy solutions.

References

The following references are cited in this report using superscript numerals throughout the text.

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3. Government of Ireland, Ireland's Strategy to Reduce Suicide and Self-Harm: Connecting for Life 2026-2035. The strategy has a target of reducing the national suicide (all genders) to 7 in 100,000 by 2035.
4. Movember Institute of Men's Health (2025) The Real Face of Men's Health 2025 Republic of Ireland Report. Available at Movember.com. The Report's analysis used a difference-in-differences method on Central Statistics Office mortality data from 2003 to 2018 to arrive at this estimate.
5. This further analysis applies the same difference-in-differences approach to specific causes of death, comparing male trends against female trends. It links the policy period to measurable reductions in male premature death in the areas the policy set out to change:

   External causes, which include suicide, accidents and violence, fell by 5.9 per 100,000 more for men than for women after the policy came into force, a 9.8% reduction from the pre-policy baseline. These were the deaths the policy targeted most directly, through suicide prevention, road safety and workplace safety.

   Male cancer deaths fell by 15.2 per 100,000 more than female rates, a 7.9% reduction, consistent with earlier detection and stronger engagement with health services.

   These gains held despite the 2008 recession, which hit men hardest and would normally be expected to push male mortality up.
6. While HSE-led Action Plans have supported implementation and innovation over the past decade, there are limits to an action-plan approach: no formal mechanisms for cross-government leadership or accountability, constrained scale and resourcing, and a primary focus on health promotion rather than the upstream determinants of health shaped by housing, education, employment, social protection, justice and integration.
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