



# MEN'S HEALTH AND PRIMARY CARE

**IMPROVING ACCESS AND OUTCOMES**



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# **MEN'S HEALTH AND PRIMARY CARE: IMPROVING ACCESS AND OUTCOMES**

**A ROUNDTABLE EVENT ORGANISED BY EMHF**

*Brussels, 11 June 2013*



## **ABOUT THE EUROPEAN MEN'S HEALTH FORUM**

EHMF is a not-for-profit NGO. It is the only European organisation dedicated to the improvement of the health of men and boys in all its aspects and provides a platform for the collaboration of a wide range of stakeholder groups across Europe. Established in 2001, it has succeeded in raising the profile of men's health through policy development, lobbying, campaigns, conferences and seminars, research and publications, and the provision of information directly to men.

[www.emhf.org](http://www.emhf.org).

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ISBN 978 0 85761 049 2.

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## Introduction

Men's health across Europe is unnecessarily poor, with nearly 630,000 men aged 15-64 dying each year across the EU's 27 member states compared to 300,000 deaths for women. In the eastern European countries, average male life expectancy at birth is about 64 years. In western Europe, men live five years fewer than women.

Primary healthcare services are central to strategies to improve men's health in terms of prevention, early diagnosis and treatment. Currently, however, primary care services (general practice, dentists, pharmacy, optometry, nursing and others) are under-used by men with adverse impacts on their health, families and communities, employers and health budgets.

According to the *State of Men's Health in Europe* report (EU, 2011), there is consistent evidence that men of different ages, ethnicities and social backgrounds access health services less frequently than women. It has been suggested that men's lower contact rates with primary care services are linked to higher hospitalisation rates and that, when they do use primary care, men tend to ask fewer questions and GP consultation times are shorter than for women. Men are also less likely to make use of preventative health checks, including for oral health and eyesight, and screening (e.g. for bowel cancer).

EMHF has begun a work programme which will lead to improvements in men's use of primary care services. The first stage was a Roundtable meeting in Brussels on 11 June 2013 which brought together a wide range of organisations to learn from their expertise and experience and to determine how best to tackle the problems. The organisations and individuals taking part are listed in Appendix 1. This is the first time that so many primary care professions have met together to discuss men's health.

This report summarises the discussions at the Roundtable and will be used to inform and guide EMHF's work as well as for further consultations with other organisations in Europe.

## Background

The EU's *State of Men's Health in Europe* report provided a comprehensive analysis of the data on men's use of healthcare services. But it did not contain any recommendations for action. To fill this gap, EMHF published a summary of the report's findings and added a number of its own recommendations. In the area of healthcare services, these included:

- View men as a resource for health, working with them to identify and address the barriers to their use of primary care services, rather than simply as a problem.
- Develop 'male-friendly' health services that provide flexible opening hours and that have the capacity to be offered in more accessible community and workplace settings.
- Introduce 'one-stop shops' so that all of men's health concerns can be tackled in the same place at the same time.
- Integrate programmes on men's health into the training syllabi of all health and allied health courses and offer short courses targeting existing service providers in the health, allied health and community sectors. Health service staff need to understand and address the particular barriers faced by male clients.
- Use role models and men's partners to encourage them to attend use health services more effectively.
- Adopt more stringent regulatory and legislative measures to counteract the sale of counterfeit drugs through the Internet in order to ensure that men are properly diagnosed and treated by health professionals.
- Commission more research into how and when men use health services



The Roundtable event aimed to understand better the problems facing men in primary care and to make further recommendations that would improve men's access and outcomes.

The event began with a series of short presentations from organisations with different perspectives on primary care. These were followed by two workshops in which small groups of delegates identified the problems and then made recommendations. The Roundtable concluded with a session which outlined EMHF's next steps in its work on primary care.

*Professor Ian Banks, President, European Men's Health Forum and chair of Roundtable*

## Presentations

### **Dr Isabel de la Mata, Principal Adviser for Public Health, Directorate SANCO - Health and Consumers, European Commission**

Dr de la Mata set the scene by stating that the EU published a report on women's health in 2009 and the *State of Men's Health in Europe* report in 2011 which showed that men die earlier than women (with a six-year difference across Europe), but that men suffer less disability and that the pattern of diseases affecting each sex is very different, e.g. while both sexes suffer from cardiovascular disease men die younger and more men take their own lives. Biological differences might play a part in this but there are also important behavioural differences with men more likely to smoke, drink alcohol and drive fast.



Dr de la Mata said that when she worked as a GP, women used to ask her for treatment for their partners because they were working. The health system is not yet adequate for men and women. This is especially true in the area of prevention where campaigns have been mainly aimed at women. This problem must be solved, especially because of the challenge of ageing – more needs to be done to stop people arriving in old age with a range of diseases.

The EC has begun several projects – on smoking, diet and alcohol – which will help men to lead healthier lives. But there needs to be a greater focus on what can be done to motivate men to change their behaviours.

The EC takes gender differences into account in all its policies as it also takes account of ethnic differences. A forthcoming project on the health of isolated people will include a gender perspective.

Dr de la Mata concluded by hoping that other groups will copy the format used by EMHF for the Roundtable and stated that, with the help of a range of different professions, we can improve men's health.

### **Dr Steve Mowle, Vice Chair, Royal College of General Practitioners (RCGP) UK**

Dr Mowle noted that the RCGP was 60 years old this year and that primary care has come a long way since the 1950s when standards and morale were low. But general practice still needs to up its game. For example, GP training needs to be improved. In the UK, it should be longer and there needs to be a greater emphasis on mental health. There should also be a qualification for practice nurses and they need to be trained to provide more holistic healthcare.



To help to break the inequalities in health, doctors must think more about improving the health of the communities they work in, not just the individual patient in front of them. They need to do more to find out what people want by getting out more to workplaces, pubs, trade unions and churches. This is very relevant to men and is also important for pharmacists and nurses.

Homelessness is a big issue. The life expectancy of a homeless man in London is 41, similar to that for men in sub-Saharan Africa. This has to change. The solutions are not just medical but also include social issues like access to housing.

Dr Mowle commented that austerity was the 'elephant in the room'. The resources being allocated to primary care are being cut at the same time as demand is increasing. In the UK, the proportion of the health budget allocated to primary care has shrunk from 10% to 7.5%. But yesterday he saw 65 patients in a single day. We need solutions that are not expensive.

**John Chave, Secretary General, Pharmaceutical Group of the European Union (PGEU)**

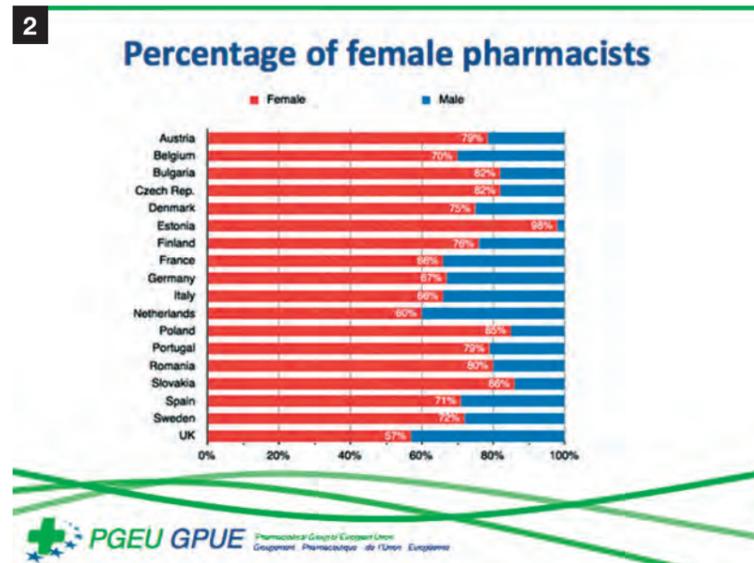
Mr Chave observed that although pharmacies are easy to access they are generally under-used by men. He referred to a recent National Pharmacy Association (NPA) UK survey that looked at men’s use of pharmacy services (see Box 1). He thought that part of the explanation is that pharmacies appear to be mainly aimed at women: they are full of cosmetics and most of the staff are women too. In Estonia, 98% of pharmacists are women. Across Europe, about two-thirds of pharmacists are women (see Box 2).

Mr Chave concluded by observing that structural economic changes are increasing male unemployment in Europe while new jobs are mainly being taken by women. The number of low-income men is increasing. This is changing the male role and makes it even more important to address men’s use of primary care services.



- 1**
- More men than women admit that their understanding of medicines is poor (23.1% against 15.6% women)
  - Men are twice as likely than women to take a new prescription medicine without first reading the patient information leaflet or seeking professional advice (10.9% of men against 5.1% women)
  - A third of men (31%) get their partner to collect their prescription medicines
  - Men tend to rely on their female partners to stock the household medicines cabinet
  - 60% of men would suffer with a side effect of medicines for more than a week before seeking advice
  - Nearly nine in ten men say they don’t like to trouble a doctor or pharmacist unless they have a “serious problem”.

Nation Pharmacy Association Survey 2012



**Mark Nevin, Secretary of the Public Affairs and Economic Committee, European Council of Optometry and Optics (ECOO)**



Mr Nevin observed that eye care practitioners have an important role in healthcare but are often overlooked in health planning. A large number of people use eye care services which creates a great opportunity to engage them in health.

There are no available statistics on gender differences in the use of eye care services. But it is known that more women suffer from visual impairment simply because more men die before they develop it. The biggest risk factor for eye problems is age. By the age of 85, 24% of people have a visual impairment. But diabetes, smoking and UV light exposure are also important; diabetes is the leading cause of blindness among working age adults.

Mr Nevin argued that, as men live longer, more will experience age-related eye problems. These have huge personal, economic and social costs. But 50% of sight loss is preventable through early detection and treatment. Eliminating preventable sight loss would save €25 billion a year in the UK alone.

The steps needed are outlined in Box 3. Of particular relevance to men is developing male-targeted detection and awareness strategies and the opportunities created to detect sight loss, diabetes and hypertension earlier.

**3**

**MEN – VISION and SIGHT LOSS**

**The HOW - Addressing the Prevention Challenge:**

- Need innovative eye care pathways, coupled with detection and awareness strategies (EMHF Your Eyes Manual)
- Make eye care integral to healthcare systems across Europe – signpost between providers!
- Deliver timely access along the eye care pathway, with post diagnosis support for all.

**Why Care?**

- Detect diabetes and hypertension earlier (especially in men), prevent falls
- Major quality of life issue
- Keep men working for longer
- Reduce social care expenditure.

ECOO logo.

**Dr Bert-Jan deBoer, GP and Assistant Professor, Department of General Practice at the University Medical Centre Utrecht and European Society for Sexual Medicine (ESSM)**

Dr deBoer talked about his personal experience in general practice where 80% of his consultations were with women and children and only 20% with men.

Dr deBoer referred to the ENIGMA study on erectile dysfunction (ED) and primary care in the Netherlands, for which he was the lead researcher. This found that although many men needed help with ED, only 20% actually went to the doctor. Doctors must take a more active role if men's health problems are to be properly tackled.

A more recent, but as yet unpublished, study of 2,034 Dutch men aged 15-86 years conducted via the Internet has looked into men's health concerns, their perceived need for help, and how help should be organised. The study found that men are concerned about their health and want to remain healthy into old age. Almost three-quarters said they wanted a health professional to take the initiative in discussions about health concerns and 62% wanted a regular, annual check-up. The specific health concerns mentioned by men were cardiovascular disease, erectile dysfunction and prostate cancer.

Dr deBoer spoke about a men's health clinic he has been running since 2009. This has an 'open door' policy, is open in the evening and is free to use. He has seen about 400 men with a mean age of 58. 50% have sexual problems (ED, premature ejaculation, sexual desire) and 48% LUTS (lower urinary tract symptoms). Men using the service are very open and eager to share their problems and concerns.



**Valerie van Gulck, Board Member, Federation of Occupational Health Nurses within the European Union (FOHNEU)**

Ms van Gulck explained the aims of FOHNEU and said that it was important for her to be at the Roundtable to highlight the role and work of occupational health (OH) nurses. She emphasised that OH nurses' work includes wellbeing as well as health and safety.

Ms van Gulck suggested there are three areas of OH work that are relevant to men's health: prevention, care and health promotion. Prevention is delivered through individual contact with men as well as collectively. For example, men can have an annual 15-minute health check-up and OH nurses can also run workplace-wide campaigns on smoking and exercise.

Health care is delivered to individual men and often follows an accident at work. Health promotion activities – such as flu campaigns – are delivered on the collective level.

Ms van Gulck pointed out that employers are often not interested in men's health and may feel constrained by financial pressures. For that reason, it can be harder to make an impact in small and medium-sized organisations. She believed it was important to develop different approaches for men and women, that health education is important at the workplace and that there is potential for employees to have a positive influence on their peers.



**Professor Kenneth Eaton, Chair, The Platform for Better Oral Health in Europe**

Professor Eaton explained the role of The Platform for Better Oral Health in Europe. Its objectives include addressing oral healthcare inequalities in Europe and in many areas men are doing worse than women. They may be no more or less scared of visiting the dentist than women but they generally have worse oral health and are poorer attenders at dental clinics (see Box 4).



Professor Eaton said that in most European countries people had to pay to see a dentist which was a major deterrent. Attendance varies widely across Europe, however, with the highest rates in Scandinavia and the lowest in Romania. Check-ups are very important because they can detect a range of diseases early, not just teeth and gum problems, and it is important therefore for dentists to integrate better with other primary care professions.

**4**  **ORAL HEALTH AND MEN – THE CHALLENGES**

- **Worse oral health than women – Dental Caries, Periodontal Diseases and Oral Cancer**
- **Worse attenders at dental clinics**
- **Risky behaviour and common risk factors with other non-communicable diseases**
- **Need for a workforce relevant to future needs**
- **Need for greater integration with all aspects of healthcare**

**COMMON CHALLENGES**

## Workshops

Roundtable attendees were divided between three workshops that met to consider the problems facing men and primary care and to make recommendations that would address these.

The main problems were identified as (the most pressing are shown in **bold**):

- **Austerity is reducing the resources available for primary care and prevention work. This impacts particularly on groups, including men, who are affected by health inequalities.**
- **National health services have not yet taken a leading role in tackling men's health problems – they do not see men as 'customers' and have not tried to remove barriers to access by making services available at appropriate times and places.**
- **Men have low symptom recognition which results in late presentation to services and late diagnosis.**
- **Disadvantaged groups of men find it particularly difficult to access primary care (e.g. low income men, homeless men).**
- **The different primary care professions tend to work in silos rather than in an integrated way. Practitioners and policymakers also do not work together in a multi-disciplinary way. This affects all service users but it means that the needs of groups who do not access services effectively (including men) are more likely to be overlooked.**
- **Many primary care practitioners are reluctant to 'engage' with their local community to get a better understanding of people's needs and preferences.**
- **There are too few champions or role models for men in health, education, etc.**
- The opening hours of primary care services, especially GPs and dentists, are a barrier for many men. Receptionists are often seen by men as an additional barrier.
- The cost of using some services, especially dentistry, deters men from low-income families.
- Men have psychological barriers to accessing help and many have a 'macho' reluctance to ask for help. Some men are reluctant to be seen going to a clinic.
- Many men are deterred by the 'feminine' décor and products on display in pharmacies.
- Men do not feel empowered around health and do not practice effective self-care.
- Outreach by health professionals to men is generally poor. Existing good practice in outreach work with men is not being 'scaled up' (e.g. work with men in leisure and sports stadia settings).
- Occupational health initiatives are a good way to reach men but they miss men working for SMEs and unemployed men.
- New technologies are not yet being used sufficiently, e.g. to streamline making appointments.
- Health professionals often feel too embarrassed to ask men key questions (e.g. about urological issues) because of a lack of training.
- We don't yet know enough about men – there are still big gaps in research into men's use of primary care.

The main recommendations were (the most pressing are shown in **bold**):

- **Make the economic case for investing in better primary care and prevention services for men.**
- **Identify non-public and new sources of funding for men's health work.** Horizon 2020 (The EU Framework Programme for Research and Innovation) could be a potential source of funding.
- **Investigate how men's access to primary care can be improved, including through research.**
- **Invest in more and bigger-scale outreach services for men.**
- **Secure EU funding for a pan-European, multi-professional men's health outreach project leading to a healthcare professionals' conference and production of men's health outreach guidelines.**
- **Engage with young professionals and student organisations to reach men proactively where they are (e.g. workplaces and trade unions, sports and faith organisations), especially young men.** Healthcare professionals should target men working in SMEs who cannot benefit from occupational health services.
- **Develop joint-professional work on men's health and develop integrated models of care for men.**
- **Improve health professional education with an emphasis on communication skills and insight into the differences between men and women.** Training programmes on men's health should also be offered on an inter-professional basis.
- **Organise roundtable events like this one in each European country.**
- National health policies should take specific account of men, as in Ireland, in order to influence the allocation of resources.
- Clinical champions in men's health should be identified to help push for change.
- Improve men's health literacy, including through education and training programmes for boys and young men.
- There should be a bigger effort to raise men's awareness of health issues with national health services working in partnership with others, e.g. professional sports organisations (who can also appoint their own outreach champions).
- More resources should be allocated to psychological wellbeing services for men.
- Resources should be allocated to meet specific local needs, including those of men. Health professionals working in primary health care settings should become better informed of these needs and target their local male population.
- New technologies have a role, e.g. apps that store personalised health information, including reminders about when to make appointments, and online and mobile appointment-booking systems.
- The organisations represented at the Roundtable should develop a collective strategy on men's health to influence policymakers at the national and European levels.

## Key conclusions

- 1 Men currently use primary care services ineffectively, contributing to unnecessarily poor health outcomes. This is especially the case for men in disadvantaged groups.
- 2 As the population ages, it is essential that more men are empowered and enabled to use services, and receive targeted prevention, to reduce their risk of arriving in old age with a range of diseases.
- 3 All primary care services have an important and shared role in improving men's access and outcomes.
- 4 Austerity programmes are increasing the pressures on primary care and prevention services and it is therefore important to make the economic case for greater investment in these services in order to improve men's health.
- 5 The barriers preventing men from accessing primary care must be addressed. These include opening hours, appointment-booking systems, cost (particularly for dentistry) and a perception that many services (especially pharmacy) are primarily aimed at women.
- 6 Health professionals require training on men's health, including on how to communicate better with men (including raising embarrassing issues), tackle the barriers that deter men from using services, and engage with their local communities.
- 7 Investment is needed in bigger-scale outreach services for men, including through workplaces.
- 8 Better integration of the primary care professions would improve the care of men and other groups whose needs have been overlooked.
- 9 Improving men's health literacy, including their symptom awareness, would encourage earlier use of services and better self-care.
- 10 More men's health champions and role models are needed to influence both professionals and men.
- 11 There is good evidence that men will use targeted primary care services but there remains a need for more research into men's use of primary care services and how it can be improved.
- 12 National health policies should take specific account of men.

## Next steps

Following the Roundtable, EMHF will:

- 1 Disseminate this report, highlight its main findings and advocate the improvements to primary care it identifies.
- 2 Discuss its conclusions with a wide range of other organisations to seek their views and to gain support for its findings.
- 3 Organise roundtable events on the same inter-disciplinary format within individual European countries.
- 4 Organise roundtable and other events, including training, on men's use of primary care for specific professional groups.
- 5 Build a Network of organisations across Europe which share EMHF's commitment to improving men's health. The first to be invited to join the Network will be those attending the Brussels Roundtable.

## APPENDIX 1. Roundtable attendees

Chris Allan	Editor, INSIGHT Europe	Nicholas Hall and Company
Peter Baker	Consultant	European Men's Health Forum (EMHF)
Professor Ian Banks	President	European Men's Health Forum (EMHF)
Susan Barber	Your Prostate Project Manager	European Men's Health Forum (EMHF)
John Bowis	Board Member	European Men's Health Forum (EMHF)
John Chave	Secretary General	Pharmaceutical Group of the European Union (PGEU)
Vincent Clay	Manager, EU Government Affairs and Stakeholder Engagement	Pfizer Ltd
Miriam D'Ambrosio	Policy Intern	The Standing Committee of European Doctors (CPME)
Dr Bert-Jan deBoer	GP and Assistant Professor	Department of General Practice at the University Medical Centre Utrecht and European Society for Sexual Medicine (ESSM)
Isabel de la Mata	Principal Adviser for Public Health	Directorate SANCO - Health and Consumers, European Commission
Paul de Raeve	General Secretary	European Federation of Nurses Associations
Mr Lawrence Drudge-Coates	Chair Elect	European Association of Urology Nurses (EAUN)
Professor Kenneth Eaton	Chair	The Platform for Better Oral Health in Europe
Sandra Gidley	English Pharmacy Board Member	Royal Pharmaceutical Society UK (RPS)
Paul Laffin	EU Policy Manager	British Medical Association (BMA)
Dr Steve Mowle	Vice Chair	Royal College of General Practitioners UK (RCGP)
Mark Nevin	Secretary of the Public Affairs and Economic Committee	European Council of Optometry and Optics (ECOO)
Beatrice Pipitone	Secretariat	The Platform for Better Oral Health in Europe
David Preece	Secretary General	European Pharmaceutical Students' Association (EPSA)
Aleksandra Sanak	Policy Officer	Council of European Dentists
Matthew Shaw	Deputy Director	Centre for Pharmacy Postgraduate Education UK (CPPE)
Laurène Souchet	Policy Officer	European Patients' Forum (EPF)
Valerie van Gulck	Board Member	Federation of Occupational Health Nurses within the European Union (FOHNEU)

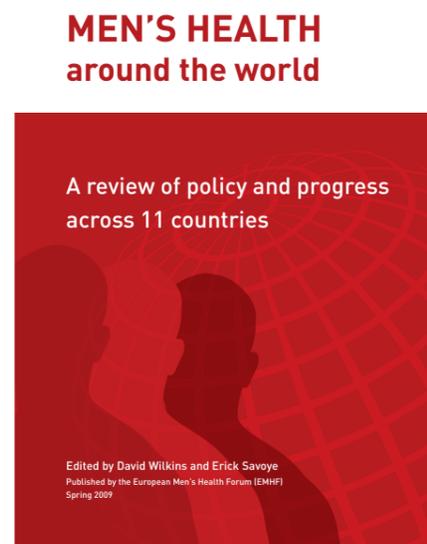
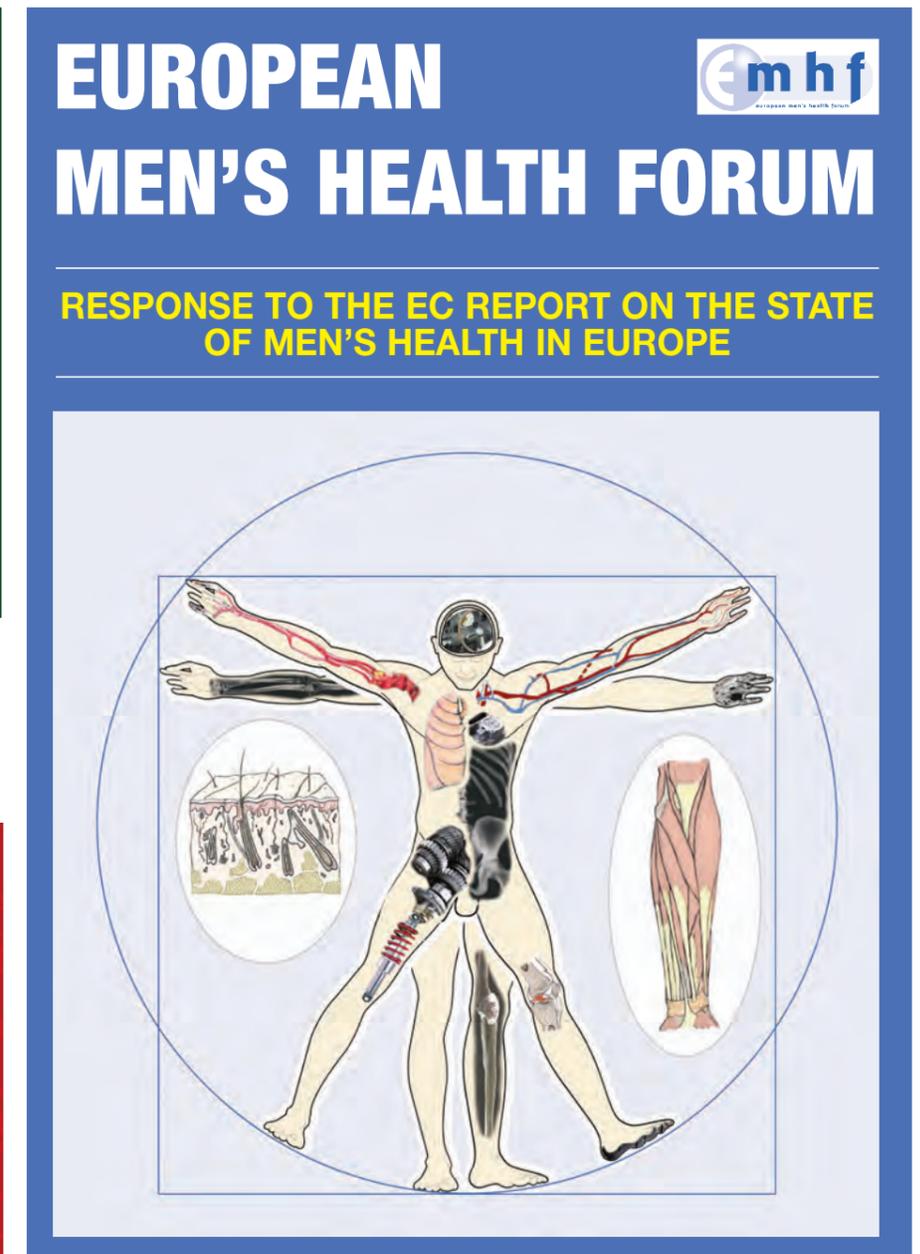
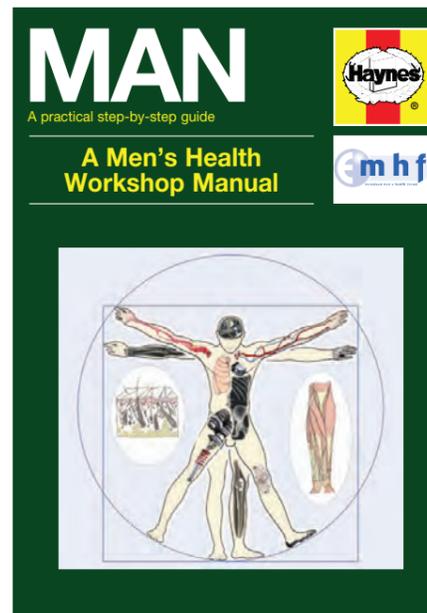
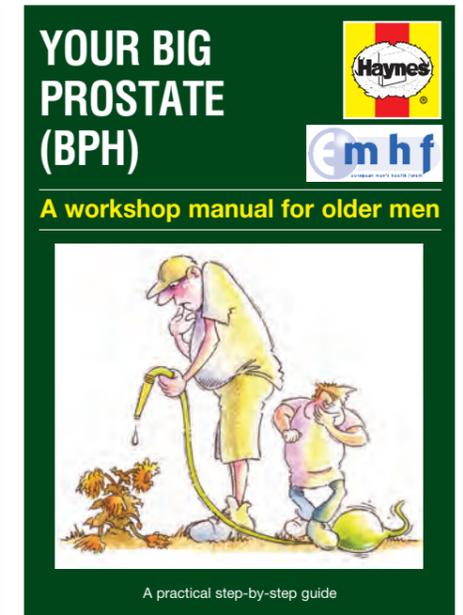
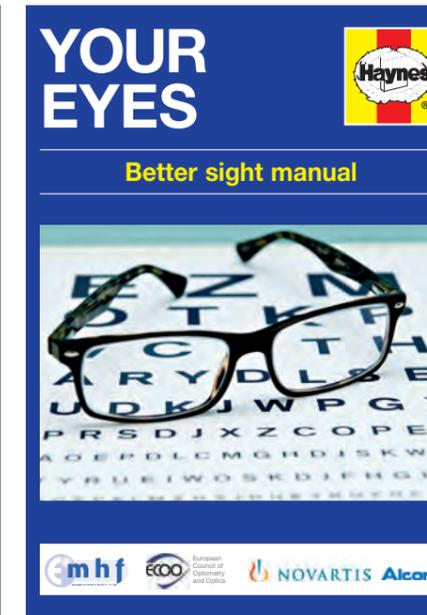
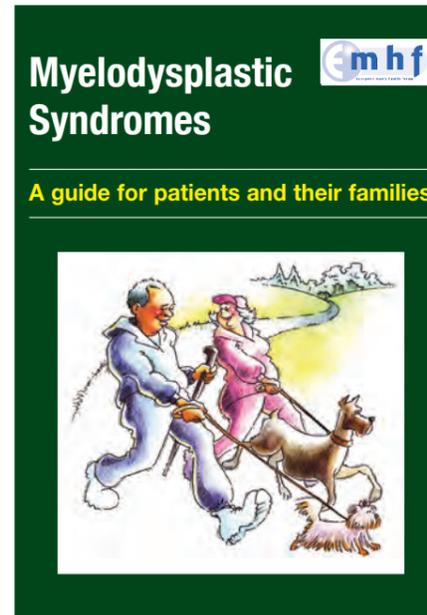


## Acknowledgements

Thanks are due to: Pfizer for funding the costs of producing this report by means of an educational grant; to Microsoft for hosting the meeting at their Brussels offices; to the European Patients' Forum (EPF) for introducing EMHF to Microsoft; and most of all to the attendees for giving so generously of their time and expertise.

This report was compiled by Peter Baker, Consultant to the EMHF.

September 2013.





# Ask online about Your Prostate



What do you want to know about your prostate?

The EMHF has launched a pioneering Q&A web-based service in English, Spanish and German to ask men what they want to know about their prostates. Log on to:

## [www.yourprostate.eu](http://www.yourprostate.eu)

All questions are answered by specialist nurses and urologists within **48 hours**. The service is anonymous and **FREE**. Your questions will add to research into the concerns men and their partners have about prostate health. Please help us to help men by publicising this service as widely as possible.

For more information: please contact the EMHF or visit [yourprostate.eu](http://yourprostate.eu)  
Email [office@emhf.org](mailto:office@emhf.org) Website [www.emhf.org](http://www.emhf.org)



# Stellen Sie Ihre Fragen zu Ihrer Prostata online



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## [www.ihreprostata.eu](http://www.ihreprostata.eu)

Alle Fragen werden innerhalb 48 von Fachkrankenschwestern und Urologen beantwortet. Dieser Service ist vertraulich und **KOSTENLOS!** Ihre Fragen tragen dazu bei zu verstehen, welche Sorgen Männern und deren Partner bezüglich der Gesundheit der Prostata haben. Bitte helfen Sie uns Männern zu helfen und erzählen Sie anderen Betroffenen von diesem Service.

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Email [office@emhf.org](mailto:office@emhf.org) Website [www.emhf.org](http://www.emhf.org)



# El médico on-line siempre tiene tiempo



¿Qué es lo que los hombres europeos quieren saber sobre la próstata?

El Foro Europeo de Salud Masculina (EMHF) ha creado un servicio pionero de preguntas y respuestas en la red, en español, inglés y alemán, donde los hombres pueden preguntar lo que realmente quieren saber sobre la próstata y no lo que pensamos que quieren saber. Visita:

## [www.tuprostate.eu](http://www.tuprostate.eu)

Todas las preguntas son contestadas en 48 horas por urologos y enfermeros especializados. El servicio es anónimo y **GRATUITO** y tus preguntas se añadirán a la investigación sobre las preocupaciones que los hombres y sus parejas puedan tener sobre la salud de la próstata. Tú puedes ayudarles difundiendo este servicio de la forma más amplia posible. El servicio estará muy pronto disponible en francés.

Para más información contacta EMHF  
Email [office@emhf.org](mailto:office@emhf.org) Website [www.emhf.org](http://www.emhf.org)



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## [www.votreprostate.fr](http://www.votreprostate.fr)

Toutes les questions sont traitées par des infirmières spécialisées et des urologues sous **48 heures**. Ce service est anonyme et **GRATUIT**. Vos questions contribueront à l'étude des inquiétudes des hommes et de leurs partenaires concernant leur prostate. Aidez-nous à aider d'autres hommes en recommandant ce service le plus largement possible.

Pour plus d'informations: merci de contacter l' E.M.H.F. ou connectez-vous sur [votreprostate.fr](http://votreprostate.fr)  
Email [office@emhf.org](mailto:office@emhf.org) Site internet [www.emhf.org](http://www.emhf.org)