



**GLOBAL ACTION ON
MEN'S HEALTH**

gamh.org

THE TREATMENT OF MEN IN GLOBAL CANCER POLICY

A report from Global Action on Men's Health

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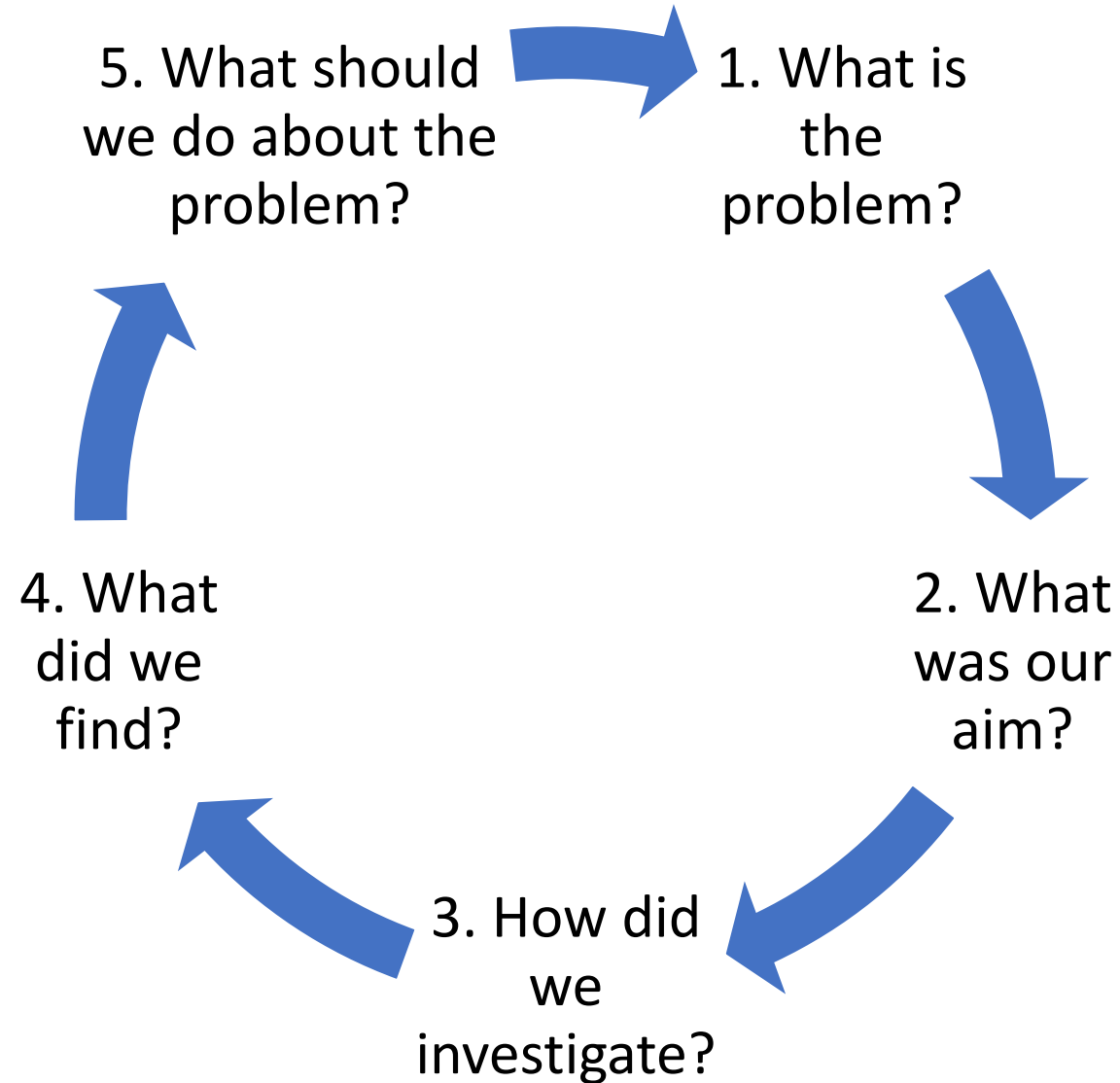
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OVERVIEW



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1. What is the problem?

- Male gender inequity in cancer burden of disease & unmet health needs.
 - Higher BOD (incidence & mortality) + higher risk exposure
 - Patterns are persistent over time
 - Intersects with other social determinants
 - Geographic variation, with increases in LMICs
 - Gap in policy addressing male inequity in cancer BOD
- Need to increase policy attention that address unmet health needs for men
- Gender-equity approach is working to address inequity in women's health
- Gender-equity approach now extending to addressing inequity in male health needs
- To do this for cancer, we need to better understand the gaps in global cancer policy in order to inform advocacy for equitable policy and practice towards male health in cancer prevention, treatment and care.

2. What was our aim?

To review global and regional cancer policy-related documents to:

- Assess the way that men are currently considered in global health policy on cancer, and
- Develop recommendations for policy advocacy strategies that global, national and local advocates might use when promoting better inclusion of men's needs in cancer health policy

3. How did we investigate?

Rapid review
methods

Searching

Selection of
documents

Data
extraction

Data
synthesis

4. What did we find?

Overview of documents

→ Gender as reflected in sex-disaggregated data

→ Gender and gender equity considerations

→ Gender and men's health: general

→ Gender and men's health: prostate cancer

→ Gender and men's health: HPV vaccination

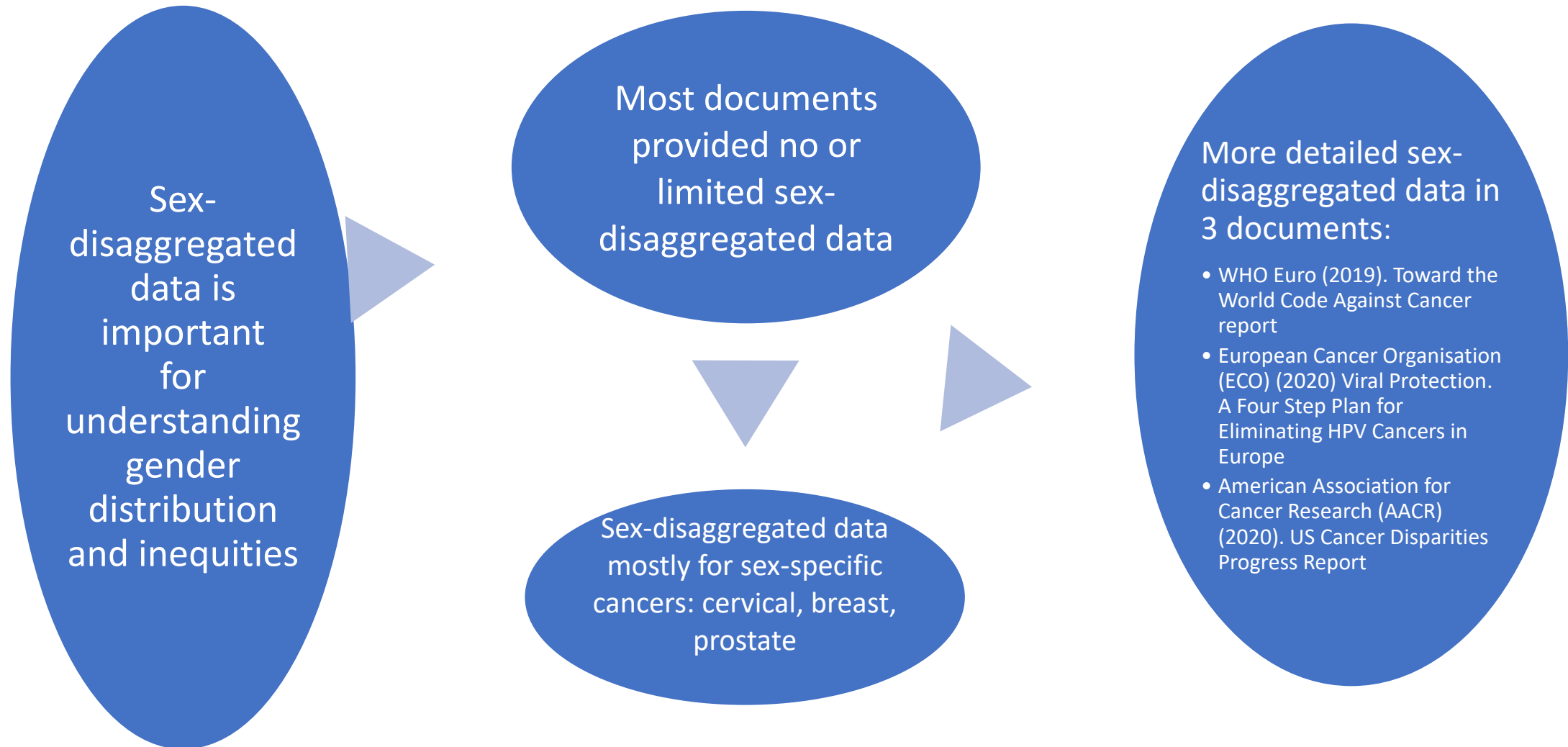
Summary remarks on the treatment of men in cancer policy

Overview of documents



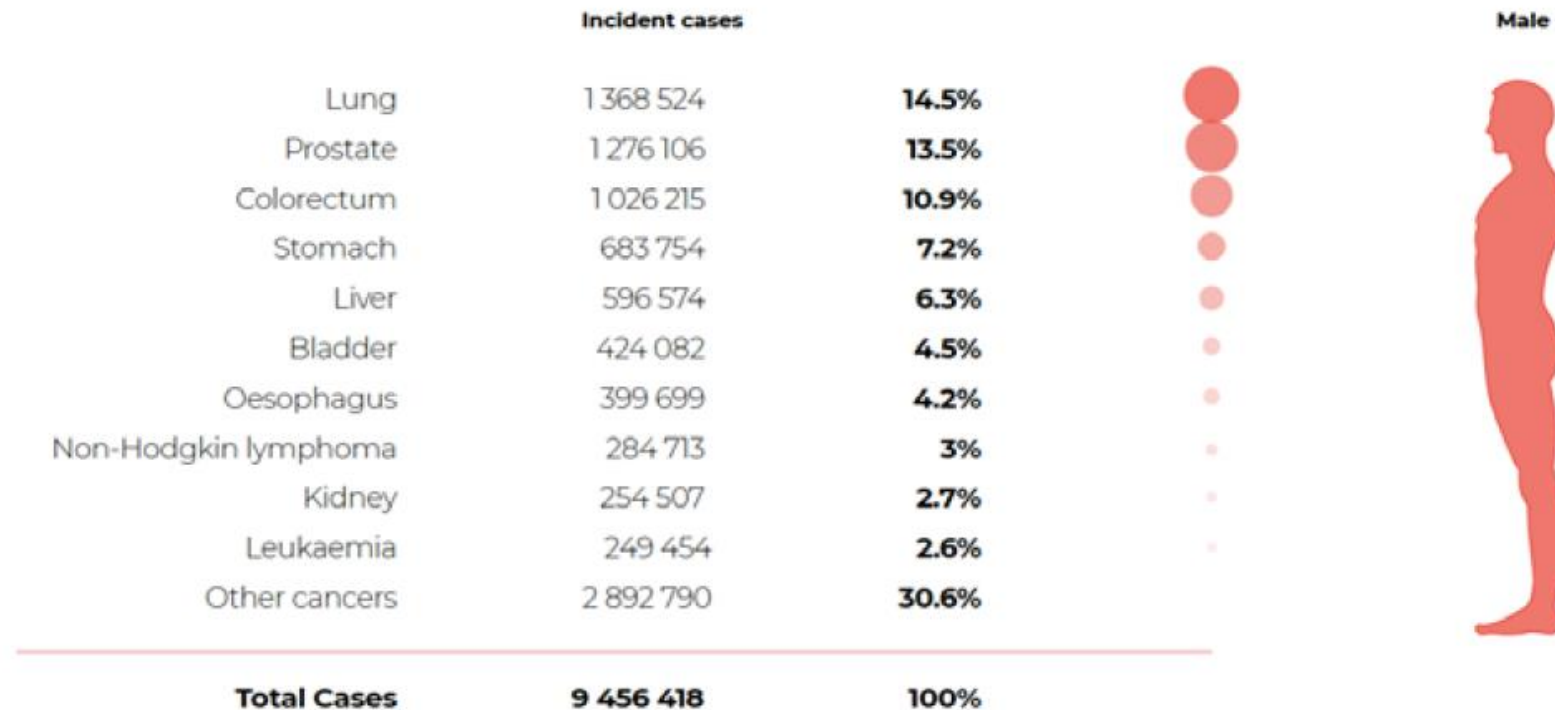
Type of policy reports (N=28)	Geographic region (N)
General cancer policy – International/multinational organizations	Global, WHO (N=3). E.g., WHO report on cancer: setting priorities, investing wisely, and providing care for all (WHO 2020)
General cancer policy – Other organizations	Global, regional and national (N=10). E.g., European Commission 2020 Europe's Beating Cancer Plan; Union of International Cancer Control (UICC), World Cancer Research Fund International, American Association for Cancer Research, UK, NZealand, Malawi cancer reports
HPV related	Global, regional, national (N=5) E.g., WHO, European Cancer organisation (ECO), American Cancer society
Lung cancer related	Global, regional (N=3) E.g., International Association for Research on Cancer, Comprehensive Cancer Network
NCD-related policy documents with reference to cancer	Global and regional (N=6) E.g., WHO, NCD Alliance, United Nations Population Fund
Other	Global, philanthropic (N=1) Clinton Health Access Initiative

Gender as reflected in sex-disaggregated data



Gender as reflected in sex-disaggregated data

Estimated global burden of cancer in 2018 - MALE



Gender as reflected in sex-disaggregated data

- A few (4) reports called for more sex-disaggregated data.
- Where a report's focus is on disparities, there is more sex-disaggregated data (e.g., ECO HPV elimination report, US disparities report)

Gender and gender equity considerations

- There was little and cursory mention of gender, gender disparities and/or gender inequities in cancer.
- “Gender” mainly seen as a social determinant of health disparities, alongside other social determinants:
 - “Cancer cases and deaths occur unequally. Social and economic inequalities such as differences in income, education, housing, employment, diet, culture, gender, ethnic group and environment can affect the cancer burden, and socially and economically disadvantaged populations have poorer outcomes...”*
(WHO 2020 Report on Cancer)
- A few references to need for a gendered perspective in interventions, but little or no further explanation: ‘taking a gender perspective’, ‘gender equality’, ‘gender-appropriate’, ‘gender-mainstreaming’, and ‘gender-neutral’.

Gender and men's health: general

- There was little to no mention of men's health disparities in reference to general, non-sex-specific cancers.
- Where there was reference to men's cancer disparities, this was mostly cursory:
 - “For instance, mortality rates from colorectal cancer are substantially higher among men than among women. Differences in survivorship and access to care can be explained by gender differences, a combination of lower exposure to risk factors, better access to screening programmes and health services, and better capacity to absorb the social and financial consequences of cancer.” (WHO Euro 2019 Beating Cancer Plan)*
- There was cursory mention of men's risk factors for cancer: e.g., higher male rates of smoking, gendered alcohol use, gendered service utilizations patterns, and differences in body mass index.

Gender and men's health: general

- Most gender-related references were to women's sex-specific cancer needs and risks, especially 1) breast and cervical cancer, and 2) women as a vulnerable population in prisons:

"...women with a history of incarceration have a higher risk than men of multiple chronic diseases." (WHO Euro 2022 NCDs in Prisons Report)

- Less mention of men's sex-specific cancer needs and risks (mostly prostate cancer)

Gender and men's health: prostate cancer



- Reference to epidemiology of prostate cancer:
 - Prevalence globally (WHO Euro 2019 World Code against Cancer Report, WHO 2020 Report on Cancer)
- Reference to race and class disparities in prostate cancer in USA:

“The rate of prostate cancer incidence during 2014-2018 was 73 percent higher in Black men compared to White men, a disparity that has persisted for decades.”
(AACR 2020, US Cancer Disparities Progress Report)
- Reference to effects of changes in screening policy:
 - Following 2012 USPSTF recommendation **against** prostate cancer screening in US, prostate cancer rate more than doubled during 2012-2017 among non-Hispanic Black men ages 50-69, compared to White men

Gender and men's health: prostate cancer

Recommendations:

- Prostate cancer screening recommendations still differ globally.
- There is increased attention for expanded cancer screening for prevention, incl. for prostate cancer:

“Extending cancer screening programmes to lung and prostate cancer as well as to gastric cancer in those countries or regions with the highest gastric cancer incidence and death rates.” (EU 2022. A New EU Approach on Cancer Screening)

- Equal (and equitable) access along the full continuum of care can reduce cancer disparities (incl. earlier screening age for Black men in US)

Gender and men's health: HPV vaccination



- Reports on HPV and HPV vaccination are mostly centred on women and do not discuss gender disparities:
 - there is progress with HPV vaccination for girls
 - 170 countries provide vaccination for girls; 40 countries provide vaccination for boys
 - 90% HPV vaccination target for girls in Europe & “a significant increase” [unquantified] for boys (EU Beating Cancer Plan)
- Increased recommendations for vaccination of boys and men, but guidelines still differ: “possibly for men”; aim for boys & older men as “secondary target groups”.
- Since 2019 some reports highlighted the need for vaccination for both girls and boys arguing for “universal access” and a “gender neutral” approach & harmonization of ages across genders (ACA 2020 & 2021 HPV vaccination guideline, UNFPA 2019 NCD report, ECO 2020 HPV elimination report)

Gender and men's health: HPV vaccination



- Little to no HPV-related male equity considerations and/or gender analysis.
- The exception is the European Cancer Organisation's (ECO) 2020 report on HPV elimination:
 - Men and women referenced in burden of sex-specific and non-sex specific HPV-related cancers (oropharyngeal, penile, vaginal, vulvar cancers).
 - Male-inequity directly addressed (e.g. high risk oral HPV more common among men)
 - At-risk male subgroups identified (e.g. MSM)
 - 'Gender-neutral' recommendations that address male and female needs equitably.

Gender and men's health: HPV vaccination



THE ECO 2020 Report on HPV Elimination

Gender analysis and rationale for gender-neutral HPV vaccination:

- Female vaccination alone does not provide sufficient protection from HPV for heterosexual men
- Men have a poorer immune response to HPV compared to women which leaves them more vulnerable to re-infection
- Human rights, ethics and equity principles should apply—unfairness of excluding men from a potentially life-saving intervention:

“Excluding men is unfair, and in some jurisdictions possibly unlawful on grounds of sex discrimination, as it makes a potentially life-saving intervention unavailable solely on the grounds of sex. Universal vaccination would also lead to greater equity between the sexes, between countries, and between income groups (in the absence of national programmes, wealthier families are choosing to purchase vaccines for their sons or daughters).”

- Long-term cost effectiveness of universal HPV vaccination (plus ethical and patient satisfaction considerations)

Gender and men's health: HPV vaccination



THE ECO 2020 Report on HPV Elimination

Four Action Areas:

1. Gender neutral vaccination: at least 90% vaccination rate for both girls and boys by 2030
2. Gender-neutral vaccination programmes for high-risk groups (incl. MSM, migrants, sex workers), and older age groups
3. Better treatment and improved survivorship for HPV-related cancers for both women and men (incl. development of HPV screening tests for different cancers)
4. Education and raising awareness about HPV and the associated risk

Collaborative and governance mechanisms to implement the 4 action areas by 2030 (& monitoring by European Cancer Dashboard)

Summary of the treatment of men in cancer policy

- Little substantive attention was paid to the gendered dynamics of global cancer epidemiology and cancer care.
- Gendered aspects were focused mostly on women.
- Reports with gendered aspects (sex-disaggregated, gendered interventions) were those with an explicit equity-related focus.
- Men's health needs & male-equity policy initiatives are largely absent from global and regional cancer-related policy
- Reports on prostate cancer and HPV elimination engaged more directly with men's health, though global guidelines still differ considerably

5. What should we do about the problem?

Kingdon's 'three streams' model of policy windows of opportunity and agenda setting:

- The problem stream
- The policy stream
- The political stream

The problem stream

1

Build a robust,
nuanced and
diverse research
evidence base
about the problem

2

Work to make this
evidence base
accessible

3

Leverage interest in
existing areas of
concern

The policy stream

1

Build a robust, nuanced and diverse evidence base on promising interventions

2

Consolidate and build from emerging best practices for men and cancer

3

Leverage the growing number of national and global men's health policies and advocates to develop integrated and holistic strategies

4

Leverage interest in current promising areas of intervention

The politics stream

1

Leverage parallel policy development for women, or for men and other health issues.

2

Build long-term coalitions and networks with individuals and institutions working on issues indirectly related to men and/or cancer

Acknowledgement

- Peter Baker for his support and guidance.
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- **Questions and Comments**