



Better Men's Health: A Pathway to Improving Global Non-Communicable Diseases (NCD) Outcomes

Report on a Roundtable at the 2025 World Health Summit

Key Messages

- Men continue to experience a shorter life expectancy and higher premature mortality than women.
- Men's poor health outcomes are not inevitable or biologically pre-destined and are preventable through changes in individual behaviours, services and policies.
- Men's ill-health represents a huge economic cost. Investing in addressing the causes of men's ill-health can save health systems and societies very significant sums.
- Men have been over-represented in clinical studies but receive insufficient attention in research on health promotion. A genuinely gendered approach is needed to improve health for all. There is no binary choice to be made between men's health and women's health. Gender-responsive action can improve the health of everyone.
- Men's specific needs are largely overlooked in NCD policies, and services are too often not responsive to their specific needs.
- Global NCD outcomes will not be improved and the Sustainable Development Goals (SGDs) not achieved unless men's health is addressed, including male gender norms.
- Improving men's access to health services, including community pharmacies, as well as supporting men's self-care, advances universal health coverage.
- Men's health should be framed as a gender and public health issue and recognised for the wider impact it has on the rest of society, including women.
- While men's behaviours can negatively and unacceptably impact on the health of others, men also have their own specific health problems which deserve better recognition.
- Global and national health policies, strategies and services must take full account of sex and gender, including focusing on men and masculinities.
- The World Health Summit and other international public health conferences and events should in future include men's health in their main programmes and agendas.



BETTER MEN'S HEALTH: Improving Global NCD Outcomes

Introduction

In October 2025, Global Action on Men's Health (GAMH) held the first-ever discussion specifically on men's health at the World Health Summit (WHS) in Berlin.

Despite men's unnecessarily poor health outcomes, the huge cost of their preventable ill-health and its impact on societies, and 30 years of advocacy by men's health organisations, men's health barely features on the agendas and programmes of major global health conferences. The topic was not on the formal WHS agenda, for example.

This side-event to the main summit explored key current challenges in men's health, policy and practice solutions both globally and nationally, and raised awareness of the topic at WHS.

It discussed the ways in which men and women's health is intrinsically connected, and how improving men's NCD outcomes will improve global health outcomes.

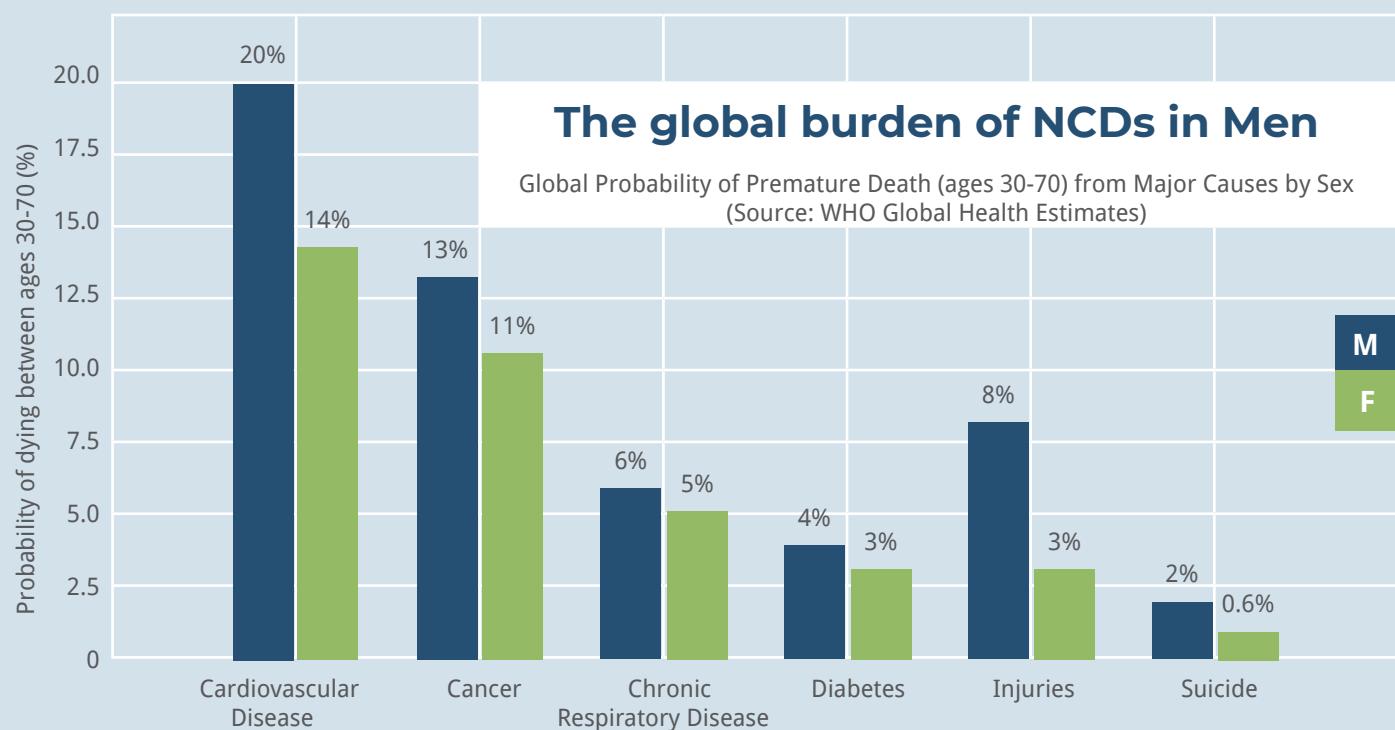
It considered the specific barriers to advancing men's health and provided recommendations for more gender-responsive healthcare approaches and policies that would improve everyone's health, including women. In light of the current global pushback on gender equality – such as legislative and policy reversals around women's reproductive rights and equity, the weakening of global institutions and programmes, and the promotion of traditional gender roles – the event was timely as an opportunity to explore new entry points to engaging everyone around more gender-responsive health provision and actions.

Eminent speakers from the World Health Organization (WHO), Movember, the Global Self-Care Federation (GSCF), the International Pharmaceutical Federation (FIP) and GAMH presented on men and NCDs, men's use of primary care services, men and self-care, men's mental health, men and cancer, harmful male gender norms, and national and global policy solutions. The meeting was chaired by Peter Baker, GAMH Chief Executive.

This report provides an overview of the main points from the speaker presentations and discussion, and the key conclusions and recommendations to improve men's health.

Background: the state and impact of men's ill-health

- Men's ill-health is a global challenge with men on average dying five years earlier than women.
- Men have higher premature mortality than women from NCDs. Globally, a man has a 21% probability of dying aged 30-70 from cardiovascular disease (CVD), cancer, diabetes or chronic respiratory disease; a woman has a 15% probability. See Figure below. If global NCD outcomes are to be improved, men's health must be addressed.
- Men are more likely to smoke, drink alcohol and use illegal drugs and other substances at harmful levels and tend to be diagnosed later for many conditions.
- While women are more likely to be diagnosed with depressive and anxiety disorders, men's challenges with depression and anxiety can be under-recognised and misdiagnosed.
- Men are more than twice as likely to die due to suicide compared to women globally. The rate of suicide among men in Africa is the highest of all regions.
- Men have poorer health literacy and are less likely to self-care. Men are notably less good at looking after their oral health, using smoking cessation methods and skin care. There will be an epidemic of skin cancer in men unless more start using sunblocks.
- Men use primary care, including community pharmacy, less effectively than women, in part because men generally have less involvement in family health.
- Men, on average, can take up to nine years to seek professional help for erectile dysfunction (ED). In the meantime, many men will order counterfeit or ineffective treatments online. This matters because ED is a symptom of underlying diseases, such as CVD, hypertension, diabetes and depression. Late presentation for ED can have serious consequences.



- Boys and young men face particular mental health challenges, often exacerbated by their presence in online spaces, at a time in which many also report feeling marginalised and left behind.
- Men's mortality and morbidity significantly affect others – particularly partners and families – due to the loss of male income and the additional caregiving burden on women. Caring for men in poor health has a direct

negative impact on women's emotional, psychological and physical health, and can lead to women taking time off work.

- Poor men's health is very expensive. HealthLumen research for Movember suggests USD 379.52 billion** could have been saved in six high-income countries in 2023 alone if the five leading causes of preventable premature deaths were avoided in men in those countries. See Table below.

Direct & Indirect costs per male	Australia (AUD)		Canada (CAD)		Ireland* (EUR)		New Zealand (NZD)		United Kingdom (GBP)		United States (USD)	
Amount that could have been saved in 2023	\$10.7 billion		\$12.4 billion		€716 million*		\$917 million		£9.4 billion		\$350 billion	
	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect	Direct	Indirect
Coronary Heart Disease	152.48	95.28	149.05	475.28	53.06	151.60	188.28	38.20	55.25	175.72	375.37	401.70
COPD	43.64	450.19	32.58	70.56	21.54	46.68	52.08	1.93	35.75	1.19	135.46	93.67
Lung Cancer	33.74	13.40	87.58	14.94	12.37	4.79	15.43	2.70	3.55	7.76	55.44	88.47
Stroke	31.53	124.37	–	–	32.71	45.08	101.85	48.23	44.62	55.82	–	–
Suicide	0.15	113.94	0.16	103.24	0.06	45.08	1.93	68.67	–	–	1.28	706.32

* 2025 costs extrapolated. Costs and countries cannot be directly compared due to differences in cost calculations, definitions, quality of sources, as well as differences in health care financing by country.
Source: HealthLumen Economics/Movember

**Total figure based on adding up costs across all six countries using USD exchange rates as of 12 November 2025

BETTER MEN'S HEALTH: Improving Global NCD Outcomes

Critical barriers to men's health and access to care

- Cultural stereotypes and gender norms socialise men to appear strong and self-reliant and to conceal vulnerability, leading them to not take care of themselves, take risks, and discourage them from seeking care and support. These gender norms, centred on ideas of control and power, also link to key challenges in women's health, including their sexual and reproductive health (SRH) and intimate-partner violence. Disproportionate attention to how male gender norms impact others has led to a more limited focus on the impacts of these gender norms on men's own health.
- Men have lower levels of health literacy and are less aware than women of common cancer symptoms, for example.
- Many men lack awareness of the role of pharmacies while pharmacy education and training does not address men's health (with limited exceptions). Pharmacists are often over-stretched, and not paid to do more to engage men.
- There is a vacuum of information and positive role models for young men who are often looking for information about how to be a man. This can lead some young men to access content from online influencers that promote a return to more traditional and harmful gender roles.
- GAMH has produced a suite of policy research reports showing that men's health and wellbeing is consistently overlooked in global policy on cancer, mental health, primary care and sexual and reproductive health. This has lead to limited frameworks and guidelines on men's health.
- There are insufficient gender-specific global targets for improving men's health outcomes.
- There is insufficient sex disaggregated data.
- Health services can be inaccessible to men because of their location, opening hours,

limited information targeted towards men, or negative attitudes of some healthcare professionals. Men can also have concerns about privacy and confidentiality.

- Limited psycho-social support is available to men experiencing serious health (eg. cancer) as well as other problems and challenges.
- Gender and health is still seen as synonymous with women's health. A greater focus on men's health is often perceived as a threat to work on women's health.
- Male power and privilege in many areas of public and private life can lead to a lack of sympathy or concern for men in areas, like health, where they have specific needs and/or poorer outcomes.
- Men's health is often not looked at holistically. There can be a focus on urology (especially prostate disease) and on specific age groups, rather than a lifecourse approach.
- The impact of men's health on others, while starting to be better documented, needs to be further understood and recognised.
- Men are seen as a homogenous group, with their intersectionalities (such as race, socio-economic status, age or sexuality) seldom taken into account.
- Gay, bisexual and men who have sex with men (GBMSM) are often considered solely in terms of their SRH and not their broader health needs.
- The men's health sector as a whole is under-resourced and most countries lack a dedicated men's health organisation. Individual men can be effective advocates for the health of others, but are often less willing to advocate for their own health.
- Women's health is often synonymous among policymakers with reproductive and maternal health. This framing overlooks women's broader health issues and the ways in which men can influence these aspects of women's health. This synonymity also overlooks men's own SRH concerns.



Recommendations for better men's health

Five key recommendations

- **Global policy:** Gender-responsive policies reflecting the specific health needs of men and women, including addressing gender norms, are urgently needed.
- **National strategies:** New national and local men's health policies and strategies should be developed.
- **Evidence:** More sex-disaggregated data and a better understanding of the impact of men's poor health outcomes on others is required.
- **Narrative:** Improving men's health should be framed as a collective public good that benefits everyone.
- **Leadership:** Governments and public health organisations must commit themselves to improving men's health and this issue should feature routinely on the agendas and programmes of major public health conferences.

Framing recommendations

- At a time of pushback against women's rights and the concepts of 'gender' and 'equity', it is important and necessary to address men's health in the wider context of gender justice and gender equity and equality.
- It is vital to avoid a zero-sum framing for men's health. It is essential that men's health and women's health are not seen as a binary choice and that there is acknowledgement of how men's health and women's health are inextricably linked. Men's health must be framed as a public health and relational issue that impacts society as a whole.
- Discussing male gender norms in the context of men's health provides an opportunity to address misunderstandings about the term gender and highlight the importance of the

social construction of masculinities and femininities on health outcomes

- Poor men's health should be viewed as preventable, not inevitable.
- The differences between different groups of men should be recognised and reflected in policy and practice. There is a range of masculinities and diverse ways of being a man that contribute to different trajectories in the health, disease and care pathways. An intersectional and lifecourse approach is vital.
- It is important to take an equity perspective in men's health. For example, the Swedish Cancer Society has identified that it is possible to improve equity only through addressing the disproportionate impact of cancer on men.
- Addressing young men's and boys' health can help men address the feelings of isolation and marginalisation many express – showing them that their health needs are recognised and being tackled - and provides an opportunity to engage them with messages that counter populist and misogynistic movements.
- Discussions on SRH should include a focus on men, as an entry point to engage men as partners in women's SRH and to address men's own SRH needs and wellbeing.

Policy recommendations

- Men's health concerns must be included in global policy on cancer, mental health, SRH and primary care and in other key policy areas.
- More national and local men's health policies are needed. Currently, there are just nine national men's health policies worldwide.
- All health policies, strategies and interventions should be informed and driven by evidence on how both sex characteristics and gender inequities, inequalities, norms, roles and relations act as interacting clinical, social and structural determinants of health.
- Policymakers and service managers – often men themselves – need to look at how

BETTER MEN'S HEALTH: Improving Global NCD Outcomes

gender norms are embedded within the health system itself and how this affects decision-making.

- Health policy should include the role of pharmacists in improving men's health.
- Strengthen the focus on men within self-care frameworks and policies, as an inclusive entry point to providing men with more personalised health solutions.
- Lessons can be learnt from recent policy advocacy successes, such as the new national [Men's Health Strategy for England](#) and the inclusion of language on vaccinating both boys and girls for human papillomavirus (HPV) in the recently adopted [UN Political declaration on NCDs and mental health](#).

Health organisations and Non-Governmental Organisations (NGO) recommendations

- Health organisations and NGOs should put the issue of men's health on their agendas, including male gender norms and health.
- More support is needed to strengthen the men's health sector so that it can effectively represent men and provide a range of services both locally and nationally.

Service provision recommendations

- Health systems must be gender-responsive to improve the engagement of men and boys, including creating a welcoming environment to retain men better.
- Health care providers and professionals require training to inform their approach to working with men. Better gender and cultural competency among health professionals will enable them to provide more person-centred quality care to improve men's health.
- As a very accessible service, community pharmacists can play a key role in men's health through prevention, early diagnosis

and management, particularly in the areas of sexual and reproductive health, tobacco and alcohol use and NCDs. Blood pressure screening is a good specific example of a walk-in service where pharmacists can actively engage with men.

- Expanding the range of treatments currently available as prescription-only medicines for men to over-the-counter (non-prescription) options could be helpful, especially for stigmatised issues such as erectile dysfunction (ED).
- Opportunities for other primacy care professions, such as nursing, to strengthen their focus on men's health should be explored.
- AI and digital technologies provide new opportunities to engage with men.
- SRH services could be strengthened to become an important entry point for different forms of health care for men.
- Build on good practice, such as the work of the South African Ministry of Health, to integrate a focus on men's mental health into existing men's health clinics.

Community, workplace and educational settings recommendations

- Workplace initiatives have a key role to play. Employers with predominantly male workforces should be encouraged to provide health information and checks, and to highlight the importance of self-care.
- Sports clubs and gyms can be a useful setting for reaching men where they are.
- Men's health awareness could be improved through interventions in educational settings, including schools and colleges.
- Peer-to-peer programmes that encourage men to talk to and support each other on health issues should be developed.
- Lessons can be learnt from the increase in grassroots and local activities on men's mental health and wellbeing.



Campaigns and behavioural change recommendations

- Health information targeted towards men should be developed, for example using metaphors comparing self-care with car maintenance, and should be positive and not blame men for their health problems.
- Community-based communications can be used to encourage men to use health services.
- Increase men's awareness around the importance of self-care and self-management of their health, and where to access the support and interventions they need.
- Partners and families should be involved in improving men's health as they can proactively encourage the men in their lives to self-care and seek help when needed.
- It is important to provide multiple scripts around being a man which allow men to seek healthcare and to show vulnerability without shame or embarrassment. A man who looks after his health should be able to see himself – and be seen by others – as strong, not weak.
- More men speaking out publicly about cancer, such as prostate cancer, is critical for addressing taboos and stigma.



Speaker and organisational details and resources

The speakers are pictured above. L to R: Dr Tim Shand, Greg Perry, Amy O'Connor, Peter Baker, Dr Anna Coates, Luís Lourenço.

Dr Tim Shand, Policy Consultant, GAMH. GAMH is an international charity based in the UK that brings together organisations and individuals interested in men's health in a global advocacy network. Its mission is to create a world where all men and boys can achieve the best possible health and wellbeing wherever they live and whatever their backgrounds. GAMH's main goal is to influence public health policy at the global and national levels. GAMH policy reports on SRH, mental health, cancer and primary care can be found at gamh.org/all-reports

Luís Lourenço, Professional Secretary, International Pharmaceutical Federation (FIP). FIP represents four million pharmacists and pharmaceutical scientists and educators globally. As part of its EquityRx programme and its efforts to advance equity and equality through pharmacy, and in collaboration with GAMH, FIP has developed a work programme on men's health. FIP hosted an Insight Board in 2025 which brought together pharmacists, men's health researchers and advocates and others to consider pharmacy's role in improving men's health outcomes and thereby improve gender equity. The Insight Board's findings were published in a report, [Advancing men's health through pharmacy](http://www.fip.org), published during International Men's Health Week in June. Website: www.fip.org

Donor and funder recommendations

- Sufficiently prioritise a focus on men's health as part of a comprehensive gender-responsive approach to improving everyone's health and wellbeing.
- Invest in research and data collection to further build the evidence-base on men's health, including male gender norms and health.



Greg Perry, Director General, Global Self-Care Federation (GSCF). GSCF is the global association representing part of the life sciences industry that focuses on self-care interventions across a wide range of common conditions and treatments. This includes non-prescription products important to men's health, such as allergy medicines; digestive health remedies; skin care products (including sun protection to prevent skin cancer, acne treatments, antifungals, and wound care); oral health products; vitamins and supplements; sleep aids; smoking cessation products; and, specifically to men's health - products such as male condoms, erectile dysfunction treatments, and prostate health supplements. Website: www.selfcarefederation.org

Amy O'Connor, Global Lead, Policy & Advocacy, Movember. Movember is the world's largest men's health organisation with offices across the UK, Canada, USA, Ireland, Australia and New Zealand. Over the last 20 years, Movember has been listening to men and working on programmes to improve their health outcomes, particularly on prostate cancer, testicular cancer and mental health. More recently Movember has progressed its work on the role of gender norms, and has been advocating for gender responsive government policies and health systems change. In 2024/5, comprehensive reports on the 'The Real Face of Men's Health' outlined the state of men's health alongside solutions, published for each of the six countries where Movember is most active. The reports included a focus on the impact of poor men's health on partners and families and also the economic costs to society. Health economists at HealthLumen were commissioned to do a detailed country-by-country audit. Movember's policy and advocacy work played a significant role in achieving the first-ever men's health strategy in England in 2025 and the announcement of a men's health strategy for Canada. Website: www.movember.com

Dr Anna Coates, Gender Equality Technical Lead, World Health Organization (WHO) working to set normative standards, provide technical support and guidance and integrate gender responsive responses across all the Organization's work at global, regional and country levels in support of Member States. As part of this work, WHO is updating its Gender Mainstreaming Toolkit (published in 2011). This will include a stronger focus on masculinities throughout and a dedicated module on gender norms (with case studies on both men's and women's health). It builds upon previous

regional work in this area. For example, in 2019, WHO PAHO produced a [report](#) on masculinities and health in the region of the Americas.

Dr. Chido Rwafa Madzvamutse, Africa Regional Advisor Mental Health, WHO. On International Men's Day in late 2024, WHO held a highly successful regional public awareness webinar to begin discussions on improving men's mental health in Africa. WHO Africa plans to hold consultations with men in Africa on mental health, to explore how mental health services can be more responsive, accessible and appropriate for men, and then guide policy and strategy development to better address the needs of men. Dr Madzvamutse was unable to attend the meeting in person but shared a video presentation. Further data on mental health in Africa, including men's mental health, can be found here: [WHO AFRO Mental Health Dashboard](#).

Participant organisations

Barcelona Institute for Global Health (ISGlobal), European Parliamentary Forum for SRR (EPF), GAMH, GIZ Global Health Hub, Global Self-Care Federation (GSCF), Global 50/50, HTW Berlin, International Federation of Medical Students Associations (IFMSA), International Pharmaceutical Federation (FIP), Jhpiego, Manash University, McKinsey Health Institute, Medical Students Worldwide (IFMSA), Movember, Opella, OVID Health, CSIR-Science and Technology Policy Research Institute (STEPRI), Stiftung Männergesundheit, Sustainable Healthcare Coalition, Union for International Cancer Control (UICC)/Swedish Cancer Society, Uniting to Combat Neglected Tropical Diseases, WHO, World Medical Association Junior Doctors Network, Young World Federation of Public Health Associations (WFPHA).

Acknowledgements

GAMH expresses its sincere appreciation to all the speakers and participants at the side-meeting for their helpful and active contributions and support including their reviews of drafts of this report. GAMH also wishes to thank Opella for supporting its work on men's health. Opella have neither sought nor had any influence or control over the content of this report. The content of this report is solely the responsibility of GAMH. It does not necessarily reflect the views of individual speakers (or the organisations they represent), participants or GAMH.

Suggested citation

Shand T and Baker P. Better Men's Health: A Pathway to Improving Global Non-Communicable Diseases (NCD) Outcomes. Report of a Roundtable at the 2025 World Health Summit. Global Action on Men's Health; London, UK, 2026.