GLOBAL ACTION ON MEN'S HEALTH

MEN'S HEALTH IN SOUTH AFRICA Where next?

Report of a meeting held in Cape Town, September 2026

Background and objectives

Global Action on Men's Health (GAMH) convened a roundtable in Cape Town on 7 September 2026 to consider the current state of men's health in South Africa and identify priorities for future action. The meeting brought together 40 representatives from government, academia, civil society, health service providers and organisations working directly with men, alongside regional and international experts.

The meeting took place at an important point for men's health in South Africa. The National Integrated Men's Health Strategy 2020-2025 has reached the end of its term, while the National Department of Health is developing more detailed guidance for the delivery of men's health services. The roundtable therefore provided an opportunity both to reflect on progress to date and consider what should come next.

The meeting had four main objectives:

- to consider the key issues affecting men's health in South Africa;
- to assess the barriers and opportunities for advancing men's health;
- to reflect on the future of the national men's health strategy; and
- to identify practical next steps for men's health advocates and other stakeholders.

A snapshot of Men's Health in South Africa

- 52% of all AIDS-related deaths are among men, but only 34% of people living with HIV are male[1]
- 5.5 years shorter life expectancy compared to women[2]
- 35% chance a 15-year-old male will die before his 60th birthday (it is 23% for females)[3]
- 1.6x higher prevalence of TB in adult men (15+) compared to women[4]
- 9x higher homicide rate among men with 45% of homicides firearm related[5]
- 79% of suicides are by men, a rate of 38 per 100 000 men in the population[6]



Summary of key issues discussed

Global perspective:
Professor Derek Griffith (Chairperson, GAMH)

Professor Derek Griffith placed South Africa within the wider global context. He noted that South Africa is one of only a relatively small number of countries to have adopted a national men's health strategy, reflecting the growing recognition of men's health as a legitimate public health issue. However, important gaps remain. Men's health is still frequently framed as competing with women's health for attention or resources, while gender in health policy is often treated as synonymous with women and girls. Men are also too often treated as a homogeneous group, despite considerable differences in health needs according to age, socio-economic circumstances, race, disability, setting and other factors. Professor Griffith also highlighted the weak evidence base in some areas, limited sex-disaggregated analysis, and the lack of formal training and institutional capacity in men's health.

Regional perspective:
Richard Delate (UNFPA Regional Office, Africa)

Richard Delate highlighted significant progress across Africa in recognising men and boys as people with health and sexual and reproductive health needs in their own right. Regional policy frameworks increasingly recognise these needs, including through the Southern African Development Community (SADC) SRHR Strategy and minimum standards. The challenge is now less one of policy recognition and more one of translating policy into programmes and services.

He argued for men's health to be incorporated into the growing political interest in positive masculinity, while broadening this concept beyond preventing gender-based violence to include men taking responsibility for their own health and wellbeing. He also called for a multisectoral response, the inclusion of men's health services and commodities within essential health packages and medicines lists, services organised around the person rather than individual diseases, and more integrated health messages for men and boys.

National perspective:
Dr Dayanund Loykissoonlal (National Department of Health, South Africa)

Dr Dayanund Loykissoonlal described how South Africa's existing men's health work grew partly from the voluntary medical male circumcision (VMMC) programme. A 2019 landscape analysis had found that much of what was labelled men's health remained heavily focused on HIV and specific key populations. The subsequent national men's health strategy sought to broaden this through a life-course approach and a more comprehensive package of care.

A key limitation was that the strategy was not accompanied by sufficiently detailed operational guidance. The National Department of Health is now developing guidelines that are intended to translate the strategy into a practical package of services differentiated across age groups. Existing VMMC infrastructure, including more than 1,200 sites nationally, could provide one platform on which broader men's health services are built. Dr Loykissoonlal invited stakeholders to contribute to the development of the guidelines, which were expected to be finalised in the coming months.

Policy implementation and evidence:
Dr Albert Manyuchi (Anova Health Institute)

Dr Albert Manyuchi welcomed the existence of an explicit national men's health policy but argued that the next phase should critically review what the previous strategy achieved and where implementation fell

short. This should include examining whether VMMC remains the most appropriate primary entry point or whether other platforms should also be used.

Dr Manyuchi emphasised the original strategy's commitment to a life-course approach, integrated care and wider health and wellbeing, as well as the need to strengthen care and support alongside clinical treatment. He proposed an updated landscape analysis and a stronger evidence base, including longitudinal research on the health of men more broadly. Better evidence would support both policy development and accountability for implementation.

Using existing health priorities as entry points: Dr Andrew Medina-Marino (Desmond Tutu Health Foundation)

Dr Andrew Medina-Marino characterised the previous men's health strategy as aspirational rather than operational. Policies need to specify who should be reached, where and how services will be delivered, who is responsible and how implementation will be funded. Integration is an important organising principle, but does not in itself provide an implementation model.

Dr Medina-Marino used tuberculosis (TB) as an example of how this could change. Men account for a disproportionate share of TB in South Africa, yet testing remains predominantly clinic-based, where men are less likely to be reached. TB therefore offers a potential entry point for bringing services closer to men and providing a wider package of screening and support. He also highlighted the value of the national TB dashboard as both a source of data and an accountability mechanism, suggesting that similar approaches could strengthen men's health more broadly.

Civil society perspective: Garron Gsell (Men's Foundation)

Garron Gsell drew attention to the connections between physical health, mental health and men's wider social circumstances. Drawing on the Men's Foundation's experience in prostate cancer, mental health and work with boys, he argued that men's health cannot be addressed separately from unemployment, fatherhood, education, violence and the social expectations placed on men to provide and protect.

He also stressed the importance of moving from strategies to accountable implementation. Previous initiatives have sometimes stalled because of inadequate funding, while successful pilot programmes have not necessarily been sustained or taken to scale. Progress therefore requires clear actions and deliverables shared across government, civil society and other levels of the health system.



Wider discussion

The discussion broadened the focus beyond health services. Participants highlighted the structural and commercial determinants that disproportionately affect men, including alcohol, tobacco, firearms, violence, unemployment and economic insecurity. Mental health was repeatedly identified as requiring greater attention, particularly given the links between violence, family circumstances, educational exclusion, substance use and suicide. Participants also cautioned against approaching men primarily as instruments for improving outcomes for women and children. Men's health should also be considered as an end in itself.

At the same time, participants recognised that men are not a single population. Effective approaches will need to take account of different groups and settings, including adolescent boys, fathers, unemployed men, migrant workers, men with disabilities, men in correctional settings and older men. This reinforces the need for a life-course and intersectional approach rather than a single standardised intervention.

Challenges

The discussion highlighted several persistent challenges that continue to limit progress on men's health in South Africa.

- **The gap between policy and implementation**: South Africa's 2020-2025 men's health strategy provided an important framework, but participants described it as more aspirational than operational. It was not sufficiently costed or supported by detailed implementation guidance, clear responsibilities or strong accountability mechanisms.
- **Sustainable funding**: Several men's health initiatives were developed with substantial donor support, particularly through HIV programmes, and with funding from the United States of America via PEPFAR or USAID. Reductions in external funding have exposed the difficulty of sustaining or scaling these approaches within existing public resources.
- **Fragmentation across diseases and sectors**: There is a lack of service integration with much of the existing men's health response built around HIV and VMMC, while other important areas such as mental health, TB, cancer, non-communicable diseases, injuries and reproductive health receive less consistent attention. At the same time, many of the factors affecting men's health occur outside the mandate of health sector, yet education, social development, justice and other departments are not consistently engaged in a coordinated response.
- **Problematic framing of men's health**: Men's health is often framed either as competing with women's health and gender equality for limited attention and resources, or instrumentally, with men engaged mainly because of the impact their behaviour has on women and children. Both framings can make it harder to recognise men's health and wellbeing as an important public health issue in its own right.
- **Evidence base remains uneven**: Strong data exist in areas such as HIV and VMMC, but there is less systematic information on other dimensions of men's health, particularly over the life course. Weak



sex-disaggregated reporting and limited longitudinal research make it harder to identify which groups of men are doing poorly, understand why, and track progress.

- **Mental health and wider wellbeing receive insufficient attention**: Participants linked poor mental health to unemployment, violence, family relationships, social expectations, substance use and educational exclusion. Boys and young men were identified as a particular concern, including in relation to school dropout, exposure to violence and a lack of positive male role models.
- **Ineffective service delivery modalities**: Clinic-based models may not reach men effectively, and some men experience health facilities as inaccessible, stigmatising or unwelcoming. Men are also a diverse population, meaning that a variety of approaches are required to effectively meet the needs of adolescent boys, fathers, unemployed men, workers, migrants, older men and other groups.

Opportunities

Despite the challenges identified, participants spoke of several existing assets, policy development and areas of momentum that provide opportunities for strengthening the response.

- **Existing policy base**: South Africa is one of a small number of countries to have adopted a dedicated national men's health strategy, while African regional frameworks increasingly recognise the health needs of men and boys. These provide an established policy platform rather than requiring the country to begin from scratch.
- **Development of a national men's health guidelines and a defined service package**: The guidelines and service package currently in development are an important window of opportunity. The guidelines can provide the operational detail that was missing from the previous strategy and help clarify what integrated, life-course men's health services could look like in practice.
- **Existing service infrastructure provides entry points for men's health**: The VMMC programme has already reached millions of men and has an extensive national footprint, while TB provides another important platform because of the high burden of disease among men and the increasing emphasis on finding and reaching men. These platforms offer potential routes into broader packages of care rather than creating entirely separate systems.
- **Existing data systems and programme experience**: Data systems, such as the national TB dashboard was highlighted as an example of how accessible data can support both implementation and accountability, while programmes in HIV, VMMC, TB, cancer and other areas contain useful lessons about what succeeds in reaching men.
- **Integrated and person-centred approach**. Participants repeatedly emphasised that men often experience several health and social issues at the same time. A health contact for TB, HIV or another condition could therefore provide an opportunity to address a broader package of physical health, mental health and wellbeing needs.
- **Growing interest in positive masculinities and men's wellbeing**: Regional and continental initiatives have created greater political and social space for discussions about men and masculinity. Expanding this conversation to include taking responsibility for one's own health, help-seeking and wellbeing could strengthen both prevention and demand for services.
- **Reaching men through settings beyond conventional clinics**: Workplaces, community and mobile services and digital platforms may make it easier to meet men where they already spend time and, in some cases, provide safer or more acceptable ways of discussing sensitive issues such as mental health.

Next steps and way forward

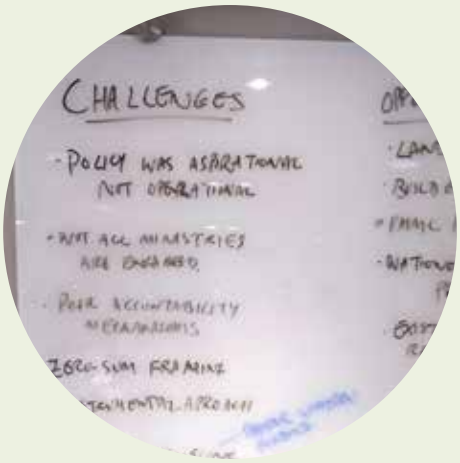
The groupwork and discussion generated a wide range of actions that could address the challenges identified around men's health and take forward the opportunities. Here are seven concrete next steps that could help convert the momentum from the roundtable into sustained progress.

1. **Establish a South African men's health coordination group**: Bring together government, civil society, academia, service providers and representatives of men and communities in a national working group. Made up entirely of volunteers, its role would be to maintain momentum, coordinate activity and provide a forum for aligning work across sectors. GAMH could help convene the initial discussions, but ongoing leadership should sit with South African stakeholders.
2. **Develop a short, shared action plan:** Use this meeting report as the starting point for a follow-up discussion to agree a limited number of priorities for the next 12 to 18 months, with clear actions, responsible organisations and indicative timelines. This would help move the discussion from a broad set of good ideas to a manageable programme of work and provide a basis for holding the group accountable for progress.
3. **Support the National Department of Health to finalise and implement the Men's Health Guidelines**: As the men's health guidelines are being finalised, a small technical or advisory group linked to the Department could provide ongoing input and help ensure that the guidelines are practical for implementation at provincial, district and facility level. This should be convened and let by the National Department of Health.
4. **Advocate for the National Integrated Men's Health Strategy to be reviewed and renewed**: The expired 2020-2025 strategy should be reviewed alongside the new guidelines, with attention to what was implemented, what was not, and why. A revised strategy should identify clear priorities, be costed, specify responsibilities and include an implementation and accountability framework. It should also be aligned with relevant national policies and programmes, including mental health, TB, HIV, sexual and reproductive health services and other initiatives affecting men and boys.
5. **Build a stronger evidence and monitoring base**: Undertake an updated landscape analysis to map current programmes, gaps and lessons since the previous 2019 review, while also identifying priority evidence gaps. This should be linked to a small set of indicators for monitoring men's health across major areas beyond HIV and VMMC, with accessible data that can support both implementation and accountability.
6. **Develop a sustainable funding and investment approach**: Translate the priority actions into realistic resource requirements and identify potential domestic, donor and philanthropic funding sources. Rather than relying on short-term project funding, stakeholders could develop a clear investment case for men's health that demonstrates how existing platforms such as TB, VMMC and primary healthcare can be used more effectively while identifying where additional resources are genuinely required.
7. **Explore a city-level demonstration of an integrated men's health approach**: A practical demonstration in one setting could provide an opportunity to test how the principles discussed at the roundtable work in practice before attempting wider scale-up. Cape Town could be explored as one possible location, building on existing municipal health services, men's health initiatives and TB and HIV infrastructure. A city-level approach could test integrated service packages, community outreach and different ways of reaching men, while generating lessons for provincial and national implementation.

List of Participants

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Conclusion

The round table demonstrated both the scale of the challenge and the considerable experience already available in South Africa.

There was broad agreement that the next phase should not begin from scratch. The priority is to connect existing evidence, programmes and policy frameworks, translate them into implementable and funded action, and establish a stronger shared platform for advancing men's health. The roundtable provided a useful starting point for that collaboration and created momentum that should now be carried into the review of the national strategy and development of the new guidelines.

Acknowledgements & Suggested Citation

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About Global Action on Men's Health

Global Action on Men's Health (GAMH) is an international charity registered 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. www.gamh.org

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Endnotes

1 UNAIDS 2026 estimates. https://aidsinfo.unaids.org/

2 Statistics South Africa. (2026). Mid-year population estimates 2026 (P0302). Pretoria: Statistics South Africa. https://www.statssa.gov.za/?page_id=1856&PPN=P0302&SCH=74592

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4 National Department of Health. (2021). The First National TB Prevalence Survey: South Africa 2018. Pretoria: National Department of Health. https://knowledgehub.health.gov.za/elibrary/first-national-tb-prevalence-survey-south-africa-2018

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6 SAFMH (2026) Men and suicide: The ongoing, silent epidemic. https://www.safmh.org/men-and-suicide-the-ongoing-silent-epidemic/

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