GLOBAL ACTION ON MEN'S HEALTH

OUT OF FOCUS

The representation of men in regional and global sexual and reproductive health policy

Dr Tim Shand and Conor Evoy

A report from Global Action on Men's Health

GLOBAL ACTION ON MEN'S HEALTH

Global Action on Men's Health (GAMH) was established in 2013, launched during International Men's Health Week in June 2014 and registered as a UK-based charity in May 2019. GAMH brings together organisations and others with an interest in men's health in a new global advocacy network.

GAMH's mission is to create a world where all men and boys have the opportunity to achieve the best possible health and well-being wherever they live and whatever their backgrounds. Far too many men and boys suffer from health and well-being problems that can be prevented. Globally, male life expectancy at birth is just 71 years but poor male health is not sufficiently recognised or effectively tackled by global health organisations or most national governments.

GAMH wants to see:

- Global health organisations and national governments address the health and well-being needs of men and boys in all relevant policies.
- Men and boys encouraged and supported to take better care of their own health as well as the health of their partners and children.
- Health practitioners take greater account of the specific needs of men and boys in service delivery, health promotion and clinical practice.
- Other agencies and organisations, such as schools and workplaces, helped to be more aware of their significant impact on the health of men and boys.
- Sustained multi-disciplinary research into the health of men and boys.
- An approach to health that fully recognises the needs of both sexes in policy, practice and funding and which promotes greater gender equality.

GAMH uniquely represents a wide range of organisations and individuals with experience of policy development, advocacy, research and service delivery. GAMH's focus is primarily on public health and the social determinants of health, it is concerned about a broad and cross-cutting range of men's health issues and has a strengths-based view of men and boys.

Global Action on Men's Health
c/o Men's Health Forum, 7-14 Great Dover Street, London SE1 4YR, UK

www.gamh.org
@Globalmenhealth

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THE AUTHORS

Dr Tim Shand has worked to advance policy, practice and research on men's and women's sexual and reproductive health and rights for the last two decades. He is co-Director of ShandClarke consulting, providing technical advice, strategic support and resource mobilisation guidance to charities and non-governmental organisations working on global health and gender equality in some of the world's most challenging low- and middle-income contexts. His doctoral research focused on masculinities, gender equality and contraception in Malawi. Tim is an Honorary Research Fellow at the Institute for Global Health and Development (IGHD) at Queen Margaret University. Tim has previously worked at the World Health Organization, International Planned Parenthood Federation, Sonke Gender Justice in South Africa, and Georgetown University's Institute of Reproductive Health and Promundo (now Equimundo) in the United States. He has spoken and published widely on men, masculinities, gender equality and SRHR. Tim is also interested in better modelling men's health-seeking behaviour and understanding the costs and impacts of men's ill-health on other men, women, families and broader society.

Conor Evoy is an Associate at ShandClarke Consulting, where he has developed various health sector programmes targeting men's health, sexual and reproductive rights and other critical health needs in some of the world's most challenging settings, including South Sudan, Syria and Palestine. Conor specialises in programmes which tackle gaps in service provision and advocates for enhanced public and sexual health strategies from global and regional health organisations, working towards improving health outcomes and sexual well-being for men and women.

ABBREVIATIONS

AU – African Union

BZgA – German Federal Centre for Health Education

CoE – Council of Europe

EAC – East African Community

ECOWAS – Economic Community of West African States

ECDC – EU European Centre for Disease Prevention and Control

ED – Erectile Dysfunction

ESC – European Society of Contraception and Reproductive Health

ESHRE – European Society of Human Reproduction and Embryology

EU – European Union

FCDO – UK Foreign, Commonwealth and Development Office

FP – Family Planning

GAMH – Global Action on Men's Health

GBV – Gender-Based Violence

HPV – Human papillomavirus

ICPD – International Conference on Population and Development

IDC – UK International Development Committee

IPV – Intimate Partner Violence

LGBTQI – Lesbian, Gay, Bisexual, Transgender, Queer and Intersex people

MSM – Men who have Sex with Men

NCD – Non-Communicable Disease

NGO – Non-Governmental Organisation

PAHO – Pan American Health Organization (WHO)

PDE5 Inhibitor – Phosphodiesterase 5 Inhibitor

PE – Premature Ejaculation

PEP – Post-Exposure Prophylaxis

PrEP – Pre-Exposure Prophylaxis

RH – Reproductive Health

RMNCAH – Reproductive, Maternal, Neo-natal, Child and Adolescent Health services

SBCC – Social and Behaviour Change Communication

SDG – UN Sustainable Development Goals

SHAA2030 – PAHO Sustainable Health Agenda for the Americas 2018-2030

SRH – Sexual and Reproductive Health

SRHR – Sexual and Reproductive Health and Rights

STI – Sexually Transmitted Infection

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNESCO – United Nations Educational, Scientific and Cultural Organization

UNFPA – United Nations Population Fund

USAID – United States Agency for International Development

VMMC – Voluntary Medical Male Circumcision

WAS – World Association for Sexual Health

WHO – World Health Organization

Foreword

It is essential that policymakers increase the policy focus on men's SRH, particularly men's own SRH needs, and in a more positive way.

Experiencing good sexual and reproductive health (SRH) is undoubtedly important to everyone. But it is clear that, in many respects, men are not doing well. Men are more likely than women to acquire sexually transmitted infections such as syphilis and gonorrhoea or to be infected by HIV. Sperm counts are falling globally and male sexual dysfunctions, such as erectile dysfunction, are becoming more prevalent. Sexual violence against men and boys, while much less common than sexual violence against women and girls, is a largely unrecognised problem. Men are too often reluctant users of SRH services partly because of gender norms that inhibit help-seeking but also because services are not geared towards their needs.

Men's and women's SRH are, of course, inextricably linked. Better outcomes for men would lead to better outcomes for women, and vice versa. Greater involvement of men in contraception and family planning and the elimination of gender-based violence would contribute significantly to greater gender equality.

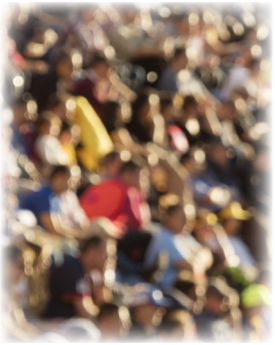
The SRH of women and girls needs greater attention in policy and practice. But men's SRH is currently largely absent from the policies produced by many of the leading organisations in global health. This report finds, alarmingly, that only one in six (16%) of the policies analysed specifically and deliberately addressed men's SRH needs. Where men are mentioned, this is often in negative terms. Key sub-groups of men, such as older men and disabled men, are overlooked. While there are some good stand-alone examples of policy aimed at men, this is nowhere near being mainstreamed. SRH policy is very much a no man's land.

It is therefore essential that policymakers increase the policy focus on men's SRH, particularly men's own SRH needs, and in a more positive way. More sex-disaggregated data is needed. Hitherto largely neglected issues, such as male infertility, male sexual dysfunctions and male reproductive cancers, must be addressed. The SRH needs of men who have sex with men should no longer be viewed solely through the lens of HIV and sexually transmitted infections. Male sexual pleasure can no longer be a taboo subject.

The need to address men's health in general is now much more widely acknowledged. The adoption of overarching men's health policies by some countries at national or state levels, as well as WHO Europe's regional men's health strategy, provides a platform for the development of policies on specific men's health issues, including SRH. Global Action on Men's Health will now be making the case for a truly gendered approach to SRH programme, practice, and policy development which includes a wide range of male-targeted initiatives alongside greater attention to the needs of women and girls.

GAMH is very grateful to Tim Shand and Conor Evoy from ShandClarke Consulting for all their work on this important report. It provides the robust evidence that is needed to push SRH policy to the next level.

Peter Baker, Director, Global Action on Men's Health



Executive summary

Improving men's sexual and reproductive health (SRH) is of critical importance – to address men's own needs, to engage men in the SRH of women, girls, other men and non-binary people, and to achieve greater gender equality. A focus on men and SRH should not come at the expense of others' SRH and the important SRH needs women continue to face; there is not a binary choice between men and women when it comes to the advancement of SRH. As is widely acknowledged, a stronger focus on men's SRH is a necessary step in improving the SRH of everyone and advancing women's rights.[1]

Men and boys, in their diversity, have critical unmet needs across their SRH which impact on their health and well-being. Yet despite these unmet needs, and the broader benefits of further engaging men in the SRH for others, men's own SRH remains an area limited in both policy and practice. Neglecting men's SRH has also reinforced traditional masculine gender norms, further entrenching gender inequalities. This results in missed opportunities for working with men in a critical component of their lives, and undermines efforts to create the more inclusive, comprehensive and data-driven SRH policymaking necessary for wider societal benefits.

To understand more precisely how men's SRH is included and characterised, or not, within policy, this report analyses 37 regional and global SRH-related policy documents – identified through a systematic approach – to assess the extent to which, and in what ways, they currently take account of men and boys and their needs. This covers policies

Key messages

- Men's SRH is a neglected issue: 57% of the SRH policies analysed for this report did not provide sufficient acknowledgement of men's SRH. Only 16% of policies specifically and deliberately addressed men's own SRH needs.
- Only 14% of policies contained sex-disaggregated data, and only 14% had specific measures or targets on men's SRH.
- Men are often presented in solely negative terms within SRH policy, with less attention to SRH as a critical component of their own lives.
- Policies do not address the broad range of topics relevant to men's SRH needs.
- Policy poorly serves different male sub-sets, particularly the most vulnerable men.
- There is currently no standardised definition of men's SRH.
- Policies address the impact of harmful male gender norms on others, but insufficiently engage men in challenging or changing these norms.
- Improving a focus on men's SRH within policies will improve SRH for everyone and promote gender equality and women's rights.

developed by key global health institutions, including the World Health Organisation (WHO), regional organisations, such as the African Union (AU) and European Union (EU) and donors, such as the United States Agency for International Development (USAID) and the UK Foreign, Commonwealth and Development Office (FCDO).

The results of this study explore a range of categories of male-relevant information within the SRH policy landscape. These include: the overall policy focus and framing on men's SRH; the inclusion of sex-disaggregated data and measures on men's SRH; how sex, gender and gender equality is presented; to what extent the needs of different groups of men are addressed, including young men, older men, disabled men, men with serious health conditions, men who have sex with men (MSM), heterosexual men and other vulnerable men, as well as transgender people; and to what extent does policy focus on men in the context of HIV, sexually transmitted infections (STIs), contraception, fertility, sexual dysfunction, reproductive cancers, sexual pleasure, relationships, discrimination and violence. This policy analysis is supported by a snapshot of global and regional data related to men's unmet SRH needs.

Men and boys in their diversity have critical unmet SRH needs which impact their health and wellbeing. Despite this and the broader benefits for others of engaging men in SRH, men's own SRH remains an area limited in both policy and practice

The findings indicate that men's SRH is a significantly neglected area of policy focus. 57% of the regional and global SRH policies analysed have little or no focus on men and boys and do not attend to their SRH needs even when policies focus on health topics relevant to males.

Of the 43% of policies that do include men's SRH, some focus on MSM only rather than on multiple at-risk groups or men more broadly. Only 16% of policies included well developed and deliberate attention to men's SRH. Only 14% of policies contained sex-disaggregated data, with data on men's SRH limited and data on women's SRH outcomes and associated factors alone much more common. Similarly, only 14% of policies included targets or measures on men's SRH, contributing to an underreporting of men's SRH needs. Policies lack standardised definitions of men's SRH, including a limited understanding of what components constitute men's SRH. A policy focus on women's SRH is more frequent, with the policy landscape often framing SRH, even if unintentionally, as being synonymous with women's SRH.

Where men are included in policy, they are often positioned in terms of instrumental approaches that work with men solely to improve women's SRH, or in terms of men's SRH risks, negative behaviours and the harm they cause to others – critical though these areas are to address – rather than considered equally as individuals with SRH needs in their own right. This lack of male inclusion in policy mirrors other findings that men's SRH needs are underrepresented in programming.[2] Although the prioritisation of women's SRH is justified, the significant imbalance of regional and global SRH policy halts the inclusion of men and boys and other gender minorities, and impedes efforts for greater equity of SRH information, services and support.

The study also found that SRH policy focuses specifically on women's gendered behaviours and needs, with men's gendered needs and the implications of men's gendered behaviours on men themselves, largely overlooked. Where men are viewed as gendered beings in the context of

SRH, this is principally in the case of some specific at-risk groups of men, such as MSM, or in the context of harmful male gender and social norms. Policies provided well-developed analysis of the impact of these harmful norms, particularly in how they undermine gender equality, and in the importance of minimising their frequency and negative impact and empowering women. Far fewer policies, however, also sought to engage men to challenge these harmful gender norms, or to engage men as supportive partners or as advocates to achieve better equality between men and women. Policies frequently lacked clarity around the distinction between gender and sex, or were heteronormative in their focus, limiting a broader understanding of the social construction of norms and behaviours and the needs of more gender diverse persons.

In terms of SRH topics, the regional and global policy landscape as it relates to men's SRH is best represented in the more established areas of SRH, such as HIV, STIs and contraception (gaps in these areas not withstanding). Only 16% of policies address fertility or infertility for men, an area also lacking for women (though to a lesser extent). A mere 5% of policies addressed sexual dysfunction for men, with no specific consideration in policy of erectile dysfunction support or reference to premature ejaculation, despite these being areas of growing prevalence with far reaching implications for health and well-being. Reproductive cancers in men are rarely discussed, and seldom cited on their own terms, more often as secondary to broader refences to reproductive cancers for women. More positive areas of SRH, including sexual pleasure and relationships, are insufficiently detailed with respect to men or women. Discrimination is also poorly addressed in policy, particularly in relation to racism, and the needs of vulnerable sub-sets of men. Finally, violence is found to be a critical area of SRH policy, particularly as it relates to violence against women. While women's prioritisation in policy on violence is appropriate, only 18% of policies refer to men's experience of violence, and few explore the implications of this for SRH care among men. Policies are also poorly integrated across these SRH topics, creating siloed, rather than comprehensive, approaches to men's SRH.

Policy inclusion of men varies across sub-sets. 19% of policies explore the needs of younger men, beyond which policies often refer in gender-neutral terms to young people (rather than young men or young women), or do not distinguish between men and boys. Only 5% of policies explore the SRH needs of older men. No single policy referred specifically to the SRH needs of disabled men in a meaningful way and policy contained only brief and underdeveloped references to men with serious health conditions. MSM are well represented in policy specific to their needs, though referred to only infrequently within wider SRH policy. Transgender people are largely overlooked in policy. Although policy is implicitly heteronormative, the SRH needs of heterosexual men are also insufficiently explicitly addressed. Finally, other vulnerable groups that include men, including people who inject drugs, sex workers, and prisoners, are only noted in policy in gender-neutral terms, with no specific focus around men's SRH needs among these groups. The lack of attention to all these different sub-sets of men is also impacted by SRH policies often making broad brush considerations of 'men and boys' that present them as a homogenous group.

More positively, examples exist of exemplar regional and global SRH policies which provide a strong and well developed focus on men's SRH, including policy which targets specific groups of men or covers a range of SRH topics. However, many of these are standalone policies and are not mainstreamed in the overall strategies, policies and plans of the organisations that developed them. Nevertheless, such policies provide a solid basis and insights from which to strengthen and scale-up increased inclusion of the range of men's SRH needs which can help improve SRH outcomes and well-being for everybody.

The findings suggest several recommendations for regional and global policymakers and advocates, including:

- Increase the policy focus on men and SRH, particularly men's own SRH needs, moving beyond more limited involvement of men in SRH to increase men's access to SRH information, services and care.
- Adopt more positive approaches to men's SRH within policy which position SRH as a critical component of men's lives.
- Expand data collection to include sex-disaggregated SRH data as standard and include targets for, and measurement of, men's needs.
- Establish a standardised definition of men's SRH, and provide clearer agreement on the component topics of men's SRH.
- Continue to address the implications of harmful male gender and social norms, particularly for women and girls, and seek to minimise their frequency and reduce their negative impact on everyone.
- Seek to meaningfully engage men in challenging harmful gender norms and promoting gender equality and women's rights in SRH.
- Further expand the focus on men as service users, supportive partners and advocates in the context of HIV, STIs and contraception policy.
- Increase the policy focus on more neglected male SRH topics to address more sufficiently the implications of infertility, sexual dysfunction (particularly erectile dysfunction) and reproductive cancers for men.
- Develop a more positive focus on SRH for men and women through increased attention towards sexual pleasure and healthy relationships.
- Expand the policy focus on addressing discrimination, particularly racism, to reduce violence against women and recognise the impact on men's SRH of the violence and abuse they experience.
- Better reflect and address the SRH needs of different groups of men, particularly older men, disabled men and men with serious health conditions, as well as transgender people. Include more explicit attention to heterosexual men and younger men and more comprehensive approaches towards MSM.
- Strengthen the distinction in policy between sex and gender and advance policy which provides for greater gender diversity and inclusion.

Background and aim of the report

In order to improve global sexual and reproductive health, it is necessary to address the needs of everyone: men, women and non-binary people. These are not either/or choices. The SRH needs and rights of too many women and girls continue to be neglected. This report focuses specifically on men's SRH, in order to further illuminate their specific needs, and as part of recognising their important role in the SRH of others.

A growing body of research demonstrates that men across the globe have unnecessarily poor health, and in many areas exhibit worse health outcomes than women (losing more disability-adjusted life years in 13 of the top 20 causes of death in 2021).[3,4] Previous reports published by Global Action for Men's Health (GAMH)[5,6] highlight that men are overlooked in health policy in a diverse range of areas, including cancer and mental health services. Men's ill-health not only affects men themselves, but negatively impacts the health of other men, women, families, communities and broader society.

Focusing on men's health and engagement within the context of SRH is of critical importance. This has been recognised within key international commitments, such as the International Conference on Population and Development (ICPD),[7] and by global organisations such as the World Health Organisation (WHO). A focus on men and SRH is necessary for addressing men's own SRH needs, for engaging men to be supportive of others' SRH, particularly women's SRH (such as men's support for prenatal and postnatal care), and for achieving gender equality and women's rights.[8]

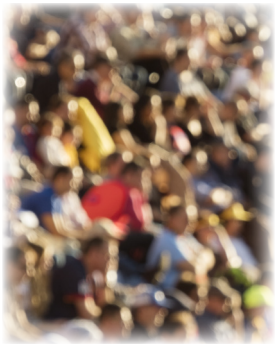
Despite the acknowledged importance of men's roles within the context of SRH, men's SRH remains a topic of insufficient focus.[9] Traditionally perceived as solely a women's domain, SRH is frequently treated as synonymous with the health needs of women and girls.[10] This is understandable, as women and girls shoulder the majority of the reproductive health burden, particularly the consequences of pregnancy and childbirth.[11] However, there has been an overall lack of prioritisation of men's SRH within research, policymaking and practice – with men described as the "forgotten 50%" within narratives on SRH.[12] Moreover, the absence of men in this area has unwittingly reinforced and exacerbated inequalities in health.[13] Where there has been a growth in the field of men's engagement in SRH, this work has remained primarily focused on men's role as supportive of or barriers to their partners' SRH[14] and undertaking interventions that engage men and boys around reducing the impact of harmful masculinities and gender norms in SRH.[15] There remains a more limited focus on men's SRH needs in their own right, and how best to respond to these needs.[16]

An important step in strengthening the focus on men's own SRH is to improve a focus on this area within the SRH policy landscape.[17] However,

there is a significant gap in the knowledge base regarding the extent to which regional and global SRH policy includes a sufficient focus on men's and boys' SRH or not.

This report seeks to address this gap in the knowledge base. Specifically, the report aims to investigate how the sexual and reproductive health (SRH) of males is currently included and characterised in key global and regional policy, and to make practical recommendations for policy development. This will provide greater understanding in this area that will support more evidence-based and inclusive policymaking for everyone's benefit.

The report targets policymakers and decision-makers, as well as practitioners, activists and researchers with an interest in men's SRH. It seeks to support advocacy on men's SRH by GAMH and its partners and to strengthen a focus on policy development that includes men, while also ensuring the rights of all people.



Introduction to men's SRH and unmet needs

A: Defining men's sexual and reproductive health (SRH)

There is no standard definition of men's SRH used by key regional and global health organisations. Existing definitions of SRH that seek to apply to all people generally are either unspecific about men's SRH needs[18] or make provision for women and girls' unique SRH needs only.[19] Women's SRH has an existing body of definitions and standards, such as through UN declarations and the work of UN Human Rights Committees.[20] There is also a need for definitions of SRH to become more sex-positive and to position sexual pleasure as an important part of sexual health and well-being.[21] To address this gap in a standardised definition of men's SRH, and advance a sex-positive approach, this study therefore adapts the UNFPA[22] and WHO[23] definitions of SRH and sexual health, respectively, to propose the following comprehensive definition of men's SRH:

Good sexual and reproductive health for men is a state of complete physical, emotional, mental and social well-being for men and boys in their diversity and in all matters relating to their sexual and reproductive systems. It is not merely the absence of disease, dysfunction or infirmity, and instead necessitates a positive and respectful approach to male sexuality and sexual relationships, as well as the possibility for men and their partners to enjoy pleasurable and safe sex, free of coercion, discrimination and violence. Men's SRH includes a focus on sexually transmitted infections, HIV and AIDS, contraception, disorders of the male reproductive system, male reproductive cancers, fertility, sexual pleasure, relationships, discrimination and violence, as well as men's support for the SRH of women and other partners. For men's SRH to be attained and maintained, the sexual rights of all people, including those of different sexual orientations and gender diversity, must be respected, protected and fulfilled.

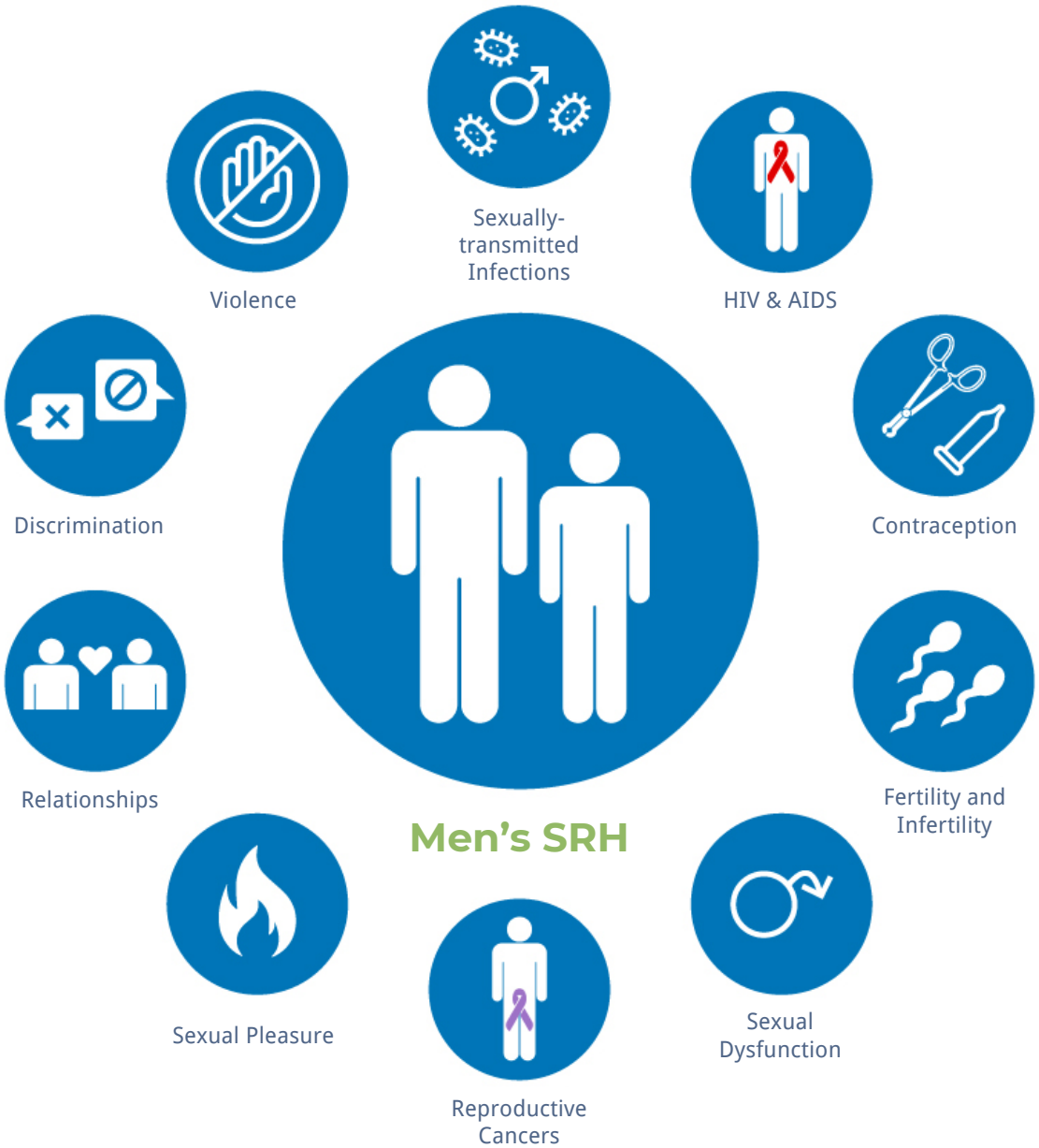
B: The key components of men's sexual and reproductive health

The study identifies 10 critical components (topics) of men's SRH:

- Sexually transmitted infections (STIs)
- HIV and AIDS

- Contraception and family planning
- Fertility
- Sexual dysfunction
- Reproductive cancers
- Sexual pleasure
- Relationships
- Discrimination
- Violence.

Collectively, these components allow for a holistic approach to men's SRH.



C: What are men's unmet SRH needs?

Despite a growing focus on men's health, research and data remains insufficient in the area of men's SRH needs. There are no current global datasets that explore men's SRH needs and existing SRH data collection often does not include men. Where key markers of men's SRH do exist, such as in Europe, the monitoring and reporting of this data is often poor,[24] and data is typically only available nationally. As a result, assertions on men's unmet SRH needs at a global and regional level can be challenging to make. Acknowledging these limitations, this section seeks to provides a snapshot of the current global status of men's unmet SRH needs across key topics covered in this report.

Men's poor health-seeking and engagement with SRH systems

Men's SRH needs are significantly impacted by men's lack of engagement with health systems around the world, particularly primary health care.[25] This is due, in part, to men's knowledge and attitudes towards their own health and well-being,[26] as well as male gender norms that associate tolerating pain or illness as a demonstration of masculine stoicism.

- Social norms can also lead to fear and embarrassment should men seek care.
- Structural barriers also have a significant impact, such as gaps in the availability of male SRH care, limited training and sensitisation of health professionals to men's SRH needs,[27] and discrimination towards vulnerable male groups, such as disabled men, older men and MSM.
- When men do seek health care services, the key reasons are often acute illness, pain, an inability to work and as a result of a partner's encouragement.[28]

Men and Sexually Transmitted Infections

There are currently over a million curable STIs contracted every day globally among men and women.[29] High STI prevalence in men impacts on both men and women.[30]

- Men's prevalence globally is higher than women's for syphilis, chlamydia, gonorrhoea and trichomoniasis in all age groups from 24-85 years.[31]
- There are gaps in availability and access to STI screening services for men. Some national STI screening programmes, such as the UK National Chlamydia Screening Programme, which previously included men, now only proactively offers screening services for individuals without symptoms to women.[32]
- There are key gaps in men's awareness of STI treatment options and their efficacy.[33]
- Men often resort to self-administration of ineffective STI treatments, or consulting traditional healers, increasing risks of complications and the spread of infection.[34]

- Men's poor STI health seeking behaviour is impacted by a scarcity of testing capabilities and other STI services, disapproving health provider attitudes, male attitudes, knowledge and gender and social norms, and unaffordable treatment.

Men and HIV & AIDS

Despite significant progress in the prevention and treatment of HIV, there remain key gaps in provision of HIV services targeting men and men's HIV treatment-seeking behaviour.

- Women have traditionally borne the brunt of new HIV infections, but this has shifted globally and across all age groups. 54% of all new infections in 2022 were among men and boys.[35] In 2022, 100,000 more men than women contracted the infection.[36]
- AIDS-related mortality has declined for both men and women, but this is less pronounced for men (55% decline for women vs 47% for men from 2010-2023).[37]
- The risk of HIV infection among MSM globally is 26 times higher than the general population and many may be unaware of prevention methods like PrEP and PEP.[38, 39]
- Men are less likely to test for HIV than women, more likely to be unaware of their HIV status, and have unnecessarily poor uptake of antiretroviral treatment (ART) for HIV.[40]
- Men's poor HIV health-seeking behaviour is impacted by gaps in services, men's attitudes, behaviours and gender norms and negative provider attitudes.[41]
- Voluntary medical male circumcision (VMMC) can significantly reduce the likelihood of transmission of HIV but is often not scaled-up or integrated into other SRH services.

Men and contraception and family planning

While women and girls continue to face high levels of unmet family planning (FP) needs, contraception programmes have failed to sufficiently engage men, particularly as users.[42]

- Male condoms and vasectomy account for only one-quarter of contraceptive use worldwide, a prevalence figure which has not shifted since 1994.[43]
- Global calculations for levels of unmet need for FP, and current FP use, are based on data from women only, creating knowledge gaps on men's preferences and behaviours and compromising the effectiveness of interventions for everyone.[44, 45]
- FP services often lack sufficient availability of male FP methods.
- Men's support for contraceptive use by themselves and their partners can be undermined by harmful gender and social norms and men's limited awareness.[46]

- Novel male contraceptives require greater research and funding to create new hormonal and additional non-hormonal male methods.[47]

Men and fertility

Globally, sperm counts fell by 52% between 1971 and 2011.[48] Male infertility contributes to around 50% of infertility in couples.[49] Falling global birth rates present significant social and economic challenges to which there is currently little coordinated response.[50]

- There are widespread gaps in men's understanding of male fertility.[51]
- Men face poor quality and insufficient infertility services in many parts of the world.[52]
- Research points to exposure to endocrine disrupting chemicals, social factors and economic pressures delaying attempts to conceive, as impacting male fertility, but research and scientific understanding remains limited in this area.[53,54]
- Infertility is associated with psychological challenges for men and their partners and there is currently inadequate emotional support and information tailored to men.
- Male infertility can be associated with a range of other health conditions in men, including cardiovascular disease.[55]

Men and sexual dysfunction

There is an increasing prevalence of male sexual dysfunction globally, affecting both older and increasingly, younger men – in France, Germany, Italy, Spain and UK, 50% of men aged 40-70 report experiencing erectile dysfunction (ED), with 1 in 20 men aged 19-39 years in these countries now reporting experiencing this condition.[56, 57]

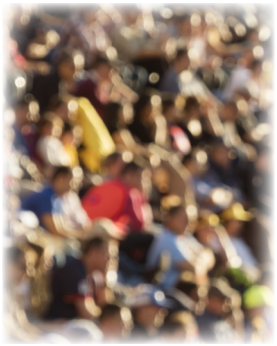
- There are significant psychological challenges and impacts on quality of life for men with sexual dysfunction. Globally, men with sexual dysfunction report substantially higher rates of poor mental and physical health.[58]
- Men are often too embarrassed to seek ED treatment. 36% of men in Germany using online pharmacies for ED treatment report doing so due to shame and confidentiality.[59]
- ED medications are the most commonly counterfeited medicines globally, reflecting issues with access in the mainstream health system, and high demand among men.[60]
- Access to PDE5 inhibitor medication to manage ED is available by prescription only in most countries, with few countries providing this medication over the counter.[61]
- Sexual dysfunction is often indicative of underlying health conditions in men.[62]

- Online pornography is likely a key source for the rising prevalence of sexual dysfunction in young men, including ED, delayed ejaculation, and diminished libido.[63]

Men and reproductive cancers

Male reproductive cancers – including prostate and testicular cancer, as well as penile, bladder, kidney and urethral cancers – are an area of significant unmet male SRH need globally and are highly prevalent. Their prevalence has climbed globally since the 1980s.[64, 65]

- Survivors of testicular cancer are often subject to long-term treatment side effects, including sexual dysfunction, problems with body image and psychological impacts.[66]
- There is limited research on supportive care needs for men with reproductive cancers, affecting clinical intervention effectiveness.



Methodology

A: Research questions and methodological approach

This study sought to answer the following research questions:

- How is men's sexual and reproductive health (SRH) currently included and characterised in key global and regional* policy?
- Do these policies include sex-disaggregated data and measures on men's SRH?
- How is sex, gender and gender equality considered in these policies?
- How comprehensive is the focus on men's SRH, both in terms of the groups of men considered and the components of men's SRH that are dealt with?

* This refers to a geographical region, not regions within countries

The methodological approach built on that used in GAMH's men and cancer report, *Gone Missing*,[67] using rapid review methods to identify, map, analyse and then synthesise the critical policy documents on SRH produced by leading global and regional organisations. Rapid reviews allow for timely results, while maintaining systematic, transparent and reproducible methods.[68] Prior to initiation, a research protocol was developed with a stepwise model for systematically searching and locating policies, screening for relevance, analysing eligibility, extracting information and then synthesising the data.[69]

To inform the analysis framework, the study began by developing a working definition of men's SRH and identifying a comprehensive list of the relevant components of men's SRH. This information was sourced from academic literature, technical reports, prior lead author publications[70] and online data. Using these sources, the following components of men's SRH were included: 1) STIs, 2) HIV and AIDS, 3) Contraception, 4) Fertility, 5) Sexual dysfunction (e.g., erectile dysfunction, premature ejaculation), 6) Male reproductive cancers, 7) Sexual pleasure, 8) Relationships, 9) Discrimination and 10) Violence.

B: Search strategy

The authors identified key relevant organisations involved in regional and global SRH policy (see process below) and then searched their websites for relevant documentation. These organisations included UN agencies (the World Health Organisation [WHO], UNAIDS, UNFPA, UNESCO) and their regional structures (WHO Europe, WHO South-East Asia, WHO Western Pacific and the Pan American Health Organization [PAHO]), donors (USAID, FCDO and the Gates Foundation), regional

intergovernmental organisations (the East African Committee [EAC], the African Union Commission, the Economic Community of West African States [ECOWAS], the Council of Europe [CoE], the European Union [EU], the European Commission and the European Centre for Disease Prevention and Control [ECDC]) and SRH networks and research institutions informing policy norms (World Association for Sexual Health [WAS], the European Society of Contraception and Reproductive Health [ESC]). Other non-governmental organisations (NGOs) working on SRH were not included, as they are not directly setting policy. National-level policies were also excluded.

Search terms in these websites included 'sexual health', then 'men', 'men and boys', then 'men' and each of the above SRH components (e.g., 'men and STIs', 'men and HIV', 'men and contraception', etc.) and 'men and gender equality'. Searching then took place using the SRH components without also adding 'men'. 'Men and non-communicable diseases (NCDs)' was also included as part of the focus on reproductive cancers, given that this spans both SRH and NCD policies.

Data for the study was drawn from the following sources, ensuring a clear working definition of policy for this analysis: policy documents, resolutions and declaration statements (such as from the World Health Assembly), guideline documents, clinical guidelines, organisational strategy documents and strategic plans and policies identified in peer-reviewed journal articles. Best practice documents and progress reports were included where they provided an official 'position' on the organisation being analysed. Project reports, opinion pieces, or national government policies were excluded from the analysis.

An iterative search strategy was applied. A list of key relevant organisations was initially developed, then discussed with GAMH, then added to during the research process. References in the above sources identified further policy documents. ShandClarke contacts and GAMH members were also engaged to locate further relevant policies. Finally, prior relevant GAMH reports were analysed for any useful sources.

C: Selection of records

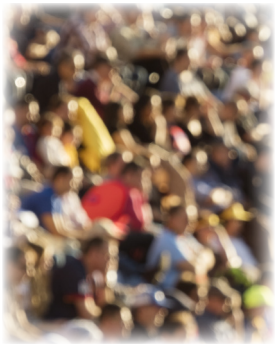
A list of 66 global and regional policy relevant documents were sourced using the above process, from which 37 were selected for detailed study and data extraction. Selection continued until saturation, ensuring balance across levels (global or regional), type of organisation (UN, donor, regional organisation), specificity (coverage of men's SRH in general versus the specific components) and scope (only on SRH or broader health in which SRH was included), as well as a manageable number of documents for a rapid review. Special care was taken to represent the Global South, and not just high-income countries, with policies deliberately sourced from Africa and Southeast Asia, among others.

D: Data extraction and analysis

Drawing on this study's research questions, a working definition of men's SRH, preliminary scoping and several data extraction domains were developed. These included how sex and gender were reflected, whether there was sex-disaggregated data, measures or targets on men's SRH, how gender equality was addressed, whether there was a specific overall focus on men's SRH needs and/or that of women's, the extent of focus on different groups of men (including young men, older men etc.), the extent of focus on the different SRH components outlined above, and any recommendations. A spreadsheet was created as a data extraction tool to collect this information and then to enable the findings to be synthesised and analysed. This tool was iteratively developed, with new domains (such as disabled men) added as the research progressed. The study did not seek to compare comprehensively the policy focus on women's SRH, but specifically extracted data on women only as confirmatory data alongside that related to the findings on men.

The search terms used to search within policies included: gender, sex, men, male, men and boys, young men, adolescent boys, male partners, masculinities, male gender norms, disabled men, older men, STIs (particularly chlamydia, gonorrhoea and herpes), HIV testing, treatment and care, male circumcision, contraception, family planning, condoms, vasectomy, fertility, infertility, sexual dysfunction, erectile dysfunction, premature ejaculation, male reproductive cancers, NCDs, screenings for boys, HPV vaccination for boys, prostate cancer, testicular cancer, sexual pleasure, pornography, relationships, stigma, discrimination, violence, sexual abuse, gender equality, women, girls, recommendations and actions. Spaces were also included, such as '_men_' to ensure comprehensiveness. The find function was used to identify these relevant areas in the documents.

The study had a number of limitations. First, given its nature, it did not look at implementation of policy, which could identify the extent to which existing commitments on men's SRH have been operationalised. While this is important, it does not detract from the necessity of understanding how existing policies attend to men's SRH or not, in order to support future policymaking. Secondly, the study also did not look at national level policies, which are a key source of government commitments to SRH. The focus on regional and global level still remains critical, however, to support advocacy and future policymaking at this level. This study findings will also support any future such national policy analysis.



Findings of men's SRH policy analysis

A: Overview of included policy documents

Based on this study's methodological approach, 37 policies were included for analysis. These include international multilateral organisations, particularly UN agencies, and regional organisations, such as EAC and the EU. Donors which play a critical role in informing global and regional SRH policy were also included, such as the Gates Foundation, FCDO and USAID. The report also includes sexual health organisations with global reach, such as the European Society of Human Reproduction and Embryology. The policies included focused on SRH in general, as well as specific areas of SRH, including HIV, STIs, contraception, fertility, sexual dysfunction and reproductive cancer. Table 1 below provides a full list of these policies, including whether they contain sex-disaggregated data, a focus on gender equality, on men's SRH, women's SRH, male vulnerable groups and if they are comprehensive in their SRH approach.

This study defines a 'comprehensive approach' as going beyond a siloed approach to SRH to include a number of SRH focus areas (STIs, HIV/AIDS, contraception, sexual dysfunction, male reproductive cancers, fertility, sexual pleasure, relationships, discrimination and violence) for men and inclusive of men in gender framing.

* Male vulnerable groups: policies that have a detailed focus on the SRH needs of one or more specific group of men.

Table 1. Global and regional SRH-related policies selected for analysis

			Sex-disaggregated data	Gender equality lens	Male SRH focus	Female SRH focus	Male vulnerable groups*	Comprehensive SRH approach
1	Council of Europe	The involvement of men, especially young men, in reproductive health (2004)		✓	✓		✓	
2	Council of Europe	European strategy for the promotion of sexual and reproductive health and rights (2004)			✓	✓		
3	EAC	The East African Community's Sexual and Reproductive Health Bill, 2021 (2021)			✓	✓	✓	✓
4	ECOWAS	Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations (2020)				✓	✓	✓

Table 1. Global and regional SRH-related policies selected for analysis

			Sex-dis-aggre-gated data	Gender equality lens	Male SRH focus	Female SRH focus	Male vulner-able groups*	Compre-hensive SRH ap-proach
5	ECDC	Guidance: HIV and STI prevention among men who have sex with men (2015)	✓		✓		✓	
6	ESC	Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration) (2019)	✓		✓	✓	✓	
7	UNAIDS	Positive Health, Dignity and Prevention: Operational Guidelines (2013)		✓	✓	✓		
8	UNESCO	International Technical Guidance on Sexuality Education (2018)	✓	✓	✓	✓	✓	✓
9	USAID	Essential considerations for engaging men and boys for improved family planning outcomes (2018)	✓	✓	✓		✓	✓
10	WHO	Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations (2022)		✓	✓	✓	✓	✓
11	WHO	Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections 2022-2030 (2023)		✓	✓	✓		
12	WHO	Infertility Prevalence Estimates, 1990–2021 (2023)	✓	✓	✓	✓		
13	WHO Europe	Strategy on the health and well-being of men in the WHO Europe Region (2018)		✓	✓			
14	WHO SE Asia	Integrated regional action plan for viral hepatitis, HIV and sexually transmitted infections in South-East Asia; 2022–2026 (2022)		✓	✓			
15	WHO SE Asia & WHO W Pacific	Priority HIV and sexual health interventions in the health sector for men who have sex with men and transgender people in the Asia-Pacific Region (2010)	✓		✓		✓	✓
16	WHO & UNAIDS	Men and HIV: evidence-based approaches and interventions (2023)	✓		✓		✓	✓

Table 1. Global and regional SRH-related policies selected for analysis

			Sex-disaggregated data	Gender equality lens	Male SRH focus	Female SRH focus	Male vulnerable groups*	Comprehensive SRH approach
17	African Union Commission	Maputo Plan of Action 2016-2030 (2016)		✓		✓		
18	Bill & Melinda Gates Foundation	Family Planning policy (2012)				✓		
19	Council of Europe	Sexual and Reproductive Health and Rights in Europe – Progress and Challenges: Follow-up report to the 2017 Issue Paper (2024)		✓		✓		
20	ESHRE	Research and actions on infertility and Medically Assisted Reproduction: key topics to be considered for funding (2022)						
21	EC	A Union of Equality: Gender Equality Strategy 2020-2025 (2020)		✓		✓		
22	FCDO	International Women and Girls Strategy 2023–2030 (2023)		✓		✓		
23	FP2030	FP2030 Gender Strategy (2023))		✓		✓		
24	IDC	The FCDO's approach to sexual and reproductive health First Report of Session 2023–24 (2024)		✓		✓		
25	PAHO	Adolescent and Youth Sexual Reproductive Health Opportunities, Approaches, and Choices (2009)	✓			✓		
26	PAHO	Strategic Plan of the Pan American Health Organization 2020-2025: Equity at the Heart of Health (2020)				✓		
27	UNFPA	The UNFPA Strategic Plan 2022-2025 (2021)		✓		✓		
28	UNFPA	Expanding choices, ensuring rights in a diverse and changing world. UNFPA strategy for Family Planning 2022-2030 (2022)		✓		✓		
28	USAID	Family planning and reproductive health program overview (2024)				✓		

Table 1. Global and regional SRH-related policies selected for analysis

			Sex-disaggregated data	Gender equality lens	Male SRH focus	Female SRH focus	Male vulnerable groups*	Comprehensive SRH approach
29	WAS	Declaration on Sexual Pleasure (2019)		✔				
30	WHO	Brief Sexuality-Related Communication: recommendations for a public health approach (2015)				✔		
31	WHO	Committing to the implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) (2023)		✔		✔		
32	WHO	Global Action Plan for the prevention and control of noncommunicable diseases 2013-2020 (2013)						
34	WHO	Global strategy for women's, children's and adolescent's health (2016-2030) (2015)		✔		✔		
35	WHO	Invisible numbers: the true extent of noncommunicable diseases and what to do about them (2022)						
36	WHO Europe	Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (2016)		✔		✔		
37	WHO Europe	Standards for Sexuality Education in Europe: A framework for policy makers, educational and health authorities and specialists (2010)		✔				✔

B: How men are included in the SRH policy environment

...the majority (57%) of regional and global SRH policies analysed have no or little specific focus on men and boys nor acknowledge-ment that they have their own SRH needs.

The overall finding of the study was that the majority of regional and global SRH policies analysed, 57% (21 of the 37 policies), have no or little specific focus on men and boys nor acknowledgement that they have their own SRH needs. Of the 43% of policies that do include men's SRH, some focus on MSM only, rather than on multiple at-risk groups or men more broadly. This gap in coverage among the 57% of policies includes key policies from major global health actors where a focus on men's SRH would be expected (alongside the existing focus on women's SRH), such as in the FP2030's *Gender Strategy* (2023), UNFPA's *Strategic Plan 2022-2025* (2021), WHO Europe's *Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind* (2016), CoE's *Sexual and Reproductive Health and Rights in Europe – Progress and Challenges: Follow-up Report to the 2017 Issue Paper* (2024) and the Bill and Melinda Gates Foundation's *Family Planning Strategy* (2012).

While the greater – or often, sole – focus on women within this 57% of policies reflects the fact that women shoulder the majority of the SRH burden, the policies position SRH as synonymous with women's SRH, leading to an invisibility of men's corresponding SRH needs. For example, the aforementioned WHO Europe's *Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind* (2016), refers to women and girls 37 times and men and boys only six times (with each of those six instances focusing on men as agents to achieve better SRH for women rather than also having their own SRH needs). Among its objectives on contraception, this WHO Europe policy aims to "address gender- and age-based barriers to contraception and use transformative approaches that empower women and involve men" but contains no focus on men's contraceptive needs. Equally, CoE's *Sexual and Reproductive Health and Rights in Europe – Progress and Challenges* (2024) includes important chapters on abortion, obstetric and gynaecological care, but does not complement these features with topics on men's SRH. Reflecting the lack of association between SRH and men's health and lives, this policy's contraceptive's chapter lists only the following groups to be targeted:

> "Women and girls from marginalised groups, including women and girls living in poverty, rural women and girls, women and girls with disabilities, ethnic minorities, refugees, asylum seekers and migrants, particularly those in an irregular situation"

This insufficient focus on men and boys is reinforced by a small number of policies that lament the gap in focusing on men's SRH, such as ESC's *Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration)* (2019), which states that:

> "[while] it is appropriate that women's health and rights have been prioritised because of long-standing subordination and relegation to an inferior societal status... this has resulted in a relative neglect of men's health", and that "the SRH needs of men and boys are often

> unmet due to factors that include a lack of service availability, poor health-seeking behaviour among men, SRH facilities not being seen as 'male friendly' spaces and a lack of agreed standards for delivering SRH clinical and preventative services to men and adolescent boys".

The study found 27% of the identified regional and global SRH policies (10 of 37) to include some focus on men's SRH. These policies typically do not include a detailed focus on this area, but position men's and boys' needs as an important component of SRH. This includes ESC's aforementioned *Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration)* (2019), WHO Europe's *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists* (2010) and UNESCO's *International Technical Guidance on Sexuality Education* (2018). For example, this UNESCO Technical Guidance states that sexuality education should:

> "recall examples of gender bias against men, women and people of diverse sexual orientation and gender identity" and explore how "men and boys may also feel pressure from their peers to fulfil male sexual stereotypes (e.g. physical strength, aggressive behaviours and sexual experience)."

Only 16% of all policies (6 of the 37 analysed) have a well-developed focus on men's SRH. These policies were typically stand-alone documents, often reflecting the focus on men's SRH in their title. This includes the CoE's *The Involvement of Men, Especially Young Men, in Reproductive Health* (2004) and WHO Europe's *Strategy on the Health and Well-Being of Men in the WHO Europe Region* (2018). These policies vary in their level of focus on SRH and broader inclusion of men's health in which SRH is only one topic. The more recent of these policies presents men's SRH most comprehensively, pointing to progress over time on how this topic has been understood in policymaking. Concurrently, despite some of these exemplar policies now being relatively old, they provided the most detailed understandings of men's SRH sourced during the analysis, and had not since been updated, reflecting a lack of sustained policy momentum in this area.

Despite these stand-alone policies that focus on men's SRH representing a positive development in policymaking, the study found that the same global health organisations that have developed these policies have not mainstreamed those aspirations around men and SRH within their wider policy frameworks and practice. Indeed, these policies are often the only policy framework these organisations have associated with men's SRH. For example, the WHO has specific guidance and policies on men's SRH for Europe and the Americas, but WHO's broader strategic plans do not reflect this, reinforcing the overall lack of focus on men's SRH in regional and global policy. This is important, as it is the wider policy frameworks, rather than stand-alone policies, which typically shape the work, priorities and funding of global health organisations. It is noteworthy that these dedicated male SRH policies are limited in their focus on women, reinforcing a siloed approach to men's and women's SRH in policy.

Policy can also treat men as a homogenous group, with poor attention to sub-sets of men, or different age ranges, as is discussed further below.

The study found that the exceptions to this were MSM and, to a lesser extent, young men, who both feature more significantly within those policies, particularly those policies focusing principally on STIs and HIV alone. While it is essential that specific high-risk groups of men are targeted by SRH policy,[71] gaps in policy which sufficiently addresses the SRH of other groups of men remain.

Policies reflect an instrumental approach to engaging men in SRH, and present men only as risks to be managed, rather than groups also in need of SRH care.

The framing of the focus on men within SRH policy is also worthy of reflection. The study found policies frequently reflect an instrumental approach which solely seeks to engage men to improve women's SRH outcomes, necessitating a less specific focus on men's own SRH needs. This is reflected in the reference above to the WHO Europe's *Action Plan for Sexual and Reproductive Health* (2016). As a further example, the references to engaging men and boys in the CoE's *Sexual and Reproductive Health and Rights in Europe – Progress and Challenges: Follow-up Report to the 2017 Issue Paper* (2024) are solely for the benefit of women's SRH, such as in the policy's chapter on contraceptives, where the only developed reference to men is described as the need to:

> "[improve] limited engagement of men and boys as both users and supporters of contraception and family planning in a way that promotes gender equality and supports women's sexual and reproductive decision making and autonomy".

While it is critical for policy to focus on and encourage men's supportive role in women's SRH, this limited conceptualisation hampers more holistic policy development.

The study also found policies often present men only as risks to be managed, in terms of problematic male behaviour, rather than individuals also in need of SRH care. While critical to address the impact of men's actions on their own SRH and that of others, as is discussed below, viewing men principally through this lens ignores their vulnerabilities and can discourage their broader involvement in SRH. Programmes that have taken a positive approach to engaging men in their SRH and well-being (rather than seeing men simply as irresponsible adversaries) have enjoyed far greater success terms of health outcomes.[72]

C: Sex-disaggregation and measures on men's SRH within SRH policy

Only 14% of policies included sex-disaggregated data, and data on men's SRH specifically is very limited.

Disaggregation of data by sex (that includes men as well as women) is poor across the SRH policy landscape. The study found only 14% of the policies analysed (5 of the 37 policies) included sex-disaggregated data on men and women's SRH needs, with the data on men's SRH specifically often very limited. PAHO's *Adolescent and Youth Sexual Reproductive Health Opportunities, Approaches, and Choices* (2009) provides an incomplete list of young men's knowledge of condoms as a HIV prevention method (beside more comprehensive data on young women's knowledge and behaviours). ESC's *Position Paper on Sexual and Reproductive Health and Rights* (2019) includes two data points on male sexual health. UNESCO's *International Technical Guidance on*

Sexuality Education briefly provides data on male child sexual abuse survivors. WHO's *Infertility Prevalence Estimates, 1990–2021* (2023) covers data on male and female fertility from previous estimates. The exception is USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018), which provides a range of data points on male family planning, including trends in global male versus female method usage and data on changed behaviours and service usage. No single policy provides a comprehensive set of data points on men's SRH needs across a range of SRH topics.

In addition to those five policies, three other policies provide data on men only in the context of male risk-groups, providing data on MSM and transgender people's interaction with SRH services. This includes the WHO South-East Asia Region & Western Pacific Region's *Priority HIV and Sexual Health Interventions in The Health Sector for Men Who Have Sex with Men and Transgender People in the Asia-Pacific Region* (2010), WHO & UNAIDS's *Men and HIV: Evidence-Based Approaches and Interventions* (2023) and ECDC's *Guidance: HIV and STI Prevention among Men who Have Sex with Men* (2015).

Most commonly, the study found SRH policies only provide data on women and girls' SRH and health outcomes. For example, UNFPA's *Strategic Plan 2022-2025* (2021) only provides data points on women and girls' access to modern family planning methods, despite this being an area of importance to both men and women. A small group of SRH policies do not provide any data points, such as the CoE's *European Strategy for the Promotion of Sexual and Reproductive Health and Rights* (2004), limiting their effectiveness for both men and women.

The study also identified a critical gap in regional and global measurement on men's SRH. Only five policies (14% of those analysed) contained any SRH indicators specifically targeting men. Three of these policies, focused on HIV and STIs, refer to MSM only (ECOWAS's *ECOWAS Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations* [2020], WHO South East Asia & WHO Western Pacific's *Priority HIV and Sexual Health Interventions in the Health Sector for Men who have Sex with Men and Transgender People in the Asia-Pacific* Region [2010] and UNAIDS's *Positive Health, Dignity and Prevention: Operational Guidelines* [2013]). Neither of the other two SRH policies with indicators relating to men sought to meaningfully measure men's SRH needs. UNFPA's *Expanding choices, Ensuring Rights in a Diverse and Changing World: UNFPA Strategy for Family Planning 2022-2030* (2022) includes one indicator on 'men and women' combined (as part of a much greater set of indicators only on women). The African Union Commission's *Maputo Plan of Action 2016-2030* (2016) includes one indicator which seek to measure men's involvement in increasing women's uptake of reproductive, maternal, neo-natal, child and adolescent health (RMNCAH) services.

Only 14% of policies provided any SRH indicators specifically targeting men.

This limited set of measures on men compared to more common targets on women's SRH needs is a feature across the policies. For example, PAHO's *Strategic Plan of the Pan American Health Organization 2020-2025: Equity at the Heart of Health* (2020) SRH measurements only account for women, as seen in its specific targeting of Sustainable

Development Goal (SDG) 5.2.1 and 5.6.1. Other indicators used in this policy include Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) 1.4 Outcome Indicator 2.a ("proportion of women of reproductive age [15-49 years] who have their need for family planning satisfied with modern methods"), 9.1 Impact Indicator 10 ("mortality rate due to cervical cancer") and 9.5 Impact Indicator 12 ("proportion of ever-partnered women and girls aged 15-49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months"). The policy includes no similar indicators for men's SRH.

WHO Europe's *Strategy on the Health and Well-Being of Men in the WHO Europe Region* (2018) includes a section on reporting and monitoring which refers to the Health 2020 monitoring framework, SDG targets and indicators and WHO Europe's *Strategy on Women's Health and Well-being in the WHO European Region* (2016). However, these frameworks do not include adequate specific measures for men. The main SDG for measuring progress in SRH – SDG 3.7, on ensuring universal access to SRH-care services – has an indicator for women (3.7.1) and an indicator for adolescents (3.7.2) but no indicator for men. SRH is also measured by SDG 5.6, which seeks to advance universal access to SRH and rights, and has two indicators, one specifically targeting women's access to SRH care (5.6.1) and another focusing on laws and regulations guaranteeing women and men access to SRH care, information and education (5.6.2). As 5.6 sits under Goal 5 on achieving gender equality and empowering women and girls, its measurement and reporting tends to focus more specifically on important areas related to women's SRH.[73] Similarly, the WHO SRHR policy portal does not include specific indicators related to men's SRH. In the WHO Global Health Observatory, data that links to men's SRH is to be found in its HIV and STIs sections only, with data in the maternal and reproductive health section of this Observatory largely focusing on women. Additionally, the WHO's Noncommunicable Diseases (NCD) Data Portal does not provide measurements on SRH risk factors for men or women.

While it remains critical to include and expand data on women's SRH, limited inclusion and comprehensiveness of SRH sex-disaggregated data in policy, poor collection of specific data on men's SRH needs, and a lack of corresponding policy measures and targets on men's SRH, limits public and organisational understanding and attention on areas where men's SRH is unnecessarily poor. This in turn can influence inaccurate resource allocation on men's SRH and lead to insufficient responses to men's SRH risks, vulnerabilities and needs.

D: How SRH policies conceptualise sex and gender

The distinction between 'sex' (biological and physiological characteristics) and 'gender' (socially constructed characteristics) is often unclear in SRH policies and sometimes not made explicit. For example, the East African Community's (EAC's) *Sexual and Reproductive Health Bill* (2021) and WHO's *Committing to the Implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)* (2023) policy,

both use these terms interchangeably rather than to explain different things. More recently there is, however, greater policy focus devoted to defining the differences between sex and gender. This is seen in the European Commission's *A Union of Equality: Gender Equality Strategy 2020-2025* (2020), which defines gender as "the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men". This is also reflected in WHO Europe's *Strategy on the Health and Well-Being of Men in the WHO European Region* (2018), which advocates enhanced focus on this distinction within policy, calling for "member states to consider… promoting research and innovation on sex and gender differences in the use of medicines, service delivery and health promotion, and that identify and disseminate good practices". Such clarity in understanding and applying these two different concepts remains the exception, however, and is represented in a minority of policies only.

Policies focus on women's gendered behaviours and needs, with men's gendered behaviours and needs largely overlooked.

The study found that despite there not being a specifically stated gender approach in many regional and global SRH policies, these policies still focus on women's gendered behaviours and needs, with men's gendered behaviours and needs largely overlooked. For example, the *FP2030 Gender Strategy* (2023) positions gender largely as about women. The CoE's *Sexual and Reproductive Health and Rights in Europe – Progress and Challenges: Follow-up Report to the 2017 Issue Paper* (2024) focuses its chapters on sexuality education, contraceptives and SRH human rights defenders through exploring the expectations and behaviours around women and girls, but not the connection to men's socially constructed behaviours and attitudes. These policies do not specifically assert that they seek to explore primarily women's gendered behaviours, reflecting an implicit association between gender and women in the context of the SRH policy landscape. The study found that the focus on women's gendered behaviours and needs is applied in policy to women in their diversity, rather than to only specific vulnerable groups of women (which differs from the gendered policy focus on men, as discussed below).

Where men's behaviour is gendered in SRH policy, this typically explores the implications of male norms, roles and behaviours as they have a negative and harmful influence on women and others, in particular. These policies may not name men specifically, though the policy context makes clear this refers to behaviour perpetrated by men. This includes, for example, "intimate partner violence…sexual exploitation, abuse and sexual harassment", among other forms of GBV referred to in FCDO's *International Women and Girls Strategy* 2023–2030 (2023), "coercive control, extending to contraception and also to the outcomes of a pregnancy", as referred to in ESC's Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration) (2019), and "harmful gender stereotypes regarding women's decision-making competence, their role in society and motherhood" in CoE's *Sexual and Reproductive Health and Rights in Europe – Progress and Challenges* (2024).

A further set of policies specifically name masculinities and the social construction of male gender norms as it relates to SRH. For example, the European Commission's *A Union of Equality: Gender Equality Strategy*

2020-2025 (2020) violence against women prevention strategy states that "focusing on men, boys and masculinities will be of central importance." WHO's *Brief Sexuality-Related Communication – Recommendations for a Public Health Approach* (2015) states that "the social construction of masculinity in some settings can lead to increased pressure on (young) men to take risks and demonstrate sexual proficiency". In the context of empowering and protecting adolescent girls, PAHO's *Adolescent and Youth Sexual Reproductive Health Opportunities, Approaches, and Choices* (2008) states that "traditional expectations related to masculinity are often associated with behaviours that increase the risk of HIV/STI infections among young boys." Addressing these male gender norms, and the perpetuation of them, is of critical importance in improving SRH outcomes, and for gender equality, as discussed in the next section.

This study found fewer references to exploring the implications of men's socially constructed roles, behaviours, expressions and identities for men's own SRH health and well-being. One area where the policy focus on men as gendered actors in the context of their own SRH needs is clearer is in the context of at-risk male groups, particularly MSM. This explicit focus on the gendered roles and needs of these at-risk male groups is typically within the context of STIs/HIV policy. The lack of broader attention to the gendered behaviours and needs of all sub-sets of men in policy is despite the many ways in which men's gendered behaviour has wide implications for their unmet SRH needs.

A small number of policies also talked about SRH attitudes and behaviours being socially constructed, but provide no gender-specific discussion on the implications for men or women's SRH needs. For example, UNESCO's *International Technical Guidance on Sexuality Education* (2018) and WHO's *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities, and Specialists* (2010), provide broad discussions focused on the needs of both men and boys (as well as women and girls), without being adequately considerate of men and women's specific and unique SRH needs within sexuality education curricula. A very small number of policies are gender-neutral in their approach, providing specific considerations for neither men, or women, or non-binary people, including the WAS *Declaration on Sexual Pleasure* (2019), which deliberately focuses on all human beings and ESHRE's *Research and actions on infertility and Medically Assisted Reproduction: key topics to be considered for funding* (2022), whose policy interventions refer to gender-neutral "patients" or "people".

Finally, this study found insufficient policy acknowledgement of gender diverse individuals, including non-binary people and transgender people. The exception is policies which are dedicated to a focus on LGBTQI+ groups such as MSM and transgender people (which tend to be stand-alone). The WHO Europe *Strategy on the Health and Well-Being of Men in the WHO Europe Region (2018)* is a rare broader strategy that includes an intersectional lens and notes that gender intersects with sexual orientation and gender identity, among other categories. Policies also reflect a heteronormative approach – an assumption that heterosexuality is the standard for defining "normal" sexual behaviour – towards men, as well as women.

E: Gender equality focus within SRH policy

There is a growing research base on the importance of positioning SRH not only as a health concern but as a key lever for addressing current levels of gender inequality.[74] Reflecting this, a majority of policies analysed include a central and often cross-cutting focus on achieving equality between men and women as it relates to SRH. An important focus of these policies in their aspiration for gender equality is to tackle harmful gender norms, as detailed in the section above. SRH policy also acknowledges how men's lack of engagement in SRH policy could unwittingly reinforce gender inequalities, particularly the burden of responsibility for SRH that often rests with women in relationships. This later point is illustrated in CoE's *The Involvement of Men, Especially Young Men, in Reproductive Health* (2004), which states in its first clause that:

> "[while] many men, especially those in stable relationships, do take on their share of responsibility for reproductive health choices and fully support their partners... even after the advent of HIV/AIDS, some men – especially young men – shirk their responsibilities."

This study found that the focus on gender equality within many policies tends to be principally about women's empowerment, with often limited focus on engaging men to achieve gender equality or engaging men in challenging harmful gender norms. This is the case, for example, with the FCDO's *International Women and Girls Strategy 2023–2030* (2023), WHO's *Committing to the Implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)* (2016), WHO Europe's *Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind* (2016) and the African Union Commission's *Maputo Plan of Action 2016-2030* (2016), which all have a detailed focus on gender equality, but there are no developed references to engaging men. This is despite the research that shows men's engagement in gender equality in SRH can lead to more effective SRH programming.[75]

An overall lack of specificity and detail around how to engage men in achieving gender equality and promoting more equitable norms is a critical gap in regional and global SRH policies.

The review identified that a number of policies do, however, acknowledge that in order to promote gender equality, and address these gender norms, it is necessary to focus on men. For example, CoE's *Sexual and Reproductive Health and Rights in Europe – Progress and Challenges* (2024), states that "gaps persist in addressing social norms and gender stereotypes, including those around toxic masculinity, and men and boys must be included in efforts towards gender equality and eliminating all forms of discrimination, sexism, misogyny, and violence". This policy goes on to highlight the connections to engaging men, gender equality and supporting women's autonomy beyond SRH, including the gender pay gap and gender disparity in leadership positions.

Only a small number of policies include a more in-depth focus on reaching men to promote their involvement in gender equality in SRH and to recognise that men themselves can also benefit from greater equality. These policies elaborate specific strategies that will be employed to engage men to challenge or shift gender norms or to achieve gender equality. For example, the WHO Europe's *Strategy on the Health and Wellbeing of Men in the WHO Europe Region* (2018), provides developed

plans to engage men and boys to achieve gender equality, highlighting that "improving the health and well-being of men and contributing to gender equality are complementary". Another such policy here, USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018), seeks to reach boys and young men early in life to educate them on this topic, given that:

> "adult men's attitudes, values and behaviours related to relationships, gender roles, body literacy, responsibility for reproduction and other health-seeking behaviours are formed during adolescence."

These small number of policies typically promote the importance of gender transformative programmes for men*, including challenging unequal power relations between men and women or supporting shared responsibility and more equitable decision-making. The *WHO Strategy on the Health and Wellbeing of Men in the WHO Europe Region* (2018) is the only policy which meaningfully connects the need to improve equity of SRH care for men themselves with the pursuit of gender equality for all.

* Gender transformative approaches not only seek to acknowledge men and women as gendered, but are concerned with redressing structural inequality, removing structural barriers, such as unequal roles and rights, and empowering disadvantaged populations (UNICEF, 2024)

Overall, the lack of specificity and detail around how to engage men in achieving gender equality and promoting more equitable norms, particularly to promote gender transformative approaches, and the limited focus on the linkages between men's own SRH and gender equality, is a critical gap in regional and global SRH policies. This policy gap reflects analysis of the global programme base with research finding that only 8% of interventions focusing on advancing gender equality sought to use a gender transformative approach to engaging men.[76]

F: Focus on specific groups of men within SRH policy

SRH of young men

Adolescents and young people, typically defined as between 10-24 years of age,[77] and boys, are a critical target group in the context of SRH, and a population which has not received attention commensurate with their specific SRH challenges and needs.[78]

References to young men in policies are infrequent, and where such references are made, many are insufficient, lacking in specificity and as part of lists of vulnerable/target groups rather than a dedicated focus on their own right. Despite these limitations, however, this group is better accommodated than other male groups in this analysis, as explored below.

Policies frequently make provision for 'young people's' SRH in gender-neutral terms, but not to account for and address the specific needs of young men and boys sufficiently. Mirroring this report's findings on the focus on men in general, this means that policies which arguably should be more nuanced in consideration of young men's SRH needs do not reflect this. This overall gender neutrality in the context of young people's SRH can be observed in EAC's *Sexual and Reproductive Health Bill* (2021),

where policy interventions reference "adolescents or young persons" and WHO's *Brief Sexuality-Related Communication – Recommendations for a Public Health Approach* (2015), which refers primarily to "young people". Where policy does include a gendered approach to young people's needs, either implicitly or explicitly, it frequently addresses only young women and girls directly, such as in *CoE's Sexual and Reproductive Health and Rights are Human Rights in Europe – Progress and Challenges* (2024), the IDC's *The FCDO's Approach to Sexual and Reproductive Health* (2024) and UNAIDS's *Positive Health, Dignity and Prevention: Operational Guidelines* (2013). These policies discuss young people in the context of SRH but solely make provision for the SRH of young women and girls, neglecting young men and boys and their needs.

The analysis further found that policy may include young men as part of targeting 'men and boys' but often does not distinguish between the two, nor take into account the variation in needs between men and boys (such as young men requiring access to different contraception options, sexuality education, and youth-accessible services). These references to 'men and boys' most commonly default to a focus principally on adult men, resulting in policy that ostensibly covers the needs of young men but, in practice, does not always adequately do so. For example, the WHO & UNAIDS's *Men and HIV: Evidence-Based Approaches and Interventions* (2023). Indeed, WHO Europe's *Strategy on the Health and Well-Being of Men in the WHO European Region* (2018) – which stands out as one of the best overall examples of policy focus on men's needs – states that while "the strategy targets men and boys of all ages, to allow for easier reading, the text that follows refers to men only, while implicitly meaning boys and men." Despite this same strategy then stating that "when a specific life stage or life transition is targeted, this is made explicit in the text", there are few references with specific consideration of young men.

Only 19% of policies specifically attend to the SRH needs of young men and boys.

Only 19% of policies (7 of the 37 analysed) do specifically attend to the SRH needs of young men and boys. An example of strong policy responses to young men and boys include USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018), which targets young men with policy tailored to their specific needs throughout, stating that "programs that effectively engage young men and boys must understand the vulnerabilities they face as well as the unique and diverse needs of subpopulations of boys and young men, and tailor their interventions accordingly." This policy includes numerous interventions which target young men exclusively. Other policy, such as WHO Southeast Asia & WHO Western Pacific's *Priority HIV and Sexual Health Interventions in the Health Sector for Men who Have Sex with Men and Transgender People in the Asia-Pacific Region* (2010), makes specific recommendations for young men in high risk groups, calling for all MSM services to be designed with serving young MSM in mind and advocates for prevention services for adults to be modified to support young MSM.

SRH of older men

With the aging of populations globally, older men, defined as men over the age of 60,[79] represent an important and growing area of SRH need.

Research finds that almost half of men aged 75-95 years continue to be sexually active and consider sex to remain important to them.[80]

This group also faces a high prevalence of sexual dysfunction, as previously referred to, as well as requiring SRH care in a range of areas. Despite their high level of need, older men are largely ignored in mainstream SRH policy and are represented even less adequately than young men. Only two of the 37 regional and global policies analysed – 5% of policies – contain specific references to SRH provision for older men. The SRH of older men is often referred to in policy in the context of other health concerns only, such as oncology, and not as part of SRH policy.

Only 5% of policies contain specific references to SRH provision for older men.

The two SRH policies that make consideration of older men do so in the context of both older men and women's needs or as part of mostly general statements on older people, rather than any specific focus on older men's own SRH needs. The ESC's *Position Paper on Sexual and Reproductive Health and Rights (The Madrid Declaration)* (2019) makes provision for both older men and women, stating its "[support for] SRH services for both women and men that encourage open discussion of sexual functioning without any discrimination on the basis of age" and that "specialists' basic training should include education on how different [age-related] comorbidities may affect sexuality [for older men and women] and how to address this when providing treatment." The EAC's *East African Community Sexual and Reproductive Health Bill* (2021) similarly makes limited provision for older men as part of a largely gender-neutral passage on providing SRH services for older people, "including counselling, screening and treatment of reproductive health complexities related to advanced age including chronic conditions [such as] erectile dysfunction." This policy references older men as part of a limited list of vulnerable male groups but provides no specifics about the SRH needs of older men themselves.

It should be noted that these two policies also provide the only references identified to older women, with provision for this group missing even from policy specifically targeting women, such as the FCDO's *International Women and Girls Strategy 2023–2030* (2023). This demonstrates a significant lack of focus on the SRH needs for both older men and women, reflecting a broader societal reluctance to consider the SRH of older people.

SRH of disabled men

Disabled men, despite facing a host of unique SRH concerns, are referred to even less frequently than older men and are entirely absent from mainstream SRH policy. This study found no single meaningful reference to addressing the needs of disabled men. The only specific reference to this group is within WHO Europe's *Strategy on the Health and Well-Being of Men in the WHO Europe Region* (2018), where disabled men are included as part of a list of vulnerable groups for whom special (though undefined) consideration should be made.

A very small number of policy documents seek to cover the SRH of disabled people without reference to gender, such as WHO South-East Asia's *Integrated Regional Action Plan for Viral Hepatitis, HIV and*

Disabled men... are entirely absent from mainstream SRH policy.

Sexually Transmitted Infections in South-East Asia; 2022–2026 (2022), which "promotes disability-inclusive programming and ensures that HIV, viral hepatitis and STI services are accessible to people with disabilities through their active participation and engagement."

SRH policy is equally not comprehensive enough for disabled women, but where disabled people are gendered in policy it is specifically in relation to the SRH needs of disabled women. For example, in the People with Disabilities subsection of the ESC's *Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration)*'s (2019), the sole focus is on disabled women and their needs – being "assumed to be asexual and unfit to live with a partner and/or be a mother and have been subjected to strict and repressive control of their sexual needs", with "legal capacity and guardianship laws and arrangements [limiting] the ability of women with disabilities to make informed decisions in respect of their SRH". While it is critical that provision be made to better protect disabled women, many of these factors are also applicable to disabled men. There remains insufficient consideration of this area, however, leaving disabled men's specific SRH needs unmet.

SRH of men with other serious health conditions

There is almost no developed consideration on the SRH needs of men with other serious health conditions.

Men who are living with or are survivors of serious health problems, such as cancers of the reproductive organs, are similarly overlooked in SRH policy. In the policies that do refer to this group, references are only brief and undeveloped. For example, CoE's *The Involvement of Men, Especially Young Men, in Reproductive Health* (2004) states that "there are several areas of reproductive health which should (and do) concern men as much as women: family planning, men's sexual health (sexually transmitted diseases, including HIV/AIDS, and other illnesses such as cancer) and men's reproductive health." Despite no further specifics, this is among the most developed consideration this study identified on the SRH needs of men with other serious health conditions. Gender-neutral references are also identified relating to the SRH of people with other serious health conditions, such as in ESHRE's *Research and Actions on Infertility and Medically Assisted Reproduction: Key Topics to be Considered for Funding* (2022), which seeks to "to increase quality of care for patients with cancer and other conditions that will affect fertility," but with no additional details provided.

Policy on the SRH of individuals with serious illnesses is often to be found in NCD policy, rather than SRH policy, reflecting a clinical consideration of reproductive cancer that neglects wider sexual health implications for men. Provision for women suffering with cervical cancer, including consideration of the SRH implications for this group of women, is a common feature of policy among several global and regional health organisations, such as WHO's *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem* (2020). This WHO strategy does not address male human papillomavirus (HPV) infection, despite its higher prevalence in men than women, nor the cancers this causes in both men and women. There is also no comparable strategy on the growing problem of prostate cancer. Findings here on a lack of policy focus on men with serious health problems mirror findings

from a four-country policy analysis in East and Southern Africa, which similarly found this to be a major policy gap.[81]

SRH of men who have sex with men

The focus on MSM within SRH policy, especially HIV and STI policy, is in-depth and represents the best developed area of policymaking addressing the specific SRH needs of a sub-set of men. This is to be welcomed, reflecting the elevated rates of HIV/STI transmission among MSM. The study identified a number of policies with specific focus on the needs of MSM, including covering their access to the most up-to-date technologies. For example, ECDC's *HIV and STI Prevention Among Men who have Sex with Men* (2015), promotes a large-scale Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) rollout in SRH services across Europe and targets a reduction in chemsex practice, among other tailored measures.

The focus on MSM represents the best developed area of policymaking for a specific sub-set of men.

The policy focus on MSM has a number of limitations, however. First, the focus on the SRH needs of this group of men is almost exclusively addressed through HIV and STI policies. This leads to a disproportionate association between MSM and HIV/STIs, which can perpetuate negative and reductive stereotypes about MSM. Secondly, this also leads to the underserving of MSM in other SRH areas. Outside of HIV and STI policy, for example, issues such as sexual dysfunction, reproductive cancers or sexual pleasure and MSM are rarely the subject of specific discussion. This creates gaps in policy comprehensively responding to the breadth of SRH in the lives of MSM and accommodating their unique needs in different areas. Finally, policy that targets MSM can focus on this group alone, creating siloed approaches with no consideration made for the SRH of other groups of men, such as in the WHO's *Integrated Regional Action Plan for Viral Hepatitis, HIV and Sexually Transmitted Infections in South-East Asia; 2022–2026* (2022).

The focus on MSM is also limited by the overall heteronormative approach to men and SRH in policy. When SRH policy targets men in general, rather than MSM as a specific group, MSM needs can be overlooked. For example, WHO & UNAIDS's *Men and HIV: Evidence-Based Approaches and Interventions* (2023), which focuses specifically on responding to the needs of men in the context of HIV, makes fewer mentions of MSM or their needs and required responses than could be expected given the rates of infections among this group.

Legal and social discrimination further limits the focus on, and targeted interventions for, MSM within SRH policy. Policy that targets this group in parts of Africa and Asia is less likely to provide for MSM than policy in areas where there is greater social and legal equality for MSM.

SRH of transgender people

This study finds that policy addressing the SRH needs of transgender people is infrequent and limited in detail. In rare cases, provision is made in SRH policy specifically for transgender women (women who were registered as male at birth and are therefore more vulnerable to

issues around areas considered in this study, such as fertility, sexual dysfunction and some reproductive cancers, than other women). For example, the WHO's *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations* (2022) bases its policy interventions around findings on transgender women. On even rarer occasions, there are references to transgender men who may have SRH needs related to their male gender and female biology. Ultimately, however, policy for transgender people that takes a gender-specific approach is rare, with most policy that references this sub-set addressing 'transgender people,' which is the focus adopted for this study. This is a sensitive issue and policy should be as inclusive as possible, and it is critical not to misgender transgender people, which can include transgender men and women, as well as non-binary individuals, while responding to their specific needs in the areas covered by this analysis.

Policy should be as inclusive as possible and it is critical not to misgender transgender people.

The needs of transgender people are often taken into account in HIV & AIDS and STI policy, but they are rarely considered in their own right or not outside of this narrow focus. For example, HIV & AIDS policy such as WHO's *Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections 2022-2030* (2023), makes specific reference to transgender people, as does the WHO South-East Asia Region's *Integrated Regional Action Plan for Viral Hepatitis, HIV and Sexually Transmitted Infections in South-East Asia 2022–2026* (2022) which refers to targeting "MSM, sex workers and their clients, transgender persons." In both cases, however, transgender people are listed as part of a set of risk groups, and policy does not provide a dedicated focus or strategy on transgender people specifically. Equally, while recognition of and provision for the elevated prevalence of HIV & AIDS and STI transmission among transgender people in policy is to be welcomed, by being considered almost exclusively in terms of STIs, risky sexual behaviour and as vulnerable groups, rather than within broader SRH strategy, policies reinforce transgender people's continued sexualization and neglect of their broader SRH. As with policy that targets MSM, policy that targets transgender people is challenged in certain contexts by legal and/or intense societal discrimination that limits its inclusion in public health policy.

The only example of a more holistic approach to policymaking for transgender people identified in this study is the WHO South-East Asia Region & Western Pacific Region's *Priority HIV and Sexual Health Interventions in the Health Sector for Men Who Have Sex with Men and Transgender People in the Asia-Pacific Region* (2010), which calls for gender identity services and psychosocial and transgender people's mental health concerns to be covered by public health sector programmes.

SRH of heterosexual men

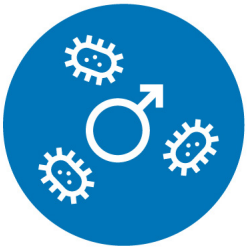
Although cisgender heterosexual men are often the default focus of SRH policy, this is generally more implicit rather than reflecting an explicit desire to address the SRH needs of this sub-set of men. The study found that cisgender heterosexual men's SRH needs are often overlooked in policy measures, particularly when compared to the focus on MSM's

needs in the context of HIV and STI policy. While the detailed focus on MSM and other at-risk groups is appropriate – as discussed above – this focus inadvertently neglects the broader spectrum of heterosexual men's needs. Heterosexual men are also insufficiently considered in areas where they play a critical role, including in pregnancy prevention.

SRH of other vulnerable men

This study identified policy references to people who inject drugs, sex workers and, less frequently, people in prison, in addition to the vulnerable groups of men noted already. While many of these other vulnerable groups are, by their very nature, mostly made up of men, this is rarely made explicit in policy, with references remaining gender neutral.

G: Focus on specific men's SRH topics within SRH policy



Men and Sexually Transmitted Infections

STIs are among the best provided for component of men's SRH needs within regional and global SRH policy. Broad coverage of this issue is supported by the existence of both dedicated STI policies (which focus on this topic alone) and the fact that a majority of policies which cover several SRH issues for men include STIs in some respect.

Dedicated STI-focused policies tend to include discussion of men's roles in STI transmission and their prevention, screening and treatment needs, as well as advocate for improvement in men's access to STI services, often providing far greater detail on men than is found with respect to their needs in other SRH focus areas. An example of a specific focus on men's STI needs is the ECDC's *HIV and STI Prevention Among Men Who Have Sex with Men* (2015), which specifically references the need to target men with "health promotion, condoms and lubricant provision, and HIV/STI-testing, hepatitis A and B vaccination."

Dedicated STI policies provide for a range of male at-risk groups, particularly young men, MSM and transgender people. While targeting of these risk groups is to be welcomed, STI policy is often disproportionately focused on these groups. This can reinforce the view that STIs are not also a key issue for cisgender heterosexual men (as previously noted). It also results in policy which does not make sufficient provision for STIs of those who do not belong to the at-risk groups. For example, while MSM are frequently a primary target of STI policy interventions, older men, a demographic for whom STI rates have increased significantly in recent years, are not served at all by these policies.

The study also found that these dedicated STI policies may have a more detailed focus on women than at-risk male groups. For example, the WHO South-East Asia Region's *Integrated Regional Action Plan for Viral Hepatitis, HIV and Sexually Transmitted Infections in South-East Asia, 2022–2026* (2022), which covers key STI topics affecting both men

and women, refers to women, girls and females 64 times combined, compared to men, boys and males only 21 times. This policy also considers women and girls in their diversity as a risk group for STIs, compared to seeing men only through the lens of the abovementioned specific at-risk groups. While it remains essential to focus on women's access and use of STI services, a greater focus on men in STI policy can bring benefits for men and women.

Among these dedicated STI policies, specific provision is often made for individual forms of STIs among men, including chlamydia, gonorrhoea and syphilis. Some of these policies also utilise data and approaches that detail each infection's unique effects and specifically target their prevention and treatment. This is of importance given the need for specific approaches to different STIs among men, and not to treat male STIs as one homogenous group. At the same time, these policies are more likely to focus on STI diagnosis and treatment, rather than also on prevention as well as social and behaviour change communication (SBCC) approaches targeting men and boys.[82]

There is a lack of sufficient integration of STI policies with other areas of SRH.

Despite this positive coverage of men, the broader regional and global SRH policies that cover STIs (as just one health area among others) tend to focus on both men and women without specificity to either, including a lack of detail around men's needs. They also refer to STIs in generic terms, and can include general references to 'STIs/HIV' together, as opposed to outlining specific infections to be targeted and approaches for those. UNESCO's *International Technical Guidance on Sexuality Education* (2018) policy includes a focus on engaging boys and girls in STI prevention, treatment and management, but does not specifically deepen how boys may require different strategies for engagement or to meet their needs.

Other broader policies are more explicitly focused on women alone, such as the IDC's *The FCDO's Approach to Sexual and Reproductive Health First Report of Session 2023–24* (2023), which provides STI policy targeted at women and girls only.

This study also identified that a lack of sufficient integration of an STI focus within broader SRH policies. As noted, many of the more developed approaches to STIs for men are to be found in dedicated STI policies. An insufficient focus on this topic more broadly within policy limits responses to men's, as well as women's, significant unmet STI needs. For example, WHO Europe's *Strategy on the Health and Well-Being of Men in the WHO European Region* (2018) and the IDC's *The FCDO's Approach to Sexual and Reproductive Health* (2024) make only brief references to targeting STIs, despite seeking to provide broad coverage of SRH concerns.

Men and HIV & AIDS

This analysis found that HIV is the most recognised male SRH topic area in regional and global policy. The study located dedicated HIV policies, a strong focus on HIV within broader STI policies, and HIV as a central part of broader SRH policies.

This reflects the more than three decades of important focus on this

area, the creation of a dedicated UN organisation (UNAIDS) to tackle this pandemic in 1994, and the development of HIV departments within donors and other UN agencies. Despite this significant focus, specific detailed attention on how the epidemic affects men and boys, particularly cisgender heterosexual men and their specific prevention, treatment and care needs is often lacking in policy, as UNAIDS's *Blind Spot* (2017) report demonstrates.[83]

Most of the HIV policy identified in this study targets at-risk male populations specifically. These target groups are generally defined, as per UNAIDS's *Men and HIV: Evidence-Based Approaches and Interventions* (2023), as "people in prisons and other closed settings (>90% male), people who inject drugs (70–90% male) and gay men and other men who have sex with men (MSM), [as they] experience some of the highest risk of HIV infection." A focus on these risks groups is even more developed within HIV policy than that on STIs. Many HIV policies advocate for a spectrum of approaches to tackle the HIV transmission and care needs of these at-risk male groups, including through provision of PEP and PrEP. For example, WHO's *Consolidated Guidelines On HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations* (2022), seeks to provide modern prophylaxis methods "even in locations with a low overall HIV incidence, [where] there may be individuals at substantial risk who could benefit from PrEP services".

"HIV is the best provided for male SRH topic area in regional and global policy."

Young men are also identified in HIV policy as a further key target group, though their consideration is variable. WHO & UNAIDS's *Men and HIV: Evidence-Based Approaches and Interventions* (2023) promotes "tailored youth-focused treatment packages, such as teen clubs, [to] provide peer support for young men and improve retention among male youth." Reflecting the overall HIV focus on at-risks groups, an important policy focus is on young people within this sub-set of men. For example, WHO South-East Asia Region and WHO Western Pacific Region's *Priority HIV and Sexual Health Interventions in the Health Sector for Men Who have Sex with Men and Transgender People in the Asia-Pacific Region* (2010) promotes a dedicated series of recommendations on young MSM, including providing:

> "information and counselling to help young people acquire the knowledge and skills required to delay sexual initiation, limit the numbers of sexual partners, use condoms correctly and consistently, avoid substance use or, if injecting drugs, use sterile equipment; promotion and distribution of condoms and lubricant for sexually active young people; [and] access to harm reduction programmes for young people who are drug users."

These policy statements notwithstanding, young men and boys remain underprovided for in HIV policy, especially when considering the increased rate of risky sexual behaviour and elevated number of new sexual partners among this group, as well as the specific opportunity to engage with men at a young age to seek to change any harmful behaviours and prevent HIV infections.

Despite its well-established effectiveness in limiting HIV transmission, discussion of VMMC only features in a very small number of policies. For

example, the WHO's *Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022-2030* (2022), promotes:

> "Safe voluntary medical male circumcision [to] be offered as an additional HIV prevention option for adolescents aged 15 years and older and adult men, to reduce the risk of heterosexually-acquired HIV infection in settings with generalized epidemics in eastern and southern Africa."

VMMC has the potential to provide an additional entry point to SRH care for men more broadly, but policy is also found not to discuss connections to other SRH services for men when advancing VMMC. Equally, referrals and support for any related VMMC complications is overlooked in SRH policy.

In some cases, HIV policy does not consider men at all, as in WHO's *Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022-2030* (2021), ESC's *Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration)* (2019) and PAHO's *Strategic Plan of the Pan American Health Organization* (2020), which seek to respond to HIV but do not consider the needs of men, or specific male sub-sets, compromising the effectiveness of policy interventions.

While it is critically important to focus on at-risk groups for HIV, this has created a key policy gap in the area of addressing cisgender heterosexual men who are the key drivers of HIV in many generalised HIV epidemics*, as noted in UNAIDS's *Blind Spot*.[84] This study found policies focusing on male risks groups to be far more numerous than those focusing on the general male population and identified gaps in addressing HIV testing, treatment and care needs for cisgender heterosexual men. Policy also insufficiently acknowledges nor addresses the fact that these men are less likely to test for HIV, to access treatment and have an elevated rate of AIDS-related mortality.

* A concentrated HIV epidemic occurs when HIV spreads quickly within specific subpopulations but has not become widespread in the general population. In contrast, a generalized epidemic is characterized by the majority of new infections occurring through heterosexual contact within the general population.

A further identified limitation of HIV policy is that it can lead to a more siloed approach to men's SRH. This applies in two areas; first, policies that include a focus on HIV for men are more common than those that focus on STIs for men, such as syphilis, and gonorrhoea, and HIV policies make insufficient reference to other STIs. HIV is therefore often treated in policy as an area of SRH distinct from other STIs, leading to broader STIs (beyond HIV) often being overlooked. Secondly, HIV is often treated in SRH policy as a stand-alone topic, distinct from other areas of SRH, such as contraception, with resultant missed policy opportunities for integration or for leveraging HIV services as an entry point to broader men's SRH and well-being. This applies both within HIV-specific policy, which may speak less to other male SRH areas, and in broader SRH policies, which may insufficiently address HIV.

Men and contraception

Men and contraception (or family planning) is not sufficiently represented in regional and global SRH policy. This reflects broader programme

findings on contraception being one of the least well developed SRH topics for research and interventions on engaging men.[85]

Men are largely not perceived in the policies analysed as critical actors in the context of contraceptive use. Instead, policy reflects a bias that contraception is about women's SRH and not men's, frequently referring to contraception only in the context of women's SRH, or solely seeking to increase women and girls' access to, and engagement with, contraceptive services. Where SRH policy does not specifically focus on women in this area, it is frequently gender neutral, with the implicit understanding that contraception is related to women and not men. While women's access to contraception, and their sexual autonomy, is paramount, these findings represents missed opportunities for policy to further engage men for the benefit of everyone.

...men and contraception (or family planning methods) is not well represented in the regional and global SRH policy.

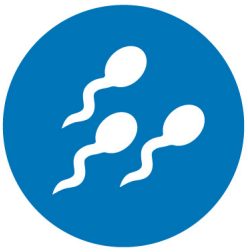
This study identified a small number of policies that sought to target both men and women within the context of contraception. For example, the ESC's *Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration)* (2019), promotes the free supply of "a wide range of contraceptives... to women and men, in order to fulfil their reproductive rights." Such policy approaches did not extend beyond this level of intervention, however, and did not target men specifically to increase their engagement and support or to improve their understanding around both male and female contraceptive methods.

This study identified some policies that promote the importance of shifting male attitudes with regards to contraception, challenging attitudes that FP and contraceptives are women's sole responsibility, and engaging men with the aim of improving FP service and contraceptive uptake among women. Such policies do not see men as contraceptive users in their own right, however. The most comprehensive approach to men and contraception identified was within the USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018) framework, which specifically targets barriers to men's use of contraception, advocates for SBCC interventions to change gender norms around male contraceptive use and regarded men and boys as advocates of change for contraceptive use. Such an approach was not mirrored more broadly within policy, however, and is a key gap identified by this study.

The male condom was the most commonly promoted male contraceptive solution in SRH policy. A focus on men using condoms is found much more consistently within HIV- and STI-focused policies, rather than policies focused on contraception. Condom use is most frequently highlighted in the context of safe sex that prevents STI and HIV infection, rather than for pregnancy prevention, such as in CoE's *The Involvement of Men, Especially Young Men, in Reproductive Health* (2004). This reflects the broader positioning of condoms as principally for disease prevention, rather than dual protection (preventing STIs and pregnancy) within the literature.[86] Equally, more dedicated policies on men and contraception, such as USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018), advocate the increased uptake of contraceptives as a means of reducing unwanted pregnancy only (rather than also acknowledging their role in disease prevention).

This lack of an integrated approach across policy and the blind spot on dual protection undermines the broad potential of male condoms as a contraceptive method and is a missed opportunity within the policy landscape.

This study found that SRH policy almost never refers to the need for increased uptake of vasectomy. USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018), one of the few policies analysed which specifically focuses on vasectomy, acknowledges the limited uptake of vasectomy in SRH programs and the related reservations among some men and couples, and system barriers, and supports activities that promote its improved utilisation. There was no specific policy reference to supporting the adoption of novel male contraceptive methods, such as male hormonal and vas-occlusive methods.



Men and fertility

Only 16% of policies (6 of the 37 analysed) refer to male fertility, with policy more likely to focus implicitly or explicitly on women's fertility. In the context of the falling birth and male fertility rates globally, this represents a critical gap in men's SRH policy. This is demonstrated in WHO's *Infertility Prevalence Estimates, 1990–2021* (2023), for example, which, in a metareview of fertility estimates over this 31 year period, refers to men only 64 times compared to women 436 times, and found in its review that "[109] studies included estimates based on female respondents, while only 10 studies included estimates based on male respondents". It is important to note that discussion of fertility in SRH policy is also inadequate for women, though this study identifies a lack of policy focus on fertility as a couple concern (rather than principally a concern for women, critical though this is). Overall, a focus on fertility in SRH policy is covered under discussions on family planning (FP) – where it receives limited attention – rather than as part of a dedicated policy section or component on fertility.

Where men's fertility is referenced, policies are not sufficiently comprehensive, such as not recognising the links between male infertility and other poor health outcomes for men, such as in cardiovascular health. For example, the USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018) insufficiently addresses fertility concerns for men under 25 and refers to men's "fertility desires" instead of framing fertility as an essential part of men's SRH and health. Male fertility is generally also discussed in SRH policy in the clinical terms of urology rather than more holistically in terms of its broader implications and consequences for men.

Where male fertility is referenced, policies are not sufficiently comprehensive.

The significant gaps identified in this area mirror the findings of Fertility Europe, who, in their paper, *The Imperative of Equal Access to Fertility Treatments Across Europe* (2023), call for policymakers to implement a package of measures for men and women, including recognising the right to aim to conceive, ensuring fair access to fertility treatments and providing increased public funding for fertility treatments.

Men and sexual dysfunction

Discussion of and provision for male sexual dysfunction is almost completely absent from mainstream SRH policy, reflecting a conventional perspective on men's sexual dysfunction which considers it to be a personal problem and does not take into account the far-reaching mental health and broader physical health implications of conditions of dysfunction on men. This study also found that female sexual dysfunction is not sufficiently addressed in SRH policy either.

The study found only two policies (5%) that cover male sexual dysfunction. The best example is the EAC's *Sexual and Reproductive Health Bill, 2021* (2021) which advocates "screening and treatment of disorders of the male reproductive system including sexual dysfunctions", and for individuals to be provided with "age-appropriate skills and knowledge to reduce sexual and reproductive health risks including… sexual dysfunction". This reference to dysfunction does not consider the subject in significant detail, however. Despite the evidence on sexual dysfunction affecting older men, as well as the rising levels among younger men, neither group is specifically identified in regional and global SRH policy in the context of sexual dysfunction needs.

Among the two policies that provide for male sexual dysfunction, erectile dysfunction (ED) is referred to by name only once in each. WHO's *Brief Sexuality-Related Communication* (2015) simply lists the condition as an area of sensitivity in questionnaires, and in EAC's aforementioned *Sexual and Reproductive Health Bill, 2021* (2021), ED is listed among other age-related SRH concerns for both genders, such as vaginal atrophy and gynaecological malignancies in women, as an age-related "complexity" to be provided for with counselling, screening and treatment. Neither policy discusses treatment and support options for ED or addresses the potentially related underlying health conditions such as cardiovascular disease and diabetes. Premature ejaculation (PE) is not referred to by name or provided for in any of the 37 policies analysed, reflecting broader societal attitudes that PE is not a legitimate SRH concern, despite its established impact on relationships and sexual satisfaction for both men and women.

Only 5% of policies cover male sexual dysfunction. Policies do not discuss treatment and support options for erectile dysfunction or reference premature ejaculation.

Men and reproductive cancers

Regional and global SRH policy does not sufficiently meet men's needs in relation to reproductive cancer, with this focus almost entirely absent from policy. Where male reproductive cancers are included in policy, prostate cancer – alongside testicular, penile and anal cancer (in the context of MSM) – is the most commonly recognised male reproductive cancer. However, reference to these types of male cancer, or any other male reproductive cancers, is rare and almost never developed upon significantly. In addition, these male reproductive cancers are seldom cited on their own terms, more often considered as secondary interests in lists following more developed references to cervical cancer and HPV infection and treatment for women, as in UNAIDS's *Positive Health, Dignity and Prevention: Operational Guidelines* (2013). The lack of policy focus in this critical area mirrors the findings of UNFPA's *Bridging the Gap*

Policy Analysis Report: An Assessment of Health Policies and Strategies with a Focus on Men and Boys' Sexual and Reproductive Health in Selected East and Southern African Countries (2022), which recommends that: "policies and strategies pay more attention to addressing male reproductive cancers... and offer information and screening services."[87]

In contrast, female reproductive cancers, particularly cervical cancer, are addressed within a wide range of regional and global SRH policy analysed for this report. This includes, for example, policy that provides for cervical cancer as part of integrated SRH packages, such as ESC's *Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration)* (2019), which states that:

> "In this paper, we focus mainly on cervical cancer to illustrate the current situation. There are national screening programmes for cervical and breast cancer. The ESC wishes to draw particular attention to reproductive cancer prevention in women"

...gap in policy prioritisation on preventing and responding to male reproductive cancers.

In addition, there is a body of policy solely dedicated to cervical cancer and its impacts on women's SRH. This can be seen in WHO's *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem* (2022) and the *Strategic Framework for the Comprehensive Control of Cancer Cervix in South-East Asia Region* (2015). Discussion of HPV is the most common entry point for consideration of reproductive cancers in SRH policy, but this is almost always female gendered only and does not acknowledge the HPV rates among men or the fact that men transmit this infection to women. While there is an essential need to strengthen the focus on female reproductive cancers, it is noteworthy that references to male reproductive cancers are insufficiently developed.

Male reproductive cancers are often categorized under non-communicable disease (NCD) policy rather than SRH policy, but even within these NCD policies, the SRH aspects of male reproductive cancers are not sufficiently addressed. For example, the WHO's strategy *Invisible Numbers: The True Extent of Noncommunicable Diseases and What to do About Them* (2022), makes no reference to male reproductive cancers, such as prostate or testicular cancer, instead emphasising that "women and girls often face the triple challenge of reproductive and maternal conditions, infectious disease and NCDs." The WHO NCD portal assesses the prevalence of cervical cancer and breast cancer, and the presence of cervical cancer screening, though provides no similar indicators for male reproductive cancers (testicular, penile, prostate and others). This reinforces the gap in policy prioritisation of preventing and responding to male reproductive cancers.

Men and sexual pleasure

Sexual pleasure is widely acknowledged as a critical component of a holistic approach to SRH for men and women. The World Association for Sexual Health's (WAS) *Declaration on Sexual Pleasure* (2019), asserts that:

> "the possibility of having pleasurable and safe sexual experiences free of discrimination, coercion, and violence is a fundamental part of sexual

> health and well-being for all; access to sources of sexual pleasure is part of human experience and subjective well-being; and sexual pleasure is a fundamental part of sexual rights as a matter of human rights."

Globally, men and women report only moderate sexual satisfaction, with 62% of both men and women reporting being satisfied with their sex life and satisfaction declining after middle age.[88] A policy focus on sexual pleasure is important as it is a reliable indicator of sexual health and well-being and because, for both men and women, it improves mental health and can influence broader quality of life to similar degrees.[89, 90]

In this context, a small number of policies seek to advance a broader approach to SRH that includes sexual pleasure. This includes WAS's *Declaration on Sexual Pleasure* (2019), WHO Europe's *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists* (2010) and UNESCO's *International Technical Guidance on Sexuality Education* (2018). The latter policy provides a specific definition of sexuality highlighting its comprehensive and more positive nature:

> "sexuality may be understood as a core dimension of being human which includes: the understanding of, and relationship to, the human body; emotional attachment and love; sex; gender; gender identity; sexual orientation; sexual intimacy; pleasure and reproduction. Sexuality is complex and includes biological, social, psychological, spiritual, religious, political, legal, historic, ethical and cultural dimensions that evolve over a lifespan".

Men and women's sexual pleasure is largely overlooked in SRH policy.

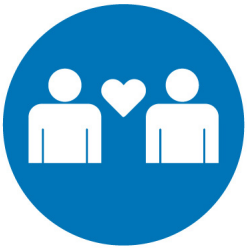
Despite its importance, however, men's sexual pleasure is largely overlooked in regional and global SRH policy. This is the same for women's sexual pleasure, which is neither promoted nor discussed in SRH policy. Even these three policies referenced above which include sexual pleasure as part of SRH, provide only gender-neutral statements. This study found no specific policy statements related to the unique needs and concerns of women or men with respect to sexual pleasure in the context of SRH, or that provided any further specifics in this area. This reflects a policy landscape that acknowledges a human desire for sexual pleasure but remains uncomfortable promoting it further or seeing it as a desirable SRH outcome.

Links between higher levels of pornography consumption and reduced sex life satisfaction among men are also not provided for in mainstream SRH policy.[91] Pornography is referred to only twice in analysed policy documents – both sexuality education papers, UNESCO's *International Technical Guidance on Sexuality Education* (2018) and WHO Europe's *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists* (2010). Both of these policies promote actions designed to educate young men and women about the problematic nature of some images seen in pornography, such as degrading depictions of women, and how sex seen in pornography often does not reflect healthy sex practices. Neither policy make any reference to connections between pornography and the potential for reduced sexual well-being.

Men's sexual pleasure is often framed implicitly in policy as problematic

(or, at least, not positive). This is reflected, for example, in the way male sexual behaviour is discussed in policies solely in relation to the spread of infections, and policy largely focusing on male ill health rather than broader male sexual well-being. This is perhaps understandable, given the detailed research base on the links between male risky sexual behaviour and HIV, STIs and underuse of contraception.[92]

But it also reflects the broader lack of positive approach to men's SRH, and arguably generalisations that men are solely interested in their own sexual pleasure in sexual relations. This context then makes it unnecessary or undesirable to seek to promote male sexual pleasure in policy. While there are legitimate concerns around discussions on male sexual pleasure within the context of power imbalances between men and between men and women, and given high rates of sexual violence against women, this nevertheless represents an important regional and global policy gap.



Men and relationships

The development of loving, respectful and healthy sexual relationships between men and their partners, male or female, is considered a favourable outcome in several SRH policies. This study found that policy references to relationships are largely made in gender neutral terms, thus preventing more nuanced discussion of the unique needs and approaches for different genders. The SRH policy context rarely provides sufficient detail in the area of relationships.

The sole area where references to men in the context of relationships are developed in policy is on ways to engage men to be more understanding and supportive of female partners and relatives' SRH and to achieve gender equality. This includes WHO's *Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022-2030* (2022), which discusses relationships in terms of "engaging male partners and implementing strategies to promote gender-equal relationships." In addition, USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018), which seeks to "reach boys… to shape more equitable attitudes and values related to relationships, gender roles, body literacy, shared responsibility for reproduction and women and girls' RH needs." Engaging men, and shifting norms around masculinities, to achieve more supportive relationships is critical, and arguably deserves a stronger focus than currently the case within regional and global SRH policy.

The SRH policy context rarely provides sufficient detail in the area of relationships.

Equally, while engaging men to improve their relationships with women and other men is critical, this approach in policy is rarely taken for the benefit of men themselves and their well-being in relationships. This has a primary lens around shifting, directly or indirectly, problematic male behaviour and presents healthy and supportive relationships as something that only women should aspire to, and that their SRH will benefit from, rather than acknowledging how men would also gain from more healthy relationships.

Men and discrimination

Eliminating stigma and discrimination is found to be a desirable outcome for SRH regional and global policy. Despite this, it is rare that policies provide sufficient detail on ways to tackle discrimination, particularly racism. Instead, more commonly, policy asserts the importance of eliminating discrimination or provides a loosely-defined focus on this area, without providing further details on how this should be operationalised.

This study found that tackling discrimination is principally addressed in policy through a gender equality and women's empowerment lens. This focuses on discrimination typically in terms of its being faced by women, and perpetrated by men against women, with more infrequent references in policy to the need to reduce discrimination against ethnic groups or indigenous people. Notwithstanding the critical importance of addressing men's discrimination against women, policy does not also sufficiently explore addressing discrimination experienced by men themselves in the context of SRH.

Policy does speak to the need for reduction in discrimination against specific male vulnerable groups.

In the context of policies on STIs and HIV, policy does speak to the need for a reduction in discrimination against specific male vulnerable groups, such as MSM and transgender people, both in terms of health services and among broader society. For example, the ECDC's *Guidance: HIV and STI Prevention Among Men Who Have Sex with Men* (2015) and UNAIDS's *Positive Health, Dignity and Prevention: Operational Guidelines* (2013), with the latter seeking to "support policies and programmes to change judgmental attitudes and eliminate discrimination." These groups tend to be the only male populations that SRH policy aims to protect from discrimination, however. There is an absence in policy that seeks to tackle discrimination against disabled men or older men or other vulnerable male groups. This absence further entrenches stigma surrounding these groups and reinforces the previously-mentioned findings on the lack of SRH policy speaking more broadly to the needs of these male groups, such as ED policy for older men.

Men and violence

A focus on violence is a common feature within regional and global SRH policy, mostly commonly described as violence against women, gender-based violence (GBV), intimate partner violence (IPV) and, to a lesser extent, sexual gender-based violence (SGBV) and sexual abuse. Violence is explicitly discussed in policy as about men's violence against women, or is with the implicit reference to male violence committed against women. Policy approaches tend to measure policy impact solely through indicators on figures around women and girls experience of GBV and IPV. SRH policies therefore overwhelmingly position violence as male-on-female violence. While a focus on violence perpetrated by men against women is appropriate, given it reflects the reality of the majority of GBV committed and the ongoing existence of harmful male gender norms which perpetuate this violence,[93] SRH policy remains insufficiently comprehensive in this area.

This study found that the primary focus on men's violence against

women in SRH policy was to emphasise the need to mitigate or manage the effects of this violence, while often omitting providing specific guidance on ways to prevent such violence. Where policy does speak to violence prevention, these approaches are often of a general nature. For example, sexuality education policies, such as WHO Europe's *Standards for Sexuality Education in Europe: A Framework for Policy Makers, Educational and Health Authorities and Specialists* (2010) focuses on teaching both boys and girls the importance of consenting to sexual advances. While this is critical, it does not address either women's greater SRH needs as survivors of violence, or ways that men and boys should be targeted. There is a growing evidence base on the effectiveness of engaging men to prevent violence against women.[94]

However, despite this evidence, there is very little focus on specifically engaging men and boys to prevent this violence. Only the small number of stand-alone SRH policies with a dedicated focus on men and boys include greater detail on the engagement of men and boys to prevent GBV and to advocate against such violence.

Only 19% of policies acknowledge men experiencing violence.

Only seven policies (19%) acknowledge men experiencing violence, and these provide only a limited exploration of this area or steps to mitigate its impact. For example, PAHO's *Strategic Plan of the Pan American Health Organization 2020-2025: Equity at the Heart of Health's* (2020) states that "while men are more likely to experience violence perpetrated by strangers, women and children are more likely to suffer violence by individuals who are close to them," though does not then further discuss these implications. WHO's *Strategy on the Health and Well-Being of Men in the WHO European Region* (2018), which establishes that "the majority of victims and perpetrators of interpersonal violence are men" but does not then explore the considerations of this within SRH programming. Equally, USAID's *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes* (2018), describes GBV as: "experienced by individuals across the spectrum of gender identities and gender expression… men and boys also experience GBV" but does not refer to this further in references to violence within policy.

The most common recognition of violence against men is within policy on HIV and STIs that focuses on violence committed against at-risk groups, including MSM and transgender people. WHO's *Priority HIV and Sexual Health Interventions in the Health Sector for Men who have Sex with Men and Transgender People in the Asia-Pacific Region* (2010) states a focus on "assisting peers in dealing with sexual harassment and developing skills for avoiding violence and rape" and provides a specific recommendation on developing "STI services in closed settings such as prisons and labour camps where male-to-male sexual behaviours and sexual violence is often prevalent".

This is echoed in WHO's *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations* (2022), which discusses violence faced by risk groups and provides recommendations on violence against these populations.

Policies include a very limited focus on violence against men in conflict settings, with only brief references to the existence of this risk factor in

PAHO's *Adolescent and Youth Sexual Reproductive Health Opportunities, Approaches, and Choices* (2009) and nowhere else. UNESCO's *International Technical Guidance on Sexuality Education* (2018) acknowledges that sexual violence is inflicted upon both young men and boys and young women and girls, but sexual abuse is then discussed by the policy only in terms of male-on-female violence only, with no recognition of young male abuse survivors' unique needs.

While it is essential to never detract from a focus on violence against women, an absence of policy covering male survivors of violence, including sexual violence – whether this violence is committed by other men or women – perpetuates a perception that men cannot also be victims of violence in the context of their SRH. This can reinforce a silence on this issue which can feed back into the lack of focus on male violence in policies, as acknowledged by the ESC's *Position Paper on Sexual and Reproductive Health and Rights 2019 (The Madrid Declaration)* (2019), which states that "sexual violence against men and boys exists but is rarely talked about [and] is thus becoming an increasing taboo." Policies may also be at odds with the increasingly open discussion of sexual abuse of young men and boys in broader society, and the growing body of literature that men are also at risk of sexual violence, especially in the context of conflict.[95, 96] Given research finding that men exposed to or experiencing violence may be more likely to use violence on others,[97] better addressing men's experiences of violence in SRH policy can support safer and less violent contexts for everyone's benefit.

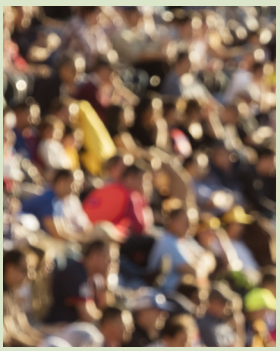
H: Conclusion and final reflection

This study's findings point to men and boys' SRH being a neglected area of regional and global policy.

Overall, this study's findings point to men and boys' SRH being a neglected area of regional and global policy focus. Where men are included in policy, it is more commonly in relation to the harm that they cause, or to behaviours which should be prevented, rather than for their own sexual well-being or as part of the solution to improving everyone's SRH and rights. Despite this, pockets of exemplar policy and detailed approaches on men's SRH do exist, including those working to address specific male SRH needs or engaging with men to promote women's SRH and address gender inequality, and these should be welcomed and emulated.

Where a strong or emerging policy focus on men and SRH does exist, this is not sufficiently mainstreamed into broader strategies and frameworks, and therefore not reflected in everyday practice. Critical policy gaps also remain in relation to men's SRH. This includes the need to better measure men's SRH needs, to broaden the common conceptualisation of SRH to include men (as well as women), to ensure that the SRH of men in their diversity is addressed and to move policy beyond the more traditional topics of SRH to comprehensively and holistically address the SRH needs of men and their partners.

The call to expand the focus on men and SRH is not a new endeavour. A number of detailed research reports – including those commissioned by many of the key global health organisations focused on in this report – have specifically called for greater attention to be paid to men and boys within SRH policymaking. Arguably, therefore, beyond policy itself, there is a need for greater will and commitment among the global health community to focus on this issue, and to ensure that existing commitments on men and SRH are fully implemented. To achieve this, we must move beyond seeing a focus on men's SRH care as in isolation from women's SRH, but to position it as the opposite: that in order to improve everyone's SRH, and further advance gender equality, we must do more to refocus SRH as an essential and insufficiently addressed component of men's lives and well-being.



Recommendations

Based on the findings, this report provides the following recommendations to strengthen a focus on men's SRH within regional and global policy.

Overall recommendations for regional and global policymaking

- Increase the policy focus on men's own SRH needs, moving beyond more limited involvement of men in SRH, to position SRH as a critical component of men's lives and increase their access to SRH information, services and care.
- Expand policy focus to address men's range of SRH needs, including sexual dysfunction (including ED), fertility, reproductive cancers, sexual pleasure, healthy relationships, and preventing discrimination and violence against men. In doing so, policy should move beyond siloed SRH topics to address a range of male SRH needs.
- Enhance the policy focus on addressing the implications of harmful male gender norms, explicitly seeking to engage men in reducing the negative impact of these norms and promoting gender equality in the context of SRH.
- Strengthen the distinction in policy between sex and gender and strengthen approaches that address greater gender diversity and inclusion in policy.

Recommendations on data collection to inform men and SRH in policy

- Establish a standardised definition of men's SRH, with clarity and consensus on the different components of men's SRH. This report offers a suggested definition of men's SRH and its 10 components for consideration by policymakers and practitioners.
- Expand data collection to include sex-disaggregated SRH data as a standard and include targets for, and measurement of, men's SRH.

Recommendations for regional and global SRH institutions

- Build on the existing individual policies on men and SRH among global health institutions to mainstream a focus on this issue across their work by integrating men's SRH within their overall strategies and operational plans.

Recommendations for policymaking in different areas of male SRH

- Better reflect and address the SRH needs of different groups of men, particularly older men, disabled men, men with other serious health conditions, and transgender people. Include more explicit references to heterosexual men and younger men in policy, and more comprehensive SRH approaches for MSM.
- Expand policy focus on men and STIs and HIV which accounts for the diversity among men and provides for men's access across the pathway of prevention, care, treatment and support.
- Expand policy focus on men and contraception, including men as contraceptive users, partners and advocates. SRH policy should position condoms as dual protection (not only for disease prevention, but also for birth control), address vasectomy, and support the development of novel male contraceptive methods.
- Expand policy focus on male fertility, develop appropriate guidelines and articulate this issue holistically, addressing the related broader implications, challenges and needs of men and their partners.
- Expand policy to address the gap in focus on male sexual dysfunction, particularly erectile dysfunction, comprehensively addressing men's related needs at all life stages.
- Expand SRH and NCD policy to address and understand better male reproductive cancers, including prostate cancer, covering comprehensive approaches for men to access information, screening and support.
- Expand policy to better address sexual pleasure for men, including the implications of pornography on men's SRH. Such policy responses should ensure that male sexual pleasure is considered within the context of power imbalances between men and between men and women.
- Expand policy focus on healthy relationships in the context of men and SRH, address misinformation, and provide specific strategies to achieve this outcome for the benefit and wellbeing of men and their partners.
- Expand policy focus on the perpetration of discrimination and violence against women by men, particularly GBV and IPV, as well as men's own experiences of discrimination, particularly racism, and the violence and sexual abuse men and boys experience in the context of SRH.

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Opella.

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References

1 Starrs AM, Ezeh AC, Barker G, et al. Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. Lancet. 2018;391(10140):2642-92.

2 Erdström J, Hassink A, Shahrokh T, Stern E. Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality. EMERGE Evidence Review. Brighton, UK: Promundo-US, Sonke Gender Justice and the Institute of Development; 2015.

3 Patwardhan V, Gill, G, Arrieta A, et al. Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021. Lancet Public Health. 2024;9:e282-94.

4 WHO. Men's health [Internet]. www.who.int. 2018. Available from: https://www.who.int/europe/news-room/fact-sheets/item/men-s-health

5 Leon N, Colvin C. Gone Missing: The Treatment of Men in Global Cancer Policy. London: Global Action on Men's Health; 2023 Jun.

6 Leon N, Colvin C. Absent-minded: The Treatment of Men in Global Mental Health Policy. London: Global Action on Men's Health; 2024 Apr.

7 WHO. ICPD30 [Internet]. www.who.int. 2023. Available from: https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/icpd-30

8 Brennan-Wilson A, Marques M, Coates A, et al. Masculinities and sexual and reproductive health and rights: a global research priority setting exercise. Lancet Glob Health. 2024;12:e882-90.

9 Starrs AM, Ezeh AC, Barker G, et al. Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. Lancet. 2018;391(10140):2642-92.

10 Shand T. Opportunities, challenges and countervailing narratives: Exploring men's involvement in family planning and contraception in Southern Malawi [Doctoral dissertation]. London: University College London; 2021.

11 Shand T, Marcell AV. Engaging Men in Sexual and Reproductive Health. In: Creanga A, Tsui A, editors. Oxford Encyclopedia of Sexual and Reproductive Health. New York: Oxford University Press; 2021.

12 Varga CA. The forgotten fifty per cent: a review of sexual and reproductive health research and programs focused on boys and young men in sub-Saharan Africa. African Journal of Reproductive Health [Internet]. 2001 Dec 1;5(3):175–95. Available from: https://pubmed.ncbi.nlm.nih.gov/12471940/

13 Hawkes S. Gender and global health: evidence, policy, and inconvenient truths. The Lancet. 2013 May 18;381(9879):1783–7.

14 Shand T, Marcell AV. Engaging Men in Sexual and Reproductive Health. In: Creanga A, Tsui A, editors. Oxford Encyclopedia of Sexual and Reproductive Health. New York: Oxford University Press; 2021.

15 Brennan-Wilson A, Marques M, Coates A, et al. Masculinities and sexual and reproductive health and rights: a global research priority setting exercise. Lancet Glob Health. 2024;12:e882-90.

16 Shand T, Marcell AV. Engaging Men in Sexual and Reproductive Health. In: Creanga A, Tsui A, editors. Oxford Encyclopedia of Sexual and Reproductive Health. New York: Oxford University Press; 2021.

17 Baker P, Shand T. Men's health: time for a new approach to policy and practice? J Glob Health. 2017;7(1):1-5.

18 WHO. Sexual health [Internet]. Who.int. World Health Organization: WHO; 2024. Available from: https://www.who.int/health-topics/sexual-health#tab=tab_1

19 PAHO. Sexual and Reproductive Health - PAHO/WHO | Pan American Health Organization [Internet]. www.paho.org. Available from: https://www.paho.org/en/topics/sexual-and-reproductive-health

20 OHCHR. Sexual and reproductive health and rights [Internet]. OHCHR. 2023. Available from: https://www.ohchr.org/en/women/sexual-and-reproductive-health-and-rights

21 Ford JV, Corona-Vargas E, Cruz M, et al. The World Association for Sexual Health's Declaration on Sexual Pleasure: A Technical Guide. Int J Sex Health. 2022 Jan 25;33(4):612-642. doi: 10.1080/19317611.2021.2023718.

22 UNFPA. Sexual & reproductive health [Internet]. Unfpa.org. 2019. Available from: https://www.unfpa.org/sexual-reproductive-health

23 WHO. Sexual health [Internet]. www.who.int. Available from: https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/sexual-health

24 WHO Regional Office for Europe. The health and well-being of men in the WHO European Region: better health through a gender approach. Copenhagen: WHO Europe; 2018 Sep.

25 WHO. Men's health [Internet]. www.who.int. 2018. Available from: https://www.who.int/europe/news-room/fact-sheets/item/men-s-health

26 Mursa R, Patterson C, Halcomb E. Men's help-seeking and engagement with general practice: An integrative review. Journal of Advanced Nursing. 2022 Apr 5;78(7).

27 PAHO. Masculinities and Health in the Region of the Americas [Internet]. iris.paho.org. PAHO; 2019. Available from: https://iris.paho.org/handle/10665.2/51804

28 Mursa R, Patterson C, Halcomb E. Men's help-seeking and engagement with general practice: An integrative review. Journal of Advanced Nursing. 2022 Apr 5;78(7).

29 WHO. Sexually transmitted infections (STIs) [Internet]. Who.int. World Health Organization:

WHO; 2023. Available from: https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)

30 Fu L, Sun Y, Han M, et al. Incidence trends of five common sexually transmitted infections excluding HIV from 1990 to 2019 at the global, regional, and national levels: results from the Global Burden of Disease Study 2019. Front Med. 2022;9:851635. https://doi.org/10.3389/fmed.2022.851635

31 Fu L, Sun Y, Han M, et al. Incidence trends of five common sexually transmitted infections excluding HIV from 1990 to 2019 at the global, regional, and national levels: results from the Global Burden of Disease Study 2019. Front Med. 2022;9:851635. https://doi.org/10.3389/fmed.2022.851635

32 Public Health England. National Chlamydia Screening Programme (NCSP) [Internet]. GOV.UK. 2022. Available from: https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp

33 ECDC. EMIS-2017 The European Men-Who-Have- Sex-With-Men Internet Survey Key findings from 50 countries. Stockholm: European Commission; 2019.

34 Let's Talk Prostate Cancer Expert Group. Men's Health: Let's break the stigma and taboos Promoting awareness to raise European health standards. 2023 Oct.

35 UNAIDS. Fact Sheet: Global HIV Statistics [Internet]. Unaids.org. UNAIDS; 2023 Aug. Available from: https://www.unaids.org/en/resources/fact-sheet

36 WHO. Men lag behind women in the response to the HIV epidemic [Internet]. 2023. Available from: https://www.who.int/images/default-source/departments/hiv/infograph-men-hiv.png?sfvrsn=d49ef38a_6

37 UNAIDS. Fact Sheet: Global HIV Statistics [Internet]. Unaids.org. UNAIDS; 2023 Aug. Available from: https://www.unaids.org/en/resources/fact-sheet

38 WHO. Men who have sex with men [Internet]. www.who.int. Available from: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men

39 ECDC. EMIS-2017 The European Men-Who-Have- Sex-With-Men Internet Survey Key findings from 50 countries. Stockholm: European Commission; 2019.

40 UNAIDS Data 2021 [Internet]. Unaids.org. UNAIDS; 2021. Available from: https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf

41 UNAIDS. The path that ends AIDS: UNAIDS Global AIDS Update 2023. UNAIDS; 2023 Jul.

42 Shand T. Opportunities, challenges and countervailing narratives: Exploring men's involvement in family planning and contraception in Southern Malawi [Doctoral dissertation]. London: University College London; 2021.

43 Ross J, Hardee K. Use of Male Methods of Contraception Worldwide. Journal of Biosocial Science [Internet]. 2017 Sep 1;49(5):648–63. Available from: https://www.cambridge.org/core/journals/journal-of-biosocial-science/article/use-of-male-methods-of-contraception-worldwide/B108543137D5F73F50A9039FCBFFCF2C

44 Shand T. Opportunities, challenges and countervailing narratives: Exploring men's involvement in family planning and contraception in Southern Malawi [Doctoral dissertation]. London: University College London; 2021.

45 Marcell A, Gibbs S, Choiriyyah I, et al. National needs of family planning among US men aged 15 to 44 years. Am J Public Health. 2016;106.

46 Shand T. Opportunities, challenges and countervailing narratives: Exploring men's involvement in family planning and contraception in Southern Malawi [Doctoral dissertation]. London: University College London; 2021

47 De Jonge CJ, Barratt CLR, Aitken RJ, et al. Current global status of male reproductive health. Hum Reprod Open. 2024;2024(2):hoae017. https://doi.org/10.1093/hropen/hoae017.https://doi.org/10.1093/hropen/hoae017.

48 Levine H, Jørgensen N, Martino-Andrade A, et al. Temporal trends in sperm count: a systematic review and meta-regression analysis. Hum Reprod Update. 2017;23(6).

49 Leslie SW, Soon-Sutton TL, Khan MAB. Male Infertility. StatPearls. 2023

50 GBD 2021 Fertility and Forecasting Collaborators. Global fertility in 204 countries and territories, 1950-2021, with forecasts to 2100: a comprehensive demographic analysis for the Global Burden of Disease Study 2021. Lancet (London, England) [Internet]. 2024 Mar 19;403(10440):S0140-6736(24)005506. Available from: https://pubmed.ncbi.nlm.nih.gov/38521087/

51 Daumler D, Chan P, Lo KC, et al. Men's knowledge of their own fertility: a population-based survey examining the awareness of factors that are associated with male infertility. Hum Reprod. 2016;31(12).

52 Leung A, Henry M, Mehta A. Gaps in male infertility health services research. Department of Urology, Emory University School of Medicine; 2018

53 ESHRE. Factsheet on environmental exposure and male reproductive health [Internet]. eshre.eu. ESHRE; 2024 Mar. Available from: https://www.eshre.eu/Press-Room/Resources/Fact-sheets

54 Latham K. How pollution is causing a male fertility crisis [Internet]. www.bbc.com. 2023. Available from: https://www.bbc.com/future/article/20230327-how-pollution-is-causing-a-male-fertility-crisis

55 Daumler D, Chan P, Lo KC, et al. Men's knowledge of their own fertility: a population-based survey examining the awareness of factors that are associated with male infertility. Hum Reprod. 2016;31(12).

56 Rastrelli G, Maggi M. Erectile dysfunction in fit and healthy young men: psychological or pathological? Translational Andrology and Urology [Internet]. 2017 Feb;6(1):79–90. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5313296/

57 Li JZ, Maguire TA, Zou KH, et al. Prevalence,

Comorbidities, and Risk Factors of Erectile Dysfunction: Results from a Prospective Real-World Study in the United Kingdom. International Journal of Clinical Practice [Internet]. 2022 Mar 20;2022:e5229702. Available from: https://www.hindawi.com/journals/ijclp/2022/5229702/

58 Elterman DS, Bhattacharyya SK, Mafilios M, et al. The Quality of Life and Economic Burden of Erectile Dysfunction. Research and Reports in Urology. 2021 Feb;13:79–86.

59 Rodler S, von Büren J, Buchner A, et al. Epidemiology and Treatment Barriers of Patients With Erectile Dysfunction Using an Online Prescription Platform: A Cross-Sectional Study. Sexual Medicine [Internet]. 2020 Sep 1;8(3):370–7. Available from: https://www.sciencedirect.com/science/article/pii/S2050116120300453

60 Global illicit medicines targeted by INTERPOL operation [Internet]. www.interpol.int. 2023. Available from: https://www.interpol.int/News-and-Events/News/2023/Global-illicit-medicines-targeted-by-INTERPOL-operation

61 Sanofi. Phosphodiesterase 5 receptor (PDE5) inhibitors similarities and differences: a non-prescription medicine perspective [Internet]. The Pharmaceutical Journal. 2024. Available from: https://pharmaceutical-journal.com/article/feature/phosphodiesterase-5-receptor-pde5-inhibitors-similarities-and-differences-a-non-prescription-medicine-perspective

62 Anderson, D, Laforge, J, Ross, M. et al. Male Sexual Dysfunction. Health psychology research, 10(3), 37533. 2022

63 Park B, Wilson G, Berger J, et al. Is Internet Pornography Causing Sexual Dysfunctions? A Review with Clinical Reports. Behavioral Sciences [Internet]. 2016 Aug 5;6(3):17. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5039517/

64 Park JS, Kim J, Elghiaty A, et al. Recent global trends in testicular cancer incidence and mortality. Medicine (Baltimore). 2018;97(37):e12390. https://doi.org/10.1097/MD.0000000000012390.

65 Dall'Era M. Male Reproductive and Urologic Cancer | Cancer [Internet]. health.ucdavis.edu. UC Davis; 2023. Available from: https://health.ucdavis.edu/conditions/cancer/male-reproductive-system-cancers

66 Doyle R, Craft P, Turner M, et al Identifying the unmet supportive care needs of individuals affected by testicular cancer: a systematic review. J Cancer Surviv. 2024;18(2):263-87. https://doi.org/10.1007/s11764-022-01219-7.

67 Leon N, Colvin C. Gone Missing: The Treatment of Men in Global Cancer Policy. London: Global Action on Men's Health; 2023 Jun.

68 Klerings I, Robalino S, Booth A, et al. Rapid reviews methods series: Guidance on literature search. BMJ Evid Based Med. 2023;28:412-7.

69 Leon N, Colvin C. Gone Missing: The Treatment of Men in Global Cancer Policy. London: Global Action on Men's Health; 2023 Jun.

70 Shand T. Global Sexual and Reproductive Health Service Package for Men and Boys. London: IPPF & UNFPA; 2017 Oct.

71 WHO. Men who have sex with men [Internet]. www.who.int. Available from: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men

72 Erdström J, Hassink A, Shahrokh T, Stern E. Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality. EMERGE Evidence Review. Brighton, UK: Promundo-US, Sonke Gender Justice and the Institute of Development; 2015.

73 UNFPA. Ensure universal access to sexual and reproductive health and reproductive rights MEASURING SDG TARGET 5.6 [Internet]. UNFPA; 2020 Feb. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-SDG561562Combined-v4.15.pdf

74 Brennan-Wilson A, Marques M, Coates A, et al. Masculinities and sexual and reproductive health and rights: a global research priority setting exercise. Lancet Glob Health. 2024;12:e882-90.

75 Brennan-Wilson A, Marques M, Coates A, et al. Masculinities and sexual and reproductive health and rights: a global research priority setting exercise. Lancet Glob Health. 2024;12:e882-90.

76 Brennan-Wilson A, Marques M, Coates A, et al. Masculinities and sexual and reproductive health and rights: a global research priority setting exercise. Lancet Glob Health. 2024;12:e882-90.

77 PAHO. Adolescent and Youth Sexual Reproductive Health: Opportunities, Approaches and Choices [Internet]. paho.org. PAHO; 2009 May. Available from: https://www.paho.org/en/documents/adolescent-and-youth-sexual-reproductive-health-opportunities-approaches-and-choices

78 Starrs AM, Ezeh AC, Barker G, et al. Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. Lancet. 2018;391(10140):2642-92.

79 Are you "old"? Here's how to find out. [Internet]. www.advisory.com. Available from: https://www.advisory.com/daily-briefing/2019/06/19/age#:~:text=Historically%2C%20the%20United%20Nations%20has

80 Doskoch P. Many men 75 and older consider sex important and remain sexually active. Perspect Sex Reprod Health. 2011;43(1).

81 UNFPA, 2gether 4 SRHR. Bridging the Gap Policy Analysis Report [Internet]. 2gether4srhr.org. UNFPA; 2022. Available from: https://www.2gether4srhr.org/uploads/files/2533-2gether4SRHR-Men-and-Boys-V3-1.pdf; Aantjes CJ, Govender K. Are We Getting Any Closer to Including Men and Boys in Sexual and Reproductive Health? A Multi-Country Policy Analysis on Guidance to Action in East and Southern Africa. International Journal of Sexual Health. 2024 Jul 8;1–20.

82 De Jonge CJ, Barratt CLR, Aitken RJ, et al. Current global status of male reproductive health. Hum Reprod Open. 2024;2024(2):hoae017.

83 UNAIDS. Blind Spot: Reaching out to men and boys [Internet]. Unaids.org. UNAIDS; 2017

Nov. Available from: https://www.unaids.org/en/resources/documents/2017/blind_spot

84 UNAIDS. Blind Spot: Reaching out to men and boys [Internet]. Unaids.org. UNAIDS; 2017 Nov. Available from: https://www.unaids.org/en/resources/documents/2017/blind_spot

85 Ruane-McAteer E, Amin A, Hanratty J, et al. Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews. BMJ Global Health [Internet]. 2019 Sep;4(5):e001634. Available from: https://gh.bmj.com/content/4/5/e001634

86 Shand T. Opportunities, challenges and countervailing narratives: Exploring men's involvement in family planning and contraception in Southern Malawi [Doctoral dissertation]. London: University College London; 2021.

87 UNFPA, 2gether 4 SRHR. Bridging the Gap Policy Analysis Report [Internet]. 2gether4srhr.org. UNFPA; 2022. Available from: https://www.2gether4srhr.org/uploads/files/2533-2gether4SRHR-Men-and-Boys-V3-1.pdf; Aantjes CJ, Govender K. Are We Getting Any Closer to Including Men and Boys in Sexual and Reproductive Health? A Multi-Country Policy Analysis on Guidance to Action in East and Southern Africa. International Journal of Sexual Health. 2024 Jul 8;1–20.

88 IPSOS. A 31-country Global Advisor survey LOVE LIFE SATISFACTION AROUND THE WORLD [Internet]. IPSOS; 2024. Available from: https://www.ipsos.com/sites/default/files/ct/news/documents/2024-02/Lovelifesatisafaction_6draft.pdf

89 Blondeel K, Mirandola M, Gios L, et al. Sexual satisfaction, an indicator of sexual health and well-being? Insights from STI/HIV prevention research in European men who have sex with men. BMJ Global Health [Internet]. 2024 May 1;9(5):e013285. Available from: https://gh.bmj.com/content/9/5/e013285

90 Stephenson KR, Pickworth C, Jones PS. Gender differences in the association between sexual satisfaction and quality of life. Sexual and Relationship Therapy. 2021 Nov 18;39(2):1–22. https://doi.org/10.1080/14681994.2021.2004309.

91 Park B, Wilson G, Berger J, et al. Is Internet Pornography Causing Sexual Dysfunctions? A Review with Clinical Reports. Behavioral Sciences [Internet]. 2016 Aug 5;6(3):17. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5039517/

92 Shand T. Opportunities, challenges and countervailing narratives: Exploring men's involvement in family planning and contraception in Southern Malawi [Doctoral dissertation]. London: University College London; 2021.

93 WHO. Violence against Women [Internet]. World Health Organization. 2024. Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

94 Erdström J, Hassink A, Shahrokh T, et al. Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality. EMERGE Evidence Review. Brighton, UK: Promundo-US, Sonke Gender Justice and the Institute of Development; 2015.

95 Marsh N. Sexual abuse of boys continues to be missed: what social workers can do - Community Care [Internet]. Community Care. 2019. Available from: https://www.communitycare.co.uk/2019/03/18/sexual-abuse-boys-continues-missed-social-workers-can/

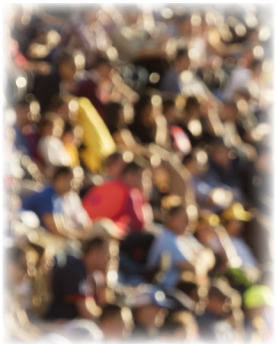
96 Josenhans V, Kavenagh M, Smith S, et al. Gender, rights and responsibilities: The need for a global analysis of the sexual exploitation of boys. Child Abuse & Neglect. 2019 Dec;110(104291):104291.

97 Fleming PJ, McCleary-Sills J, Morton M, et al. Risk Factors for Men's Lifetime Perpetration of Physical Violence against Intimate Partners: Results from the International Men and Gender Equality Survey (IMAGES) in Eight Countries. Dalal K, editor. PLOS ONE [Internet]. 2015 Mar 3;10(3):e0118639. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118639

GLOBAL ACTION ON MEN'S HEALTH

OUT OF FOCUS

The representation of men in regional and global sexual and reproductive health policy



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