

Health policies must consider gender, including men



Health policies that do not consider gendered patterns in health continue to undermine efforts to improve global health and wellbeing.¹ When health policies do include gender considerations, gender is almost always used to refer to women and women's health. Greater progress on women's health is a crucial and unfinished project, but the concept of gender should take an all-encompassing view to understand how gendered norms and practices across society shape health problems that require gender-responsive solutions that benefit everyone. Currently, men are largely absent from health policy as a group in need of gender-specific support.

There is clear evidence of unnecessarily poor health outcomes for men. Men have a higher probability of premature death from non-communicable diseases than women, in all WHO regions.² Globally, men consume nearly 4 times more pure alcohol than women and are almost 5 times more likely to use tobacco. There has been a rapid rise in male obesity since 2000 and hypertension is more prevalent in men in three WHO regions (the region of the Americas, the European region, and the Western Pacific region). Globally, men and boys account for 80%, 75%, and 69% of deaths due to homicide, road traffic injuries, and suicide, respectively. COVID-19 has exacted a particularly heavy toll on men—they have lost almost 200 million life-years, 42% more than women.²

Although some of these differences might be shaped by biology, socio-cultural factors (ie, gender) rather than biology is the principal driver of these inequities (as it is for many of the health problems for which women have the greater burden than men). Men have been subject to systematic neglect in terms of global policy and funding, despite their disproportionate morbidity and mortality burdens from a wide range of gendered health problems.³ When there have been gender-specific recommendations, the target beneficiary group has been women. National women's health policies have been introduced for England and Scotland, in August 2022, and August 2021, respectively, but there are currently no plans to introduce equivalent policies for men. A review of interventions, services, and programmes in sub-Saharan Africa found that men's specific needs are neglected and their engagement with

health services is not encouraged unless the aim is to improve women's health, for example in relation to HIV or sexual and reproductive health issues.⁴

A recent Global Action on Men's Health report paid particular attention to how men are treated in global cancer policies.⁵ Cancer is the second leading cause of non-communicable disease deaths in men worldwide. The authors examined 28 policy-related reports from WHO, the EU, and other global, regional, and national organisations and found that even though men have much higher levels of cancer incidence and mortality than women,⁶ they are largely absent from global and regional cancer-related policies. Most documents provided no sex-disaggregated data at all, and many that did gave disaggregated information on just a few outcomes and with little further interpretation. References to gender were few and even more scarce was attention to the specific gendered dynamics of men and cancer.

Men's outcomes from cancer, as well as from many other diseases, can be improved through gender-targeted interventions on prevention, diagnosis, treatment, and care. There is now increasing and robust evidence of what works in men's health.⁷ In the case of cancer, an increasing number of countries are adopting gender-neutral human papillomavirus (HPV) vaccination to prevent cancers in both sexes (in the USA, up to 40% of HPV-related cancers are in men).⁸ Gender-neutral vaccination is likewise recommended in the EU's Beating Cancer Plan. The EU has also proposed the introduction of prostate cancer screening and funded PRAISE-U, a project to encourage early detection and diagnosis of prostate cancer through customised and risk-based screening.

Change must be driven by policy at the international, national, and local levels. An essential next step is for global health organisations and funders to acknowledge fully the health needs of men and boys and to develop policies that use gender as a conceptual framework for health that applies to everyone. Given the attention being paid to the Sustainable Development Goals, now is the time to act and incorporate a gendered perspective that includes men. This action will not only improve men's health and wellbeing for their own sake but also contribute to achieving the Sustainable Development Goals.

Although men's power and privilege must be acknowledged and mitigated in health policy, so too should their distinct gendered vulnerabilities and the potential that exists for improving their health outcomes. The use of gender in health policy does not require a zero-sum choice between the binary of men and women. What is needed is an approach to policy, practice, and research that takes full account of all aspects of gender, as well as their intersection with other equity issues, such as class, race, and sexuality.

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