

# ADDRESSING THE HEALTH NEEDS OF MEN & BOYS: AN ANALYSIS OF NATIONAL POLICIES IN EASTERN & SOUTHERN AFRICA

Presentation by Dr. Laura Pascoe (she/hers) for Share-Net webinar on men's SRHR

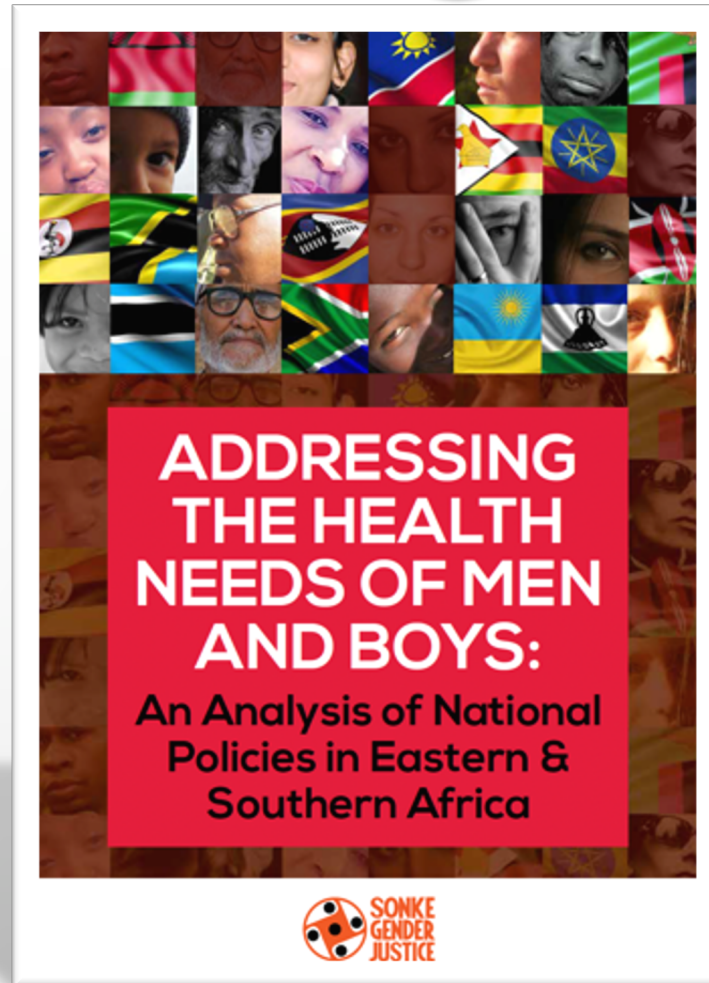
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*\*Presentation based on report commissioned in 2017 by UNAIDS and WHO; research and report completed through Sonke Gender Justice by Laura Pascoe, Dean Peacock, and Jon Hopkins*



# OBJECTIVES OF THIS POLICY REVIEW

- ASSESS AND **ANALYSE NATIONAL HEALTH POLICIES AND STRATEGIES** IN EASTERN AND SOUTHERN AFRICAN COUNTRIES FOR **WHETHER/HOW MEN AND BOYS' HEALTH IS ADDRESSED**.
- IDENTIFY **STRENGTHS AND GAPS IN POLICIES** ON ADDRESSING THE HEALTH REALITIES AND NEEDS OF MEN AND BOYS IN:
  - **HIV AND SEXUAL AND REPRODUCTIVE HEALTH**
  - **GENERAL HEALTH**
  - **MENTAL HEALTH**
- **IDENTIFY KEY POPULATIONS PRIORITISED**, WHAT STRATEGIES ARE INCLUDED TO ADDRESS THESE KEY POPULATIONS, AND HOW/WHETHER POLICIES ADDRESS THE **HEALTH NEEDS OF MEN AND BOYS WITHIN THESE KEY POPULATIONS**.



# METHODOLOGY

1. **STEP 1: ONLINE SEARCH TO IDENTIFY AVAILABLE NATIONAL POLICIES RELATING TO HEALTH AND GENDER FOR EACH COUNTRY**
2. **STEP 2: UNAIDS COUNTRY OFFICERS REVIEWED LIST OF POLICIES**
3. **STEP 3: EACH COUNTRY'S COMPILED NATIONAL POLICIES WERE THEN ASSESSED ACCORDING TO THE EXTENT TO WHICH THEY:**
  - PROVIDED A **SITUATIONAL ANALYSIS** OF MEN'S AND BOY'S HEALTH ISSUES AND NEEDS
  - **ADDRESSED THE HEALTH NEEDS** OF MEN AND BOYS
  - INCLUDED AS A **STANDALONE OR WITHIN EXISTING POLICIES** A STRATEGY/POLICY/OPERATIONAL PLAN TO IMPLEMENT WORK WITH MEN AND BOYS
  - **HAD SPECIFIC TARGETS** ON HEALTH OF MEN AND BOYS.





# LIMITATIONS

- **EXCLUDES LAWS AND POLICIES** THAT AFFECT MEN'S HEALTH BUT ARE **OUTSIDE OF HEALTH AND GENDER SECTORS**
- **NO ASSESSMENT** OF THE EXTENT TO WHICH POLICIES, PLANS OR INITIATIVES HAVE BEEN **IMPLEMENTED.**
- COMPLETED IN **2017**

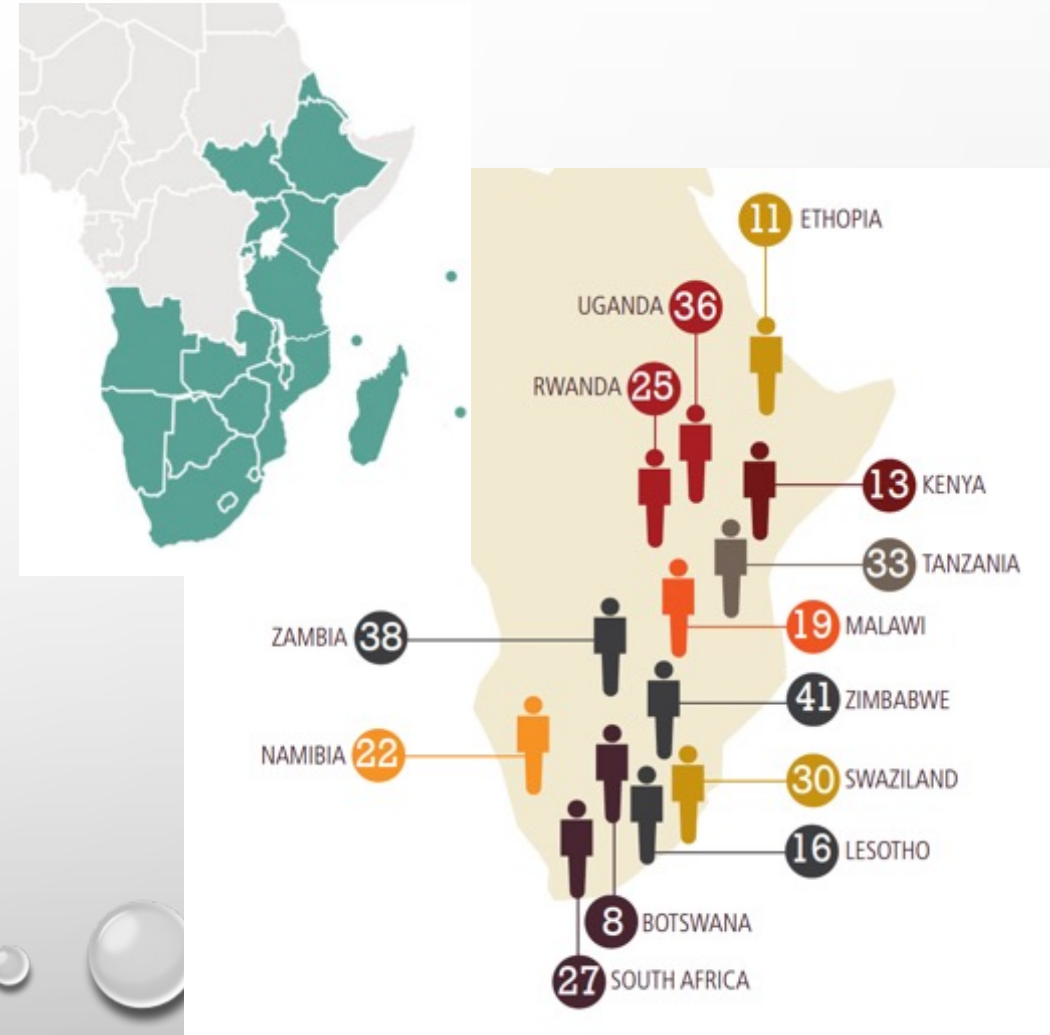


# EASTERN & SOUTHERN AFRICAN COUNTRIES INCLUDED

1. BOTSWANA
2. ETHIOPIA
3. KENYA
4. LESOTHO
5. MALAWI
6. NAMIBIA
7. RWANDA
8. SOUTH AFRICA
9. SWAZILAND
10. TANZANIA
11. UGANDA
12. ZAMBIA
13. ZIMBABWE

## EXCLUDED:

- ANGOLA
- COMOROS
- ERITREA
- MADAGASCAR
- MAURITIUS
- MOZAMBIQUE
- SEYCHELLES
- SOUTH SUDAN





# SUMMARY OF FINDINGS - OVERVIEW

- WITH VERY FEW EXCEPTIONS, **NATIONAL HEALTH AND/GENDER POLICIES DO NOT ADDRESS MEN AND BOYS** (BUT SRHR AND HIV POLICIES WERE BETTER)
- **MOST HAVE SPECIFIC TARGETS** (LARGELY RELATED TO HIV)
- **AVAILABILITY OF SEX-DISAGGREGATED IS MIXED:** MOST COUNTRIES HAVE FOR HIV/AIDS, INCONSISTENT OR NOT AVAILABLE ACROSS POLICIES ON LIFE EXPECTANCY, TOP CAUSES OF MORTALITY, ETC.
- MEN AND BOYS' **MENTAL HEALTH IS ABSENT**, EXCEPT FOR A FEW THAT MENTION ALCOHOL & SUBSTANCE USE PREVENTION



# SUMMARY OF FINDINGS – HIV & SRH

- **MANY COUNTRIES HAVE CLEAR LANGUAGE** ON THE NEED TO ENGAGE MEN IN **NATIONAL STRATEGIC PLANS AND SRHR PLANS/POLICIES.**
- MALE INVOLVEMENT IN SRH AND HIV POLICIES:
  - **2X COUNTRIES** (BOTSWANA, UGANDA) HAVE **SPECIFIC MALE INVOLVEMENT POLICY FOR SRH AND HIV**
    - EXAMPLE: OUTPUT TO “INCREASE MALE ACCESS AND PARTICIPATION IN SRH SERVICES” AND “PROPORTION OF MALES ACCESSING SRH SERVICES” AS A DISTRICT-BASED INDICATOR — *BOTSWANA’S INTEGRATED HEALTH SERVICE PLAN (2010-2020)*
- FIVE OTHER COUNTRIES INCLUDE “MALE INVOLVEMENT,” A SPECIFIC STRATEGY TO ADDRESS MEN’S HEALTH, OR HAVE POLICIES THAT INCLUDE CLEAR LANGUAGE ON WORKING WITH MEN AND BOYS.



# SUMMARY OF FINDINGS – HIV & SRH

## PRIMARY WAYS MEN ARE MENTIONED FOR HIV/AIDS:

- **CONDOMS\***
- **VMMC\* (VOLUNTARY MEDICAL MALE CIRCUMCISION)**
- HIV TESTING INCLUDING COUPLES TESTING
- REACHING HIV DISCORDANT COUPLES
- PMTCT
- **INNOVATIVE STRATEGIES TO REACH MEN** (E.G., MOBILE SERVICES, WORKPLACE, SELF-TESTING, AFTER-HOURS SERVICES & “MOONLIGHT” TESTING)

## **\*PRIMARY MENTIONS**

“PROMOTE MALE INVOLVEMENT IN HIV PREVENTION FOR THEIR OWN HEALTH AND THE HEALTH OF THEIR PARTNERS AND FAMILIES”

– UGANDA’S NATIONAL HIV AND AIDS STRATEGIC PLAN 2015-2020 (2015)





# SUMMARY OF FINDINGS – HIV & SRH

## SEXUAL AND REPRODUCTIVE HEALTH:

- **MAJORITY OF COUNTRIES HAVE CLEAR LANGUAGE ON NEED TO TALK ABOUT MEN'S BROADER SRH NEEDS** SUCH AS INFERTILITY, STI TESTING, CANCERS OF THE MALE REPRODUCTIVE ORGANS
  - SWAZILAND ONLY ONE TO MENTION SEXUAL DYSFUNCTION
  - BOTSWANA MENTIONS ANDROPAUSE, BUT NO SPECIFIC INDICATORS
- 3 COUNTRIES (ETHIOPIA, KENYA, LESOTHO) MENTION NEED TO ENGAGE/REACH MEN AND BOYS IN RELATION TO SRH, BUT **NOTHING SPECIFIC AND NO INDICATORS**
- **FAMILY PLANNING:** MAIN MENTIONS WERE CONDOMS, VASECTOMY (ONLY 4 COUNTRIES), FP COUNSELLING FOR MEN AND WOMEN LIVING WITH HIV, INCREASING MALE PARTICIPATION IN FP
  - 4 COUNTRIES DID NOT ADDRESS MEN'S NEEDS RELATED TO FP OTHER THAN CONDOMS (BUT ONLY IN RELATION TO HIV).

### ETHIOPIA:

OBJECTIVE ON NEED TO "INITIATE REPRODUCTIVE HEALTH PROGRAMMES THAT ADDRESS MALE HEALTH CONCERNS" BUT **NO STRATEGIES TO ADDRESS THIS OR OTHER SRHR NEEDS** FOR MEN AND BOYS.

— *NATIONAL REPRODUCTIVE HEALTH STRATEGY (2016-2020)*

### MALAWI:

**SPECIFIC STRATEGIES** TO "EMPOWER MEN TO PROMOTE AND PATRONIZE SRHR SERVICES"

AND "STRENGTHEN MALE AND YOUTH FRIENDLY FP SERVICES" — *SRHR POLICY, 2009*



# THANK YOU!

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REPORT LINK:

[HTTPS://GENDERJUSTICE.ORG.ZA/PUBLICATION/ADDRESSIN  
G-THE-HEALTH-NEEDS-OF-MEN-AND-BOYS/](https://genderjustice.org.za/publication/addressing-g-the-health-needs-of-men-and-boys/)