

THE SOUTH AFRICAN NATIONAL INTEGRATED MEN'S HEALTH STRATEGY 2020- 2025



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FOREWORD

South Africa adopted the sustainable development goals (SDGs), which are founded on the principle of leaving no one behind and strive towards a healthier and safer world by 2030. The goals provide a solid framework for promoting action aimed at reducing premature mortality among men and improving men's mental health and well-being.

Evidence shows that men participate less in preventive health services, seek medical help at a later stage than women and receive more informal care. There is also an understanding that the design of health services and the settings in which they are delivered are important factors influencing the way health systems respond to men's health issues.

The World Health Organization (WHO) defines gender inequality as differences between men and women which systematically empower one group to the detriment of the other, and which impact negatively on access to healthcare and health status. A gender approach to men's health is necessary, as it will critically look at the various socially constructed roles, behaviours, attributes and opportunities for males. Men infrequently interact with the health system and when they eventually present for health services, it is usually late. Factors that discourage men from accessing health services include long queues especially when shared with females, predominantly female service providers, no options available to discuss sexual and reproductive health issues with male service providers.

The South African National Integrated Men's Health Strategy 2020-2025 (NIMHS 2020-2025) aims to provide comprehensive and integrated package of care for men and boys across the life course. The strategy seeks to improve the overall health and wellbeing of men and boys, maximising on opportunities that arise from applying a gender-informed lens to health. It identifies priority areas of action to drive improvement in the overall health of men while acknowledging the diversity among and between South African men and boys.

The National Medical Male Circumcision (MMC) programme has circumcised more than 4.3 million males of different age groups from 2010, averaging 430 000 circumcisions per annum. Through this life saving programme, hundreds of thousands of males have interacted with the health system at different points in time. This programme, through its existing structures and systems, is best positioned to drive the envisaged men's health approach to health care. It is the only programme in the country where healthy men voluntarily seek health care and present themselves to the health care system. This opportunity will be broadened to ensure that all men and boys are provided with comprehensive men's health services using the MMC programme as one of the entry points, ushering in a new breed of healthy, caring and responsible men and boys in South Africa, contributing to improved health outcomes for this gender.

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MINISTER OF HEALTH

Acronyms and abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CBO	Community-based organisation
DOH	Department of Health
FBO	Faith-based organisation
GP	General practitioner
HIV	Human immunodeficiency virus
HTS	HIV testing service
HIVST	HIV self-testing
IEC	Information, education, communication
mHealth	Mobile health technologies
MMC	Medical male circumcision
MSM	Men who have sex with men
NCD	Non-communicable diseases
NGO	Non-governmental organisation
OPD	Out Patient Department
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
SRH	Sexual and reproductive health
STI	Sexually transmitted infections
TB	Tuberculosis
VMMC	Voluntary medical male circumcision
WBPHOT	Ward-based public health outreach teams

Terminology

Basic service package is defined as a minimum set of essential health services that the population needs, to be supported to live a long and healthy life¹.

Sexual and Reproductive Health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system².

Communicable diseases are diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi and can be spread, directly or indirectly, from one person to another. These include, amongst other diseases, diarrhoea, tuberculosis and pneumonia³.

Non-communicable diseases (NCDs) are medical conditions or diseases that are non-infectious or non-transmissible among people. These diseases last for longer periods of time and progress slowly and include, amongst others, cancer, asthma and heart diseases³.

Executive summary

The South African National Integrated Men's Health Strategy 2020-2025 (the Strategy) is a framework for action to work towards the goal that ***Every South African man and boy is supported to live a long and healthy life.*** South African men generally have poor health-seeking behaviours and are less likely than women to engage health services across the care cascade, resulting in adverse clinical outcomes for many preventable illnesses. In addition, the health system misses key opportunities to engage with men who do seek services by not offering comprehensive and integrated services to those men who access services for specific conditions.

The Strategy aims to deliver a comprehensive and integrated package of care for men and boys across the life course. The overarching aim of the Strategy is to improve the overall health and wellbeing of South African men and boys. At the heart of the Strategy are four core objectives and associated actions that are designed to drive meaningful progress towards the Strategy's overarching goal. These include a clear commitment to:

- Empower and support men and boys to optimise their own and each other's health and wellbeing.
- Strengthen the capacity of the health system to provide quality appropriate preventative care for men and boys.
- Ensure that men and boys receive treatment, care and support services for chronic conditions, as needed.
- Build the evidence base for improving men's health.

The Strategy advocates for a life-course approach in tailoring interventions to engage and support South Africa's diverse men and boys across all stages of their lives, with a focus on adolescents (10-19 years); young adults (20-35 years); older men (above the ages of 35); and aging men (above the age of 50) as well as high risk men and boys.

Health is influenced by a complex range of factors, or health determinants. Targeted actions are identified to meet the Strategy's goal and objectives - actions that require the engagement and collaboration of a wide range of stakeholders from across South Africa. They include all levels of government, the health sector, other sectors, with non-government organisations (NGOs), community-based organisations (CBOs) and faith-based organisations (FBOs), researchers and experts, and, of course, with men and boys themselves.

Critical to the success of this Strategy is a clear commitment to implementation planning and to taking an active approach to evaluating, monitoring and communicating progress over time. By providing a framework for gender-focused health, this Strategy highlights South Africa's commitment to taking collective action to create a healthier future for men and boys.

Introduction: Why men's health approach matters

The health of men and boys

South African men experience a greater share of the total fatal and non-fatal burden of disease, dying at younger ages (life expectancy at birth – 61.5 years) than females and more often from preventable causes⁷. Male deaths consistently outnumbered female deaths. More women knew their HIV status than men, and disproportionately more have accessed antiretroviral treatment (ART) than men. South Africa's performance on UNAIDS 95-95-95 targets highlights these findings; in 2016, only 82% of men knew their HIV status, with 54% on treatment, compared to 90% and 65% for women⁸.

Figure 1: South African men's health and risk factors for poor outcomes at a glance

- TB is the leading cause of death among men³, accounting for 57% of all TB deaths recorded³.
- For men aged 45 years and older, NCDs, such as diabetes and cerebrovascular disease are also a leading cause of death³. These NCDs, as well as others, are either preventable or at least medically manageable if men access health services early³.
- 30% of men report smoking and risky drinking (28% of men report drinking five or more standard measures of alcohol on a single occasion)⁴.
- 29% of men aged 15-49 had five or more alcoholic drinks at least once in the past 30 days⁵.
- High levels of binge drinking were found in men aged 25-34 years⁵.
- Men accounted for 78% of road accident fatalities between 2010 and 2015⁵.
- 48% of deaths among men aged 20-24 years were due to non-natural causes including violence³.
- Men are less likely than women to use health services tend to be sicker when they do seek medical help⁶.
- Over 4 million men and boys have been circumcised⁷.
- More than a third of men who have sex with men (MSM) have reported sexually transmitted infection (STI) symptoms⁷.
- More men (17%) report having multiple sexual partners than women (5%), which puts them at greater risk of HIV infection⁷.
- 17% of all South African men aged 15-49 had two or more sexual partners in the past 12 months⁷.
- 39% of all adult HIV infection are in men⁷.
- Only 43% of men living with HIV aged 15-64 years were virally suppressed, compared to 58% of women living with HIV in the same age group⁸.
- 45% of men compared to 59% of women tested for HIV in 2016⁷.

Despite this, men are not identified as a vulnerable group that requires special attention in the South African National Strategic Plan for HIV, Tuberculosis and Sexually Transmitted Infections (2017-2022)⁹. The health burden experienced by South African men and boys, coupled with premature mortality from injuries, suicide and a series of chronic diseases

remains at alarmingly high levels. This calls attention to the need to address health issues that disproportionately affect men and boys in South Africa.

Health seeking and health system usage

Evidence shows that men are less likely to use health services and tend to be sicker when seeking help⁷. In addition, when men access health services they are treated for specific conditions, and not offered HIV testing and/or other screening and general wellness services. Men are therefore, less likely to test or screen for diseases, including HIV and non-communicable diseases⁵. Women are more likely to visit their healthcare practitioner than men⁷. Many of the illnesses that are impacting males, such as hypertension, coronary heart disease, type 2 diabetes and even some cancers, are either preventable or at least medically manageable if men access health services early. Men, who often have STIs symptoms, do not seek care in health facilities. Majority of them will self-medicate. On the other hand, men seeking care for STIs provides an opportunity to reach asymptomatic women with STIs

Barriers to accessing care

Several individual and health system factors prevent men from accessing health facilities. These include the availability of services, skill and capacity of health workers and the way services are offered. In addition, men's personal factors, including stigma, poverty, feelings of compromised masculinity, confidentiality concerns, distance to the facility, inconvenient hours, and prevailing gender norms (perceptions that facilities provide women-centred services) also serve as barriers for men accessing services.

About the Strategy

The South African National Integrated Men's Health Strategy

The Strategy highlights opportunities that arise from applying a gender-informed lens to health. It identifies priority areas of action to drive improvement in the overall health of men. The focus of the Strategy is on both men and boys, acknowledging their role as individuals, as well as parents, partners, families, communities, all layers of the health system and all areas and levels of government, in supporting their health and wellbeing. The Strategy includes the engagement of all relevant stakeholders. The Strategy also acknowledges and responds to the diversity that exists among and between South African men. Further, it is acknowledged that health policies, programmes and services need to be integrated into existing primary health services, systems and budgets to increase health coverage.

The development of the Strategy coincides with an increased international focus on men's health and on the intersection of gender with social, economic, environmental, political and cultural determinants of health, influencing exposure to risk factors and interactions with the health system⁷.

The Strategy recognises the changes in evidence and in the global policy environment since 2010 when voluntary medical male circumcision (VMMC) was introduced and identifies the current gaps and emerging issues in men's health. The Strategy is aligned to the adolescent perspective in the Global AA-HA guidance as well as the WHO men's health and wellbeing

strategy launched in 2018 which seeks to engage men in accessing services through gender-sensitive approaches to:

- reduce premature mortality among men from NCDs and unintentional and intentional injuries;
- reduce inequalities in physical and mental health and wellbeing among men of all ages across the region and within countries; and
- improve gender equality by engaging men in self-care, fatherhood, unpaid care, violence prevention, and sexual and reproductive health.

While the initial focus of the Strategy is the adaptation of the VMMC platform to offer comprehensive men’s health services, the implementation of the Strategy also seeks to go beyond this initial step by identifying and determining the number and type of service delivery point options for minimum/mid-level/enhanced packages that can be transitioned towards meeting men and boys’ healthcare needs.

Document layout

The next section contextualises the Strategy for men’s health within the existing policy environment. It provides an overview of the risk factors for priority health issues across the lifespan of men. Thereafter, the strategic goals and actions are presented, followed by a description of the service delivery models that can be leveraged. It provides details of a recommended service package as well as an overview of action areas for guiding the implementation phase and strategic partnerships that may be needed for effective implementation. Lastly, the strategy presents details of how to achieve progress against the national men’s health goals.

The policy and strategy context

The Strategy works in tandem with other national policies, strategies and frameworks (Figure 2).

Figure 2: Overview of existing national policy context for men’s health

Gender specific policies	Condition-specific policies, guidelines, and strategies
South African National Guidelines for Medical Male Circumcision (2016) Guidelines on Gender Sensitive and Rights-based HIV Mainstreaming into Public Service and Administration 2012-2016 (2011)	South African National Strategic Plan for HIV, TB and STIs 2017 – 2022 (2017) Guidelines for Tuberculosis Prevention Therapy Among HIV Infected Individuals in South Africa (2010) 2019 Clinical guidelines for the Management of HIV In Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019) National Department of Health Strategic Plan 2015 -2020 (2015) The National Mental Health Policy Framework and Strategic Plan 2013-2020 (2014) Sexually Transmitted Infections: Management Guidelines 2018 (2017)

National health policies and strategies	Related cross-sector policies and strategies
National Adolescent and Youth Policy 2017 (2017) National Policy Framework and Strategy on Palliative Care 2017-2022 (2016) National Drug Master Plan for South Africa (in press) Integrated School Health Policy (2012) National HIV Testing Service Policy (2016) HIV Prevention Strategy (2016) National LGBTI HIV Plan 2017-2022 (2017) National Adolescent and Youth Health Policy (2017)	High Transmission Areas: Key Populations (2015) Policy Framework and Strategy for Ward-based Primary Healthcare Outreach Teams 2018/19-2023/24 (2018)

Health across the life course

Men and boys also have diverse needs across their life course. Accordingly, there are multiple areas and intervention points where the health of men and boys could be improved and opportunities at each life stage for health promotion, disease prevention, early intervention and treatment, as well as for promoting self-care.

It is critical to acknowledge that experiences, roles and the circumstances of an individual's life, including exposure to stressful events such as violence, will influence health and wellbeing across all life stages. A series of life stages and key health and wellbeing issues are described in Figure 3.

Figure 3: Health across the life course

Life Stage	Key issues and opportunities
Adolescents (10-19)	<ul style="list-style-type: none"> Adolescence is a period of great intellectual, physical, hormonal and social change. This disruptive time can be further impacted by stressful experiences such as illness, family dysfunction, traumatic experiences such as violence (physical, emotional, sexual, neglect and bullying). External causes of death (e.g. accidents, homicide and suicide) account for up to 57% of deaths within this sub-population³. Other notable causes of death include HIV and other viral diseases. The adolescent brain lacks the capacity to evaluate choices, make decisions and act accordingly. During adolescence, peer influence and risk-taking behaviours challenge healthy choice and influence health outcomes.

- Beginning in adolescence, boys face increased pressure to conform to culturally predetermined gender roles. These pressures arise from a variety of sources that portray messages about what it means to be male, and result in negative perceptions of gender being internalised and intensified by boys during adolescence. Further gender-negative attitudes are often constructed during adolescence making this a critical time to alter negative gender perceptions.
- Violence in an adolescent relationship sets the stage for problems in future relationships, including intimate partner violence and sexual violence perpetration and/or victimisation throughout life. Supporting the development of healthy, respectful, and nonviolent relationships has the potential to reduce the occurrence of teen dating violence and prevent its harmful and long-lasting effects on individuals, their families, and the communities where they live. During the pre-teen and teen years, it is critical for youth to begin learning the skills needed to create and maintain healthy relationships. These skills include things like how to manage feelings and how to communicate in a positive/constructive way.
- Social determinants of health, specifically masculinity, are important in understanding boys' health status and health-related behaviours. Masculinity is shaped by societal expectations, values, and behaviours. As boys develop into young men, these social pressures deemed essential of manhood assert both positive and negative influences on boys' self-development. For adolescent males, denial of vulnerability and emotional or physical control, in addition to risk-taking activities are key gendered norms that shape behaviours and attitudes
- The impact of unsafe sexual practices on the sexual health and wellbeing of adolescent males and their partners is an important consideration. Education about safer sexual practices is a critical intervention for the sexual health of adolescent boys, Coupled with easier access to condoms for adolescents
- Factors affecting adolescent development include: physical, cognitive, emotional, social, and behavioural development. Psychosocial disorders are more common during adolescence than during childhood, and many harmful behaviours begin during adolescence⁶. Having an eating disorder, poor diet, obesity, smoking, using drugs and alcohol, and violent behaviour can lead to acute health problems, chronic disorders, or illness later in life⁶.
- Comprehensive sexuality education, including information on puberty and sexual development as well as physical appearance leads to improved health outcomes⁶. This provides an avenue to promote men's health and well-being from an early age. Behavioural interventions where stereotypes about masculinity are challenged are also crucial, as well as alcohol and substance abuse education.

- Linkages with community- and school-based programmes can play a role in fostering health and wellbeing, while simultaneously addressing masculinity as a social determinant of health. This will play a role in developing the ways in which boys and young men relate to themselves and to others and reduce mortality associated with behaviours and attitudes.

Young adult men (20-34)

- Young adult men are entering a key transitional life phase. During early adulthood they experience many personal, social and environmental changes, such as moving away from home, starting tertiary education, cohabitation with peers or partners, seeking or beginning employment etc. These changes can be associated with unhealthy lifestyle behaviours such as weight gain, poor dietary behaviour and sedentary lifestyles.
- Healthy lifestyles and health-seeking behaviours vary widely for young adult men and are significantly influenced by sociodemographic factors and habits developed during adolescence.
- Stressful life experiences across the adult life course have an impact on the health and wellbeing of young adult men. Stressful events include illness, injury, violence, becoming a father, unemployment and poverty.
- Men aged 25–34 years report the highest level of binge drinking⁷ which is another risk factor to consider for this group.
- For this group, it is important to leverage the man’s emerging societal roles as fathers, partners and heads of households to help improve women’s and children’s health (reproductive and sexual health, including family planning; childhood vaccinations). Interventions to increase protective sexual behaviours, prevent intimate partner violence, curtail substance abuse, modify negative attitudes linked to gender, and reduce STIs should also be prioritised for this group.
- Young adult men have higher levels of unmet health needs and lower health utilisation rates than their female counterparts⁷.

Older men (35+)

- Older men carry a significant proportion of overall male burden of disease.
- Well-entrenched beliefs about the way men *should* behave prevents men from seeking appropriate care.
- Services for older men are often limited within the health facility, and where services are available men are unaware of their availability.
- Stressful life events also play a role in the health and wellbeing of older men. These include ongoing exposure to violence, unemployment, expectations as a breadwinner, illness, inability to

retirement, poverty, loss of purpose, financial distress and social isolation.

- South African males aged 35 – 44 years are more likely to die from communicable diseases, but NCDs are the leading cause of death for men aged 45 years and up³. The rise in NCDs such as type 2 diabetes and cardiovascular disease are primarily because of sedentary lifestyles and unbalanced diets. This worrying trend can therefore be prevented and managed through lifestyle changes.
- Interventions focused on healthy living such as diet and exercise, screening for age-specific NCDs as well as treatment adherence are critical for this group.

Aging men (50+)

- Compared to women, men have shorter life expectancies and poorer overall health as they age³. There has been a notable shift in the causes of death away from infectious diseases towards NCDs, including hypertensive diseases, diabetes, respiratory and cerebrovascular diseases. In addition, the chronic conditions that men face are not only difficult to deal with physically and emotionally, but they also can create a significant financial burden. By increasing awareness, understanding the preventable risk factors that play a role, and following recommendations for healthy aging, men can enjoy better health and improved quality of life as they grow older.
- Healthy ageing is a lifelong process. Patterns of harmful behaviour often established in early life can result in reduced quality of life and even in premature death. Poor nutrition, physical inactivity, smoking and alcohol use contributes to the development of chronic health conditions such as diabetes, cardiovascular disease, cancer, chronic respiratory diseases and mental illness.
- Prostate cancer is the second leading cause of cancer deaths in males; and is the fifth leading cause of death among men globally, with an average age of diagnosis of > 65 years¹⁰. The risk of prostate cancer increases in men aged 50 and older. Early detection is a key factor for diagnosing and treating prostate cancer. Screening such as an annual full screening including prostate-specific antigen (PSA) testing is essential and recommended, especially if there is a family history of cancer¹¹.

Other determinants of men's health

Men's health is influenced by the complex interplay of a range of determinants including social, economic, cultural, environmental and political influences. These determinants work in tandem to shape an individual's health, influence exposure to risk factors and inform interactions with the health system. They include factors associated with:

- Individual factors – knowledge, literacy, behaviours, attitudes, biology, genetics, choices, level of independence;
- Daily living situations – educational level, physical environment, social participation and connection, access to health care;
- Socio-demographics – place of residence, housing, education, employment, occupation, financial situation, income, race/ethnicity, disability, gender; as well as
- The wider socio-economic, political and cultural context.

The issue of access to health care has multiple dimensions such as: the availability of services, the quality of those services and capability of the workforce, the level of demand and thus waiting times that might be experienced, and cost and distance¹². A focus on those determinants that are amenable to change provides opportunities for improvements to an individual or group's situation, and in turn, their health. It is critical that a holistic approach that considers these determinants of health is integrated into the implementation of all actions arising from this strategy.

Sex and gender diversity

The Strategy recognises that some men and boys may identify with and be recognised as a gender other than the sex they were assigned at birth; or as a gender that is not exclusively male or female. Although the terminology used throughout the Strategy generally refers to men and boys, this is not intended to be exclusionary.

Diversity and health

The Strategy acknowledges that each individual man has a unique and complex set of health issues, often shaped by their own unique context which can include where they live, where they work, socioeconomic status, and other factors. Diversity among men and boys is common and can have a significant impact on an individual's health-seeking behaviour, their uptake of safer healthy practices and their use of health services.

Priority health issues

The Strategy identifies seven key priority health issues which have been identified as key causes of morbidity and mortality for all South African men.

HIV and AIDS

HIV is the second leading cause of death amongst males (5%) and there is a life expectancy gap of up to 10-years between HIV-positive men and women, making men about 70% more prone to die from AIDS-related illness than women⁸.

TB

Tuberculosis was the leading cause of death amongst black African males (responsible for 8% of male deaths in 2016), and was the second leading cause of death amongst the coloured population (responsible for 7% deaths)³. The disease is prevalent among working-age men and peaks between age 40 – 44 years³.

Sexual Health

STIs prevalence remains high and common in men who practice unsafe sex, these include syphilis, gonorrhoea, chlamydial infection, genital herpes and genital warts. Men are more symptomatic than women and providing STI services in men provides an opportunity to manage their sexual partners who are often asymptomatic. Sexual health in men is often neglected. Men can experience premature ejaculation, impotence or other sexual dysfunction that affects their masculinity, relationships and wellbeing, yet these conditions are often underdiagnosed and/or not discussed.

Chronic conditions (diabetes, hypertension, high cholesterol)

Both diabetes and hypertension rank highly as leading causes of death among men. In both 2015 and 2016, diabetes was ranked sixth among males³. Deaths due to communicable diseases peaks at ages 40–44 years (48%) for males³. Increasing rates of hypertension among males has been found; with more than 50% of men being unaware of their condition¹³. Of those who were aware of their condition, only a third were on treatment. In 2016, hypertension was the third highest cause of ill-defined death amongst males and accounted for 7% of deaths³. In a study across six sites in Sub-Saharan Africa in 2017, South Africa was found to have the highest prevalence for hypertension, and high proportions of people had uncontrolled blood pressure despite being on treatment¹⁴. In a national survey, only 4% of respondents were aware that they had high blood cholesterol¹⁵.

Cardiovascular disease

Cardiovascular diseases (CVDs), commonly referred to as heart disease or stroke, accounts for almost 1 in 6 deaths (17%) in South Africa¹⁶ yet according to the World Heart Federation, most premature heart disease and stroke is preventable¹⁷. South African risk factors associated with CVD include hypertension, obesity (almost one in three South African men are overweight or obese in South Africa), and substance misuse (alcohol consumption and tobacco usage)¹⁵.

Prostate and testicular cancers

Prostate cancer is the most common cancer affecting South African men¹¹. According to CANSA¹¹, 1 in 19 men will develop prostate cancer in South Africa. Eating a healthy diet, maintaining a healthy weight and limiting consumption of red meat and high-fat dairy products can lower their risk of prostate cancer. Testicular cancer is common amongst men between the ages of 15-49¹¹.

Mental health

Men are more at risk of dying of suicide than women in South Africa¹⁸. When compared to 10 years ago, more men are found to be depressed and are being admitted to psychiatric hospitals due to burnout and depression. According to the Depression and Anxiety Group, men don't seek help until later when it is more serious and although depression is ranked high on the list of chronic diseases, most men are not on treatment¹⁸.

Risk factors for priority health issues

Behavioural risk factors are outlined in Figure 4 below.

Figure 4: Behavioural risk factors and priority health issues

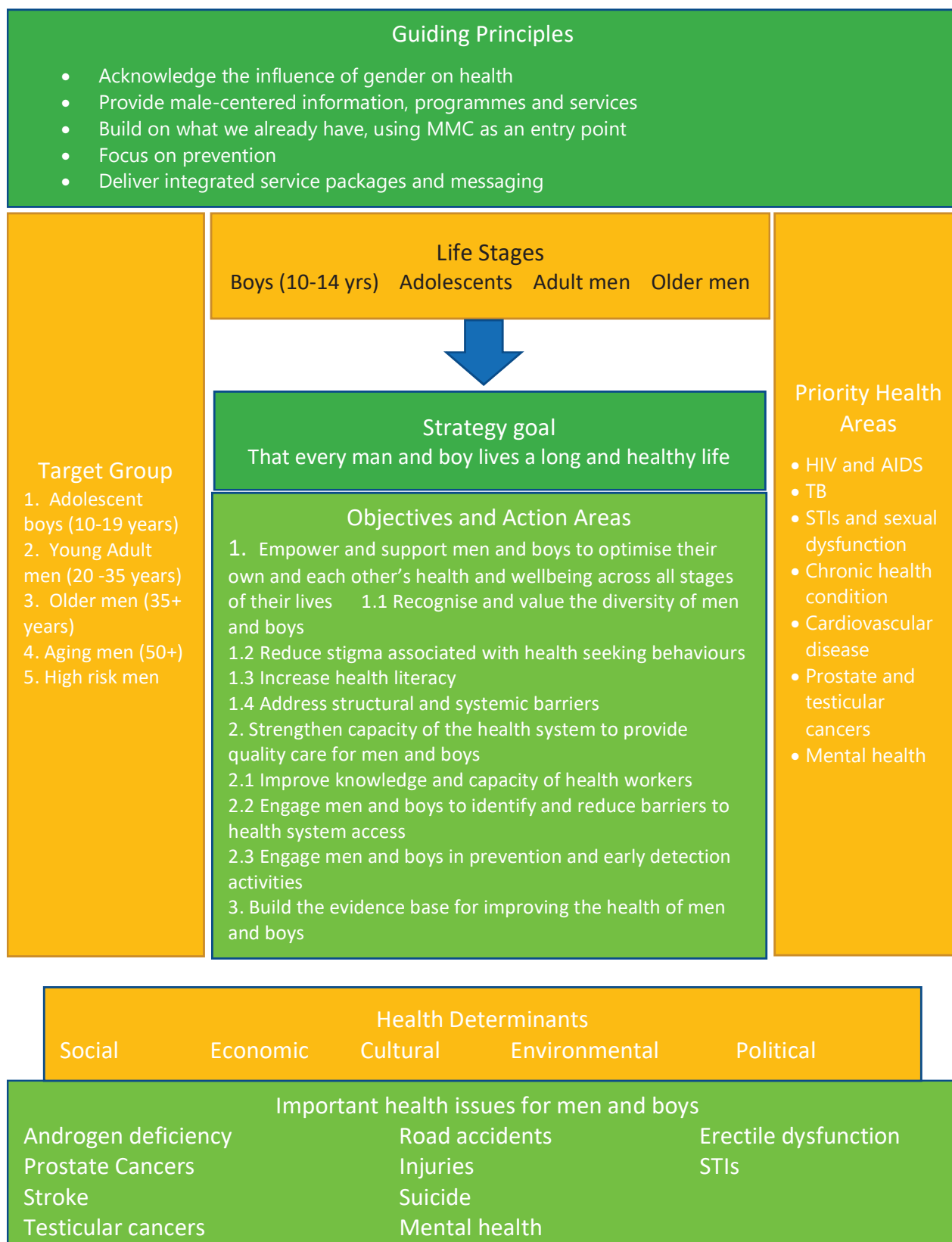
Health condition	Smoking	Alcohol	Substance Use	Unsafe sexual practices	Diet	Physical exercise	Exposure to violence	Other behavioural risk factors
HIV and AIDS		X	X	X			X	
TB								
STIs		X	X	X			X	
Diabetes	X				X	X		
Hypertension	X				X	X		
Cardiovascular disease	X				X	X		
Erectile dysfunction		X	X				X	Stress, medication
Male infertility	X	X	X			X		Stress
Mental health		X	X	X	X	X	X	Stressful life events



Overview of the South African National Integrated Men's Health Strategy

An overview of the Strategy is presented in Figure 5.

Figure 5: Summary of the South African National Integrated Men's Health Strategy



Strategic goals and actions

The overarching goal of the strategy is that:

Every man and boy is supported to live a long, healthy life

To achieve this goal there are three strategic objectives for which action areas are identified:

Figure 6: Objectives and action areas

	Objective	Action areas
1.	Empower and support all men and boys to optimise their own and each other's health and wellbeing across all stages of the life course.	<ul style="list-style-type: none"> a. Recognise and value the diversity of men and boys b. Reduce stigma associated with health-seeking behaviours c. Increase health literacy, including understanding d. Address structural and systemic barriers to good health e. Address responsible sexuality in young boys (to reduce violence against women and adapt safer sexual practices)
2.	Strengthen the capacity of the health system to provide quality preventative and curative care for men and boys	<ul style="list-style-type: none"> a. Improve knowledge and capacity of health care workers to deliver male-centred services across the life course b. Offer support services that may interest men, so that they are encouraged to access services. c. Improve linkages to care
3.	Ensure that men and boys receive treatment, care and support services for chronic conditions, as needed	<ul style="list-style-type: none"> a. Ensure the provision of treatment, care and support services for chronic conditions, including HIV and TB b. Set up and maintain referral networks for the provision of chronic care treatment c. Ensure the provision of on-site integrated treatment
4.	Build the evidence base for improving the health and wellbeing of men and boys	<ul style="list-style-type: none"> a. Strengthen data systems and ensure data is updated and available b. Track the Strategy implementation progress

Guiding principles

Five principles underpin the Strategy.

Figure 7: Guiding principles

Guiding principles	What does this mean?
<p>1. Acknowledge the influence of gender on health</p>	<ul style="list-style-type: none"> • Highlight the significance of gender as a key determinant of men’s health and wellbeing • Address gender inequality faced by men in accessing and utilising the health service
<p>2. Provide male-centred information, programmes and services</p>	<ul style="list-style-type: none"> • Prioritise men as a neglected population • Ensure men’s needs and preferences are included in the design, delivery, promotion and continuous improvement of programmes and services • Prioritise programmes and services for men who are most at risk of NCDs • Set ambitious targets and create and implement male-focused strategies that are designed to make meaningful progress towards these targets
<p>3. Build on what we already have</p>	<ul style="list-style-type: none"> • Find, evaluate, and share best practice models of male-centred programmes • Align actions with relevant national strategies and frameworks • Use existing programs targeting men, such as VMMC, as an entry point for the delivery of integrated comprehensive men’s health services
<p>4. Focus on prevention with a life course approach</p>	<ul style="list-style-type: none"> • Focus on prevention first – from primary prevention through to early diagnosis and intervention • Take a life course approach to prevention, adapting information and activities to men and boys at different life stages • Recognise that prevention goes beyond the individual and extends to the creation of healthy environments and communities
<p>5. Deliver integrated service packages and messaging</p>	<ul style="list-style-type: none"> • Improve referral systems within and between facilities such that men can access a broad range of services within their communities. • Develop and implement policies, protocols and other tools and procedures to help institutionalise services as part of care delivery

- Develop integration plans that address facility infrastructure as well as documentation systems
- Create synergies and linkages with health platforms, based on age and risk profile.

Service delivery models

Strategies to remove health system and personal barriers need to be considered. Innovative community-based strategies can help overcome access barriers experienced by men thereby increasing men's engagement in care. Other examples toward overcoming these barriers include:

- Flexible clinic hours
- Offering HIV self-testing (HIVST) in out-patient department (OPD) and other departments that men attend, including workplace HTS and index testing
- Providing male health care professionals for those men and boys who prefer them
- Providing male-centred care
- Scaling up stand-alone men's health services
- Expanding the availability of male-focused community health services and interventions
- Establishing partnerships with traditional health practitioners/organisations to co-identify solutions to existing challenges and to offer additional services such as biomedical health services, health education and promotion and linkages to other services
- Investing in outreach programmes where men spend their time (sports clubs, workplaces, taverns, etc.)
- Promoting and supporting the use of available digital health services
- Normalising health-seeking behaviour by improving health literacy through greater education on the importance of ongoing usage of health services, prevention, early detection
- Reducing stigma associated with health care, ill-health and health-seeking behaviours by addressing internalised stigma with men; and
- Reducing health care worker stigma associated with health care, ill-health and health-seeking behaviours by providing sensitisation training for health care workers

The Strategy has identified key delivery points of entry.

- High-volume VMMC sites and generalised VMMC service delivery sites: VMMC sites are well-suited to offering a comprehensive men's health service that links VMMC and combination HIV prevention with other health interventions and preventative screenings. The advantage to utilising existing VMMC services is that for many men and boys, this is their first contact with the health service and it provides an opportunity to address comprehensive men's health screening, preventative and therapeutic services outside the HIV service provision complement.
- OPDs can expand services already on offer to include diagnosis and treatment services for NCDs and HIV, as well as referrals for ongoing chronic care. Integration of men's

health services with a range of other relevant clinical services such as TB, STI, hepatitis. The primary purpose of this is to make the provision of men's health services more convenient for men coming to the health facility for other reasons, and to offer them a comprehensive package of services. This facilitates taking care of various health care needs at the same time and in the same location. In addition, this facilitates linkages to complementary prevention, treatment and care services and expands men's health services to men seeking other health services.

- STI service delivery points: As with OPDs, STI services provide a unique opportunity to offer men a comprehensive menu of services when accessing the health system for STI-related health concerns.
- Men's health clinics/Stand-alone sites: These facilities also cater for men who have preference for male-only services.
- General practitioner (GP) networks as collaborators to primary health clinics (PHCs) (public-private partnerships). GP consultations ensure that men who prefer privacy and pre-booked appointments access services from GPs rather than from the PHC.

The Strategy also recognises other platforms where men's health can be leveraged such as:

- Mobile community services – for men who have preference for community-based services.
- Existing stand-alone men's health clinics (both public and private) – for men who will continue to require men-only services and who are prepared to travel further to access.
- Workplace health services/clinic – for men who are comfortable with these services. Consider the establishment of men's clinics in industrial areas.
- School health services/youth friendly services and the integrated school health programme – for in-school youth and young men in universities, technical and vocational education and training (TVET) institutions and other institutions of higher learning.
- Specialised service delivery centres for men.
- Pop-up VMMC sites.

Recommended service packages

The following **basic package of services** will be offered to men through four pillars. Components of the packages are defined for each of the pillars and will be offered to men through a mix of platforms, tailored to various age groups.

Figure 8: Service delivery pillars

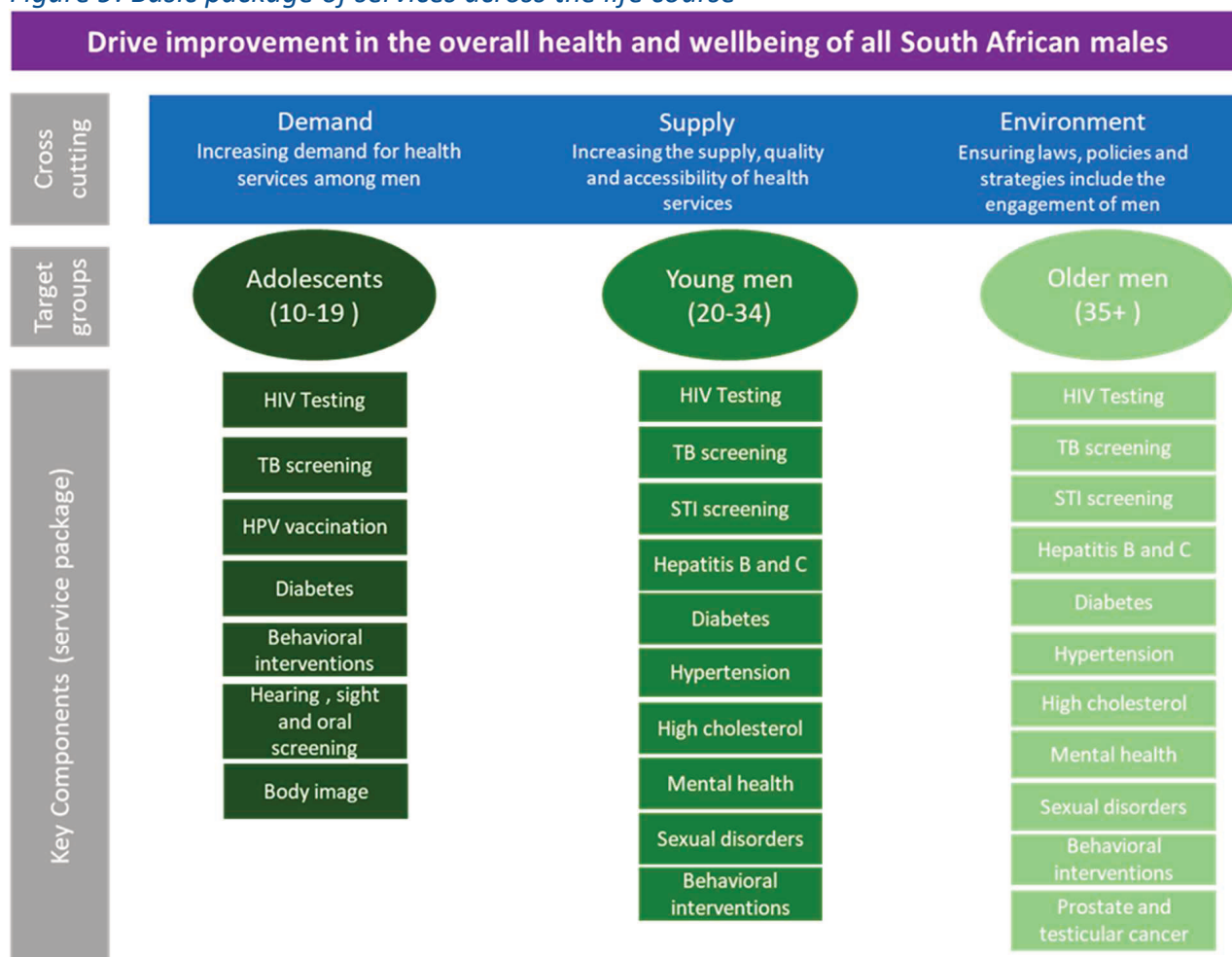
Prevention	Screening	Treatment	Retention
<ul style="list-style-type: none"> • Health promotion messaging • Counseling • Vaccinations • PEP • PrEP • VMMC • Gender-based violence • Violence • Masculinity and risk taking 	<ul style="list-style-type: none"> • HIV • TB • NCDs (hypertention, diabetes) • SRH including STI, infertility and sexual dysfunction • Prostate and testicular cancer • Diet • Cholesterol and heart disease • Violence and trauma • Mental health • Gender-based violence • Risk taking • Depression 	<ul style="list-style-type: none"> • HIV • TB • STIs • NCDs • Prostate and testicular cancer • Violence and trauma • Mental health • Depression 	<ul style="list-style-type: none"> • NCDs • HIV • TB • SRH • Prostate and testicular cancer • Mental health • Counseling • Depression

The choice of interventions for the basic package of services can vary by site but should be based on the following three criteria:

- Effective services that can be delivered successfully based on site characteristics, e.g. staff complement and medical equipment.
- Specific diseases – based on current and future disease burden, the top ten conditions affecting men, its effects on individuals and its social impact.
- Long term sustainability of services – government must improve its ability to provide a basic package of health services for men.

The basic package of services is based on the four pillars (Figure 9) and the UNAIDS framework for addressing blind spots in men’s health around the AIDS response.

Figure 9: Basic package of services across the life course



Minimum, mid-level and expanded service delivery packages

Based on the above, it is necessary to define a detailed minimum, mid-level and enhanced service delivery package that can be implemented across the different service delivery point platforms.

Minimum basic package

The minimum basic package will be implemented in the initial phase of Strategy starting with high-volume VMMC sites, but later expanded to other service-delivery points with the expansion of the Strategy.

Health Promotion and Education

- Health promotion and information on men's health and health needs across the continuum of care and across the life course

Screening for men and boys (all ages):

- All men and boys
- Blood pressure
- Weight (BMI)
- HIV testing
- TB screening
- Diabetes screening
- STI screening and testing
- Health, lifestyle, substance abuse and mental health questions

Additional screening for older men (35+):

- Prostate and testicular cancer
- Blood pressure and cardiovascular disease

Treatment

- Provision of ART
- Treatment of STIs
- TB treatment and referrals as needed
- Referrals for chronic care treatment, as needed

Mid-level package

The mid-level package would enhance the basic service package by including provision of psycho-social support services and treatment for NCDs and chronic care.

Screening

- As per basic package

Treatment

- Provision of ART
- TB treatment and referrals as needed
- Treatment for chronic care and NCDs
- Referrals as needed

Psychosocial support

- Counselling
- Support groups

- Linkage to community support initiatives

Expanded package

The expanded package would offer the full menu of services defined by the basic service package and mid-level package by adapting the health service to include more male-friendly service options.

Screening

- As per basic package and mid-level package

Treatment

- As per mid-level package

Psychosocial support

- As per mid-level package
- Male-friendly service options
- Extended clinic hours
- Fast-lane options for chronic care treatment collection
- Designated male-friendly trained health providers

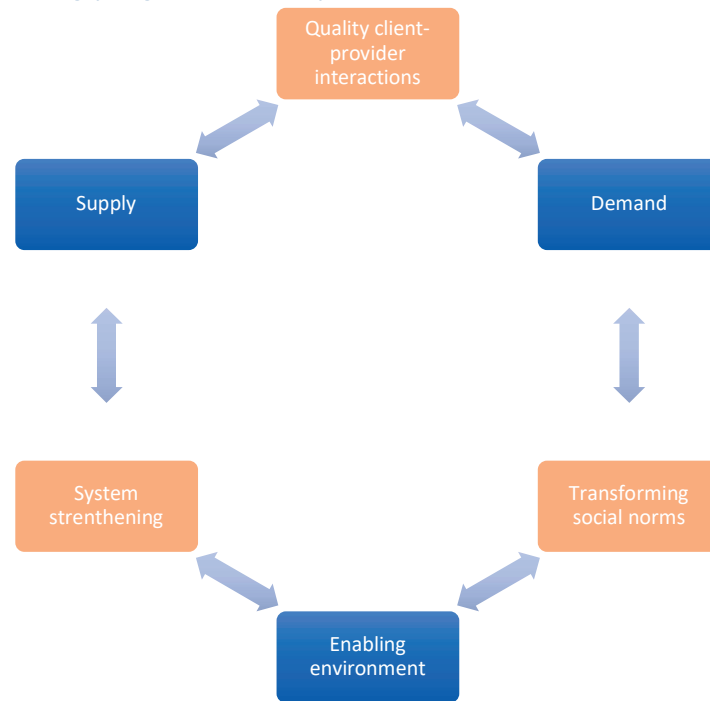
Leveraging HIV stable treatment strategies to stable diabetic/hypertensive patients

- Longer treatment refills/fewer visits to the clinics
- Simpler treatment collection points closer to home or work
- Using the ward-based primary health outreach teams (WBPHOT); school health teams and district clinical specialist teams (DCSTs) to identify men and boys in the community and improve access to primary healthcare

Action areas: guiding implementation

In the process of planning and implementation of the Strategy, it is necessary to address issues that are cross-cutting and address three critical programme component issues, namely supply, demand and enabling environments.

Figure 10: Cross-cutting programme components



The Supply-Demand- Enabling Environment Model is a holistic programme framework based on the principles that men’s health programmes will be more successful and sustainable if they comprehensively address the multifaceted determinants of health and include interventions that:

- attend to the availability and quality of services and other supply-related issues;
- strengthen health systems and foster an enabling environment for men’s health seeking behaviours; and
- improve the knowledge on men’s health issues and cultivate a demand for services.

Supply

Several factors inhibit South African males from interacting with the health care system. Strategies to remove these barriers should be included in all men’s health interventions:

- Flexible practice hours for GPs and health facilities
- Multiple entry-points into the health care system
- Affordability/cost barriers for men in lower socio-economic groups
- Male health care professionals for those men who prefer male service providers
- Increased availability of male-focused community health services and interventions

Demand

A range of social and behaviour change communication (SBCC) interventions are needed, including mass media communication, community outreach, and peer education. Such SBCC approaches need to provide clear, factual, and unbiased information, to increase men’s knowledge and self-efficacy; promote communication among men, among peers, and within families; and encourage men to seek care and use services.

Enabling environments

An enabling environment for men's health requires equitable policies; adequate resources; good governance, management, and accountability; and supportive social norms, including the transformation of inequitable gender norms. Strong and effective leadership is crucial for creating an enabling environment at all levels of the health system and within the community to support and advance men's health. This leadership is needed to promote evidence-based policies, guidelines, and approaches; support the allocation of human and financial resources for men's health; ensure that the health system has the capacity to provide quality services; and challenge social and gender norms that may adversely affect a man's health. Pivotal to fostering an enabling environment is the need to engage governments, communities, and other members of civil society. For successful implementation of the Strategy, there needs to be political will to develop and enforce appropriate men's health laws, policies and strategies. The South African government has shown a strong interest in transforming its Department of Health (DOH) MMC Directorate into a men's health unit, guided by the Strategy. This makes South Africa the fifth country in the world to have a men's health strategy. Efforts to ensure an enabling environment for the implementation of the Strategy include:

- Establishing a Technical Working Group with key stakeholders to monitor implementation of the Strategy, mitigate risks etc.
- Creating supportive legislation and programmes for key populations e.g. creating 'safe spaces' for those engaged in risky behaviour to seek healthcare services without fear of persecution or prosecution.
- Using data for decision making.

Unpacking the objectives

The table below describes and provides details to guide implementation for each objective and action area. The action areas include specific health promotion and awareness activities as well as projects to inform practice.

Applying an "issue" lens to the range of actions outlined ensure that the Strategy addresses priority diseases and risk-factor and take an age, life experience or life stage approach to design and implementation.

Objective 1

Empower and support men and boys to optimise their own and each other's health and wellbeing across all stages of their lives

Expected outcome: Increased community participation and ownership of the integrated men's health programme wholly integrated into VMMC services

Expected outcome longer term: Enhanced community participation and social mobilisation supporting the quality scale up of integrated men's health services

Action area 1.1 Recognise and value the diversity of men and boys

Action area 1.2 Reduce stigma associated with the health system and ill-health

Action	Detail
Implement a national public awareness campaign using mainstream and digital media that highlights men's diverse health needs and promotes positive, healthy, behaviours	Campaign content should include men's diversity in age, stages of life, roles, fatherhood, disability, diversity in places in which men work and live and should focus on health seeking behaviours and encouraging men to access health services.
Reinforce the campaign in different settings to reach diverse groups of men	<p>Highlight key issues relating to accessing comprehensive service including general wellbeing and screening through an integrated care approach.</p> <p>Develop key messages, information, education, communication (IEC) materials, information packages etc. specific to men's health seeking behaviours, stigma, and improving general health and wellbeing.</p> <p>Disseminate key messages through multiple communication channels.</p>
Implement community engagement activities to facilitate community buy-in and ongoing support	<p>Engage men through the implementation of community dialogues, community radio, media, and clinic advisory boards.</p> <p>Work with the broader community to develop advocates for men's health.</p>
Implement innovative approaches to create a culture of health-seeking behaviours for men and boys	Use mHealth technology driven to boost demand, provide feedback and facilitate real-time service delivery monitoring.

Action area 1.3 Increase health literacy

Actions	Details
<p>Invest in health promotion initiatives targeting men and boys across the life course</p>	<p>Health promotion campaigns should focus on:</p> <ul style="list-style-type: none"> • Understanding and navigating the health system • Sexual and reproductive health including infertility, STI and sexual dysfunction • Risk factors for disease • Early detection and prevention • Healthy lifestyles and healthy choices • Managing key stress and seeking support when needed • Masculinity and risk taking <p>Interventions can also target specific behaviours for priority health issues such as:</p> <ul style="list-style-type: none"> • HIV and AIDS prevention, education and counselling (condoms, PrEP, PEP) • HIV treatment and adherence counselling • Violence and trauma • Diet and exercise • Gender-based violence • Smoking cessation • Stress reduction • Alcohol and substance use - referral
<p>Enhance outreach and community services to increase access to integrated men's health services</p>	<p>Support completion of mapping of all services at sub-district, district and provincial level to ensure up-to-date directory of services.</p> <p>Develop flow sheets to understand and bring clarity to referral services related to prevention, care and treatment for priority men's health issues.</p> <p>Ensure men and boys are at the centre of the response.</p> <p>Work with WBPHOT to ensure men access services.</p>

Action area 1.4: Address structural and systemic barriers to good health

Actions	Details
Develop inter-governmental, inter-departmental partnerships to improve the health of men and boys	<p>Develop collaborative partnerships with all levels of government; across government portfolio areas (such as health, education, social development) and with non-government organisations.</p> <p>Work within the partnership framework to identify and address service delivery gaps and bottlenecks.</p>
Map referral networks	<p>Develop a standardised referral policy, which includes: effective feedback systems that is enforced at all levels of the health care system. The referral policy should include a tracking component using unique identifiers to ensure clients follow-through on referrals.</p> <p>Map nearby health care providers and services, included GP networks to facilitate the referral process.</p>

Action area 1.5: Engage men and boys in prevention and early detection

Actions	Details
Connect with men and boys	<p>Partnership approaches can also enable the delivery of health promotion initiatives in settings where men spend most of their time (educational institutions, workplaces, sport clubs and events); as well as through activities being implemented by NGOs, CBOs and FBOs</p> <p>Develop community-based strategies to improve men’s engagement in their health and wellbeing.</p>
Strengthen linkage with community health workers and WBPHOTs	Engage community health workers and WBPHOTs, home-based counselling and testing providers and peer support groups
Implement innovative approaches to reach men and provide them with information	Set up a digital application (“app”)/platform for men and boys; the platform would provide reminders for follow-up care and screening, information, and health information across the life course.

Objective 2

Strengthen the capacity of the health system to provide quality preventative care for all men

Expected Outcome: The integration of men's health preventative and wellbeing services with VMMC, HIV and other health programmes

Expected Outcome longer term: All men receive optimal integrated men's health preventative, screening, treatment and referral services including ongoing follow-up

Action area 2.1: Improve the knowledge and capacity of health care workers to deliver holistic male-centred services across the life course.

Actions	Details
Improve health care workers' knowledge, engagement and practices of male-centred approaches	<p>Review existing training and education and identify gaps in key elements of men's health.</p> <p>Review VMMC capacity building initiatives and strengthen the curriculum to include broader men's health issues.</p> <p>Engage with nursing colleges and professional association to explore opportunities for strengthening men's health across the life course components in the existing curriculum.</p> <p>Develop in-service training modules for health care providers working in VMMC settings that focus on key topic areas.</p>

Action area 2.2: Offer support services that may interest men, so that they are encouraged to access health services

Actions	Details
Develop innovative male-friendly approaches that encourage health service usage	<p>Establish age specific men's groups in communities where men meet regularly as a form of social support.</p> <p>Develop mHealth strategies across different platforms that provide tailored, ongoing support to men and boys.</p>
Implement expanded package of services	Work with facilities to implement the expanded package of services.

Action area 2.3: Improve linkages to care

Actions	Details
Ensure the minimum basic package is available in multiple health system entry points	Work with the multiple health system entry points for men (VMMC, OPD, HIV, other departments) to create linkages and ensure that men receive comprehensive and integrated care.
Streamline linkages to care for men identified during VMMC	Explore opportunities to integrate health promotion and wellbeing activities into VMMC.
Develop screening tools for implementation at different service delivery points	Ensure screening tools are tailored to: <ul style="list-style-type: none"> • Age and life stage • Critical life events (pre-conception health; parenting; early intervention in mental health; preventing chronic conditions; addressing biomedical risk factors)
Strengthen referral networks and linkages to care for men and boys identified during the screening and testing phase	Ensure appropriate clinic-based infrastructure to support the referral of men such as access to: <ul style="list-style-type: none"> • Phones • Internet • Patient transportation • Courier of medical records

Objective 3

Ensure that men and boys receive treatment, care and support services for chronic conditions

Expected outcomes: All men and boys are linked to treatment for chronic care

Expected outcomes longer-term: All men and boys receive optimal therapeutic services for chronic conditions including HIV and TB at multiple health service entry points

Action area 3.1: Ensure the provision of treatment, care and support services for chronic conditions, including HIV, STI and TB

Actions	Details
Establish SOPs that ensure the treatment, care and support for chronic conditions for men accessing VMMC, and other service delivery points	Explore opportunities to integrate treatment, care and support for chronic conditions at multiple service delivery points.
Provide comprehensive services to men	Implement minimum, mid-level and expanded package, as needed.

Action area 3.2: Set up and maintain referral networks for the provision of chronic care and treatment

Actions	Details
Set up and maintain appropriate referral networks and linkages to care for men and boys identified during the screening and testing phase	Map out and personalize referral pathways and networks to create ownership and facilitate the referral process. Strengthen referral networks between service providers related to men's health including other government departments and CBOs, NGOs, FBOs, Traditional Health Practitioners, etc.
Streamline linkages to care for men identified during VMMC	Strengthen linkages with community health workers and other outreach workers to ensure clarity in the referral and follow up processes.

Action area 3.3: Ensure the provision of on-site integrated treatment

Actions	Details
Ensure the provision of on-site integrated treatment	Ensure the provision of minimum, mid-level and expanded package at multiple service delivery points.

Objective 4

Build the evidence base for improving the health and wellbeing for men and boys

Expected outcomes: Improved monitoring and reporting systems to ensure quality data collection and flow to inform programme implementation of the Strategy

Expected outcomes longer-term: Standard reporting systems functioning effectively with quality data from facility to national level

Action area 4.1: Improve data availability

Actions	Details
Create a standardised list of data elements and indicators to monitor implementation of the programme	Work with the VMMC programme to identify key data elements and indicators to be included in the national data set.
Strengthen the monitoring system for the integrated men's health programme including ensuring clarity in data flow and integrating levels of data collection with the DHIS reporting system	Collect and report on key data elements and indicators.
Support operational research to improve men's health outcomes	<p>Finalise list of operational research topics with strong qualitative components for integrated men's health annually.</p> <p>Work with the TWG to identify research for improving programme outcomes.</p> <p>Conduct research and disseminate findings to inform programme management</p>

Action area 4.2: Track Strategy implementation progress

Actions	Details
Establish a technical working group	Establish a technical working group with key stakeholders to monitor implementation of the Strategy and mitigate risks.
Report progress on key data elements and indicators	<p>Using standard data collection and reporting mechanisms within the DOH, collect, collate and report on key data elements and indicators as they relate to men's health and the implementation of the Strategy.</p> <p>Using data elements develop a cascade of indicators for tracking progress.</p>
Develop an evaluation framework to monitor progress in men's health and in initiatives relating to this Strategy	Ensure monitoring plan and review implementing mechanisms to address issues in the implementation of the activities.

	<p>Build capacity of managers to use these indicators to identify problem areas and come up with solutions to remedy them.</p> <p>Establish an overarching evaluation framework for the implementation of the Strategy that will guide routine evaluation to inform progress, identify areas for improvement, gaps and bottlenecks.</p>
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Implementation – partnerships and engagement

The implementation of this Strategy will require engagement with and the collaborative, concerted efforts of a wide range of key stakeholders and partners. For successful implementation of the Strategy, key stakeholders and partners will need to collaborate and coordinate activities and initiatives across the priority areas. In addition, stakeholders will need to align their activities to the Strategy.

Figure 11: Implementation partners for the National Men’s Health Strategy

Key Stakeholders and Partners	Engagement with the Strategy
All levels of Government	<p>All levels of government need to apply a gendered lens to ensure that the needs of men and boys across the life course are met. This should include:</p> <ul style="list-style-type: none"> • Policy development • Delivery of programme related services
Department of Health	<p>Ensure that all levels of health care engage with men and boys to remove systemic barriers to access and improve the health and wellbeing of men and boys.</p> <p>Ensure well-trained and skilled health care workers.</p> <p>Ensure the availability of supplies, commodities, infrastructure needs.</p> <p>Establish functional referral services and networks.</p>
Department of Health, VMMC programme	<p>Ensure the design and creation of culturally safe, inclusive, accessible and appropriate integrated programmes that use VMMC as an entry point to care for men and boys.</p>
Other government sectors	<p>Cross-sector approaches that address the complex relationships between the health of men and boys and education, social development, economics, social determinants of health etc.</p>
NGOs and CBOs	<p>NGOs and CBOs play a vital role in the contributing to the health and wellbeing of men and boys. They should align with the Strategy to inform their own organisational strategy development and</p>

	programme priorities. NGOs and CBOs play a crucial role in aligning with the Strategy to provide ongoing health promotion, education, advocacy, as well as resource development.
FBOs	Work with already-established groups of traditional health practitioners to co-identify solutions. Leverage traditional circumcision services to offer additional services such as biomedical health services, health education and promotion and linkages to other services. Link traditional circumcision services with health facilities and create follow-up systems to encourage re-engagement in care such as call-backs from the health facility, etc. Develop effective medication access systems either by supported caregiver medication pick-ups, or via clinic or community health worker deliveries, etc.
Researchers and technical experts	Researchers and technical experts provide an ongoing opportunity to build the existing evidence-base and capacity to conduct research in men's health and wellbeing. Drawing on this Strategy, the development of research objectives that explore critical issues across the life course and provide an opportunity to document promising and best practices within the context of the Strategy.
Men and boys	Men and boys form a diverse group and have a unique experience of health and the health system. Through these experiences, they play a crucial role in their own and each other's health and wellbeing. Men and boys should engage meaningfully and actively with the Strategy to ensure their voices are heard in the implementation of the policies, programmes, services that arise from the Strategy.

Achieving progress

With the effective implementation of the Strategy, men's health and wellbeing across the life course will improve. However, for implementation to be effective, the following accompanying support structures/steps are needed:

- Ensure effective governance and accountability for the Men's Health Strategy and its implementation. This includes prioritising actions, targeted investment, determining the sector area responsible for specific actions and identifying key implementation partners as well as tracking and monitoring progress.

- Cost the strategy and allocate budget implementation of the Strategy that includes a significant commitment to health promotion, illness prevention, etc.
- Plan for the implementation of the Strategy and stage implementation to build the foundations for success. For example, in the initial year of implementation, the investment would focus on:
 - Ensuring infrastructure needs are addressed
 - Training health care workers
 - Expanded health screening at VMMC sites
 - Development of the overarching evaluation framework for the Strategy, key measures and methods to track progress and inform improvement and associated communications planning and governance mechanisms
 - Planning for the national public awareness campaign
- In subsequent years, the implementation of digital campaigns would then build upon this solid foundation and be supported and coordinated to optimise the outcomes that are achieved and their sustainability and spread
- Review the Strategy at key intervals to assess progress and refocus priorities and actions as required. A mid-point review along with regular reporting against the evaluation framework for this Strategy is required.

Conclusion

The Strategy was developed to align with the findings from the Landscape analysis on men's health service conducted in South Africa in 2019, as well as to align and add value to existing South African health policies and strategies with a focus on increasing effectiveness, reach and impact of existing initiatives, whilst specifically targeting men and boys. It leverages existing resources and builds on what is currently in place by adding preventative, screening, referral and retention initiatives to existing service delivery platforms.

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