

Evidence submission to the Men's Health Strategy for England: Addressing strategic, policy and health system gaps on men's Sexual and Reproductive Health (SRH) in England

Submitted by Men's Sexual and Reproductive Health Matters (MSRHM)

Executive summary

Men in England face significant, overlooked sexual and reproductive health (SRH) challenges. Despite rising rates of sexually transmitted infections (STIs), increasing male infertility, increasing rates of male sexual dysfunction, rising levels of male reproductive cancers, and the well-established intersection of SRH and mental health issues, current national and local policies in England fail to provide an adequate and comprehensive focus on men's SRH. Policy in England has focused significantly on HIV and AIDS, and while important, other areas of men's sexual health (SH) and reproductive health (RH) have been left behind. There has equally been far less attention to men's RH as opposed to men's SH. There is no overall comprehensive strategic approach in policy on men's SRH in England – in comparison to the clear and broad focus on women's SRH within the *Women's Health Strategy for England 2022* – which has exacerbated our insufficient and limited approach to men's SRH, resulting in regional inconsistencies in SRH service provision and levels of access and quality of care varying significantly across England. Additionally, data gaps have hindered effective policy responses, with many existing SRH policies in the country failing to incorporate sex-disaggregated data, making it difficult to assess the true extent of men's unmet SRH need. These current SRH policies also tend to be gender-neutral (not being specific to how they apply to men or to women) or focussed primarily on women's health, with men's SRH needs addressed only in limited contexts, such as HIV and STIs in high-risk groups, neglecting other male sub-groups. **This submission calls for a strong focus on men's SRH, in its broadest sense and targeting all men, within the new Men's Health Strategy for England**, emulating the approaches of other countries' men's health strategies such as Australia (see [here](#)). This should be accompanied by an action plan with targets and support and funding to civil society working on men's health to co-implement the new strategy with government.

Key limitations of the current SRH policy and delivery context in England

No dedicated strategic policy focus on men's SRH: At present, England has no dedicated SRH policy for men (similar to what exists for women), leaving gaps in addressing specific male SRH issues. It is essential this gap is addressed by the new Men's Health Strategy and that it includes a broad definition and focus on male SRH.

The Department of Health and Social Care (DHSC) priorities do not encompass male reproductive health: Conversations with the DHSC identify that HIV is the current departmental policy priority on men's SRH, and that men's reproductive health (RH) is not a key priority. The fact that this Call for Evidence omitted a box to tick on male RH (in the list of health areas) is indicative of the oversight around this important men's health area.

Lack of broad SRH topic focus within current policy (with priority given principally to HIV and STIs): SRH policies in England primarily focus on STI and HIV prevention, and while essential areas, these policies neglect other areas of men's SRH, particularly male fertility, sexual dysfunction, male contraception, and mental health linked to SRH. These other SRH areas receive minimal policy attention, and when they are acknowledged the policy references are typically gender-neutral (see below). Current policy also presents an incorrect perception of synonymity between STI/HIV provision and SRH provision.

Neglected male sub-groups: Policies in England inadequately address the SRH needs for men from several key groups, including older men, disabled men, and heterosexual

men. The current policy focus on men is mainly on gay, bisexual and men who have sex with men (GBMSM) in STI and HIV policies, rather than on men in their diversity.

Inconsistent data provision: Sex-disaggregated data is inconsistently presented in current policies in England, with some policies providing data on women only.

Gender-neutral policy focus: Most SRH policies in England are gender neutral and thus do not accurately represent or adequately provide for the unique needs of men or women.

Key recommendations for the Men's Health Strategy for England

To address these challenges, the new Men's Health Strategy must take urgent action to integrate men's SRH into national and local health policies. This includes the need to:

- **Articulate a clear and broad focus on men's SRH (both SH and RH) within the new Men's Health Strategy, with an accompanying clear action plan for delivery.**
- Focus on the SRH needs of all men, not only those most at risk for HIV/STIs.
- Expand the priority focus areas on SRH within the work of the DHSC to cover male reproductive health (infertility, sexual dysfunction and reproductive cancers) and a broader focus on men and contraception.
- Improve data collection and targets to ensure all SRH policies are informed by sex-disaggregated data and have measurable goals on men's SRH.

In terms of health interventions, the new strategy should articulate the need to:

- Integrate a focus on male SRH concerns, particularly male infertility and sexual dysfunction, as part of the NHS health checks for men.
- Expand male-focused SRH services and support within the NHS and local healthcare networks, including comprehensive and timely fertility assessment for men struggling to conceive and prevention strategies for male reproductive cancers.
- Promote testicular cancer self-examination in young men to promote early detection.
- Encourage and support men's greater involvement in contraceptive use.
- Restore proactive chlamydia screening for young men, following its withdrawal in 2021
- Integrate mental health screening into SRH services through routine assessments.
- Include a stronger focus on men's SRH needs within school-based education.
- Launch a national public awareness/information campaign on men's SRH.
- Strengthen training and development for healthcare professionals on male fertility, male sexual dysfunction, male reproductive cancers and male contraception.

This submission begins by defining SRH for men, then summaries men's current unmet SRH needs in England, following which it provides findings from our analysis of current England SRH policies on whether and how they focus on men, and finally provides targeted recommendations on SRH to inform the new Men's Health Strategy content and its delivery.

1. What do we mean by comprehensive male SRH

We adopt the definition of men's SRH from Shand & Evoy (2024) building on the WHO:¹

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,

¹ Shand T, Evoy C. Out of Focus: The representation of men in regional and global sexual and reproductive health policy. Global Action on Men's Health and ShandClarke Consulting; 2024

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.

As such, men's SRH incorporates the following topics, which **should all be reflected in the Men's Health Strategy for England**:

- Sexually transmitted infections (STIs)
- HIV and AIDS
- Contraception
- Fertility and infertility
- Sexual Dysfunction
- Male reproductive cancers
- Sexual pleasure
- Relationships
- Mental health
- Discrimination & Violence

Improving men's 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 gender equality. A focus on men and SRH should not come at the expense of others' SRH; there is not a binary choice between men and women when it comes to the advancement of SRH. A stronger focus on men's SRH is a necessary step in improving the SRH of everyone.²

2. The challenge: men's unmet SRH needs in England

Men in England suffer with a diverse range of unmet SRH needs. STI rates among men have risen sharply, yet policy responses remain insufficient. Men accounted for 101,000 of the 229,000 (44%) chlamydia diagnoses in England in 2019 and 104,000 of the 242,000 in the UK in 2018 (43%), with the majority being for young people under 24 years old.³ 97% of English councils have recorded an increase in gonorrhoea rates since 2017,⁴ and syphilis cases are at a 75-year high in England.⁵ HIV diagnoses among heterosexual men have increased by 51% since 2019,⁶ but interventions remain focused primarily on gay, bisexual and men who have sex with men (GBMSM). The National Chlamydia Screening Programme (NCSP) removed proactive screening for men in 2021, limiting early detection and increasing transmission risks. There are no structured national efforts to encourage STI testing among heterosexual men, leaving many unaware of their infection status.

Male infertility is a significantly under-recognised issue. 30-50% of couple infertility cases are linked to male factors,⁷ yet fertility services and public health messaging remain heavily female-focused. Sperm counts have declined by 63% globally since 1973,⁸ but male fertility remains absent from national SRH strategies. An estimated 29% of GPs in England have knowledge gaps in male fertility, which delays diagnoses and limits access to care.⁹ Sexual dysfunction is widespread but absent from SRH policy. 39% of British men experience erectile dysfunction (ED) in their lifetime,¹⁰ yet no national SRH strategy addresses ED, premature ejaculation (PE), or low libido. Despite ED being a potential warning sign for cardiovascular disease and diabetes, it remains considered a minor issue rather than a significant health concern.¹¹ Younger men increasingly experience pornography-related

² Starrs AM, Ezech 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.

³ NICE. Chlamydia – uncomplicated genital: How common is it? 2025

⁴ The Guardian. Gonorrhoea found to be on rise in nearly every council area in England and Wales. 2024

⁵ The Guardian. Syphilis cases at highest level for 75 years in England last year. 2023

⁶ Terrence Higgins Trust. HIV statistics. 2024

⁷ Leslie SW, Soon-Sutton TL, Khan MAB. Male Infertility. *StatPearls*. 2023

⁸ Levine H, Jørgensen N, Martino-Andrade A, et al. Temporal trends in sperm count: a systematic review and meta-regression analysis of samples collected globally in the 20th and 21st centuries. *Hum Reprod Update*. 2023 Mar-Apr;29(2):157–76.

⁹ Augustyniak M, Cotichio G, Esteves SC, et al. A multi-faceted exploration of unmet needs in the continuing improvement and development of fertility care amidst a pandemic. *Int Braz J Urol*. 2024 Sep-Oct;50(5):631-650.

¹⁰ Kessler A, Sollie S, Challacombe B, Briggs K, Van Hemelrijck M. The global prevalence of erectile dysfunction: a review. *BJU International*. 2019 Jul 2;124(4):587–99.

¹¹ Anderson, D, Laforge, J, Ross, M. et al. Male Sexual Dysfunction. *Health psychology research*, 10(3), 37533. 2022

sexual dysfunction, but no targeted policy exist to address this trend. Prostate cancer is the second most diagnosed cancer in men, and testicular cancer is the most common among men aged 15-44, yet there are no structured prevention strategies for male reproductive cancers.¹² Penile and anal cancers remain under-researched and underfunded, contributing to delayed detection and poor outcomes. There is no national screening strategy for male reproductive cancers, despite evidence supporting early detection.

There is a notable lack of focus on male contraception in England, compared to female methods, despite the potential benefits of shared responsibility. While some research into male contraception has occurred, it has been significantly slower and less funded than female methods. Links between SRH and mental health are widely acknowledged in research, and England's male suicide rate remains disproportionately high.¹³ Poor SRH can contribute to depression and anxiety, while poor mental health can lead to reduced libido, relationship issues, and risky sexual behaviours.¹⁴ Mental health remains poorly integrated into SRH, however, leaving men without structured pathways for psychological support.

These challenges are a reflection of an insufficient policy focus on men's own SRH needs, which is a global gap. Global analysis finds that only 16% of the regional and global policies that focus on SRH developed by institutions such as the WHO, UNFPA and the Gates Foundation provide meaningful and deliberate attention to men's own SRH needs.¹⁵

3. Findings: What does current policy in England say about men's SRH: Our review on the focus on men in SRH Policy in England

The following findings are drawn from a forthcoming MSRHM report which assesses the English national and local policy environment on SRH, and explores: i) current SRH policy provision in England on different components of men's SRH; ii) current SRH policy provision in England in relation to specific male sub-groups; and iii) how gender, sex, gender equality and disaggregated data is represented in this policy.

3.1 No overall strategy, nor comprehensive policy focus on men's SRH

At present, England has no dedicated SRH policy for men, leaving gaps in addressing specific male SRH issues. Equally, policy is not comprehensive, with the greatest focus on STI/HIV for men and on related at-risk groups (rather than all male sub-groups). In contrast, women's SRH benefits from comprehensive policy frameworks, including the Women's Health Strategy for England (2022), which outlines clear commitments to improving women's RH, access to contraception, fertility services, and screening programmes.

3.2 Findings on SRH topic areas: Limited policy focus on male infertility, sexual dysfunction and male reproductive cancers, among others

Men and fertility: Despite long-term declining male fertility rates, there is no national level English health policy on male fertility. Of policy produced by local authorities in the sample group, only two discuss fertility in any terms – for men or women – with both policies outlining interventions that target women only and do not refer to men's fertility, contributing to ongoing framing of infertility as being an intrinsically female issue.

Male sexual dysfunction: Beyond the former Department of Health's *A Framework for Sexual Health Improvement in England* (2013), in which references to sexual dysfunction are

¹² ONS. Cancer registration statistics, England: 2017. 2019

¹³ Straub VJ, Mills MC. The interplay between male fertility, mental health and sexual function. *Nat Rev Urol.* 2025;22(1):1–2. <https://doi.org/10.1038/s41585-024-00936-1>

¹⁴ Karle A, Agardh A, Larsson M, et al. Risky sexual behaviour and self-rated mental health among young adults in Skåne, Sweden – a cross-sectional study. *BMC Public Health.* 2023;23(9). <https://doi.org/10.1186/>

¹⁵ Shand T, Evoy C. Out of Focus: The representation of men in regional and global sexual and reproductive health policy. Global Action on Men's Health and ShandClarke Consulting; 2024.

couched within needs statements for older people with no further actions outlined, there is no recognition of sexual dysfunction for men or women in national-level sexual health policy. There is no policy on erectile dysfunction (ED) or PE outside of clinical guidelines, or on the growing body of research linking pornography and sexual dysfunction. One other policy was identified referring to sexual dysfunction – the local-level *City of London Corporation and the London Borough of Hackney's Sexual and Reproductive Health Strategy 2024-2029* (2024), which briefly outlines the need for psychosocial support services to be integrated into SRH service provision for sexual dysfunction, including erectile dysfunction.

Male reproductive cancers: Similarly, male reproductive cancers are not sufficiently discussed in SRH policy in England, with only one policy discussing links between reproductive cancers and men's SRH, which compares to a number of policies which make consideration of cervical cancer (attention to which remains important). PHE's *Action plan 2015-16: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men* (2015) seeks to "provide evidence on anal cancer screening in HIV positive men", based on the findings of a study assessing anal cancer screening in high risk groups in England. Potential usage of this evidence is not further developed on and provision is not made for men who do not identify as GBMSM.

Men and contraception: While some English policy does promote contraception usage, this is often gender-neutral or targeted at women and girls only. Increased condom usage is an aim of many policies but discussion around other male methods (such as vasectomy) is highly limited. Contraception is more commonly provided for in local-level policy where some policies discuss contraception only in terms of women's health, such as Lambeth, Southwark and Lewisham Councils' *Sexual and Reproductive Health Strategy 2019–24* (2019), which only discusses the benefits of contraception as being for women and whose actions under its reproductive health actions cater to women only. This is reflected in Blackpool Council's *Sexual Health Strategy 2023-2026* (2023), which only seeks to improve unplanned pregnancies through the engagement of women and girls and with men not involved.

Men and sexually transmitted infections (STIs): STIs is among the most commonly covered SRH focus areas in SRH policy in England. In some cases, such as in the Health and Social Care Committee's *Sexual Health (2019) report* and PHE's *Action plan 2015-16: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men* (2015), STIs are discussed, alongside HIV, in terms that suggest a perception of synonymity between STI provision and SRH provision within English government entities, being these policies' primary or only SRH consideration despite titles which indicate a more comprehensive approach. Most policies outline strategy which prioritises STI prevention and treatment for specific risk groups only. Among men, this is almost always MSM, although heterosexual men of African and Caribbean descent are called out in some policy also. These references rarely outline specific actions that target men in particular, however.

Men and HIV: HIV is the most common SRH focus in health policy in England, with interventions both integrated into STI policy and existing as stand-alone strategy. HIV policy often targets at-risk groups only. On many other occasions, language in policy is gender-neutral and does not adequately discern between male and female needs on HIV, or at-risk groups, such as heterosexual men from African backgrounds, are outlined but no specific actions are proposed to target male members of these groups specifically. Some exceptions exist, however, such as PHE's *Sexually transmitted infections: Promoting the sexual health and wellbeing of people from a Black Caribbean background* (2021), which outlines some strategies dedicated to men's behaviour. When targeting men as part of at-risk groups, policies almost exclusively target GBMSM. This means that with the exception of gender-neutral strategies seeking to improve provision for heterosexual people (which is not specific for men or women), GBMSM are the only men specifically provided for on the national level. PrEP is promoted in HIV – and some STI – policy, although this is largely for GBMSM only.

Men's mental health: While there is some consideration of mental health in English SRH policy, this is always gender-neutral. Where discussion of mental health is not limited to context sections simply recognising links between mental health and SRH, policies support actions that further integrate SRH services with mental health services, such as using condom schemes as a pathway into mental health care. These references are not elaborated on and do not specifically provide for men (or women) or make consideration of unique gendered needs at the intersection of mental and sexual and reproductive health.

Sexual pleasure: Sexual pleasure is not discussed adequately for men or women, with only one national level and one assessed local authority level document referring to it. NICE's *Reducing sexually transmitted infections: Public health guidelines (2022)* promotes a gender neutral sex-positive approach, which includes "recognising the diversity of sexual experiences that exists and that sex can be an important and pleasurable part of many people's lives" – an approach which is not outlined in other NICE documents – while the *City of London Corporation and the London Borough of Hackney's Sexual and Reproductive Health Strategy 2024-2029 (2024)* endorses the WHO's definition of SRH, which promotes sexual pleasure. Both of these references are gender-neutral and actions dedicated to achieving improved access to sexual pleasure are not outlined for men or women.

Healthy relationships: Some policies promote improved relationships for all people, especially younger people, with policy calling for strengthened Relationships and Sex Education (RSE) approaches. While many of these actions are gender-neutral, a small number specifically target men and boys. PHE's *Sexually transmitted infections: Promoting the sexual health and wellbeing of people from a Black Caribbean background (2021)* outlines the "encouragement of people, particularly men, to have an open and communicative approach around (concurrent) sexual relationships" a priority area, with specific approaches to achieve this provided. The Home Office's *Supporting male victims (2022)*, which serves as a companion to its *Tackling Violence against Women and Girls (2021)* policy, seeks to tackle violence against men in circumstances including relationships.

Discrimination and Violence: SRH policies commonly highlight discrimination against vulnerable groups, including people living with HIV, but often use gender-neutral language. Actions addressing age, gender, or socio-economic disparities are underdeveloped. National policies addressing sexual violence almost never focus on men as victims. A small number of policies address violence against men, emphasising inclusivity in awareness campaigns to challenge harmful masculinity norms. Dedicated discussion of violence committed against men is discussed in the Home Office's *Supporting Male Victims* policy however, which emphasises changing societal attitudes to male victims and encourages reporting.

3.3 Findings on male sub-groups: beyond GBMSM, policy is insufficient in attention to the breadth of different groups of men in England

Older men: There is no specific national-level guidance or policy produced by English government on the SRH of older men (older people are defined as being over 50 years old by DHSC). With the exception of brief, gender-neutral references to the SRH of older people in context/problem sections or the presence of older people on diagrams outlining a whole life approach to SRH, older men's SRH is not considered adequately in policy, although the previous DoH's *A Framework for Sexual Health Improvement in England (2013)* does outline, without specifically calling out older men (only older people) or providing any specific actions, health risks associated with erectile dysfunction, such as diabetes. This gap is also seen in local-level policy, where both older men and women's SRH needs are overlooked. In the two assessed instances of older people's needs being discussed – Swindon and Blackburn & Darwen's SRH strategies – references are gender-neutral and do not adequately consider the unique needs of older men.

Younger men and boys: Young men and boys (males between 16-24 years) are rarely named as policy targets. Gender-neutral references to 'young people' as risk groups are far more common. In the Home Office's *Supporting male victims* (2022), boys are referred to only as part of more general references to 'men and boys', reflecting similar limitations in framing as many global and regional health bodies' programming on young men. This approach fails to consider the unique needs of young men, which are distinct from both young women and older men. Younger women and girls are specifically provided for in policies including the Home Office's *Tackling violence against women and girl's strategy* (2021) and DHSC's *Women's Health Strategy for England* (2022) and are the sole recipients of proactive screening in the National Chlamydia Screening Programme (NCSP) program, after proactive services were withdrawn for men and boys (see STI section). Young men are similarly underrepresented in local policy. A minority of local policies (40%) make reference to young people, but these references are gender-neutral. Lambeth, Southwark and Lewisham councils' *Sexual and Reproductive Health Strategy 2019–24* (2019) is the only analysed strategy which contains references to young men specifically – in this case, specific actions on “increasing STI testing rates in young men to that of young women” and “targeting prevention activities around chemsex, with particular focus on MSM”.

Disabled men: Disabled men are rarely provided for in national SRH policy. Where disabled people are referred to in policy, most commonly this outlines them as part of socially-disadvantaged or at-risk groups, which may include people (men or women) living with physical or learning disabilities alongside other a broad range of other groups such as GBMSM or heterosexual women, before stating in various actions that those catch-all 'at-risk' groups will be targeted, rarely making specific provision for disabled people and almost never for disabled men specifically. DHSC's *Women's Health Strategy for England* (2022) considers disabled women and girls, throughout, including in SRH sections, where it outlines consideration of disability with regards to cervical cancer screening and violence committed against women and girls. In local SRH policy, disabled men are overwhelmingly neglected, with only one brief and gender-neutral reference to disabled people in assessed policies (City of London Corporation and the London Borough of Hackney's *City and Hackney Sexual and Reproductive Health Strategy 2024 - 2029* (2024)).

Gay, bisexual and other men who have sex with men (GBMSM): 55% of national SRH policies provide for GBMSM, making them the best represented male group by a significant margin. As is the case in many global and regional public health bodies' SRH policies, however, GBMSM are considerably over-represented in comparison to other male groups. Furthermore, beyond discussion of GBMSM in terms of STIs, HIV, discrimination or violence, GBMSM are poorly – or simply not – provided for in other critical SRH policy areas, such as fertility. Representation of GBMSM is similar at the local level, where they are the only male group whose needs are recognised and provided for in the majority of assessed policies, and their SRH needs beyond STIs, HIV, and discrimination are not considered. Interventions on STIs and HIV for GBMSM may be limited in scope, such as in Solihull Metropolitan Borough Council & Birmingham City Council's *Sexual and Reproductive Health Strategy 2023-2030* (2023), or more developed, as seen in Lambeth, Southwark and Lewisham councils' *Sexual and Reproductive Health Strategy 2019–24* (2019), which outlines a series of interventions including the reduction of practice of chemsex.

Transgender people: Transgender people (transgender men and transgender women) are not considered adequately in any SRH policy area on the national level. Rare provision is made for transgender people in some STIs and HIV policy, but this is brief and underdeveloped and is the only policy area where any consideration for this group is made, with other needs such as sexual pleasure not considered. On the local level, only one of the assessed policies explicitly delineates between trans men and women (Durham County Council's *County Durham Sexual Health Strategy 2023-2028* (2023)). Most commonly, transgender people are not referred to at all in local-level policy.

Heterosexual men: Heterosexual men are better represented in English SRH policy than they are in global/regional public health SRH policy, but this extends only to provision for STIs and HIV. Distinction is made between MSM and heterosexual men in many policies' datasets and heterosexual men and women are the target of various drives to improve HIV testing and PrEP uptake. References to heterosexual people are most commonly gender-neutral, however, with consideration more likely to be alongside their ethnicity; for example, heterosexual African men and women are considered targets or risk groups in much HIV/STI policy. Provision is highly limited at the local level, with only the *City of London Corporation and the London Borough of Hackney's City and Hackney Sexual and Reproductive Health Strategy 2024 - 2029* (2024) outlining strategy targeting heterosexual men, under Outcome 5: "Explore ways to reduce STI rates and encourage uptake of STI testing among heterosexual males, especially those from ethnic groups that have lower testing uptake." Measures to be implemented to achieve this outcome are not outlined in this policy.

3.4 Findings on gender/sex approach and sex-disaggregated data: gaps in understanding men's behaviours and needs and in data collection

Gender: Where men are called out specifically in national policy, this overwhelmingly provides for GBMSM only, leaving other male groups underrepresented. Where policy does refer to men's behaviour, it is often directly linked to appropriate mitigation measures, such as the reduction of risky sexual practices for GBMSM or African heterosexual men. There is limited focus on men's gendered behaviours and needs more broadly. Policy may also misinterpret the extent to which men's health needs are actually addressed. The DHSC's landmark *Women's Health Strategy for England* (2022) refers to a 'male as default approach' in the health and care systems and discusses men only in terms of addressing disparities in women's healthcare provision. This conflates an assumption that a focus on male bodies is equivalent to health approaches that focus on men as holistic beings, and overlooks the fact that, in the domain of SRH care in England, it is women's needs that have typically been the priority focus (not men's). As noted, language is often gender-neutral rather than speaking to the specific SRH needs of men themselves (or of women).

Sex: It is rare that SRH policy in England explicitly distinguishes between sex and gender, but the distinction is generally supported implicitly, with references made to individuals' genders and gender identities, as opposed to their sex. The APPG's *The Case for a Men's Health Strategy* (2022) states provides a more nuanced discussion of men's health and SRH needs, but this report does not represent government policy.

Sex-disaggregated data and targets: Provision of sex-disaggregated data in English SRH policy is mixed. National level policies often utilise ONS data, allowing for provision of data disaggregated by sex, gender identity, sexuality, ethnicity, and age to support a holistic approach, while others do not, providing data only on women or providing no sex-disaggregated data at all. Gender-neutral framing often exacerbates this gap. National policies rarely include measurable SRH indicators or targeted outputs for men or women, limiting action effectiveness. Some local authorities include indicators for men's SRH in strategies, such as Lambeth, Southwark, and Lewisham in London, but this is uncommon.

Gender equality: Unlike many equivalent policies published by global and regional public health bodies, SRH policy in England does not tend to integrate gender equality strategies. Instead, policies tend to refer to 'health inequalities' existing between various demographics. Specific groups and factors involved in these health inequalities are often not called out, but where they are, gender is referenced, alongside other signifiers such as ethnicity, sexuality and socio-economic status. A lack of focus on gender inequality may be as a result of the area being covered in other dedicated English government policies and bodies and health interventions not being perceived to be the right place to outline gender equality approaches.

4. Recommendations for Men's Health Strategy

4.1 The new Men's Health Strategy presents a critical opportunity to improve men's SRH provision in the country. We strongly recommend the **Men's Health Strategy include a comprehensive policy focus on men's SRH**, including infertility, sexual dysfunction (ED, PE and low libido), contraception and mental health, as well as reproductive cancers (prostate, testicular and penile) and HIV/STIs. It would be a significantly missed opportunity if this strategy only speaks to mental health and male reproductive cancers as part of SRH.

4.2 Specific **SRH policy recommendations to be supported by the new strategy**:

- Strengthen a focus on male reproductive cancers, particularly prostate, testicular and penile cancer, and male sexual dysfunction (ED and PE)
- Reframe infertility as not being synonymous only with women in policy and include men.
- Support the engagement of men in contraception.
- Expand the focus of STI/HIV policies and strategies beyond principally targeting GBMSM (important though this focus remains) to include heterosexual men in particular.
- More clearly outline specific linkages between mental health and SRH for men.
- Provide targeted approaches for all men, including older men, younger men and boys, GBMSM, disabled men, transgender people and heterosexual men.

4.3 To address these policy gaps, the following largely **low-cost and easily delivered SRH services and support for men** should be supported by the new Men's Health Strategy:

- Integrate a focus on male infertility and male sexual dysfunction screening and counselling into NHS health checks.
- Provide training and development for GPs and health professionals on male fertility, male sexual dysfunction, male reproductive cancers and male contraception.
- Recognise the intersections between male sexual dysfunction (also growing among young men), increasing use of pornography and preventing online harms.
- Provide more comprehensive and timely fertility assessment for men who are struggling to conceive before being referred to IVF.
- Expand prevention strategies for male reproductive cancers, including screening.
- Promote testicular cancer self-examination in young men through the NHS, sports clubs and workplaces to promote early detection.
- Encourage and support men's greater involvement in contraceptive use.
- Reintroduce proactive STI screening for young men as part of the NCSP.
- Integrate HIV/STI screening into routine GP checkups.
- Make PrEP available at pharmacists on an over-the-counter basis.
- Integrate mental health screening into SRH services by providing routine assessments for men accessing SRH care, particularly those with infertility and sexual dysfunction, and offer direct referrals to mental health support.
- Include a stronger focus on men's SRH needs within school-based education.
- Launch a national public awareness campaign on men's SRH, including to improve men's awareness on male sexual dysfunction and infertility, including the potential early warning sign of cardiovascular disease (CVD) and diabetes.
- Increase HPV vaccination rates among boys by offering them vaccinations alongside girls in school-based vaccine drives to tackle links to male reproductive cancers.

4.4 To appropriately deliver the new Strategy, the following is required:

- Adopt an **action plan** accompanying the new Men's Health Strategy with clear targets to and measurable goals to support delivery.
- **Support and fund civil society/voluntary sector in implementation** of the Men's Health Strategy, including through a Stakeholder Implementation Group.

- **Expand the priority focus areas on SRH within the work of the DHSC** to cover male reproductive health (infertility, sexual dysfunction and reproductive cancers) and a broader focus on men and contraception.
- **Improve data collection** to ensure all SRH policies, national health surveys and HNS statistics are informed by sex-disaggregated data to fully understand men's SRH needs.

4.5 Beyond these measures, the new Men's Health Strategy should promote the following **actions on men's SRH by all relevant actors within the sector:**

DHSC

- Ensure the NHS 10 Year Plan and rollout explicitly acknowledges men's SRH needs.
- Fund male-specific SRH clinics providing STI/HIV testing, contraception, fertility support, and sexual dysfunction services.
- Return to earlier commitments to develop a government SRH Strategy.

Office for Health Inequalities and Disparities (OHID)

- Develop or strengthen health literacy programmes targeted at men.
- Fund research into male fertility decline and its association with broader health risks.

Integrated Care Systems (ICS)

- Require boards and partnerships to use a gendered approach in SRH service delivery.
- Conduct local needs assessments that include sex-disaggregated SRH data
- Establish regional men's SRH action plans.
- Ensure that men's SRH, including sexual dysfunction and fertility, is integrated into regional mental health service planning.

NHS Trusts

- Improve access to male-specific SRH services, particularly for sexual dysfunction, fertility, male reproductive cancer screening and contraception.
- Expand male reproductive health specialist services within hospitals.

Local Authorities

- Expand support for local SRH outreach targeted at underserved male populations.
- Require all local councils to publish an SRH strategy, with dedicated provisions for men's reproductive health needs.
- Reverse funding cuts to SRH services.
- Ensure local SRH services include tailored provisions for older men, younger men, disabled men, and ethnic minority men.

Royal Colleges

- Ensure college training incorporates male reproductive health awareness.

Care Quality Commission (CQC)

- Ensure CQC inspections assess accessibility of SRH services for both men and women.

Inequalities Office

- Recognise men's SRH as a key component of health inequality strategy.
- Establish SRH indicators for men within frameworks.

About MSRHM

Run by [Dr. Tim Shand](#), Men's Sexual and Reproductive Health Matters (MSRHM) is a new UK-based research and advocacy organisation dedicated to understanding and advancing SRH issues that uniquely affect men and their partners. MSRHM supports and conducts research on men's SRH needs, undertakes policy advocacy, fosters greater awareness and attention on men's SRH, and actively collaborates with policymakers, civil society, practitioners and men themselves. Contact: www.msrbm.org; tim@shandclarke.com