

ABSTRACT

Menstrual Health in East and Southern Africa:

Update of the 2018 Rapid Review and Stocktaking



I. Background and methodology

In May 2018, the UNFPA East and Southern Africa Regional Office (ESARO) convened the inaugural *East and Southern Africa Menstrual Health Management (MHM) Symposium*. This was the first time UNFPA in such a visible manner had addressed the issue of menstruation as an integral part of sexual and reproductive health and rights (building on the 1948 WHO definition of 'health') and considered the role that UNFPA might play. The symposium led to the Johannesburg [Call to Action: Improving Menstrual Health Management in Africa](#), with a number of recommendations and commitments. These included the establishment of the African Coalition for Menstrual Health Management (ACMHM). UNFPA ESARO has hosted the ACMHM from September 2018 to date. The Call to Action recommended a follow-up symposium, to be held in May 2021. A review paper served as a background for the 2018 Symposium. The present rapid review was commissioned to take stock and document progress made in ESA since the 2018 Symposium, including at country level, and with the additional purpose of documenting and assessing the role of the ACMHM.

To cover the wide range of topics that could serve as a basis for policy discussion (with limited available resources), several simple methods were agreed with UNFPA to produce a rapid, narrative review. One source was WoMena's surveillance system, which captures and publishes monthly updates of peer-reviewed and grey literature. This was complemented with searches of academic literature databases (PubMed), a manual Internet search, and correspondence with article authors and reviewers. Human rights documentation was accessed through the UN Office of the High Commissioner of Human Rights (UN OHCHR). A search for additional organizational guidelines was conducted through a web search, surveillance systems and from key informants. Country experience was accessed through UNFPA databases and surveys as well as web searches, including accessing national legislative sources. Feedback on the ACMHM was accessed through 18 key informant interviews (KIIs), as well as UNFPA reports and surveys. The focus was on the ESA region, and developments since the 2018 Symposium, with a closing date of 28 February 2021 (with one exception).

There are limitations to this methodology, given the wide scope and limited resources. The rapid review does not approximate an academic "systematic review", or an attempt to assign quality to sources. Apart from PubMed (and the UN OHCHR) the accessed data banks make no claim of completeness. In particular, mapping grey literature on developments at national level was challenging.



II. Findings from the review

Sources generally agree that attention to menstrual health has grown rapidly over the past decade, not least in the last three years.

The **concept** has undergone a gradual transformation, from an early explicit focus on hygiene, to a broader concept of health. The main intended **beneficiary group** was, and remains, adolescent girls in schools (as well as people in humanitarian settings). There is an acknowledgement that other groups should be included (for example, out-of-school girls and adult women), although there is limited literature on these groups.

The **goals** have broadened over time. The focus on school attendance has extended to wider linkages to goals of health, social well-being, and economic and gender equality. The overall goal of “dignity” has been present since 2001, and is increasingly “operationalized”, although somewhat implicitly, for example, as independence (“freely”), and absence of fear, stigma and shame.

The list of explicit **programmatic components** considered necessary to achieve the goals have expanded apace, from a focus on menstrual materials (UNFPA, 2001), to WASH including disposal (WHO/UNICEF JMP, 2012) and education (JMP, 2014), to access to services, including health as well as advocacy and awareness-building to generate positive social norms (UNICEF, 2019, consolidated by Hennegan et al., 2021). Although the rationale for these components is increasingly explicit, the review noted several calls for greater clarity on operational content and standards (for example, for education, or programming for positive social norms), as well as their cost-effectiveness, as well as how a multisectoral approach could be built.

In 2018, a lack of agreed **indicators** to measure challenges and track the impact of the response was seen as a major problem. The 2018 review suggested developing indicators to track “unmet need”, which had been a productive approach for the family planning field, as it takes an explicit human rights approach. Since 2018, much work has gone into this, and models have been developed. Studies also repeatedly note that there are many international data-collection initiatives such as Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and Performance Monitoring and Accountability surveys (PMA) which are collecting data on issues directly or indirectly related to menstruation. The review has not yet found a consolidated, simple and agreed list of priority indicators, covering all sectors (along the lines of the WHO/UNICEF JMP recommendations for the WASH field). Some key informants noted that data collection at the project level may be influenced by individual donor requirements.

Since 2018, there has been no updated, agreed, comprehensive list of **priority research**, although there is at least one in process, initiated by the Global Menstrual Collective. This review is based on repeated mention of gaps, as well as narrower studies of prioritizations that do exist (for example, on adolescents):

- Identification of validated indicators, including clarity on issues such as stigma, or standard definitions of what constitutes “hygienic behaviour” (presumably with the intention of identifying, what, if any, influence this has on infection rates/irritation, as opposed to “arbitrary standards”);
- Increasing calls for evaluations of effectiveness, as well as cost and cost-effectiveness of programme components, both hardware and software, as well as opportunity cost and cost of inaction (cost in terms of both budgetary and social and health terms);

- Better evidence on creating ‘positive social norms’ at all levels, including theory-driven and community-based approaches to addressing stigma and norms surrounding menstruation; and issues related to male engagement, which is seen as an important factor in other areas of SRHR.

A substantial list of **human rights** instruments was already in place in 2018, and this review did not find any additions, apart from reaffirmations.

“**Soft law**” (with intergovernmental commitment) includes the 2016–2030 **SDGs**, and contains only indirect mention of MH. One hope has been to add direct mention in the SDG midterm review. However, the **ICPD+25 conference** in 2019, for the first time, had a side event dedicated to menstrual health, where a wide range of commitments were made by a variety of actors – governments, NGOs, academics and the private sector.

Since 2018, a number of **organizational guidelines and standards for programmes** have been developed, not least for the humanitarian sector (for example, UNFPA/UNICEF/UNHCR for commodities, UNICEF for programming and monitoring, IFRC and Sphere Standards in 2018). Some are broad, while others cover only certain components or parts of organizations (for example, the mandate for action still needs to be clearly assigned in the humanitarian Inter Agency Standing Committee).

The number of **actors** seems to have grown rapidly, including a number of networks. This Review does not aspire to do a full mapping or full analysis¹.

The 2018 review made little reference to cost, or to financing, apart from calling for greater attention to public/private partnerships. Indeed, there was little available literature at the time. There are now calls for better evaluation of cost-effectiveness (that is, what components have been included, whether they work, and how much they cost). The calls are for studies for all programmatic components, both “hardware” (for example, menstrual materials) and “software” (for example, initiatives to improve social norms). For some programmatic components, there is clarity and apparent agreement on standards (for example, WASH is tracked by the JMP of WHO/UNICEF), including, at least in principle, what one might call ‘mWASH’ (menstruation-related WASH). There are several comparisons of different menstrual materials, but they do not always refer to price/cost, with UNICEF’s being an exception.

The effects of **COVID-19** are still being documented, but several preliminary studies indicate negative effects: the additional inconvenience of dealing with menstruation at work or school (for example, health workers wearing hazmat suits); increased prices of menstrual materials (possibly exacerbated by panic-buying of toilet paper and menstrual materials such as pads) while income has decreased; and increased gender-based violence, which may be exacerbated as privacy is reduced, and the cost of menstrual materials increases. Some studies indicate a growing interest in reusable material. One study identifies reduced access to menstrual material and information as one of the most negative effects of COVID-19 on sexual and reproductive health and rights (SRHR).

The 2018 Symposium theme was that inadequate MH has a wide spectrum of negative impact, for several SDGs. For **health** (SDG3), one main objective was to draw attention to menstruation as an integral part of SRHR, with its physical, mental and social components. This included, for example, the effect of menstrual side effects on discontinuation of long acting reversible contraception (LARCs), or other physical ill health (for example, dysmenorrhoea). Since 2018, this has become more visible. For example, there is growing recognition that pain is a major factor in girls’ school attendance and participation. MH as a life cycle issue (including menopause and beyond) is receiving some, although

¹ A partial list is given in Annex I.

still limited, attention (there are few studies on adult women in general). With respect to mental and social health, the issues of fear, shame and anxiety are increasingly documented in a variety of studies, both for adolescent and adult women.

For **Education** (SDG4), although numerous small-scale studies document a strong negative effect, it remains a challenge to quantify the level of school absenteeism caused by poor menstrual health. Since 2018, increasing numbers of studies have taken a wider view, including partial absence (missing a few hours), as well as diminished participation in class activities. For **gender** (SDG5, 10) there are frequent references to fear, stigma, shame and dependence, although apparently little agreement on how these terms should be referenced in the SDGs.

With respect to **work** (SDG8) there is long-standing awareness that menstruation may affect work, but, with a few exceptions, there are still relatively few studies referring to adult women, and even fewer to work.

Environment (SDGs 11, 12, 13, 14) increasingly appears in the literature, for example giving ample evidence of the effect on sewage systems. Tool kits for dealing with waste management have been further developed, for instance, in humanitarian situations. However, this relates mostly to waste management and plastic, and less on the impact of the full production cycle, or on harmful substances such as dioxins in different materials, and their effect on either the environment or the individual.

The link to **poverty** (SDG1, somewhat surprisingly, has mostly been explicit in High Income Countries – for example, the term ‘period poverty’ from the UK).

The operational response has grown rapidly. The ESA region is seen as particularly active, both for grass-roots advocacy and pilot projects, but also proactive national government policies and programmes (for example, removal of import duties and taxation of products, and inclusion of puberty education in school curricula).

There is also a growing body of evidence that the response is having an effect, for example, on school attendance/dropout, or on issues such as feelings of dignity or shame. Observers, including donors, note that there is a rich body of information on policies and programme plans, but less on results of implementation, and this can be a barrier, both to programme effectiveness and policy commitment.

The recommendations drawn from the findings of the study focus on three main areas: 1. Research and measurement; 2. Conducive legal and policy environment and its translation into strategies and programmes; and, 3. Sustainable financing.



III. Recommendations

The review of the literature and the interviews indicate a general view that the field has continued to evolve remarkably quickly, and many suggestions have been made to build on this.

UNFPA suggested that the review might add its own conclusions and recommendations. The following recommendations focus on what might be useful as the field transitions from 'leading edge' to gradual scaling up, and list some existing tools (such as those available from UN processes) to facilitate this. The recommendations are based on broad programmatic principles such as taking a cross-sectoral, life cycle and human rights approach.

RESEARCH and MEASUREMENT: Experience with the MDG/SDGs over the last two decades confirms the importance of agreed, simple, realistic indicators for generating scaled up attention, monitoring and action at national and global level. It also affirms that arriving at those indicators can be time-consuming, and that many data are not available, including in HICs. Much progress has been made, especially on some programmatic components such as WASH.

The ongoing efforts to use existing data collection initiatives, such as demographic health surveys, multiple indicator cluster surveys and performance monitoring and accountability, could be key, and should be followed closely in the ACMHM.

In addition, given the increasing awareness of the importance of physical 'disease and infirmity' related to MH, tools such as the disability adjusted life years (DALY)² metric, and the International Classification of Disease, 11th Edition (ICD-11)³ might be considered, as these systems are agreed among member states of the WHO, are widely used, and contain several classifications related to MH. It could be explored whether a disease being classified in the ICD-19 facilitates access to care and insurance. As mentioned in the 2018 review, at least one study already uses the DALY tool. This might particularly help focus on the life cycle approach, beyond the age of adolescence, to include post-menopause.

At programme level, there is a growing body of literature on indicators, which might be considered.

For **research**, the review very much supports the calls to shift attention to better evaluation of implementation (see below).

CONDUCTIVE LEGAL and POLICY ENVIRONMENT and its translation into STRATEGIES and PROGRAMMES: At the global level, there are many instruments for scaling up programming and policy, and the review suggests they might be utilized more consistently.

There are already many **human rights instruments** relevant to MH, but they could be better used in Universal Periodic Reviews (UPR). In 2021, UPRs for Somalia and Mozambique are scheduled for review in May, and Sudan, Tanzania and Eswatini in November.

For the **SDGs**, reference has been made to relevant targets and indicators related to WASH: SDG 4 (education) and SDG 6 (WASH). Given that MH is increasingly accepted as part of SRHR, this opens up the possibility of reference to SDG 5 (gender), including reference to the Programme of Action of the International Conference on Population and Development (ICPD) and its review conferences, access to

² DALYs - disability adjusted life years, which quantifies both premature death and years lived with disability

³ ICD-11: the 11th version of the International Classification of Disease, produced by the WHO, which will come into force in 2022, and which is used by all member states.

services and legal reform (Target 5.6). The **2019 ICPD+25** review in Nairobi for the first time included a wide range of commitments related to MH. All of these could be used to energize national action.

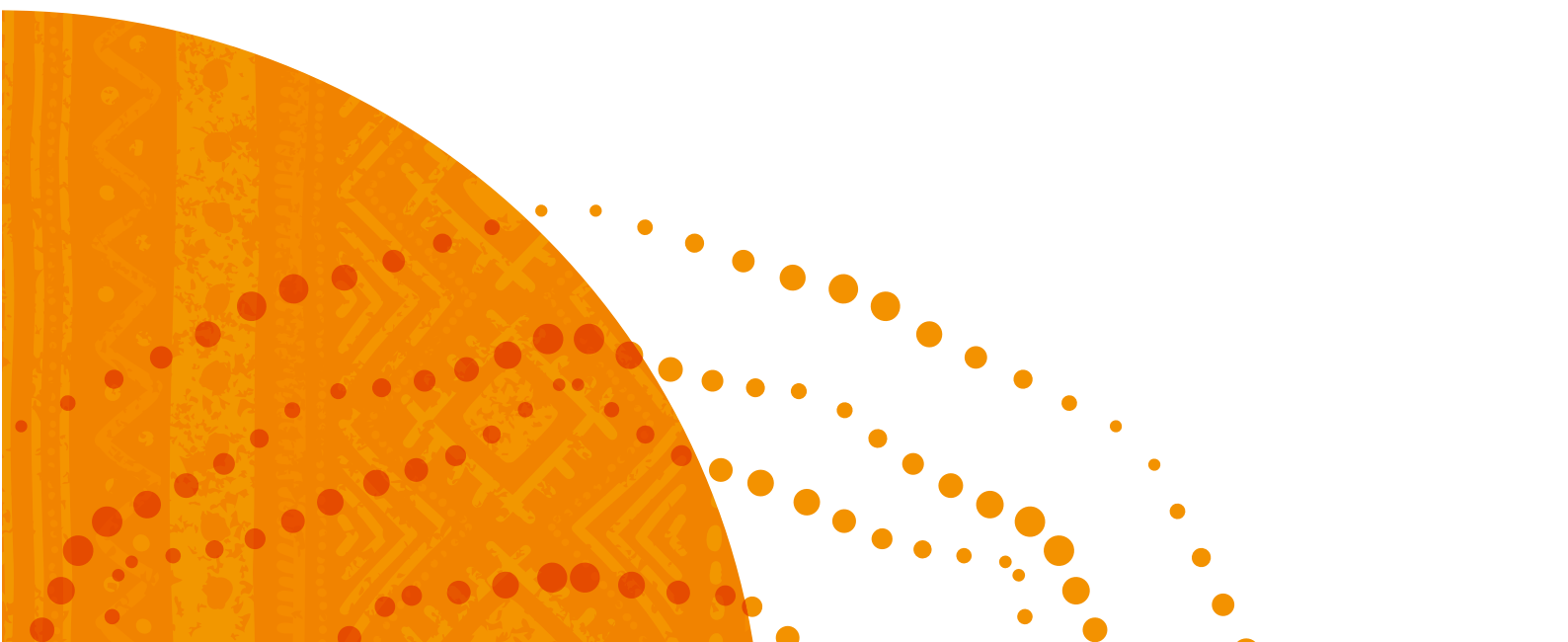
As mentioned, at country level, the ESA region has been described as one of the most active in terms of country-level programmes and initiatives. There are numerous recommendations to map and evaluate the cost-effectiveness (in monetary and social/health terms) of different programme components, which would seem to be key for scaling up. Although it is implied, this review would suggest explicit focus being placed on the wider effects such as gender relations (as some actors call it: transformation of male roles, including male engagement as part of 'positive social norms', which have received limited attention). In addition, given the high level of activity in the region, this review suggests analysing the drivers and challenges involved in developing these initiatives, for use within the region and beyond.

Presumably, the programmatic components identified as prerequisites for comprehensive MH programming would form the basis for an intersectoral approach, including the health sector, for referrals on menstrual ill-health, and the education sector, for integration of quality puberty education. It is therefore important that global sectoral strategies, such as WHO for health, or UNFPA specifically for SRHR, are explicitly inclusive. For example, UNFPA, with the support of UNICEF and UNHCR, has initiated the inclusion of menstrual products in the reproductive health commodities, as of June 2021, as well as collaboration with UNHCR on MH in humanitarian settings. It is important that global commitments are encouraged in all relevant sectors.

SUSTAINABLE FINANCING: is key for scaling up. As mentioned, there are many calls for **costing** and cost-effectiveness, for all programmatic components, to also cover opportunity cost and the cost of inaction. This review suggests that, for example for menstrual materials, this should go beyond market prices to include the environmental cost of production and disposal.

In addition, the review recommends studies to assess **financing strategies**, and the provision of information on the effect of various strategies intended to lower costs. For example, in terms of materials, at this point there is limited evidence that the reduction of value added tax translates into lower prices of products, so it would be important to assess the benefit, for example, of promoting market competition with regard to sales, or lowering prices through long-term framework agreements with UN organizations.

There is also a global gap with regard to the technical oversight of MH financing, as is the case for other areas of health. The review recommends surveying existing mechanisms, and the possibilities of inclusion of MH-related financing.





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