



Report of the
Africa Symposium on
Improving Menstrual Health Management

25-27 May 2021



AFRICAN COALITION
FOR MENSTRUAL
HEALTH MANAGEMENT



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Acknowledgements

This report is the outcome of the Africa Symposium on Menstrual Health 2021, held in collaboration between the Africa Coalition on Menstrual Health (ACMH) and the United Nations Population Fund (UNFPA) East and Southern Africa Regional Office (ESARO), as the secretariat and the host of the symposium.

The symposium contents were developed under the leadership of the Africa Symposium on Menstrual Health and Dr. Julitta Onabanjo, the Regional Director of UNFPA East and Southern Africa Regional Office.

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Abbreviations

ADB	African Development Bank
ACMH (formerly ACMHM)	African Coalition for Menstrual Health (formerly the African Coalition for Menstrual Health Management)
AfriYAN	African Youth and Adolescent Network on Population and Development
AFTA	Africa Free Trade Agreement
AIDS	Acquired Immunodeficiency Syndrome
AYSRH	Adolescent and Youth Sexual and Reproductive Health
CIMC	Contraception Induced Menstrual Changes
CSE	Comprehensive Sexuality Education
DALY	Disability-Adjusted Life Year
ESA	East and Southern Africa
ESARO	East and Southern Africa Regional Office
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
ICD-11	International Classification of Disease 11th edition
ICPD	International Conference on Population and Development
ITGSE	International Technical Guidance on Sexuality Education
LNOB	Leave No One Behind
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Surveys

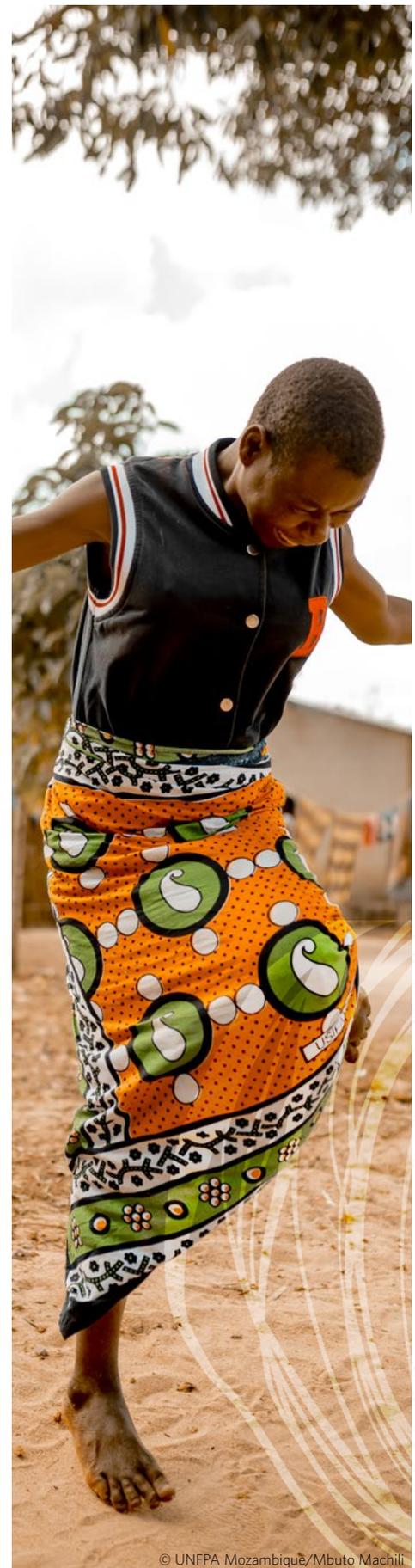
MH	Menstrual Health
NGO	Non-Governmental Organization
PSI	Population Services International
PwA	People with Albinism
RCT	Randomized Control Trial
SABS	South African Bureau of Standards
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SDIF	Sanitary Dignity Implementation Framework
SDP	Sanitary Dignity Programme
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNFPA ESARO	United Nations Population Fund East and Southern Africa Regional Office
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
URCS	Uganda Red Cross Society
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization



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Foreword



On any given day, more than 800 million women and girls globally are menstruating. Yet, what is a universal experience of half the world's population all too often turns into experiences of humiliation and isolation, where girls, women, and people who menstruate are ridiculed, shamed, and denied access to menstrual health information, services and products. In many instances, the silencing of women's sexual and reproductive health and rights, and the deprivation of bodily autonomy, agency and choice, is clearly reflected in the silence around menstrual health. Period-related absenteeism, whether in schools or the workplace, leads to setbacks and narrows options in many spheres of life. In Africa, one in ten girls will miss school during their period, and between 10 and 40 per cent of reported school absenteeism is due to period pains or lack of access to menstrual products.

Thirteen-year-old Faith, from Kenya, is one of many girls who experienced her first few periods as punishment. She felt embarrassed to be a girl and didn't understand why she was bleeding. After participating in sexual and reproductive health and rights, and menstrual health programmes facilitated by UNFPA and key local partners, Faith is now a gender rights, social justice, and health advocate in Kenya, helping to break the silence and stigma around menstruation, one peer learner at a time. Faith represents progress.

We have seen notable progress since the first Africa Symposium on Menstrual Health, which took

place in South Africa in 2018. This includes the establishment of the Africa Coalition for Menstrual Health Management, which takes a human rights, dignity, well-being, gender equality, life course and a multisectoral approach to menstrual health across the continent. While much has been achieved, COVID-19 and other humanitarian crises have slowed the pace of progress and even rolled it back in some cases.

The second Africa Symposium on Menstrual Health was convened as a virtual gathering to take stock of progress, enhance learning and sharing of promising practices and innovations, and galvanize greater leadership, investment and multisectoral collaboration to advance menstrual health. Our hope is that the symposium and this report will catalyze much-needed action to position menstrual health as a critical priority across the continent. Multisectoral and integrated approaches are required to optimize synergies in advocacy, policy formulation and implementation, financing, service delivery, and evidence generation to achieve better outcomes for menstrual health and sexual and reproductive health and rights. With the key themes and recommendations from the 2021 Africa Symposium on Menstrual Health, we can collectively move forward with the promise to make a positive difference in the lives of all people who menstruate across Africa.

Dr. Julitta Onabanjo
Regional Director, UNFPA ESARO



In Africa, one in ten girls will miss school during their period, and between 10 and 40 per cent of reported school absenteeism is due to period pains or lack of access to menstrual products.

Executive Summary

Momentum to advance menstrual health has accelerated across the globe, including in East and Southern Africa, in recent years. There is growing consensus that menstrual health is a human rights imperative and integral to achieving the Sustainable Development Goals. In 2020, the global COVID-19 pandemic created setbacks for menstrual health and highlighted the need for strengthened collective action to meet the menstrual health needs of all people who menstruate. Against this background, the African Coalition for Menstrual Health Management and UNFPA East and Southern Africa Regional Office, in partnership with other partners, convened the second African Symposium on Menstrual Health. The virtual symposium took place from May 25 to May 27, 2021, bringing together 717 participants from 75 countries worldwide, the majority of them from Africa.

The symposium took stock of progress since the inaugural Africa Menstrual Health Symposium in 2018 and provided a platform to strengthen partnerships for advocacy and collective action and promote shared learning and innovation across Africa. The event included high-level plenary sessions, country-led sessions, and concurrent sessions. Video and artistic performances related to menstrual health in Africa were peppered throughout the symposium, adding creative flair and bringing diverse voices to the event. There was also a marketplace for organizations to share information about their programmes and activities.

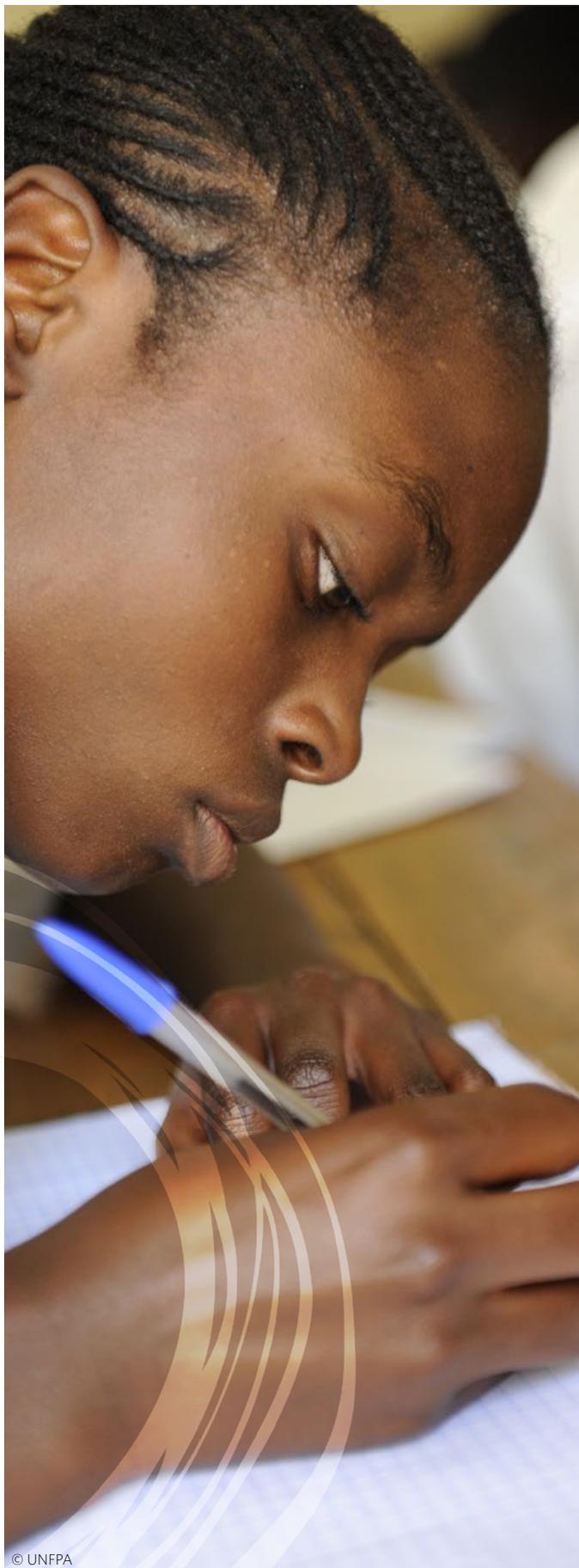
Summary of key themes and priorities

Notable **progress has been made** since the inaugural 2018 African Symposium on Menstrual Health. Menstrual health continues to gain global attention, as evidenced by the commitments made during the ICPD+25 side event on menstrual health in 2019. Menstrual health is now widely recognized as a human rights imperative and essential for the well-being, bodily autonomy, empowerment, and rights of girls, women and all people who menstruate. More data about menstrual health challenges in development and humanitarian settings is now available, and evidence is emerging about what works to advance menstrual health. While this progress is encouraging, menstrual health remains **an unfulfilled promise** for too many girls, women and people who menstruate.

The **definition of 'menstrual health'** has evolved from focusing on hygiene management to a broader concept of health, well-being, dignity, and gender equality across the life course, from pre-menarche to post-menopause. The new definition drafted by the Global Menstrual Collective expands the understanding of menstrual health beyond the period of menstrual bleeding to include menstrual disorders, other forms of uterine bleeding, menopause, psychosocial and mental health issues, and menstrual stigma. The definition positions social norms at the heart of menstrual health and promotes an inclusive approach to address the needs of all people who menstruate, including transgender and non-binary persons. Indeed, the theme of **'leave no one behind'** was echoed as a priority throughout the symposium. The expanded definition also emphasizes the multidimensional and intersectoral nature of menstrual health.

Strengthening integrated approaches across multiple sectors emerged as a cross-cutting priority. A fully integrated approach requires bringing on board health, education, WASH, labour and employment, social development, social protection, and gender equality in a coordinated manner. An integrated approach can optimize synergies in advocacy, policy formulation and implementation, financing, service delivery, and evidence generation to achieve better outcomes. UNFPA's new technical guidance on the **integration of menstrual health and sexual and reproductive health** will help operationalize an integrated approach for policies and programmes in development and humanitarian settings.

The **role of the private sector** was acknowledged as a critical element of a multisectoral approach to advance menstrual health. In addition to expanding menstrual product choice, the private sector also wields considerable influence over people's level of awareness and attitudes about menstrual health. Involving the private sector in menstrual health efforts can help foster values- and social-justice driven brands that contribute to social norm change and the empowerment of girls, women and all people who menstruate. **Public-private partnerships** play a pivotal role in bringing menstrual health solutions to scale, including innovations developed by social entrepreneurs.



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The symposium highlighted the need to secure **sustainable financing** for menstrual health. This includes increasing external and domestic financing, developing costing models and investment cases, and using innovative financing instruments, as well as situating menstrual health and Sexual and Reproductive Health and Rights (SRHR) within country-specific, universal health care strategies. Investment in African manufacturing and empowering local manufacturers emerged as a key priority, and the Africa Free Trade Agreement should be leveraged to boost production and investment in menstrual health across the continent.

The symposium shed light on several priorities for menstrual health **data, evidence and measurement**. Although the menstrual health evidence base is expanding, some areas lag, including data on menstrual disorders, evidence on 'what works' in different settings and for diverse population groups, and data on the cost-effectiveness of interventions at scale. There is a need to unpack further what 'effectiveness' means within the context of the multifaceted definition of menstrual health. There is also a need to establish a core set of internationally recognized and standardized indicators for national menstrual health programmes. Data and measurement should also include a focus on social norms and psychosocial outcomes related to menstrual health.

The urgency to address **social norms and menstrual stigma and taboos** was stressed throughout the symposium. Shifting social norms requires a community-focused and long-term approach. **Communities play a critical role** as gatekeepers and potential champions in ensuring women, girls, and all people who menstruate can exercise their right to bodily autonomy. Many examples were shared of how to engage communities, leaders, influencers, parents, guardians, men and boys to dismantle menstrual stigma and contribute to social norm change. Programme examples also showed how **menstrual health programmes can help to eliminate harmful practices**, such as child marriage and female genital mutilation.

The **involvement of men and boys** was highlighted as a priority across different levels. Boys and men should have access to comprehensive menstrual health and sexuality education in and out of schools, and programmes should invest in strengthening partner communication and parent-child communication. While male involvement should start at the family and community level, it should not end there. Male leaders, decision-makers and public figures can play an important role in creating an enabling

environment and end menstrual stigma and period poverty.

Many East and Southern African countries have started introducing **policies and legislation** to create an enabling environment for holistic menstrual health. These include tax exemptions for menstrual products, ensuring access to menstrual products in schools and health-care facilities, institutionalizing comprehensive sexuality education, and developing **national standards for menstrual products** to ensure all people who menstruate can use products safely and effectively in a comfortable, healthy, and sustainable manner. It is critical for governments to allocate clear budget lines for the implementation of such policies. Galvanizing political leadership, improving cross-sectoral collaboration, and establishing national, regional and transnational accountability mechanisms were also identified as essential elements to create an enabling environment for menstrual health.

Access to **menstrual health and comprehensive sexuality education (CSE)** for in and out-of-school girls and boys, women and men remains a top priority. Menstrual health education and CSE must start before menarche to equip girls with knowledge and skills to experience menstruation without shame and fear. Teachers and community educators need to receive sufficient training, support, and education materials to effectively teach menstrual health and sexuality. School-based CSE programmes should be positioned within a whole-school approach that ensures access to adequate WASH facilities, clean water, pain medication, and a range of menstrual products. Menstrual health education was also recognized as critical for **ensuring product choice**, along with the availability of a range of products that adhere to health and safety standards.

The **COVID-19** global pandemic exacerbated the lack of access to information, services, products, and WASH facilities, amid growing insecurity and continued

menstrual stigma. At the same time, the pandemic inspired innovators to find new and adaptable solutions that can help meet the menstrual needs of all people who menstruate. The message that ‘periods don’t pause for pandemics’ came through clearly throughout the symposium, and calls were made to ensure that menstrual products are included as essential items in emergency settings. Calls were also made to ensure that menstrual health is included in COVID-19 resilience plans, as well as all **humanitarian emergency response** and recovery plans. The implementation of such plans, as well as existing guidelines and field manuals for menstrual health in humanitarian settings, requires multisectoral collaboration and increased investment.

The symposium included a focus on the intersection between **menstrual health and the environment**, recognizing the need to scale up environmentally friendly menstrual product options to expand product choice. This includes reusable pads and menstrual cups, as well as biodegradable disposable products. Emphasis was also placed on improving menstrual product disposal to reduce environmental impacts.

The symposium recognized the important role of **the African Coalition for Menstrual Health** to elevate menstrual health as a priority across the continent. Several recommendations were made to strengthen the mandate, functionality and membership base of the African Coalition for Menstrual Health, with a focus on convening a community of practitioners for menstrual health in Africa, facilitating scale-up of evidence-based solutions, and reinforcing collaboration with global and other regional platforms to enhance the collective effort.

The symposium culminated in the renewed *Africa Coalition Call to Action for Menstrual Health - Time to Act! Period!*, which ushers the way forward for collective action to make a positive difference in the lives of all people who menstruate in Africa.



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Background to the Symposium

Menstruation and the full menstrual cycle are fundamental aspects for the health and well-being of women, girls and people who menstruate. Yet, the onset of menstruation and experiences with menstrual bleeding, as well as other forms of uterine bleeding, are often characterized by anxiety, fear, shame, stigma and discrimination. In Africa, various sociocultural, economic and systemic factors limit access to the necessary information, resources, products and support that girls, women and all people who menstruate require to experience menstruation in a safe and dignified manner throughout the lifecycle - from pre-menarche to post-menopause. This hinders their daily activities, limits their capacity to participate fully, increases the risk of school or workplace absenteeism, leads to stigma and discrimination, and has negative implications for their health, especially sexual and reproductive health and mental health.

There is growing global consensus that ensuring the highest standard of menstrual health for all people who menstruate is a human right's imperative, especially for sexual and reproductive rights, and is also an integral component to achieving the Sustainable Development Goals (SDGs). Menstrual health is also important for the full implementation of the Programme of Action of the International Conference on Population and Development (ICPD), the Maputo Protocol on Human and People's Rights on the Rights of Women in Africa, the Addis Ababa Declaration on Population and Development in Africa beyond 2014, Agenda 2063: The Africa We Want, and the SADC Strategy on sexual and reproductive health and rights (2019 - 2030).

Momentum to advance menstrual health has accelerated across the globe in recent years. In 2018, UNFPA East and Southern Africa Regional Office (UNFPA ESARO) and the Department of Women in the Presidency of the Republic of South Africa co-hosted the first African Symposium on Menstrual Health Management, which culminated in the *Johannesburg Call to Action: Improving Menstrual Health Management in Africa*. Among the commitments made was the establishment of the African Coalition for Menstrual Health Management (ACMHM), now known as the African Coalition for Menstrual Health (ACMH). Following this inaugural symposium, continued advocacy and joint action propelled menstrual health as a critical cross-sectoral priority in development and humanitarian contexts.

While progress was made, many challenges remain to fulfil the right to menstrual health. In 2020, the global COVID-19 pandemic created additional setbacks for menstrual health in the region and worldwide.

Against this background, the ACMHM and UNFPA ESARO, in partnership with other United Nations Agencies, the Menstrual Health Day secretariat, bilateral organizations and civil society organizations, convened the second African Symposium on Menstrual Health from May 25 - May 27, 2021. Initially planned as an in-person event for 2020, the ACMH decided to postpone the symposium until 2021 and organize it as a virtual event due to the global pandemic.

A total of 717 participants registered for the symposium, among whom 99 also had speaking roles. Participants joined from 75 countries around the world, with the majority coming from countries across Africa. The programme included an official opening ceremony, three high-level plenary sessions, three country-led sessions, six concurrent sessions and an official closing ceremony (See Annex 1 for Symposium schedule). Video and artistic performances related to menstrual health in Africa were peppered throughout the symposium, adding a creative flair and bringing diverse voices to the event (see Annex 4 for links to the performances). There was also a marketplace, where 14 organizations shared information about their programmes and activities (see Annex 3 for more details).



A total of 717 participants registered for the symposium, among whom 99 also had speaking roles. Participants joined from 75 countries around the world

Symposium objectives

The symposium aimed to:

1. Report on and take stock of the progress made since the inaugural African Symposium on Menstrual Health in 2018. This included tracking the implementation of the *Johannesburg Call to Action: Improving Menstrual Health Management in Africa* and following up on commitments made during the 2019 Nairobi ICPD Summit. This included a focus on generating commitments to feed into the 2021 Generation Equality Forum.
2. Create a platform for advocacy, dialogue, knowledge- and research-sharing, skills-building, networking and partnerships to strengthen policy, programming and research on menstrual health within SRHR, public health and the development agenda.
3. Strengthen the linkages between community-based organizations, entrepreneurs and national, regional and global partners and leaders.
4. Enhance learning and sharing of best practices on successful, comprehensive and innovative policy and programme approaches on menstrual health.
5. Enhance South-South learning, strengthen and strategically position the ACMH, and improve advocacy, coordination and synergy among African countries.
6. Enhance partnerships for innovative financing for menstrual health.



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Summary of Proceedings

Official Opening Ceremony

Hosts **Ayanda Makayi** and **Stephanie Ndlovu** welcomed participants to the official opening ceremony and shared the background and objectives for the symposium. This was followed by a **video showcasing vox-pops** from the region on menstruation and how it affects the lives of girls, women and people who menstruate (see Annex 4).

Robert Kampala, Regional Director of WaterAid, shared a welcome message on behalf of the ACMH leadership. He noted how the symposium is an opportunity to take stock of progress since the 2018 African Menstrual Health Symposium, during which the ACMH was established. Mr. Kampala stressed that menstrual health matters, not only for girls and women but also to society and the economy at large. However, diverse barriers exist across Africa that prevent girls, women and people who menstruate from experiencing menstruation in a safe, healthy and dignified manner. He called for strengthened efforts to break the silence around menstruation, improved data-driven programming, and the integration of menstrual health into existing programmes. He also stressed the need to secure sustainable financing for menstrual health and ensure that funding for COVID-19 does not overshadow menstrual health and critical related social issues.

“Menstrual health matters, not only for girls and women but also to society and the economy at large”

- Robert Kampala, Africa Coalition on Menstrual Health and Regional Director of WaterAid

Diene Keita, Deputy Executive Director for Programme, UNFPA, noted that menstrual health speaks to most SDGs and is a human right. However, for too many women and girls, including in sub-Saharan Africa, menstrual health remains an unfulfilled promise. Globally, an estimated 1.8 billion women and girls menstruate, yet almost 500 million of them lack adequate facilities for menstrual health. This situation is worse for those who face intersecting inequalities, including people living in humanitarian settings, persons living with disabilities and transgender people. Ms. Keita emphasized that menstrual health challenges are rooted in social norms, taboos and stigma. This symposium is an opportunity to focus on solutions for improved health, education, and water, sanitation and hygiene (WASH) from a lifecycle approach. She reaffirmed UNFPA's commitment to integrating menstrual health into the agency's work, including the ICPD+25 Nairobi commitments.

“Menstrual health is a right. Fulfilling this right is the best chance we have in meeting some of the most pressing challenges, including gender inequality, from the economic crisis and lack of health care to climate change, violence against women and escalating conflicts.”

- Diene Keita, Deputy Executive Director for Programme, UNFPA

Her Excellency Madam Monica Chakwera, First Lady of the Republic of Malawi, spoke through a pre-recorded message, sharing an overview of menstrual health in Malawi. There are some 5.2 million girls and women aged between 15 - 54 in Malawi, most of whom have limited access to hygiene. Most suffer from discomfort, shame and social exclusion due to menstruation. H.E. Madam Chakwera highlighted three interrelated obstacles: Continued lack of menstrual health information, resources and hygiene facilities; an absence of open discussion on menstrual issues; and the prohibitive cost of menstrual products and access to clean water. She shared the progress made by Malawi, including the establishment of the *Malawi Water and Environmental Sanitation Network*, the creation and distribution of menstrual health information materials for adolescent girls, the roll-out of reusable menstrual products, and conducting an accessibility and acceptability study on menstrual cups. She shared four main lessons from Malawi's experience:

- High-level government buy-in and advocacy is key to success.
- Community awareness and understanding is crucial. Cultural resistance and rituals are stubborn and require long-term and sustained effort.
- Affordability and sustainability are critical to improving menstrual health interventions.

“Let us remember this simple fact. Menstruation is a perfectly natural biological process that women and girls experience. In no way should menstruation be turned into some kind of stigma and taboo.”

- H.E. Madam Monica Chakwera, First Lady of the Republic of Malawi

Her Excellency Sahle-Work Zewde, President of the Federal Democratic Republic of Ethiopia, delivered the keynote opening address. She stressed that promoting menstrual health is not only a health and sanitation matter; it is also a crucial step towards safeguarding the dignity, integrity and overall life opportunities for women and girls. H.E. Zewde explained how the government of Ethiopia has been working with civil society to implement a comprehensive menstrual health and hygiene programme over the past five years. This programme includes raising awareness in schools and communities to reduce stigma around menstruation, providing appropriate WASH facilities, increasing access to menstrual products, and creating safe spaces in schools to reduce school absenteeism. As part of the coordinated effort to tackle challenges related to menstrual hygiene management, the government also convened a national task force and reduced taxes on menstrual products and raw materials. H.E. Zewde reiterated her government's commitment to keeping the issue of menstrual health high on the public policy agenda.

“Menstrual health is directly linked to the fulfilment of girls' and women's human rights, specifically sexual and reproductive health rights, and also as a matter of dignity.”

- H.E. Sahle-Work Zewde, President of the Federal Democratic Republic of Ethiopia

KrTC, a poet and Hip-Hop artist from eSwatini, shared his spoken word performance *“The Ark”*, which comments on myths and taboos related to menstruation.

High-Level Plenary Sessions

Day 1: Menstrual Health Stocktaking - from 2018 to date: Sharing Progress and Reflecting on 'Unfinished Business'

In the symposium's first high-level plenary session, panellists reflected on the progress made by ACMH since 2018 while acknowledging new challenges that have arisen, including the global pandemic. The session underlined the importance of menstrual health for gender equality and SRHR and affirmed the political will to act now to realize the 2018 *Johannesburg Call to Action on Menstrual Health*. The session was divided into two segments: First, Dr. Julitta Onabanjo, Regional Director, UNFPA ESARO and Lorence Kabasele, President, AfriYAN shared reflections on the progress made since the 2018 African Symposium on Menstrual Health, highlighting the 'unfinished business' that

needed to be tackled to achieve the *Johannesburg Call to Action on Menstrual Health* (2018), followed by a high-level panel that explored findings from the [2021 Stocktaking report on Menstrual Health in East and Southern Africa](#). Panellists included:

- Siri Tellier, author of the Stocktaking Report on Menstrual Health, WoMena
- Professor Marni Sommer, Columbia University
- Professor Penelope Phillips-Howard, Liverpool School of Tropical Medicine
- Halima Lila, Tanzania MHH coalition and Hope Centre for Children, Girls and Women

Key points from panellists and presentations

Dr. Julitta Onabanjo, UNFPA Regional Director for East and Southern Africa, opened the session by reminding attendees that one in ten girls in Africa will miss school during their period, and between 10 and 40 per cent of reported school absenteeism is due to period pains or lack of access to menstrual products. Period absenteeism, whether at school or the workplace, leads to setbacks in other spheres of life and narrows options for many women and girls. Dr. Onabanjo continued by acknowledging the impressive progress since 2018, including the establishment of the ACMH, which now has over 600 members. The ACMH has centred the discourse around a human rights, dignity, well-being, gender equality, life course and multisectoral approach to menstrual health in the region. It has also done notable work tackling period poverty by increasing access to a wider range of affordable products (including reusables), supporting countries to introduce tax reductions and exemptions for menstrual products, and galvanizing start-ups and social enterprises to launch innovative solutions for menstrual health. Dr. Onabanjo noted that although much has been achieved, the pace of progress has slowed and, in some cases, rolled back due to the COVID-19 pandemic and other humanitarian crises across the continent. To conclude, Dr. Onabanjo affirmed UNFPA's commitment to prioritize and expand work in three key areas: First, integrating menstruation in SRHR across the full life cycle of women, girls and all people who menstruate; second, investing in robust and standardized empirical data, evidence, documentation and tackling research and measurement gaps, and third, prioritizing equity, rights and justice to ensure that no one is left behind.

"The Africa we want is one where every girl, woman and person who menstruates is supported to experience healthy menstruation and can manage menstruation with confidence and comfort, and with dignity and pride. The aim is for everyone to be able to fully, and participate in society, fulfil their potential and live a productive and healthy life."

- Dr. Julitta Onabanjo, Regional Director, UNFPA ESARO

Lorence Kabasele, AfriYAN, offered reflections from a youth leader’s perspective on how young people are leading actions across Africa to improve menstrual health. AfriYan, a regional platform for meaningful youth participation, launched several youth-led measures for menstrual health, including:

- Successfully advocating for the roll-out of reusable menstrual products in Malawi.
- Contributing to successful advocacy efforts leading to the Namibian parliament approving legislation to zero-rate menstrual pads, exempting them from tax.
- Collaborating with the Ministry of Education, the Ministry of Youth and the National Programme on Adolescent Health in the Democratic Republic of Congo (DRC) to create a menstrual health booklet for adolescents.

Ms. Kabasele noted that the COVID-19 pandemic limited access for adolescents and youth to reliable menstrual health products. She called on governments and partners to include menstrual health products in resilience plans. She also called on national governments to improve the quality of toilets in schools and workplaces and urged partners to invest more in research and information systems that can be used for advocacy and decision-making.

“As young people, we still commit to push more, so that more young girls can have access and understand their menstrual health... so that we can have the Africa that we want.”

- Lorence Kabasele, President, AfriYAN

Shenard Mazengera, ACMH Leadership and Regional Advocacy Manager, Water Aid Southern Africa Region and **Renata Tallarico**, Youth Team Lead and SYP Regional Coordinator, UNFPA ESARO, moderated the second part of the session, which opened with **Siri Tellier** of WoMena, sharing the main conclusions and recommendations from the [2021 Stocktaking Review](#). The purpose of the review was to identify progress since 2018 to help inform policy discussions and actions. The methodology included a review of ACMH literature, a web search, and key informant interviews. Ten main themes emerged (Box 1):

Theme	Summary
Overall development	Menstrual health has developed over the past two decades, with an acceleration in recent years. Since 2018, the East and Southern Africa region has been especially active. Recommendation: Shift the focus from “leading edge” towards scale-up using existing tools, including globally accepted and agreed normative frameworks.
Concept	The concept of menstrual health has evolved since 2018. A notable development In 2021 is the Global Menstrual Collective’s detailed definition of menstrual health , which endorses health as an overarching concept while also referring to intersectoral sub-goals. Recommendation: Focus on the intersectoral nature of menstrual health.
Human rights	A substantial list of human rights instruments was already in place in 2018. Since then, several reaffirmations have been made. Recommendation: Use the Human Rights Council’s Universal Periodic Review to hold governments accountable for the existing human rights instruments.
SDGs	Although the SDGs do not refer directly to menstruation, they do refer to the ICPD. The 2019 ICPD+25 review in Nairobi included an event on menstrual health, where governments and other stakeholders made commitments. Recommendation: Follow-up on commitments made at the ICPD+25 event on menstrual health.

Theme	Summary
Evidence	<p>Progress has been made to generate evidence on menstrual health, but some areas lag behind, including data on menstrual disorders and 'what works' for menstrual health.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> ▪ Identify a list of standardized and validated indicators. ▪ Collect and disseminate data on 'what works'. ▪ Consider using the International Classification of Disease (ICD-11) and DALYs to track menstrual health disorders.
Products	<p>In 2018, there was a strong focus on informed choices for products. In 2021, there is a stronger focus on establishing standards for products. Several products are also now included in the UNFPA/UNICEF/UNHCR procurement systems.</p> <p>Recommendation: Invest in evidence that compares different products.</p>
Financing	<p>Since 2018, there has been increasing attention on financing for menstrual health.</p> <p>Recommendation: Utilize the WHO guidelines on health systems' financing to strengthen financing mechanisms.</p>
Humanitarian settings	<p>The humanitarian context paid early attention to menstrual health. In recent years, new tools, standards and organizational commitments have been made.</p> <p>Recommendation: Clarify roles among different clusters to ensure menstrual health.</p>
COVID-19	<p>Numerous small-scale studies have examined the effects of COVID-19 on menstrual health.</p> <p>Recommendation: Support new innovations to adapt to the global pandemic, such as virtual channels for information and education, outreach services for products, and long-lasting materials.</p>
ACMH	<p>Overall, the Coalition is highly appreciated. It currently has three main aims: coordination, translating evidence into action, and multisectoral policy. Limited funding might create barriers to further progress.</p> <p>Recommendation: Build on the task forces and co-hosts' strengths around three streams:</p> <ul style="list-style-type: none"> ▪ Community of practitioners ▪ Policy development and implementation ▪ Advocacy, communications, research and translating evidence into action.

Professor Marni Sommer, Columbia University, shared reflections on research gaps and priorities for menstrual health. She highlighted two overarching areas: Firstly, the need to understand the menstrual experiences of 'new populations', and secondly, the evidence required to identify effective interventions - what works, how interventions can work at scale, and cost-effectiveness. While data exists or is emerging about school-going girls, displaced girls and women, women in the workplace, and persons with disabilities, very little is known about people living in peri-urban informal settlements. The linkages between menstrual health and SRH, especially menstrual disorders and contraception-induced menstrual bleeding, also require further attention. Prof. Sommer also stressed

the need to unpack what 'effectiveness' means, noting a need for more attention on how to address stigma and cultural barriers. Prof. Sommer concluded by stressing that improved measures are essential to understand what progress is being made and where to invest. In this respect, consulting with girls, women, and all people who menstruate is vital.

Professor Penelope Phillips-Howard, Liverpool School of Tropical Medicine, continued the reflections on data and evidence. She emphasized the need to establish a core set of internationally recognized and standardized indicators for national menstrual health programmes. A study is currently underway, which will propose a

small and solid set of validated indicators that can inform decision-making, assess progress, and allow for aggregation across countries. Prof. Phillips-Howard also shared an overview of the Global Menstrual Collective's study on key research priorities for menstrual health. She highlighted the need to build a toolkit of indicators to help field-based NGOs, development agencies and others working on menstrual health to better understand menstrual health problems and measure the effect of menstrual health solutions.

The final speaker in this panel was **Halima Lila**, Tanzania Menstrual Health and Hygiene Coalition and Hope Centre

for Children, Girls and Women. She shared insights from a study in Africa and Asia about the importance of ensuring the availability of different menstrual products. She stressed that innovation of menstrual products is important for freedom of choice, as menstrual challenges are not uniform. By encouraging innovation in menstrual products, we can find solutions that meet the needs of different groups. Ms. Lila shared an example of the Tanzania MHM Coalition's collaboration with the Tanzania Breweries to transport menstrual products to remote areas. She raised the issue of how we might be able to use drones to further improve the distribution of menstrual products.

Day 2: Integrating Menstrual Health into Sexual and Reproductive Health Policies and Programmes

A video by **King Kaka**, Kenyan rapper and philanthropist, kicked off the second day of the symposium. It gave an overview of *the Sanitary Pad Campaign* that aims to empower adolescent girls and boys across Kenya through raising awareness about menstruation and providing free menstrual pads in schools.

Following the video, a two-part plenary session explored the importance of integrating menstrual and SRHR. The first part was a panel discussion moderated by Dudu Simelane, Director Social & Human Development, Southern Africa Development Community Secretariat. Panellists reflected on the new definition of menstrual health developed by the Global Menstrual Collective and how this links with broader SRHR. Speakers included:

- Dr. Ian Askew, Director, Sexual and Reproductive Health and Research, WHO
- Aneka Knuttson, representing the UNFPA Director of the Technical Division
- Benoit Kalasa, UNFPA Technical Division Director
- Dr. Njoki Ngumi, Executive Director, HEVA Fund

Following the panel discussion, Dr. Julitta Onabanjo, Regional Director, UNFPA ESARO introduced and officially launched UNFPA's new Technical Guidance on the Integration of MH and SRHR Policies and Programmes.

The second part of the plenary session shared learnings from various research and programmatic experiences on the integration of menstrual health and SRHR. This was done through a panel moderated by Diana Thompson Nelson, Global Advocacy Director at Days for Girls International. Panellists included:

- Mandikudza Tembo, Menstrual Health Researcher, London School of Hygiene and Tropical Medicine (LSHTM) and ACMH Leadership
- Marie Baptiste, Country Representative, Population Services International (PSI), Côte d'Ivoire
- Alethea Osborne, Technical Specialist - Gender and Social Development / Menstrual Cup Coalition, MannionDaniels

Following the panel, **Zuhura the African Lioness**, poet/singer from Tanzania, shared a powerful poetry performance: "[We paint in Red](#)".

Key points from presentations and discussions

The session began with a [short video](#) that provided an overview of UNFPA's new [Technical Guidance on the Integration of Menstrual Health and SRHR Policies and Programmes](#). Following the video, **Dudu Simelane**, Southern Africa Development Community Secretariat, opened the discussion by inviting panellists to consider the implications of the new definition for menstrual health developed by the Global Menstrual Collective (Box 2) and how it can steer action. **Dr. Ian Askew**, WHO, responded by highlighting how the new definition signals that menstrual health is a public health priority with various dimensions and expands the focus to the entire menstrual cycle, not solely

the period of menstruation. Menstrual-related discomforts and disorders and the impact on social exclusion and well-being, can occur across all stages of the menstrual cycle. The definition also acknowledges the menstrual experiences and rights of transgender and non-binary peoples. The definition also proposes broad actions to attain the highest standard of menstrual health for all.

Anneka Knuttson, UNFPA, responded by underlining that menstrual health is both a human right and a public health imperative. The new definition is a platform for changing norms and enhancing rights. It's also an important entry point for other SRHR interventions. She highlighted the importance of CSE as a specific entry point to educate people about their bodies, bodily autonomy and their rights. Finally, she noted that menstrual health is an important part of the SDG principle of leaving no one behind.

Box 2: Definition of Menstrual Health

Menstrual health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle.

Achieving menstrual health implies that women, girls, and all other people who experience a menstrual cycle throughout their life-course, can:

- Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation, and changes experienced throughout the life-course, as well as related self-care and hygiene practices.
- Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy, and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials, and cleaning and/or disposing of used materials.
- Access timely diagnosis, treatment and care for menstrual cycle-related discomforts and disorders, including access to appropriate health services and resources, pain relief, and strategies for self-care.
- Experience a positive and respectful environment concerning the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.
- Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social, and political, during all phases of the menstrual cycle, free from menstrual-related exclusion, restriction, discrimination, coercion, and/or violence.

Hennegan, Julie, et al. "Menstrual health: a definition for policy, practice, and research." *Sexual and Reproductive Health Matters* 29.1 (2021): 1911618.



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Dr. Njoki Ngumi, HEVA Fund, responded by acknowledging how important it is that the new definition emphasizes social norms. She called on civil society to map out social norms that negatively affect menstrual health and engage in efforts to change these norms, especially those that perpetuate the belief that people who menstruate 'deserve' to experience pain and discomfort. She underlined the importance of engaging religious and spiritual leaders and advocating for increased attention to vaccines and other medications on the menstrual cycle.

Panellists were then asked to reflect on what 'integration' means and how the integration of menstrual health into SRHR can help to drive the menstrual health

agenda. **Anneka Knuttson** made the case to adopt an understanding of integration that places the people in need of information, services and care at the centre. This involves using a life course approach that ensures continuity of care for the full scope of SRHR needs. **Dr. Ian Askew** agreed with the importance of using a life course approach from pre-menarche to post-menopause. He also underlined the importance of identifying opportunities to expand existing services and stressed that menstrual health must be an essential element for universal health coverage (UHC). He explained that a fully integrated approach requires looking beyond the role of the health system alone. The education, WASH, labour and employment, and social development sectors must also be brought on board.

Following the panel discussion, **Dr. Julitta Onabanjo**, UNFPA ESARO, was invited to launch the new [Technical Guidance on the Integration of MH and SRHR Policies and Programmes](#). Dr. Onabanjo reminded attendees that menstrual health is a key contributor to SRHR outcomes and also a critical SRHR outcome in and of itself. She stressed the importance of multisectoral and integrated approaches that optimize synergies in advocacy, policy formulation and implementation, financing, service delivery, and evidence generation to achieve better menstrual health and SRHR outcomes. The new technical brief provides a framework and guidance on strengthening the operationalization of integrating menstrual health in SRHR within the health sector and across other sectors. It takes a people-centred life-course approach to consider menstrual health and SRHR needs of girls, women and all people who menstruate in development and humanitarian settings, leaving no one behind. Dr. Onabanjo noted that translating the comprehensive definition of menstrual health into practice will require additional financing, and an integrated approach will provide efficiency gains. However, these gains will not be enough. She urged attendees to redouble efforts to increase external and domestic financing, developing costing models and investment cases and using innovative financing instruments, as well as situating menstrual health and SRHR within country specific UHC strategies. She closed her remarks by officially launching the [Technical Guidance on the Integration of MH and SRHR Policies and Programmes](#).

“Menstrual health is an integral part of SRHR, and access to good menstrual health is a matter of human rights and essential to good public health.”

- Dr. Julitta Onabanjo, Regional Director, UNFPA ESARO

The session's second panel discussion, moderated by **Diana Thompson Nelson**, Days for Girls, showcased examples of integrating menstrual health and SRHR from recent research and programmes. **Mandikudza Tembo**, LSHTM and ACMH, shared findings from the CHIEDZA trial in Zimbabwe, which aims to assess the impact of community-based integrated HIV and SRH services for youth on HIV and other health outcomes. The menstrual health component includes the provision of reusable menstrual products, underwear and pain medication, accompanied by menstrual health education delivered by youth workers.

Key lessons learned include:

- Context is important, and community is key. Sociocultural factors, including the attitudes of parents, caregivers and partners, influence menstrual product choice.
- Environmental factors, such as access to water and suitable locations to change products, affect young women's choices.
- Access to pain management information and medication is an important need among young women.
- Menstrual health can be a gateway for young women to access broader SRH services.
- Offering comprehensive menstrual health education requires time, which can be challenging in a high-volume service provision setting.
- When integrating menstrual health and SRHR, it's important to intentionally include boys, especially to avoid menstrual health 'overshadowing' other SRH services.

Marie Baptiste, PSI Côte d'Ivoire, shared insights on the benefits and risks of integrating menstrual health and SRHR. Benefits for health providers include: The ability to provide comprehensive and integrated counselling, including on contraception-induced menstrual changes (CIMC); the ability to diagnose and treat menstrual pain and menstrual-related disorders; and creating a safe and supportive space for girls who do not see themselves as sexually active. The main risk of integration is health providers' lack of training and tools to identify and treat menstrual health-related issues. To address this risk, PSI and FHI360 developed the [NORMAL counselling tool](#), which helps health-care workers counsel family planning clients on CIMC. Ms. Baptiste also shared how leveraging self-care interventions for menstrual health can enable women and girls to become active agents in their health more broadly. She also shared insights from social media to provide menstrual health and SRHR information to young women in Cote d'Ivoire. Her presentation concluded by highlighting the need for broader indicators to define the impact of menstrual health integration on SRHR outcomes.

Alethea Osborne, MannionDaniels, shared learnings from three grassroots organizations currently integrating menstrual health and SRHR with support from Amplify Change: CHREAA in Malawi, *Ajuda de Desenvolvimento de Povo* para Povo in Angola, and the Rescue Initiative in South Sudan.

The main takeaways included:

- Menstrual health needs to be explicitly named, not just assumed as being part of SRHR.
- We have to work cross-sectorally.
- Context is important. Solutions need to be community and demand-led. This requires investing in grassroots-level organizations.
- Sustainability is key. This requires addressing sociocultural and environmental considerations.

Day 3: The Next Steps: Taking High Impact Practices to Scale Through Innovation and Sustainable Financing

A poetry performance by Kenyan artist [Teardrops](#) on male involvement in menstrual health warmed up the plenary session. Following the performance, a high-level plenary session explored how innovation and sustainable financing can accelerate the scale-up of high-impact practices for menstrual health. The session was organized into two parts. The first part was a “show and tell” highlighting the work of menstrual health innovators across the region. Natasha Mwansa, Menstrual Health Youth Advocate from Zambia, moderated the panel. Innovators included:

- Jamila Mayanja, Founder and Team Leader, Smart Bags for Girls Uganda
- Gwamaka Mwabuka, Film Producer and Director, TAI Tanzania
- Kristine Sorgenfri Hansen, Gender Officer UNICEF ESARO

The second part of the session was a panel discussion on the business of menstruation in Africa, moderated by

Sydney Hushie, Innovation Specialist, UNFPA ESARO. Panellists included:

- Hon. Emma Theofelus, Deputy Minister, Information and Communication Technology, Namibia
- Rose Rwabuhiri, Rwanda Chief Gender Monitor, Office of the Prime Minister
- Babatunde Omilola, Division Manager, Public Health, Security and Nutrition Division, African Development Bank
- Cassie Jaganyi, Corporate Affairs and Citizenship Leader, Procter and Gamble

The plenary session also included two interventions to share experiences of implementing innovative programmes:

- Muriel Bilger, Health and Education Coordinator, Axian Foundation
- Agnes Makanyi, WASH Specialist, UNICEF Kenya

Key points from presentations and discussions

The plenary session opened with a panel of innovators who shared summaries of the menstrual health solutions they are rolling out in the region. **Jamila Mayanja**, Smart Bags for Girls Uganda, shared how the Smart Girls Foundation endeavours to empower and mentor girls in health and education through their Smart Bags for Girls initiative. ‘Smart bags’ consist of a backpack, reusable menstrual pads, and a menstrual health information booklet. Various prototypes exist, including one made of regular cloth and another made of waterproof, recycled plastic. The newest prototype includes a solar-powered light that girls can use at night to read books and change their menstrual pads. Smart Bags for Girls has served 5,000 girls with the first prototype and 10,000 girls with the second prototype.

Gwamaka Mwabuka, TAI Tanzania, shared an interactive 3-D animated film entitled *The Harakati da Lucy*, created to raise awareness and inspire positive action for girls, community members and policymakers around menstrual health. The film is distributed in schools across Tanzania, as well as through TV and social media. Mr. Mwabuka explained that storytelling is a powerful

tool for learning and inspiring people to take action. Content-based storytelling has the potential to create positive social and behavioural change.

Kristine Sorgenfri Hansen, UNICEF ESARO, shared a digital innovation for menstrual health. UNICEF co-created the Oky mobile app with over 400 girls from Indonesia and Mongolia to respond to the need for trustworthy and age-appropriate online information about menstrual health. Oky is an open-source period tracker for girls that also includes puberty and menstruation information and quizzes. For scale-up to new geographies, UNICEF is using an innovative franchising business model, which allows the app to be tailored to different contexts. An example of the franchising experience was shared by Kenyan NGO, LVCT Health.

The second part of the session was a panel discussion on the business of menstruation in Africa. The panel opened with **Hon. Emma Theofelus**, Deputy Minister, Information and Communication Technology, Namibia, speaking to government’s role in creating a conducive environment for innovation through policies and laws.

An example is Namibia's recent policy for zero-rating of taxes on all menstrual pads. Other examples of policies that can reduce period poverty include: Ensuring access to menstrual products in schools and health-care facilities; exemptions for investment to manufacture menstrual products; and developing national standards for menstrual products to ensure all people who menstruate can use products in a sustainable and healthy way.

Cassie Jaganyi, Procter and Gamble, commented on the role of the private sector in ending period poverty. She noted that the private sector plays an important role in ensuring consumers have the right level of awareness about menstrual health, building acceptance around menstrual health and increasing access to supplies and products. Innovations can support all three areas. She noted opportunities for social entrepreneurs to partner with private sector firms to amplify efforts to end period poverty.

Babatunde Omilola, African Development Bank (ADB), was then asked to reflect on the bottlenecks for menstrual health financing, innovation and scale-up. He first shared an overview of the African Development Bank's COVID-19 response fund to help stabilize economies, improve health and manage the economic and social impacts of the pandemic. The ADB has supported menstrual health through COVID-19 projects, WASH, and education initiatives. Mr. Omilola suggested that menstrual health funding should follow five main principles: Multisectoral, leave no one behind, rights-based, evidence-based and context-specific. He also shared three suggestions to convince governments to prioritize menstrual health: (1) focus on innovation to scale, (2) demonstrate the potential impact on the environment if action is not taken, and (3) share good-practice examples of creating a conducive policy environment, such as in Kenya, Uganda and Ethiopia.

In response to questions around opportunities for multisectoral collaboration, **Hon. Emma Theofelus** noted the importance of public-private partnerships and suggested the establishment of a menstrual health solidarity fund at the African Union or SADC level. She also reflected on the possibility to leverage the Africa Free Trade Agreement (AFTA) to boost production and investment in menstrual health. **Babatunde Omilola** agreed that the AFTA represents an excellent opportunity to improve the movement of goods and services across the continent, including menstrual health

products. **Cassie Jaganyi** stressed the importance of open communication channels between the public and private sectors.

Two speakers then shared insights from implementing innovative interventions in the region. **Muriel Bilger**, Axian Foundation, shared how the Foundation is supporting young people in primary schools to access menstrual health supplies in Madagascar. Previously menstrual health education only started in middle school, leaving very young adolescents without sufficient information, products and support. They also piloted a partnership with the local textile industry to produce reusable pads. **Agnes Makanyi**, UNICEF Kenya, shared UNICEF Kenya's three-pronged approach to menstrual health: Policy, products and education. In terms of policies, Ms. Makanyi shared the example of removing taxes on menstrual products, while for products, she highlighted the development of national standards for menstrual products. For education, she highlighted the use of the OKY app and a user-based menstrual hygiene booklet for teachers.

The panel ended with key recommendations for taking menstrual health innovation and financing to scale, including:

- Leverage digitization to introduce innovative strategies for menstrual health education, financing and tackling taboos.
- Strengthen public-private partnerships, which requires improving the performance of public institutions.
- In addition to improving the fiscal space and financial resources for menstrual products, increase the emphasis on African manufacturing, empowering local manufacturers.
- Establish a continental menstrual health financing mechanism to support domestic manufacturing of menstrual products.
- Measure what is being invested in menstrual health across different sectors as part of an analysis to identify ways to make menstrual health funding more predictable.
- Invest in continuous research to generate evidence that can be used for government decision-making
- Aim to offer free menstrual products in schools, hospitals and correctional facilities across the continent.
- Strengthen advocacy to remove taxation and other bottlenecks to increase access to menstrual health products.

Concurrent Sessions

Day 1: Bodily Autonomy, Harmful Practices and Menstrual Health

Session overview

This concurrent session explored the right to bodily autonomy, and its link with menstrual health. Innovative solutions and policies to advance menstrual health and ensure bodily autonomy were shared. The session was moderated by Nafissatou Diop, Chief Gender and Human Rights Branch of UNFPA and was divided into two parts. The first part focused on unpacking bodily autonomy and how it intersects with menstrual health and harmful practices, including female genital mutilation (FGM). Speakers included:

- Maria Carmen Punzi, Innovation Adviser of Menstrual Health Hub
- Valerie Browning, Director of the Afar Pastoralist Development Association
- Jedidah Lemaron, Executive Director at the Malkia Foundation

The second part examined what works to advance menstrual health and bodily autonomy, including the role of policies, information, women's activism and innovation. Panellists included:

- Sipiwo Matshoba, Director for Social Empowerment and Participation of the Department of Women, Youth and Persons with Disabilities of the Republic of South Africa
- Annelly Chibwe, Education Programme Manager of Plan International Zambia
- Mandi Tembo, Research Fellow of the London School of Hygiene and Tropical Medicine
- Noel Aryanyijuka, Chief Executive Officer, EcoSmart Uganda.

Key points from presentations and discussions

Nafissatou Diop pointed out that of the approximately 800 million women and girls who menstruate on any given day, millions are restricted from regular activities and denied bodily autonomy, while some are subjected to harmful practices such as FGM. The patriarchal control systems constraining women's behaviour and mobility during menstruation undermines their agency and equality, underscoring the urgent need to prioritize bodily autonomy in menstrual health efforts.

Maria Carmen Punzi, Menstrual Health Hub, shared how the menstrual cycle is a window to one's health and, therefore, an important pillar of bodily autonomy. By understanding the menstrual cycle, women and girls can gain a deep understanding of their bodies and their SRHR, which can help them become their own best health advocates. She examined the role of technology, including apps that track the menstrual cycle, that can help increase women and girls' awareness about their cycle and improve communication with health-care providers.

Two speakers then explored the intersection between menstrual health and harmful practices. **Valerie Browning**, Afar Pastoralist Development Association,

shared insights from her work in remote areas of the Afar region in Ethiopia, which has a high prevalence of FGM, including type 3-infibulation. She outlined some of the challenges working in resource-limited and remote settings, including low literacy levels, gender inequality, insufficient WASH infrastructure, and lack of access to clean water. **Jedidah Lemaron**, Malkia Foundation, shared experiences from communities in Kenya where menstruation is considered a right of passage, signalling readiness for marriage. FGM is also considered a rite of passage towards womanhood. They shared examples of community work by women to educate girls and women about their bodies and their menstrual cycles. These examples show how menstrual health can be an entry point for ending child marriage and FGM. Working with communities to improve menstrual health can build trust, demystify taboos and myths, and educate entire communities, opening up pathways to discuss and address harmful practices.

The second part of the session explored 'what works', drawing from programmes and research across the continent. **Sipiwo Matshoba**, Department of Women, Youth and Persons with Disabilities of the Republic of

South Africa, spoke to the role of national governments in introducing policies that address women and girls' bodily autonomy. South Africa's *Sanitary Dignity Programme* was launched in 2019 across all provinces to ensure that girls and women can manage their menstruation in a dignified manner. The programme is guided by a national implementation framework and provincial implementation standards. It provides access to menstrual health products and educates young girls and women on menstrual health, product choice, human rights, and bodily autonomy. Mr. Matshoba underlined the importance of allocating a clear budget line for such programmes and introducing mechanisms for multisectoral partnerships.

Annelly Chibwe, Plan International Zambia, summarized learnings from Plan International's work on advancing menstrual health and bodily autonomy. The starting point is to recognize menstrual health as an essential element to safeguard the dignity, bodily autonomy and overall life opportunities for women and girls. Key strategies include addressing social norms

that perpetuate menstrual stigma and discrimination, investing in good governance and policies that promote gender equality and assessing services to ensure they meet the needs of individuals in an integrated manner.

Mandi Tembo, London School of Hygiene and Tropical Medicine, shared findings from the CHIEDZA trial in Zimbabwe that provides community-based integrated HIV and SRH services. Ms. Tembo highlighted how breakthroughs in information and education at an individual level might not have a broader impact if the community is not taken into consideration. **Noel Aryanyijuka**, EcoSmart Uganda, also emphasized the critical role of communities. Her work in Uganda has shown that when communities are engaged, they can become safe spaces, and community members can become their own champions. Ms. Aryanyijuka also noted that bodily autonomy means that women have the right to make choices about their menstrual health, including product choice. EcoSmart addresses this need by creating high quality, accessible and affordable products for women.

Recommendations and priorities for action

The following priorities were identified for bodily autonomy, ending harmful practices and improving menstrual health:

- Empowering women and girls to understand their bodies is essential for bodily autonomy. Menstrual health information and education should therefore be systematically included in all SRHR programmes in development and humanitarian settings.
- Communities play a critical role as gatekeepers and potential champions in ensuring women and girls exercise their right to bodily autonomy. Community leaders, decision-makers, parents, caretakers, and partners must be included in the conversation.
- Community-based menstrual health programming can be a gateway for ending child marriage and FGM, as it can establish trust and open the door to discuss sensitive issues. Offering opportunities for women and girls to come together as agents of change can help to dismantle discriminatory and harmful practices.
- Menstrual product choice is essential for bodily autonomy. It is important to ensure a range of quality and safe products that adhere to national standards. Product choice must also be accompanied by menstrual health education and strategies to address structural, economic and sociocultural barriers.

Day 1: Menstrual Health and Comprehensive Sexuality Education

Session overview

This concurrent session explored the potential to increase access to menstrual information and services through in-school and out-of-school CSE. Speakers shared how menstrual health features in international standards for CSE and how to deliver menstrual health education through different CSE modalities. Panellists also highlighted opportunities, challenges and recommendations for expanding menstrual health content in CSE programmes from a gender, rights and equity perspective. The session was moderated by Remmy Shawa, Regional Education for Health and Well-

being Officer of UNESCO Regional Office for Southern Africa. Speakers included:

- Maria Bakaroudis, CSE Specialist UNFPA East and Southern Africa Office
- Deborah Ewing, Project Manager at Gateway Health Institute and ACMH leadership member
- Charity Banda, Country Coordinator, MIET Zambia
- Dr. Renjini Devaki, M&E Manager, MIET Africa and ACMH member
- Judith Msusa, Director, Department of Youth at the Ministry of Labour and Youth, Malawi.

Key points from presentations and discussions

The session started with two short [amaze](#) videos designed for very young adolescents (10 - 14 years). The first addressed teasing, bullying and inappropriate touching, and the second addressed menstrual products. The moderator also introduced a short video from Malawi with youth voices on their experiences with menstruation.

Following the videos, **Maria Bakaroudis**, UNFPA ESARO, gave an overview of menstrual and CSE both in-schools and out-of-schools. She shared how menstrual health is a main feature of the *International Technical Guidance on Sexuality Education (ITGSE)*, which recommends an incremental learning approach. Age- and developmentally-appropriate key ideas related to puberty and menstruation are included from the age of five. It is important to teach positive and accurate information about menstruation prior to menarche, to help girls navigate the transition without fear and shame. Ms. Bakaroudis emphasized the need to tailor CSE to diverse audiences, including those with lower literacy skills and persons with disabilities. She also noted how the COVID-19 pandemic had shown the need to find diverse channels to share CSE and menstrual health education. Ms. Bakaroudis highlighted the importance of a nuanced approach to the way we teach about the menstrual cycle, noting that the 'standard' 28-day cycle can be misleading when trying to prevent pregnancy, especially for young people, whose cycles often vary.

Deborah Ewing, Gateway Health Institute, gave an overview of the *Tell Me About The Changes In My Body*

books, designed to support CSE in South Africa. The books take a positive approach to sexuality, sharing factual information in a fun way. A study on the books conducted by the Human Sciences Research Council (HSRC) showed the need to make CSE more inclusive and representative in terms of body types, ethnicities, sexual orientations, gender identities and disabilities. Findings also suggest that very young adolescents are comfortable learning about puberty and sexuality with peers and from trusted adults. However, adults often lack training and resources to address sensitive topics, leading to general discomfort and resistance to discussing sexuality with young people.

Dr. Renjini Devaki, MIET Africa, and **Charity Banda**, MIET Zambia, shared insights from South Africa and Zambia about how menstrual health is addressed in school settings.

In South Africa, MIET implements a school-based programme to improve menstrual health, including the production of materials on puberty and menstrual health. The programme has helped to increase girls' confidence and their ability to discuss menstruation openly. In Zambia, MIET was involved in mainstreaming menstrual health by supporting the Ministry of General Education to produce and roll out national menstrual hygiene management guidelines.

Deus Lupenga, Department of Youth at the Ministry of Labour and Youth Malawi, discussed menstrual health programming in Malawi, where girls lose between 12

Key points from presentations and discussions

to 36 school days per year due to menstrual hygiene issues. Malawi has integrated menstrual health into their CSE framework and has developed a multisectoral council for menstrual hygiene management. The multisectoral nature of this council allows coordinated action across sectors, including WASH, health,

education, family, gender and human rights, and finance. Mr. Lupenga noted that barriers outside the education sector remain an issue, including prohibitive costs of menstrual products. He called to strengthen advocacy to reduce taxes for menstrual product manufacturing.

Recommendations and priorities for action

The main recommendations and priorities identified for menstrual health and CSE included:

- Menstrual health education and CSE must start before menarche to equip girls with knowledge and skills to experience their menstruation without shame and fear.
- Access to menstrual health education and CSE is a right for all people. Boys should be included, and we must ensure that no one is left behind by adapting educational channels, materials and content to diverse population groups.
- Ensure teachers and community educators have sufficient training and support, including teaching aids and addressing cultural barriers that prevent adults, especially men, from discussing menstruation with young people.
- Menstrual health education and CSE should take a positive approach to sexuality, as evidence has shown this approach is more effective than a 'danger, damage and disease' approach.
- Menstrual health education and CSE should teach a nuanced view of the menstrual cycle, acknowledging that cycles vary in length and estimated periods of menstruation and ovulation can also vary from one cycle to the next, especially in the context of pregnancy prevention for young people.
- The COVID-19 pandemic has changed the nature of education. Programme implementers and national governments need to consider flexible methods for delivering CSE.
- A multisectoral approach is necessary to link menstrual health education and CSE to SRHR commodities, products and services.

Day 1: Menstrual Health in Humanitarian Settings and Health Emergencies

Session overview

This concurrent session, moderated by Dennia Gayle, Representative, UNFPA Ethiopia, highlighted the simple fact that menstrual health needs do not stop in emergencies. Girls and women in humanitarian settings face significant challenges, including those related to SRHR and gender-based violence (GBV). Speakers also addressed priorities for menstrual health programming and coordination. The panel of experts included:

- Robin Lloyd, Senior Regional WASH Officer, UNHCR Kenya Regional Office
- Anne Hyvarinen, Associate WASH Officer, UNHCR Tanzania
- Sonia Sophia Grinvalds, Co-founder and Director, AFRIPads
- Letizia Cottafavi, WASH, Health & Care Department, International Federation of the Red Cross & Red Crescent Societies
- George Mugambi, WASH Delegate, Netherlands Red Cross Society - Uganda
- Jennifer Akumu, Public Health Officer, Uganda Red Cross Society
- Audrey Anderson Duckett, Chief Operating Officer, BeGirl
- Data Emmanuel Gordon, Programme Coordinator, Okay Africa Foundation

Key points from presentations and discussions

The session opened with a video detailing a young girl's experience during the Cabo Delgado Crisis in Mozambique. She spoke of how violence and displacement exacerbate existing challenges that women and girls already face during menstruation. The video set the scene for the session, underscoring the plight of millions of other girls and women in similar contexts.

Robin Lloyd and **Anne Hyvarinen**, UNHCR, started the round of presentations, sharing snapshots from UNHCR's menstrual health efforts since 2001. They stressed that menstrual health assistance should be coordinated across various sectors using a collaborative approach that includes health, child protection, WASH, education, and community outreach. Mr. Lloyd spoke to the importance of guidelines and field manuals to set an aspirational benchmark for menstrual health management in emergency settings. Both speakers noted that even though guidelines exist, adherence remains an issue due to a lack of funding and other resources. Mr. Lloyd also noted that while COVID-19 had diverted resources away from menstrual health, the pandemic had helped expose the poor state of menstrual health in humanitarian settings, especially in terms of coordination of efforts.

Sophia Grinvalds, AFRIPads, shared how AFRIPads' navigated human resource and supply chain issues during COVID-19 lockdowns. Ms. Grinvalds stressed that menstrual products should be deemed essential items during emergencies. A key takeaway from their work in development and humanitarian settings is that access to menstrual products is not sufficient on its own. Menstrual health education, the availability of a feedback loop on products, and comprehensive monitoring and evaluation from distribution to usage

are important in understanding the acceptability and impact of these products. These elements can help actors respond to and adjust responses, ensuring the maintenance and optimization of supply during emergencies.

Audrey Duckett, BeGirl, shared the importance of responding to women and girls' needs with human-centred approaches to menstrual health, communicating about periods in a transformative manner, and providing age-appropriate menstrual health education. BeGirl's work in Angola has shown the need to include boys in menstrual education to help them become active players in dismantling stigma.

Jennifer Akumu, Uganda Red Cross Society (URCS), shared examples of how the COVID-19 pandemic has created challenges for menstrual health programmes in Uganda. With COVID-19 lockdowns and school closures, some families were unable to afford products. Ms. Akumu also presented challenges in COVID-19 isolation and treatment centres, such as lack of menstrual products, no sanitation, and high levels of stigma. She also noted the importance of maintaining girls' and women's dignity in refugee settlements.

Data Emmanuel Gordon, OkayAfrica, discussed the role of men and boys in reducing period stigma. Since men are the primary breadwinners in many African households, educating them about menstrual health can ensure that resources are allocated for menstrual health, thus offering women the possibility to manage their periods in a safe, healthy and dignified way. Mr. Gordon shared insights from initiatives to reduce period stigma within the context of COVID-19, including the provision of free menstrual products and small group sessions to normalize discussions about menstruation.

Recommendations and priorities for action

The main recommendations and priorities related to menstrual health in humanitarian settings and emergencies include:

- Multisectoral collaboration and coordination are essential for menstrual health in emergency responses. Guidelines and field manuals for menstrual health in emergency settings are important to guide coordinated efforts.
- Menstrual products should be considered essential products during emergency situations. Efforts should be made to maintain and adapt supply chains and distribution channels during emergencies.

Recommendations and priorities for action *contd.*

- Women, girls and people who menstruate must remain at the heart of menstrual health programming in humanitarian and emergency contexts. Innovation and user involvement in the design, production and quality improvement of menstrual products is crucial for success.
- Further investment in menstrual health for emergency and humanitarian settings is required.

Day 2: Human Rights, Leaving No One Behind and Menstrual Health

Session overview

This concurrent session was designed to respond to the pushback against human rights – particularly sexual and reproductive health rights – across the globe and forms part of the UN Secretary-General’s Call to Action on Human Rights. In the current context, the urgency of protecting and realizing human rights has never been more critical. To date, menstruation is currently not adopted in any human rights charters, yet the inability to manage menstruation safely and with dignity infringes several human rights.

This session aimed to show that human rights are central to comprehensive, holistic menstrual health considerations and form part of the package of essential SRHR services within Universal Health Coverage. It aimed to demonstrate this through recent data, country examples, and a focus on populations of menstruators

most commonly left behind in the provision of menstrual health. Lessons learned and best practices were shared to foster a common understanding of how to restore dignity and uphold the rights of all menstruators, especially those furthest left behind. The session was moderated by Adwoa Kufuor, United Nations High Commissioner for Human Rights. Panellists included:

- Dr. Nicola Jones, GAGE Director and Principal Research Fellow, Overseas Development Institute
- Alda José, Head of Supervisory Board, *Associação Amor a Vida*
- Judith Grace Akinye, ex-detainee from Kenya, Head of Prisons Ministry at Integrity Church (Kwa Ndege)
- Viwe Goboza, Access Chapter 2 trans safe space group, South Africa
- Anisie Byukusenge, National Council for Persons with Disability, Rwanda

Key points from presentations and discussions

Dr. Nicola Jones, GAGE – Overseas Development Institute, and **Kiya Gezahenge**, GAGE Ethiopia, presented findings from a study that include insights on menstrual health for street children, young women married before menarche, and FGM and infibulation and their impact on menstrual health. Their presentation highlighted the need to collect data beyond the Multiple Indicator Cluster Surveys (MICS), which have significant data gaps for girls. While MICS surveys collect data for adolescent girls aged 15-19, the reported findings do not disaggregate which activities are restricted during menstruation, nor do they show how they manage their periods at school. Moreover, these surveys have been found to over-represent women who are educated, urban and wealthier. Also, Demographic and Health Surveys do not include girls under 15 years, so we are missing out on data about the experiences of very young adolescents. To narrow the knowledge gap,

GAGE is employing a mixed-methods research and impact evaluation design to research menstrual health management in Ethiopia, including quantitative surveys, qualitative surveys, and participatory research studies.

Findings from these studies in Ethiopia show that girls often lack timely, accurate information and that experience of menstruation varies, based on location. The global pandemic has exacerbated differences in menstrual health among different groups across the country. The study also showed that gaps in menstrual health leave girls’ lives restricted. Rural girls are more likely to experience restrictions than urban girls. They shared details of the ‘Act with Her’ programme, which includes adolescent safe spaces aimed at transforming gender norms, including around menstruation. It is implemented by Pathfinder and evaluated by GAGE using an RCT methodology.

Alda José is a young woman who is part of a Mozambican association for persons with albinism, *Associao Amor a Vida*, and is leading the Gender Department of the National Youth Council (CNJ). She shared how stigma and discrimination against People with Albinism (PwA), especially related to their sexual health, results in heightened vulnerability and menstrual health challenges. These include a lack of information about menstrual health, violation of privacy, taboos, stigma, psychological issues, access to clean water, and access to clean toilets suitable for their disability. Ms. José emphasized the importance of improving water supply in schools, providing appropriate toilets for menstrual health management, and ensuring the availability of menstrual products. She proposed a bottom-up approach to dismantle taboos related to menstruation, starting with education and information about menstrual health in communities. She also advocated for sexual and reproductive health education in schools, beginning at an early age, where boys can also participate. She also urged the Mozambican government to uphold its pledge to keep girls in school by providing menstrual pads at places of learning.

Judith Grace Akinyi, an ex-detainee from Kenya and now a motivational speaker who heads up the prisons' ministry for Integrity Church, Kenya, discussed the challenges faced by women in prisons during menstruation. Since menstrual pads are not issued as part of basic prison services, women have to rely on well-wishers, and the products are often sub-standard due to affordability issues. Any quality products are usually kept by the guards rather than given to the detainees. When pads are not available, prisoners resort to dirty strips of blankets and mattresses, which contribute to urogenital infections. She described how, in her experience, one toilet – with no door – was expected to service a cell of between 70 to 80 prisoners. In addition to the lack of privacy and dignity, before an officer issues pads to a prisoner, she must prove that she is bleeding by removing her pants. Most

times, the inmate would only be given three to four pads for the entire period of menstrual bleeding, no matter how heavy the flow. This struggle to access menstrual products is exacerbated for women in rural prisons, where there is far less access to menstrual products than in urban settings. Ms. Akinyi concluded that equal access to menstrual products for women in urban and rural areas was essential to secure their dignity and reproductive health.

Viwe Goboza, Access Chapter 2 Trans safe space group, South Africa, shared perspectives of menstruating as someone who does not identify as female. They described some of the menstrual health challenges experienced by transgender and non-binary individuals using male-gendered bathrooms that lack disposal bins, even for incontinence products designed for cisgender men, and highlighted the prevalence of GBV against cisgender women and children, transgender women and transgender men, and non-binary individuals. They also highlighted the importance of educating people on transgender and non-binary menstruation to remove the stigma and shame and ensuring access to menstrual health products for underprivileged trans and non-binary individuals. The need to improve product packaging and marketing to include all gender identities and make products more affordable for cisgender, transgender, and non-binary people was also highlighted. The presentation underlined the importance of advocating for the human rights of transgender and non-binary individuals to make menstrual health and SRHR programmes as inclusive as possible to ensure that the menstrual and medical needs of trans and non-binary individuals are fully met.

Following the panel discussion, **Anisie Byukusenge**, National Council for Persons with Disability, Rwanda, shared a powerful [video](#) illustrating the challenges faced by youth with disabilities when they experience their first period without appropriate education, either from their parents or school.

Recommendations and priorities for action

The main recommendations and priorities related to human rights and Leaving No One Behind (LNOB) were:

- Sexual reproductive health and menstrual health information, education, services and programmes must meet the specific needs of persons living with disabilities, people living with HIV, transgender males who menstruate, homeless people, sex workers, and those in detention.
- Human rights-based approaches to ensure menstrual health for all women and girls are critical. Menstrual Health must be a crucial part of SRHR recommendations and be integrated into human rights instruments and mechanisms.
- Disease outbreaks like COVID-19 affect women and men differently. Pandemics worsen existing inequalities for women and girls, including inequalities related to menstrual product access and uptake. They also exacerbate discrimination toward other marginalized groups, such as persons with disabilities and those living in extreme poverty.
- Front-line and essential workers in pandemics, emergencies and humanitarian settings must have access to menstrual health products. Bodily integrity for menstruating workers must remain a priority for governments.
- Toilets, hygiene facilities, and sanitary products must meet the needs of persons with disabilities and transgender persons and others to ensure no one is left behind.
- Qualitative and quantitative data related to menstrual health must include the experiences of marginalized groups. Better data disaggregation is key to building the evidence base for leaving no one behind when it comes to menstrual health.

Day 2: Men as Champions of Menstrual Health

Session overview

This concurrent session examined how to engage men to become allies and champions for menstrual health and address social norms that inhibit men's supportive involvement. Panellists shared evidence and data from promising practices that shift social norms and foster positive male engagement for menstrual health. The session was jointly moderated by Mpiwa Mangwiro, Regional Advocacy and Campaigns Specialist of Men Engage, and Jude Thaddeus Nijekem, Regional Campaigns and Advocacy Specialist, Africa Secretariat of Men Engage. Speakers included:

- Dr. Renjini Devaki, Monitoring & Evaluation Manager, MIET
- Bridgit Kurgat, Kenya Country Programme Manager, Days for Girls
- Diana Nalunga, WoMena, Uganda
- Lestam Kimri, Days for Girls
- Israel Laryea, Journalist from Ghana
- Daniel Karanja, Community socioeconomic development initiative
- Siv Ngesi, Actor, Television, Presenter, Comedian and founder of MENstruation Foundation

Key points from presentations and discussions

A key theme that emerged from various interventions was the role of men as decision-makers and gatekeepers in the community. **Bridgit Kurgat**, Days for Girls, noted how most African communities are patriarchal, with men having greater power than women. Days for Girls community-based work has shown how involving men in menstrual health education can be an entry-point to

foster support and reduce taboos and misconceptions. **Diana Nalunga**, WoMena, also touched on the role of men as gatekeepers and how their lack of involvement contributes to period poverty. WoMena's work in Uganda is helping to create positive social norms through engaging men at various levels; as partners, as clients for SRH services, and as advocates for change.

Panellists shared examples of interventions that have intentionally included men and boys in menstrual health education, contributing to positive shifts in cultural norms. **Dr. Renjini Devaki**, MIET Africa, presented research findings from MIET's programme in South Africa, where boys are included in school-based menstrual hygiene education in rural areas. Initially, girls were reluctant to talk about menstrual health in the presence of boys, as menstrual stigma leads to name-calling and teasing. Over time, boys learned how to support girls, and the programme has contributed to reduced teasing. **Lestan Kimiri**, Days for Girls, shared insights from school-based and community-based menstrual health education programmes in Kenya for youth and adults and illustrated how a gender transformative approach has helped reduce stigma. They have also observed more men buying menstrual products for their wives and daughters, suggesting increased household budget allocation for menstrual health.

Two panellists then shared examples of how men are challenging the status quo as male champions for menstrual health. **Israel Laryea** uses his influence

and media presence as a journalist in Ghana to promote menstrual health, while **Daniels Karanja**, Community Socio-Economic Development Initiatives, leads menstrual health awareness programmes and campaigns in Kenya. Both speakers noted how people are often intrigued as to why a man is advocating for menstrual health, which helps open the dialogue and increase public awareness. This can contribute to a new positive framing of menstruation, which can have a ripple effect on all levels, from household resource allocation to the institutionalization of menstrual health policies in society.

The session wrapped up with a pre-recorded intervention by **Siv Ngesi**, MENstruation Foundation, sharing how his foundation is helping to increase sustainable access to menstrual products and decrease period poverty in South Africa. He stressed that every boy and man should know as much as possible about menstruation so that they may become allies and jointly end period poverty with girls and women. This starts in homes and schools, where boys should be included in menstrual health education.

Recommendations and priorities for action

- Ensure that boys and girls have access to comprehensive menstrual health and sexuality education in-schools and out-of-schools.
- Menstrual health programmes should intentionally involve men and boys in discussions about menstruation and strengthen partner communication and parent-child communication.
- When designing menstrual health education for men, locally specific male interest topics should be included to ensure that programmes are attractive to men.
- Male involvement should start at the family and community level but not end there. Male leaders, decision-makers and public figures can play an important role in creating an enabling environment to improve menstrual health.
- Male involvement should be done in such a way as to foster an open dialogue and joint action with women. Efforts should be made to dismantle socialization that prevents women and men from taking up equal space in discussions.

Day 2: Environmental Protection and Menstrual Health

Session overview

This concurrent session explored the environmental impact of the production and use of menstrual products and how community-led initiatives integrate environmental protection in producing and distributing menstrual products. The session was moderated by Coenie Louw, Executive Director of Gateway Health Institute, and opened with presentations by:

- Othembele Dyantyi, Environmental Advocate with Earth Child Project
- Dr. Myles Elledge, Executive Director, Human Health and the Environment at Biomass Controls
- Maik Birnbach, Environmentalist, Einhorn products GmbH.

A panel discussion followed, in which panellists shared examples of efforts to produce environmentally-friendly or reusable menstrual health products and explored the need to address environmental challenges while providing access and options for girls and women across the continent. The panellists included:

- Rolla Khadduri, Fund Director of Amplify Change, MannionDaniels
- Alice Parlett, Product Design, Research and Development Manager, AFRIpads
- Diana Sierra, Co-founder and Chief Executive Officer, Be Girl
- Noel Aryanyijuka, Co-founder and Lead, EcoSmart
- Sandyson Owusu-Poku, Deputy CEO (Development and Innovation), Zero Litter Ghana.

Key points from presentations and discussions

Othembele Dyantyi, a 12-year-old environmental advocate from the Earth Child Project, shared remarks in a short video. She explained how some seven million tampons and pads make their way into landfills annually and underscored the need to shift to eco-friendly menstrual health products.

Dr. Myles Elledge, Human Health and the Environment at Biomass Controls, shared an overview of the environmental considerations for menstrual health disposal. He noted that people who menstruate use, on average, 250 pads per year, amounting to 14,000 pads over a lifetime. Sharing results from a survey conducted in four cities in South Africa and India, Dr. Elledge's presentation highlighted the importance of safe disposal mechanisms for the health and safety of individuals, communities and the environment.

In the discussion that followed, panellists touched on an array of intersections between menstrual health and the environment. They also offered examples of how stakeholders in the menstrual health value chain can reduce negative environmental impact. A common theme was the potential environmental benefits of transitioning from contemporary disposable products to reusable or environmentally friendly single-use products, including menstrual cups, washable pads, period panties, and single-use pads made from biodegradable materials. **Maik Birnbach**, Einhorn,

shared findings from a recent study on the comparative life cycle assessment of menstrual products that noted that menstrual cups benefit the environment the most.

Another prominent theme that emerged was the importance of informed choice and bodily autonomy. **Rolla Khadduri**, Amplify Change at MannionDaniels, stressed that communities want options when choosing menstrual products, and these choices may change throughout a woman's life cycle. **Noel Aryanyijuka**, EcoSmart, agreed that women and girls have differing needs, and many prefer single-use and disposable sanitary pads. EcoSmart develops biodegradable menstrual pads made from sugarcane fibre in Uganda, thus allowing users to exercise bodily autonomy while reducing their environmental footprint. The panel also highlighted the need to provide appropriate information to support informed choice. **Sandyson Owusu-Poku** stressed how the correct information leads to the proper and safe use of products, contributing to better health outcomes. He explained that taboos and cultural beliefs are significant bottlenecks that need to be addressed. **Diana Sierra**, Be Girl, mentioned that information is as important as the product and allows for informed decisions and choices.

Panellists noted that structural and economic factors also determine how women decide on menstrual product use. **Alice Parlett**, AFRIpads, explained how

period poverty is a reality for many women in Africa. The production costs and scarcity of local materials to produce environmentally-friendly products drive up the price points. This is a challenge faced by AFRIpads in their mission to scale up the use of biodegradable pads.

Lastly, product manufacturers play a crucial role in

addressing the environmental challenges related to menstrual health. **Diana Sierra** noted the importance of behavioural change to increase the uptake and demand and sustain the use of environmentally-friendly menstrual health products. She also stressed that manufacturers need to develop products that adhere to quality standards and meet the needs of diverse users.

Recommendations and priorities for action

- Increasing the use of reusable or biodegradable menstrual products requires providing women, girls and all people who menstruate with accurate information while ensuring they have affordable, acceptable and accessible options from which to choose.
- The shift from conventional disposable menstrual products to reusable or eco-friendly products requires behavioural change. This takes time and will only occur if users have positive experiences with product use. Manufacturers should use human-centred design for product development, listen to nuances in communities, and adhere to quality standards to ensure products meet the diverse needs of women, girls and all people who menstruate.
- Period poverty is a significant barrier to address. Innovation is required to develop and distribute affordable menstrual products with limited environmental impacts.
- The disposal of menstrual products is an important environmental concern that requires clear protocols and mechanisms to address communities' social and cultural norms.



Country-led Sessions

MHM in Humanitarian, Development and Peace Nexus Settings through the COVID-19 Pandemic: Evidence from two pilot experiences in Mozambique and Angola

Session overview

This country-led session focused on how Mozambique and Angola are meeting the menstrual health needs of girls, women and people who menstruate in two different contexts at the intersection of the humanitarian, development and peace nexus. The speakers from Mozambique shared experiences from the emergency context following cyclones Idai and Kenneth. The speakers from Angola shared experiences from meeting menstrual health needs in the context of COVID-19 within a peace and development setting. The session was divided into two parts, with panel discussions focusing on each country and video presentations. Carmelinda Manhiça, a Mozambican psychologist, presenter and activist, moderated the

session. Panellists included:

- Alcina Cunha, National Coordinator of JIRO Programme – Ministry of Youth and Sports, Angola
- Luís Samacumbi, Programme Specialist, Youth, Gender and Humanitarian Issues UNFPA Angola
- Olga Lourenço, Youth Leader and Coordinator of Mentorship Programme with Girls Muheto Wawaba, Angola
- Graciana Pita, Provincial Gender, Child and Social Action Directorate Director, Mozambique
- Dr. Hidayet Kassim, United Nations Population Fund Coordinator, (Beira-Mozambique)
- Cristina Brito, Partnerships Senior Management, Be Girl, Angola and Mozambique

Key points from presentations and discussions

The session opened with a video presentation on menstrual health in Angola produced by the Government of Angola, UNFPA, and BeGirl.

Alcina Cunha, Ministry of Youth and Sports Angola, spoke about the Angolan Government's response to adolescents and young people's health needs, including SRH and gender equality. She specifically referred to behaviour change efforts underway with technical and financial support from UNFPA. She noted that menstruation is considered taboo because of cultural beliefs and practices. She also shared how the lack of information, inadequate school infrastructure, insufficient access to clean water and basic sanitation, and limited or non-existent access to menstrual products contribute to dropout rates among girls, thus compromising their future. The Angolan government is implementing a child-friendly schools programme to address these challenges.

Luis Samacumbi, UNFPA Angola, underlined that menstruation is a defining moment in any girl's life. In emergency contexts, the situation is no different, but the challenge is greater. He stressed that access to menstrual health and SRH information, along with access to basic hygiene supplies, are essential to maintain dignity, self-esteem, confidence, and the

full participation of girls, young people and women in humanitarian and emergency contexts, as well as in COVID-19 responses. Mr. Samacumbi shared examples of how UNFPA has supported the distribution of dignity kits with essential supplies to help maintain basic hygiene and enable women and girls to continue their usual daily activities in women-friendly spaces. In partnership with the government and civil society, dignity kits were distributed in the Lóvuá refugee settlement in 2017, in four southern provinces affected by drought in 2020, and in Luanda as part of the COVID-19 response. The distribution of menstrual products is always accompanied by information sessions aimed at preventing GBV, sexually transmitted infections, including HIV, and other topics related to SRH as part of an integrated approach to menstrual health and SRH in humanitarian and emergency contexts.

Graciana Pita, Provincial Gender, Child and Social Action Provincial Directorate (Beira - Mozambique), spoke about gender-based violence (GBV) in humanitarian settings. She shared how menstrual health management can be integrated into GBV mitigation strategies in resettlement settings and underlined the importance of strengthening coordination among

government institutions across various sectors to deliver integrated approaches. She recommended including menstrual health messaging in consolidated community actions for economic empowerment and gender equality at the grassroots level. Ms. Pita also raised the importance of addressing people's unique needs and challenges in the context of climate change.

Cristina Brito, BeGirl, shared experiences from BeGirl in overcoming the menstrual health obstacles faced by girls in Mozambique and Angola. In Mozambique, she noted how the dual emergencies of cyclone Idai and COVID-19 produced multiple layers of challenges for girls to manage menstruation and complex constraints around mobility. She gave an overview of BeGirls PeriodPanty™ and SmartCycle® workshops as interventions to help meet girls' menstrual needs. These interventions broadened product choice while also reducing stigma and taboos about menstruation. She

concluded by stating that, during complex emergencies, contextualized menstrual management interventions can be essential strategies to improve gender equity.

Dr. Hidayat Kassimo, UNFPA Mozambique, shared experiences from UNFPA's contribution to the response after Cyclone Idai in 2019. He noted how, within humanitarian contexts, menstrual health issues affect women and girls' basic mobility, confidence, and ability to look after their health and hygiene. He explained how dignity kits helped girls and women maintain dignity and quality of life in the post-cyclone context, significantly impacting the social, physical and mental well-being of women and girls. The inclusion of masks in the dignity kits, accompanied by information sessions on COVID-19 prevention, helped to respond to COVID-19 while meeting other basic health and dignity needs. Dr. Kassimo also noted how access to menstrual products reduces girls' and women's vulnerability to GBV.

Recommendations and priorities for action

The main recommendations and priorities identified from Angola and Mozambique to address menstrual health in humanitarian, peace and development contexts include:

- Ensure that access to information, services, water and sanitation are prioritized in humanitarian, emergency and development strategies and continue to work on overcoming menstrual taboos.
- Strengthen cross-sectoral engagement and collaboration among diverse stakeholders.
- Design approaches for menstrual health that start at an early age for girls and boys.
- Ensure that menstrual health initiatives are designed with sustainability and scale-up in mind.
- Invest in locally produced reusable menstrual products as a way to increase product choice, reduce the cost of menstrual products and provide local employment.
- Ensure that no one is left behind by designing interventions for groups of people with special needs.
- A multisectoral approach is necessary to link menstrual health education and CSE to SRHR commodities, products and services.

South Africa's Holistic Approach to Menstrual Health

Session overview

This country-led session focused on how South Africa has created an enabling environment to address menstrual health holistically. Key components include:

- The development of the sanitary dignity implementation framework (SDIF);
- The national roll-out of the sanitary dignity programme (SDP);
- The removal of value-added taxes on menstrual pads;
- Committing a budget of R757 million from 2019-2023 for the SDP;
- The development of standards to increase product quality, safety and choice;
- Creating multisectoral partnerships and coordination between government and non-governmental organizations;
- Comprehensive sexuality education;
- Improved WASH and disposal of products; and
- The development of a robust monitoring and evaluation framework for the SDIF.

The session was moderated by Dr. Linda Nkomo, Chief Executive Officer, LoveLife, and was divided into two panel discussions. The first panel explored specific components of South Africa's enabling environment for holistic menstrual health. Speakers included:

- Sipiwo Matshoba, Director, Social Empowerment and Participation, Department of Women, Youth and Persons with Disabilities
- Mahesh Nagessar, Standards Writer, South African Bureau of Standards
- Charity Nshimbi, Programme Manager, WaterAid

The second panel reviewed lessons learned from South Africa's holistic menstrual health approach. Panellists included:

- Dr. Ntsiki Manzini-Matebula, Programme Specialist: SRHR and HIV/AIDS Linkages, UNFPA South Africa Country Office
- Dr. Mags Beksinska, Deputy Executive Director, MatCH Research Unit
- Dr. Tamaryn Crankshaw, HEARD, University of KwaZulu-Natal
- Anita Jack, Material Developer, South African Bureau of Standards

Key points from presentations and discussions

To open the first panel, **Sipiwo Matshoba**, Department of Women, Youth and Persons with Disabilities, shared an overview of South Africa's sanitary dignity implementation framework (SDIF) and its monitoring and evaluation (M&E) framework. The goal of the SDIF is to ensure that all women and girls in South Africa have universal and equitable access to safe, hygienic and protective sanitary dignity, thereby improving women's empowerment and gender equality. At the heart of the SDIF's theory of change is creating an enabling environment to improve the supply of products and increase menstrual health knowledge and awareness. Mr. Matshoba shared how the SDIF's M&E framework collects data related to 12 outcome-areas, which aids in decision-making. The next steps include institutionalizing the M&E framework through all government structures and departments and creating M&E tools for the local government level.

The second panel opened with a presentation by **Dr. Ntsiki Manzini-Matebula**, UNFPA South Africa Country Office, who shared findings from a cross-sectional study that assessed the national implementation of the SDIF. The study found the following components were important for creating an enabling environment: allocating a dedicated budget, establishing a national SDIF task team, improving WASH infrastructure through a new checklist and assessment, and developing standardized implementation guidelines. Challenges included uneven implementation across provinces, lack of representation by certain key population groups in the national task team, limited funding for WASH infrastructure, and inconsistencies with implementation approaches.

Mahesh Nagessar, South African Bureau of Standards (SABS), spoke to the importance of establishing national standards to test the quality of menstrual

products and ensure they are fit for purpose. He gave an overview of the measures employed in South Africa, including standards for the manufacture of disposable pads; the manufacture of washable, reusable pads; and specifications for the textiles of reusable pads. Standards for tampons are in progress, and standards for biodegradable menstrual products are in the pipeline. **Anita Jack**, South African Bureau of Standards, shared results from an audit on disposable menstrual pads based on SABS standards in which she noted that brands have limited knowledge of the new standards. The SABS runs compliance workshops to help manufacturers adhere to safety and quality standards.

Charity Nshimbi, WaterAid, gave an overview of the South African Coalition for menstrual health launched in 2020 to strengthen coordination to develop responsive menstrual solutions and form an alliance for collective action. She shared the following factors as key to the Coalition's success: government leadership and political will, collaboration around learning and sharing, leveraging resources through partnerships, and the

adaptability to changing circumstances, including the COVID-19 pandemic.

Dr. Mags Beksinska, MatCH Research Unit, shared results from a study on menstrual product choice. Findings highlighted the need to ensure a range of products and position product choice within an educational approach. The study showed a lack of knowledge about reusable pads and the importance of framing reusable pads as sustainable, affordable and high quality. It also emphasized the need to expand the SDIF beyond school settings. **Dr. Tamaryn Crankshaw**, University of KwaZulu-Natal, shared findings from a study in ten state secondary schools that explored the relationship between school absenteeism and lack of menstrual products in 2018. A key finding was that product access was not the only factor associated with participation and absenteeism. The study results suggest that targeted, consistent and sustainable product distribution in schools is important and should be situated within CSE and accompanied by the provision of pain relief medications and adequate rest, recovery and WASH facilities.

Recommendations and priorities for action

Key recommendations drawing from South Africa's experience of creating an enabling environment for holistic menstrual health include:

- Translate political will and leadership into an official programme with a dedicated budget, clear implementation guidelines, and a robust M&E framework.
- Create mechanisms for cross-sectoral coordination, learning and exchange.
- Establish national standards for a range of menstrual products to ensure safety and quality; and support local manufacturers to build sufficient technical knowledge and skills to adhere to standards.
- Ensure the availability of a range of menstrual products while also ensuring access to menstrual health education and information on different products. Product choice should be positioned within a multisectoral approach that improves WASH infrastructure, disposal systems and educational environments.

Menstrual Health in Uganda - Products and Product Availability

Session overview

This country-led session shared Uganda's context and experiences related to menstrual health products and their availability. The session was moderated by Olga Daphynne Namukuza, SRHR Alliance. Speakers included:

- Rosette Nakyanzi, Gender Technical Advisor, Ministry of Education and Sports, Uganda
- Anne A. Sizomu, Programme Specialist AYSRH UNFPA Uganda Country Office
- Noel Aryanyijuka, Co-founder and Lead, EcoSmart
- Trudy Emojong, National Marketing and Communications Lead, AFRIpads
- Jamila Mayanja, Founder of Smart Girls Foundation, Uganda
- Lilibet Namakula, Public Health Ambassadors

Key points from presentations and discussions

Rosette Nakyanzi, Ministry of Education and Sports, shared an overview of the government of Uganda's efforts to ensure access to quality menstrual products since 2013, including the development of standards for menstrual health products in 2017-2018, among other initiatives. New studies on product use in 2020 highlighted access barriers based on socioeconomic status and geographic location. Ms. Nakyanzi stressed the importance of ensuring product quality through national standards and the need to further reduce costs to make pads more affordable for the end users. **Trudy Emojong**, AFRIpads, agreed that establishing and adhering to quality standards is vital to safeguard health and safety. She also stressed that women and girls have the right to choose solutions that meet their needs, and products must be comfortable, accessible, effective and affordable. Another important element of Uganda's enabling environment was the removal of VAT on menstrual products. Ms. Emojong called for further tax reductions on raw materials.

Anne A. Sizomu, UNFPA Uganda Country Office, touched on the importance of creating an enabling environment to ensure product availability. She shared the example of the establishment and roll-out of national guidelines for menstrual health and hygiene management in Uganda. She also shared how UNFPA has integrated menstrual health and product availability in various programmes, including in school settings and humanitarian settings, as well as programmes to end child marriage and FGM.

Ms. Sizomu also underlined the importance of supporting social entrepreneurs to develop innovative solutions to improve menstrual product availability. **Noel Aryanyijuka**, EcoSmart, gave an overview of how her social enterprise is helping to enhance menstrual product access through the production and distribution of low cost, biodegradable and comfortable menstrual products. She stressed that products alone are not enough - information about menstrual health and how to use, care for and dispose of a range of products is critical. **Jamila Mayanja**, Smart Girls Foundation Uganda, shared another example of how social entrepreneurs are helping to improve menstrual health in Uganda. Locally produced *Smart Bags* help girls carry menstrual products and school materials to and from school. Ms. Mayanja stressed that menstrual health requires innovation to ensure accessibility, sustainability and affordability.

Lilibet Namakula, Public Health Ambassadors, shared an example of how youth-led organizations can help improve access to product choice. Public Health Ambassadors has partnered with WoMena and the Women's Global Health Innovations to run a programme in secondary schools and refugee settlement schools, in which young ambassadors lead menstrual health education sessions and distribute Bfree menstrual cups. She stressed the importance of using a peer-to-peer approach to reach young people with information effectively. She also highlighted the need to collect data beyond uptake of product use to assess how products have helped serve girls' broader needs.

Recommendations and priorities for action

- Ensure women and girls have the right to choose from a range of menstrual products that meet their diverse needs. All products must be effective, safe, comfortable, accessible and affordable.
- Create an enabling environment for menstrual product choice by establishing and rolling out national guidelines for menstrual health and national standards for menstrual products that safeguard health and safety.
- In addition to reducing or removing taxes for menstrual products, governments should explore decreasing tax barriers on imported raw materials and create policies to increase investment in local manufacturing of menstrual products.
- Ensure the menstrual health products come with comprehensive menstrual health education for girls and boys, including using, caring for, and disposing of a range of menstrual products. A peer-to-peer approach and edutainment can be useful to reach young people.

Closing Ceremony and Presentation of the Renewed Africa Coalition Call to Action

The closing ceremony opened with a vocal performance by the **Amakhono we Sintu choir**. This was followed into a keynote address by **Prof. Myriam Sidibe**, Brands on a Mission, which focused on the role of the private sector to advance menstrual health. She explained that her purpose is to catalyze investment in sustainable business models that pioneer ways to improve health and well-being as a foundation for social justice. Big problems require businesses at the core to deliver purposeful solutions and change habits at scale. She urged attendees to reflect on

how brands can move beyond profit-driven missions towards values- and social justice-driven mission and purpose while still earning profits. She shared five roots that, when tended to, can bring forth fruitful business solutions: (1) a focus on behaviour-change for positive social impact, (2) partnerships and multi-stakeholder coalitions embedded within business models (3) advocacy led by brands (4) measurement of the business model's performance and social impact, (5) winning corporate support and creating a culture driven by impact.

“Big problems require companies not to merely sell the idea of purpose, but rather to deliver on purposeful solutions that change habits and attitudes at scale.”

- Prof. Myriam Sidibe, Chief Mission Officer and Founder of Brands on a Mission

Mary Grace Sanday, African Coalition for Menstrual Health (ACMH) Leadership and WoMena Uganda, offered thanks on behalf of the ACMH to everyone who contributed and participated in the symposium. Her main takeaway from the symposium is that we are now poised to scale up effective menstrual health interventions and programmes. She emphasized the importance of

government will and leadership to keep the momentum and called for additional support to reach marginalized populations (including in humanitarian settings), an increased focus on the disposal of used menstrual products, and increased funding for menstrual health. She underlined the importance of positioning dignity and informed choice at the centre of programmes.

“Tomorrow, May 28, is Menstrual Health Day. Please continue to amplify the menstrual health message in all corners of the world!”

- Mary Grace Sanday, ACMH Leadership and Programme manager WoMena Uganda

Roger Yates, Plan International, reminded attendees that, on any given day, 800 million people are menstruating and grappling with the unique challenges of the global pandemic. As some countries emerge from the peak of the pandemic, the challenges for millions of people who menstruate continue. He shared examples of how COVID-19 has disrupted access to products, WASH facilities, clean water, and information; while stigma and shame have increased. He stressed the importance of tackling stigma and taboos related to menstruation,

ensuring access to CSE at an early age, supporting girls and adolescents as leaders and key partners, and engaging with parents, caregivers and other community members. Mr. Yates noted that despite the growing attention on menstrual health, funding levels remain marginal and far from what is required. The solutions shared during the symposium offer hope, yet more action is needed to accelerate progress. Mr. Yates shared Plan International's commitment to do their part to act now and urged others to do the same.

"In this conference, we've heard the extensive challenges and the importance of addressing them if we're going to achieve the SDGs. We've heard so many success stories, and we have solutions to address the challenges. We know that things can change, but for them to do so, we need to align efforts and work together across technical sectors, like health and education, but also across government, business, and civil society [...] we need to help youth leaders and traditional leaders to act together. This is why this coalition is so important."

- Roger Yates, Regional Director, Plan International

Following the high-level remarks, the renewed *Africa Coalition Call to Action for Menstrual Health - Time to Act! Period!* - was unveiled through a reading by three speakers of different ages to acknowledge the life cycle approach from menarche to menopause (see Annex 2 for Renewed Call to Action).

Final closing words were delivered by **Dr. Julitta Onabanjo**, UNFPA ESARO, who congratulated the ACMH for successfully hosting the symposium and officially announced the change of the Coalition's name to the *African Coalition for Menstrual Health (ACMH)* to reflect the evolving definition of menstrual health. She thanked participants, high-level speakers, panellists, and organizing partners, noting that the renewed Call to Action will drive a movement of collective action to make a positive difference in the lives of all people who menstruate in Africa throughout their full life course. She also reminded attendees that these commitments are not made in isolation but reflect other

important commitments, including the ICPD+25 and those expected to be made at the Generation Equality Forum in June 2021. Dr Onabanjo reaffirmed UNFPA's commitment to upholding its promise to make menstrual health a reality for all segments of the population in all their diversities. She encouraged participants to continue to strengthen the ACMH, through additional resources, multisectoral partnerships and increased collaboration across the continent. She officially closed the symposium with an inspirational call to continue generating new ideas and innovations while scaling up what is proven to work and working hand-in-hand to take bold and confident steps forward together.

"It must be our collective responsibility to keep our commitments, to ensure accountability and to really seize opportunities for scalable action. It is our time to act. Period."

- Dr. Julitta Onabanjo, Regional Director UNFPA ESARO

Two musical performances wrapped up the proceedings: a live performance by the Amakhono we Sintu choir and a performance by Mijori of her song "I am changing".

Annex 1

Symposium Agenda



Annex 2

The Africa Coalition CALL TO ACTION

African Coalition Symposium on Menstrual Health 27 May 2021

Time to Act, Period!

We, the representatives of Governments, National Parliaments, Development Partners, United Nations, Academia, Civil Society Organizations, Communities, Faith-Based Organizations, Philanthropic Foundations, Private Sector, Youth and Women Networks and the Media, recognize our role as agents of change and providers of social services at all levels and acknowledge our responsibility to **safeguard the sexual and reproductive health, rights and justice of all**.

We recognize menstrual health as a **critical component of the human right to health**, and essential for the well-being and the empowerment and rights of girls, women and all people who menstruate, communities and nations. We are aware that experiences with menstruation can either

facilitate or impede the fulfilment of a broad range of human rights, in particular sexual and reproductive rights. We recognize that when human rights are protected, respected and fulfilled, girls, women, and all people who menstruate are more likely to experience menstruation in a safe, healthy, and dignified manner.

We acknowledge that menstrual health matters for the achievement of the **Sustainable Development Goals**, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the Convention on the Rights of Persons with Disabilities (CRPD), the SADC Strategy on SRHR (2019 - 2030), the Programme of Action of the International Conference on Population and

Development (PoA ICPD), the Maputo Protocol on Human and People's Rights on the Rights of Women in Africa, the Addis Ababa Declaration on Population and Development in Africa beyond 2014, and Agenda 2063: The Africa We Want.

We recall the **2019 Nairobi review of the International Conference on Population and Development at 25**, which for the first time, addressed Menstrual Health, culminating in more than 20 commitments from governments, UN organizations, and NGOs at regional and global levels. We also recall the **2019 review and 25th anniversary of the Beijing Platform for Action** that highlighted the importance of taking steps to address menstrual stigma and the provision of adequate sanitation for menstrual health.

We welcome the **Generation Equality Forum** and its five-year plan of action as the opportunity to take concrete actions to advance the bodily autonomy of women and girls and enable people who menstruate to manage their menstrual health in a dignified manner.

We applaud the increased attention to menstrual health over recent years in advocacy, programming and implementation, policy, research, supplies, education, and service delivery interventions. We acknowledge that the **concept of 'menstrual health' has evolved** from focusing on hygiene management to a broader concept of health, well-being, dignity, awareness and gender equality across the reproductive life cycle of all people who menstruate. We acknowledge the need for integrated and holistic programming and policies to address the multifaceted nature of menstrual health.

We are cognizant of the detrimental effects that the global COVID-19 pandemic has had on access to and availability of menstrual health information, services, products, funding and programming. We underscore that **periods don't pause for pandemics**. While we applaud the efforts and innovations introduced to address the barriers exacerbated by the global pandemic, we are aware that a lot more remains to be done.

We are committed to **'leave no one behind'**, targeting the furthest behind first and addressing the menstrual health needs of vulnerable and marginalized populations, including adolescent girls, young people, persons with disabilities and their caregivers, people living with HIV, transgender and gender non-binary persons, sex workers, prisoners, injecting drug users, low-level corporate cadres, survivors of female genital mutilation, homeless people, migrants, people on the move and internally displaced populations.

We understand the importance of addressing menstrual health for all people who menstruate in **diverse contexts**, especially those in vulnerable situations, including humanitarian settings, low-income contexts, remote areas, health centres, urban and peri-urban settings, informal settings, correctional and other institutional settings.

We acknowledge the progress made in many African countries to strengthen policies for menstrual health. However, we recognize that efforts to **strengthen and harmonize the menstrual health policy environment** remain uneven across the continent.

We affirm that menstruation and other forms of uterine bleeding are a **priority across the full life cycle** of girls, women and all people who menstruate. We recognize the need for programmes and policies that ensure **integrated and inclusive approaches** to provide menstrual health information, services and social support from premenarche to menopause, ensuring bodily literacy, bodily autonomy and agency, and the right to self-determination for all people who menstruate.

We recognize the need to ensure access to and informed choices about quality **menstrual health services as part of universal health coverage** and an integrated package of comprehensive sexual and reproductive health services throughout the life cycle. We support a holistic understanding of menstrual health services, including those that address menstrual disorders; vaginal bleeding associated with pregnancy, childbirth, postpartum, miscarriage, fibroids or other morbidities, cancers and endometriosis; menopause; psychosocial and mental health issues; and menstrual stigma.

We acknowledge the need to **harmonize and develop evidence-based guidelines and standards** with clear requirements for products, supplies, water, sanitation and disposal/waste management, adhering to the AAAQ framework – Availability, Accessibility, Acceptability and Quality, including human resources.

We are aware of the **influence that social, religious and cultural norms**, and stigma about menstruation, have on bodily autonomy, including mental health, self-esteem, agency, and the daily practices of people who menstruate throughout their life. We emphasize the **role of communities, parents, guardians, men and boys** in overcoming social stigma and creating supportive and gender-equitable environments. We also recognize the contribution of menstrual health to the elimination of harmful practices, such as child marriage, through increasing school attendance and the reduction of school dropout rates.

We highlight the **importance of intersectoral collaboration, including among the education and health sectors**, to improve the access and quality of menstrual health education in and out of schools. We acknowledge that **menstrual health education is an essential component of comprehensive sexuality education** and underscore the importance of providing girls, women and people who menstruate with accurate, timely, and empowering menstrual health information throughout the full life course.

We are aware of the urgent need to **address the environmental impacts** related to the production, distribution and disposal of menstrual products.

We recognize the need to undertake systematic efforts to **improve water and sanitation facilities**, including environmentally-friendly disposal and waste management practices in schools, communities, health centres and workplaces, as well as accessible WASH facilities and services, including for persons with disabilities.

We are cognizant of the need to **generate more robust and standardized empirical data** on menstrual health, including the determinants of menstrual health, effective interventions for improving menstrual health and the linkages with education, gender equality, sexual and reproductive health, mental health and economic and social empowerment. We recognize that systematic evidence is required to guide policy and programming decisions.

We recognize that **diseases, vaccines and treatments** affect girls, women and people who menstruate differently than men.

We underscore the need to strengthen the enabling environment for **menstrual health innovation and digital technology mainstreaming** to reach those furthest behind first with solutions that work for different ages, geographic locations, socioeconomic status and physical abilities. This includes supporting innovative community-based solutions, mainstreaming digital technology, and ensuring meaningful youth participation. We also recognize the critical role of the private sector to advance innovative solutions to increase access to menstrual health products, information and services.

We recognize the catalytic and transformative roles of continental and regional institutions, national governments, the United Nations Development System, multilateral development banks, international financial institutions, the private sector and individuals to accelerate **sustainable, evidence-based financing for menstrual health**.

We underscore the unique and evolving opportunity presented by the **Africa Continental Free Trade Area (AfCFTA) Agreement**, under the leadership of the African Union, to promote local manufacturing and a continental value chain.

We acknowledge the contributions made thus far by the **African Coalition for Menstrual Health** to advancing menstrual health across Africa, including improving the coordination among key menstrual health stakeholders, expanding the evidence base and translating research into action, and supporting multisectoral policy development across Africa.

WE COMMIT TO

- Advocating for specific reference to **menstrual health in normative frameworks**, including reviews of the Sustainable Development Goals, in particular the goals pertaining to sexual, reproductive health and rights and gender equality, the ICPD Programme of Action and other international existing accountability mechanisms such as the Universal Periodic Review.
- Ensuring that menstrual health is included in all **humanitarian emergency response** and recovery plans, disaster risk reduction, climate adaptation, COVID-19 response and recovery.
- Identifying, documenting and scaling up **high impact practices for integrating menstrual health within sexual and reproductive health and rights**, and WASH programmes, service delivery, education, and supply chain management to address the needs of girls, women and people who menstruate by following a people-centred, rights-based, life-cycle approach.
- Collaborating with global, regional and national stakeholders to create a clearly defined set of standardized, valid and objectively **measurable indicators to assess menstrual health** outcomes, the cost and benefits of menstrual health interventions, and the social and economic costs of inadequately addressing menstrual health and how it impacts other health and development outcomes.

WE COMMIT TO *contd.*

- **Investing in innovative solutions** to integrate menstrual health in national financing frameworks and policies, including monetary policies, costed multisectoral policies and plans at the national and sub-national levels, as well as leveraging sustainable financing instruments and financial protection strategies for menstrual health.
- **Galvanizing political leadership**, improving cross-sectoral collaboration and establishing accountability mechanisms for menstrual health on a national, regional and transnational level.
- This includes ensuring **effective coordination for the integration of menstrual health within existing development, humanitarian and peacebuilding programmes**.
- Encouraging the **private sector to play an active role** in multi-stakeholder partnerships, and increasing innovations to improve the quality, safety, affordability and accessibility of menstrual products, information and services.
- **Leaving no one behind**, targeting those furthest behind first by ensuring the full and meaningful participation of vulnerable and marginalized groups in all phases of decision-making for menstrual health policy and programmes, as well as scaling up tailored interventions to meet their specific needs.
- Positioning efforts to ensure **bodily autonomy and integrity** by tackling menstrual stigma and restrictive social and cultural norms as central to menstrual health efforts. This includes engaging with individuals, parents, communities, religious and cultural leaders, men and boys to create a normative, supportive sociocultural environment for menstrual health.
- Advancing efforts to create standards for efficacy, health and **environmental safety** of a full range of menstrual products and materials. Expanding the research on how diseases, treatments and vaccines affect girls, women and people who menstruate differently to adapt promotive, preventive and treatment measures to produce better health.
- **Strengthening the mandate, functionality and membership base of the African Coalition for Menstrual Health**, focusing on convening a community of practitioners for menstrual health in Africa and facilitating the scale-up of evidence-based solutions for menstrual health. In addition, strengthen the capacity of the Coalition to enhance connection and collaboration with global and other regional platforms and coordination mechanisms on the continent for menstrual health to enhance the collective effort.
- Finally, we re-commit to holding the **next symposium on menstrual health in 2023** to review progress made on frameworks and research and to share key successes, challenges and lessons learned.

Annex 3

List of Marketplace Stands

The following organizations shared information about their menstrual health work in the symposium's virtual marketplace

List of Marketplace Stands

• AFRIpads	• Just a Cup	• SaCoDe
• BeGirl	• Malaika textile	• The Flow Game
• Girls, Period!	• MELA for HER	• UNFPA
• IGEA Enterprise	• Mimi Women	
• IMHER	• Palesa Pads	

Annex 4

List of Artistic Performances

- **KrTC**, a poet and Hip-Hop artist from eSwatini, spoken word performance “The Ark”
- **Zuhura the African Lioness**, poet/singer from Tanzania, poetry performance “We paint in Red”
- **Teardrops**, Kenyan artist, spoken word performance “Not in vein”
- **Mijori**, musical performance “I am changing”
- Vox pop videos:
 - [Unlocking Menstrual Health and SRHR Information](#)
 - [CSE as a catalyst for period power](#)
 - [Engaging men and boys to end period stigma](#)
 - [Ending period stigma begins at home](#)

Annex 5

Media Coverage

The symposium garnered attention from various media outlets, including:

- An interview on eNCA with UNFPA Sexual Reproductive Health Specialist, Felicia Jones, spoke about the menstrual health needs throughout the full life course, including how COVID-19 has affected menstrual health.
- An interview on eNCA with UNFPA SYP Regional Coordinator, Renata Tallarico, emphasized the human rights imperative to address menstrual health, highlighting the link between school absenteeism and period poverty. She underlined the multidimensional nature of menstrual health and shared how the ACMH is helping to strengthen a multisectoral and coordinated response to menstrual health.
- A print article in South Africa’s Mail & Guardian, “How to realise menstrual justice in South Africa”, summarizing the Government of South Africa’s strategy for improving menstrual health, the contribution of the South African Coalition for Menstrual Health Management, and the importance of the 2021 Symposium.
- A print article in Sowetan, “Transgender men long to be part of period talk”, highlighting the menstrual health needs of transgender men, which were raised during the symposium.
- A blog post in Times Live, “Siv Ngesi to be part of panel in fight to end period poverty”, sharing Siv Ngesi’s call for male engagement in menstrual health and how this is a prominent theme at the symposium.

Annex 6

Summary of results from Post-Symposium Survey

Following the symposium, UNFPA ESARO shared a survey with attendees to gather feedback on the event. The following is a summary of the main results from the 81 survey respondents.

Respondent profiles

Among the 81 survey respondents, 70 were based in sub-Saharan African countries. The majority of respondents (76.5%, n=62) were between 25 - 49 years old. Ten respondents (12.3%) were younger than 25 years, and nine respondents (11.1%) were older than 50 years. Most respondents identified as female (80.2%, n=65), while 18.5% (n=15) respondents identified as male, and one respondent identified as transgender. Most respondents (65.4%, n=53) were not members of the African Coalition for Menstrual health.

Reasons for attending the African Menstrual Health Symposium

These were the most common reasons given for attending the Symposium:

- To learn about the latest data or research on menstrual health (n=57)
- To learn about best practices for menstrual health policies and programmes (n=63)
- To learn more about the work of the African Coalition for Menstrual Health (n=55)
- To share results from my organization's work/research (n=34)
- For networking (n=35)

Overall level of satisfaction with the Symposium

Respondents were asked to rate their overall level of satisfaction of the following elements, using a Likert scale of 1 to 5, with 1 being a low level of satisfaction and 5 being a high level of satisfaction. Respondents were generally satisfied with most aspects. The lowest scoring aspect was interactivity with other attendees as a consequence of having to host the event online in compliance with COVID-19 health and safety measures and cross-border travel restrictions.

Aspects related to the Symposium	Average score (out of 5)
Quality of expertise of presenters & speakers	4
Opening & Closing session: Quality and relevance	4
Plenary sessions: Quality and technical level of presentations	4
Concurrent sessions: Relevance of topics and themes addressed	4
Concurrent sessions: Quality and technical level of presentations	4
Concurrent sessions: Length and format	4
Country-led sessions: Relevance of topics and themes addressed	4
Country-led sessions: Quality and technical level of presentations	4
Country-led sessions: Length and format	4
Marketplace: relevance and usefulness	4
Format of the symposium and its accessibility	4
Interactivity with other attendees	3
Artistic performances	4

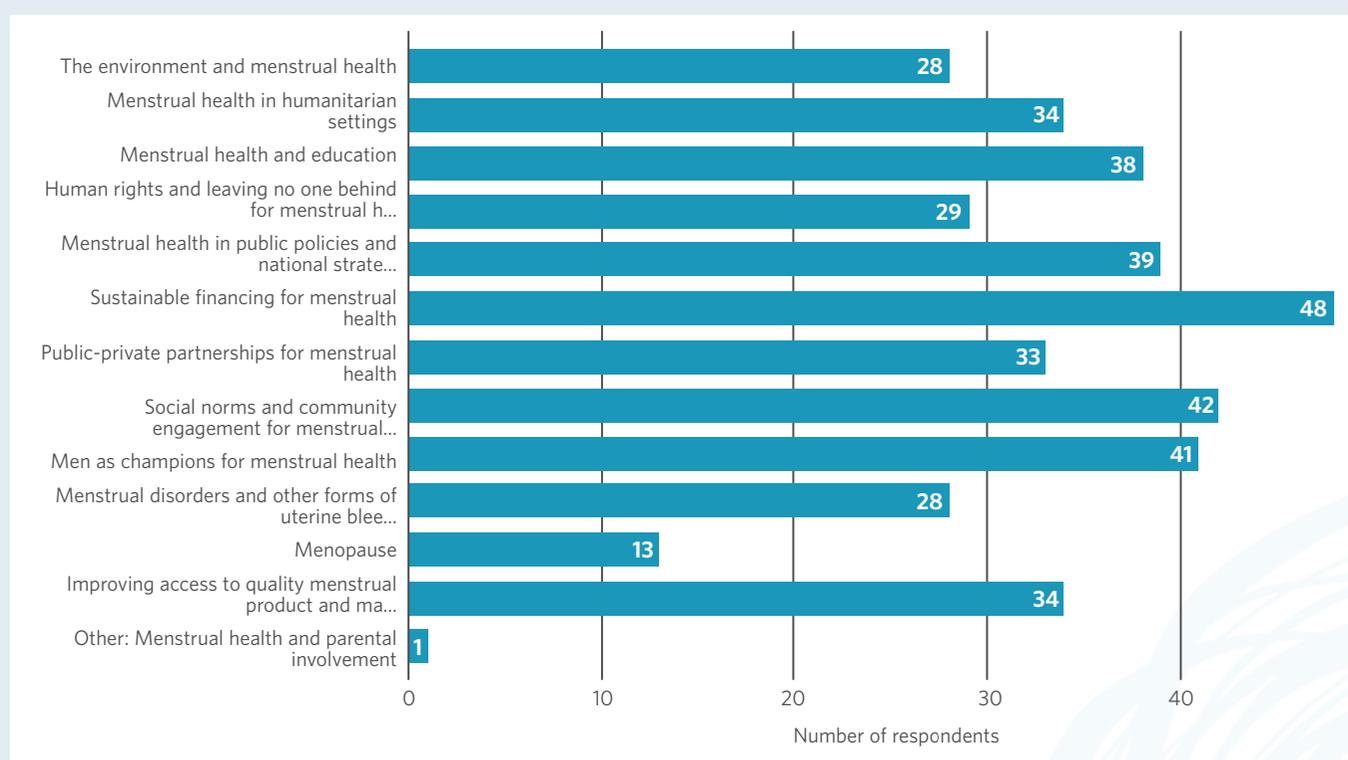
Technical issues registering for or participating in the Symposium

The majority, 60.5% of respondents (n=49), did not experience any technical difficulties registering or participating in the symposium. Among the 39.5% (n=32) of respondents who reported having technical difficulties, the most common issues were:

- Not able to log in to the live stream through the event platform (41.9%, n=18)
- Not able to access the Country-led sessions (18.6%, n=8)
- Not able to access the Concurrent sessions (18.6%, n=8)
- Not able to view live stream through Facebook and/or YouTube (16.3%, n=7)
- Not able to access the Marketplace (11.6%, n=5)

A few respondents also cited issues with the Portuguese translation and internet speed/bandwidth.

The following chart summarizes the themes that attendees are most interested in including in the 2023 African Menstrual Health Symposium:



Improvements for the next African Symposium on Menstrual Health?

When asked how the organizers could improve the next symposium, the most common answers were:

- Include more opportunities for networking (59.3%, n=48)
- Better communication about the symposium, including sending out invitations earlier (49.4%, n=40)
- Use more accessible technology to register or participate in the symposium (37%, n=30)
- Improve overall timing and duration (29.6%, n=24)

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