



PANDEMIC PERIODS

From exclusion to prioritization: mainstreaming menstrual health across global policies

**Workshop Report
UNGA78**

Acknowledgements

This workshop was co-developed in consultation with representatives from the Global Menstrual Collective, Pandemic Periods volunteers from 25 countries, and the Sexual and Reproductive Health Branch (SRHB) of the Technical Division of UNFPA.

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Thank you to our attendees who joined from over 20 countries!

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List of Acronyms

CEDAW: Convention on the Elimination of All Forms of Discrimination Against Women

CRC: Convention on the Rights of the Child

ICPD: International Conference on Population Development

ILO C190: C190 - Violence and Harassment Convention, 2019 (No. 190)

PMNCH: Partnership for Maternal, Newborn, and Child Health

SDGs: Sustainable Development Goals

SRHR: Sexual and Reproductive Health Rights

UHC: Universal Health Coverage

UNFPA: United Nations Population Fund

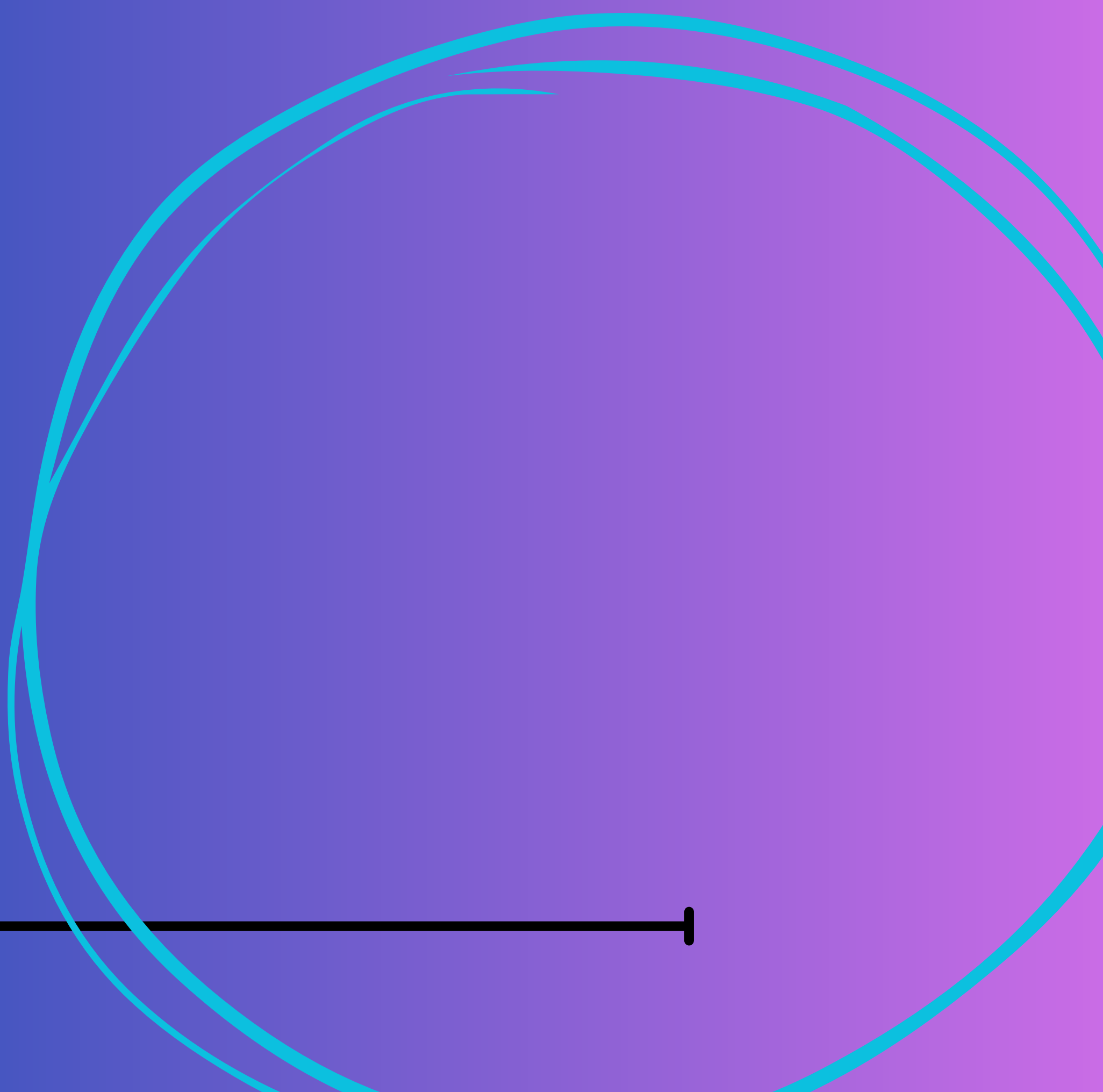
UNGA: United Nations General Assembly

WASH: Water, Sanitation, and Hygiene

WHO: World Health Organization

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Menstrual Health Is Still Absent from the Global Stage!

Menstrual health is the gateway to promoting sexual and reproductive health rights (SRHR), building bodily autonomy and self-efficacy, elevating women's leadership, and growing health literacy. Yet, political and multilateral leaders have not recognised its full potential. In 2023, the World Health Organization (WHO) turned 75 memorializing nearly 30 years since the International Conference on Population Development (ICPD) (1994) in Cairo acknowledged that SRH should include aspects of human rights and dignity, highlighting the needs for rights-based and holistic approaches to sexual and reproductive rights (SRHR).

As global health leaders convened in New York for the 78th UNGA, we witnessed a continued lack of commitment to driving meaningful change through the prioritisation of menstrual health across the life course:

During the 78th session of the United Nations General Assembly (UNGA), the High-level Meeting on Universal Health Coverage (UHC) led to several cuts to the progressive SRH commitments outlined in the 2019 UHC Political Declaration. This regression of SRHR solidifies why we must use menstrual health to socialise governments to SRH and that we must continue to advance this movement on the global stage.

On the sidelines of UNGA78, the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up launched their third and final report – *Sexual and Reproductive Justice Cannot Wait: All Rights, All People, Acting Now*. The report highlights the need for comprehensive sexual education to uphold rights and choices, achieve justice-informed universal social protection, disrupt discrimination through innovation, and unleash the unifying power of justice movements. Throughout the entire report, however, menstruation, menstrual health, menstrual hygiene, perimenopause, menopause, menarche, or menstrual disorders were not mentioned.

The menstrual health movement must unite to push for global, collective action and recognition of menstrual health. The movement must galvanise leadership to ignite the discussion during global forums.

Menstrual health is central to the equality, rights, and dignity of women, adolescent girls, transgender, non-binary, and gender queer people that menstruate. Menstrual health must be acknowledged on the formal agendas of the United Nations (UN) instead of *only* through side events. It is also critical that the convention moves beyond the provision of menstrual products alone, as well being requires much more than material. Global leaders must encourage holistic and life-course approaches that address intersectional and rights-based approaches to elevate menstrual health.

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Menstrual Health products alone cannot end menstrual stigma. We need more than that, the right menstrual education coupled with proper healthcare will work towards ending the stigma around menstruation

Monica Lennon
Member of Scottish
Parliament




Attaining menstrual health requires more than access to affordable, safe and appropriate products; it requires comprehensive programmes and international collaborations that address the full scope of menstrual health. This includes simultaneously addressing the social determinants of health, such as social stigma, income inequality, and inadequate facilities that transcend geographical boundaries. (ANNEX 1)

It also requires a human rights lens, as Inga Winkler highlights in her paper, *Menstruation and Human Rights: Can We Move Beyond Instrumentalization, Tokenism, and Reductionism?* Dr Winkler suggests that “*human rights framing tends to be tokenistic. Documents and organisations use the frame of dignity but focus narrowly on ensuring privacy and cleanliness, eschewing a more fundamental understanding of dignity as agency and autonomy.*”

We want to move menstrual health beyond this tokenistic framing and embed it across key conventions and treaties that underpin the fundamental human rights of women, girls and people who menstruate. The inclusion of menstrual health will encourage governments and funders to specifically mobilise resources for the area.

We must centre the voices and needs of people with lived experience and offer them a platform to share their insights meaningfully. Menstrual health should not be embedded in strategies, policies, and frameworks; it must be expressly mentioned so its benefits are not lost!



“ We need to ensure that menstrual health is an integral part of SRHR in policies, programmes and budgets. This will break the taboo, and support others to speak openly about it.

Sabrina Browne, Pandemic Periods
USA

“United at the country level, activists amplify the voice of menstrual health, compelling global leaders to acknowledge its significance—a collective force driving change that can co-create more inclusive and informed global menstrual policies!

Candice Chriwa
Activist, Minister of Menstruation
South Africa



Towards a Shared Agenda

On the ground, grassroots organisations at the community and regional levels are driving menstrual health in their contexts. However, this must be coupled with a push for global leaders to mobilise resources for global policy change. This starts with integrating menstrual health across global policies, conventions and human rights treaties.

Currently, menstrual health is considered a cross-cutting issue that could be leveraged to accelerate progress toward multiple UN Sustainable Development Goals; however, global leaders have yet to unlock the power of menstrual health.

Co-creating a shared agenda and global coordination will strengthen the collective voice advocating for menstrual health globally, exerting more significant pressure on policymakers, raising awareness at international forums, and shaping agendas. Addressing menstrual health challenges holistically through coordinated global collaborations and stemming from a shared call to action could enable resource mobilisation and harness expertise from different countries and organisations. Facilitating research that generates data could support the demand for recognition at the global level and could lead to menstrual health being included in the next round of UN development goals.

Promoting menstrual health on global health agendas and policies is essential to prioritising gender equality, improving the health, self-efficacy, and well-being of women, adolescent girls, and people who menstruate, enhancing educational opportunities, addressing health disparities, and advancing sustainable development. One example is the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979). CEDAW recognises the importance of reproductive health and requires states to ensure equal access to healthcare services, including family planning and prenatal care. This is further echoed by the absence of menstrual health discrimination (including menstrual disorders, perimenopause and menopause discrimination) in the ILO's Violence and Harassment Convention, 2019 (No. 190).



Most global and multilateral programmes focus on providing menstrual products to adolescent girls in school. Surprisingly, the fundamental human rights treaty for children (a person under 18) does not include the right to menstrual health or broader SRHR.

By recognising and prioritizing menstrual health (including menstrual disorders, perimenopause and menopause), global health leaders can drive meaningful change, demonstrate leadership, encourage governments to prioritize menstrual health policies, empower women, adolescent girls, and people who menstruate, and contribute to a healthier, more equitable world.

Reinforcing the commitment to this topic could encourage governments to enact menstrual health policies, empowering women, adolescent girls, and people who menstruate to fully contribute to a healthier and more equitable world by advancing universal health coverage (UHC), SRHR, gender equality, and the rights of the child.

Format

Pandemic Periods and the Sexual and Reproductive Health Branch of the United Nations Population Fund convened an action-oriented hybrid workshop (ANNEX 2) focusing on the future of menstrual health in global policy on the sidelines of the 78th session of the UNGA in New York City.

This event brought together more than 50 menstrual health professionals from 20 countries (ANNEX 3 and 4). These professionals included specialists in sexual and reproductive health, gender equality, global health, education, universal health coverage and human rights leaders, including representatives from the media, policy, private sector, research, civil society, UN entities, and communications who attended the workshop virtually and in person at the UNFPA Headquarters.

This facilitated open forum discussion aimed to explore how the movement can propel menstrual health onto the global agenda by framing it as a human right and public health issue – reflecting on what has worked, what opportunities are available, and how we can drive collective action. It also reflected on the mid-point of the UN Sustainable Development Goals and how menstrual health can be captured in the next generation of development goals.

This report is the output of that session. It includes critical insights and the next steps. It can strengthen cross-sectoral partnerships and galvanize the menstrual health movement. It is a roadmap that will diversify and enhance menstrual health in global policy and across international platforms (like UNGA) in the future.



In-person attendees ANNEX 2

Plenary

We welcomed our plenary to share their insights on how to properly manage global menstrual health whilst reflecting on insights from Women Deliver and understanding UNFPA's commitment to the topic.

Kick-off by Dr Jennifer S. Martin, Global Director, Pandemic Periods. Associate Partner, Rabin Martin.

Dr Jenni started the session by illustrating the opportunities in global policies, human rights treaties and conventions where menstrual health is missing, including [CEDAW](#), [CRC](#), and [ILO C190](#). She emphasized the need to move the discussion beyond the provision of menstrual products alone. She acknowledged that the provision of menstrual products is vital but that menstrual health requires policies that address access to safe and hygienic WASH facilities with discreet disposal, municipal services that can collect menstrual waste, comprehensive sexuality education that includes information on menstrual health across the life course, and includes menstrual disorders, and campaigns that address menstrual health in at the individuals, family, community, education, and workplace settings.

She finished by encouraging civil society to work together to engage global leaders to drive global policy change. She emphasised that grassroots organizations are doing a fantastic job of pushing menstrual health in their contexts. Still, we must offer them platforms to feed this knowledge into the global menstrual health narrative to support policy change.

“Menstrual health is a missed opportunity to build body autonomy, health literacy, and self-efficacy in girls. It is the gateway to discussing broader SRHR, and global leaders must recognise it's power. This movement must move forward!

Dr Jenni Martin, Pandemic Periods Scotland



Comments from Dr Flavia Bustreo, Vice-Chair, Fondation Botnar, Co-Chair. The Lancet Commission on Gender-Based Violence & maltreatment of young people Chair of the Governance and Ethics Committee, Partnership for Maternal, Newborn, and Child Health (PMNCH)

Dr. Flavia began by drawing our attention to the lived menstrual experiences and how they are an essential aspect of menstrual research, which is often ignored. She emphasized that menstrual stories/ experiences are an indispensable tool that should be addressed when framing SRH and menstrual health policies.

She also suggested the need to emphasize the challenges faced when women and people who menstruate do not meet their basic needs in the workplace. This involves feelings of stigma or shame or some people feeling productivity challenges.

She commented on how this conversation must extend beyond health to WASH, youth and human rights because menstrual health is a complex issue that spans several sectors.

She highlighted the upcoming Global Forum for Adolescents as an opportunity to promote menstrual health.

“Use the voice of young people. There are 1.8 billion young people below the age of 24 years in the world. We need to utilize them to advance menstrual health in the world.

Dr Flavia Bustreo



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We know that almost half of the people who menstruate do not have access to products. UNFPA is committed to addressing inclusivity in menstrual health.

Danielle Engel from the UNFPA highlighted that more than half of the menstruating population cannot access safe menstrual health products. Challenges are heightened by a lack of access to menstrual health education and stigma and taboos. Accessibility and inclusivity are key barriers to advance menstrual health and pave the way to health, education, work and opportunities.

UNFPA recognizes menstrual health as a vital aspect of sexual and reproductive health and rights, Danielle pointed out. The organization focuses on adopting holistic, integrated, and rights-based policies - with global reach and impact.

As such, UNFPA champions four broad approaches to promoting and improving menstrual health: (1) ensuring direct access to menstrual health supplies and safe sanitation facilities. UNFPA introduced 'dignity kits' in humanitarian settings with essentials for menstrual health, (2) elevating education about menstruation. This includes comprehensive sexuality education and awareness about its link to harmful practices, (3) supporting national health systems to offer adolescent-responsive services that cater to the menstrual health needs of the youth, and (4) gathering data on menstrual health, revealing its connection to holistic development.

By prioritizing menstrual health in global policies, Danielle concluded, we do more than providing health care, we work to uphold human rights, gender equality, and sustainable development.



Daniell Engel
Adolscnt Health Team Lead
SRH Division
UNFPA

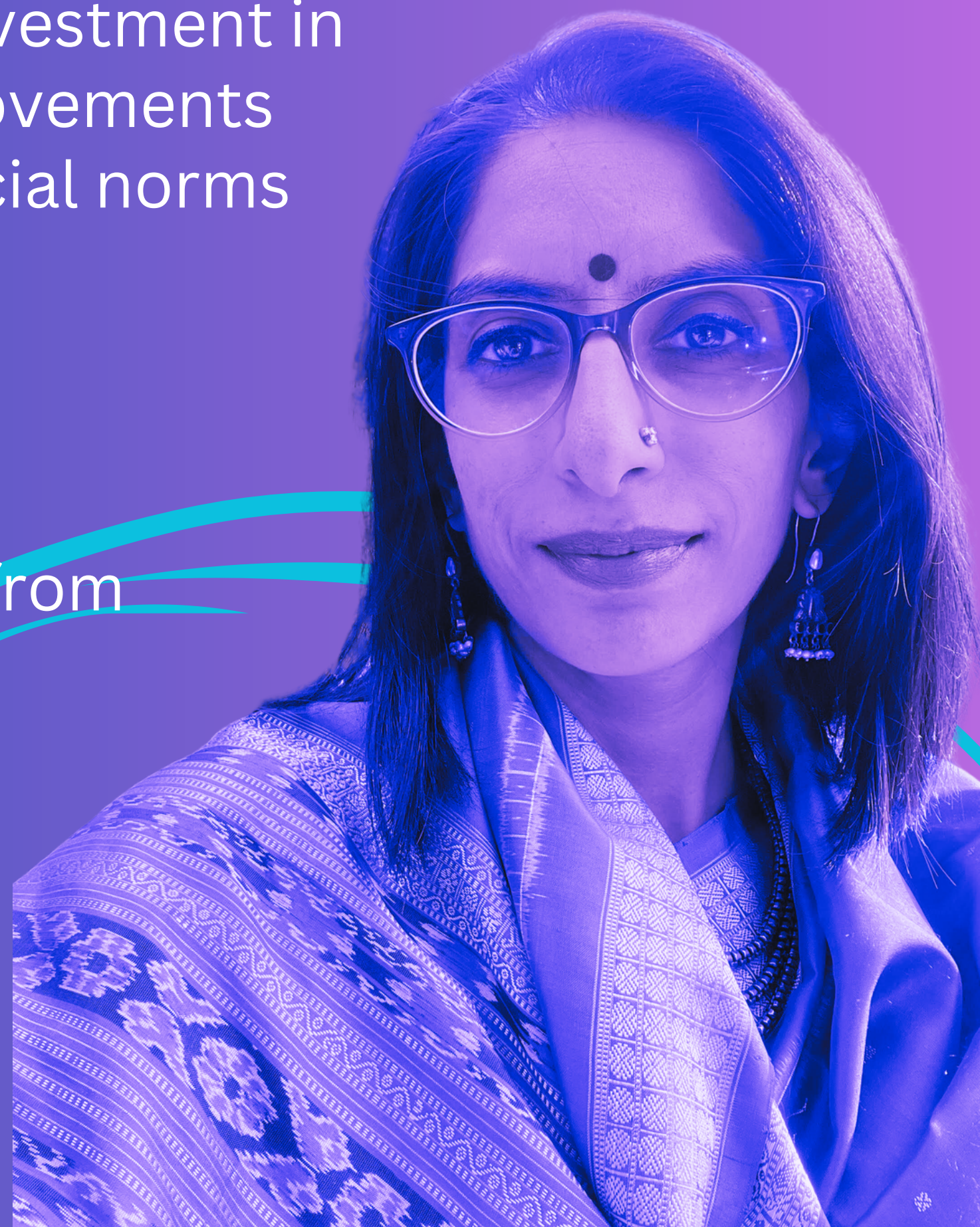


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Menstrual health is critical for human rights and public health. There are deep cross-linkages and intersections between menstrual health, SRHR, education, WASH, women's livelihoods, and aspects of gender equality, and people's right to live their lives in dignity and without discrimination. MHH may not be recognized as a right, but this does not preclude it from being addressed through action on other human rights – the right to health, education, and sanitation....

A feminist lens should be applied when developing strategies and policies for gender equality. This involves creating a framework for interventions prioritising transforming harmful, inequitable power structures and increasing investment in grassroots and advocacy movements that facilitate changes in social norms and policies at all levels.

Arundati Muralidharan
Global Menstrual Collective
India during her reflections from
Women Deliver



Insights

The following five insights were gleaned from the notes of the facilitated discussion at UNFPA Headquarters and virtually. Information on the tasks in the debate can be found in ANNEX 5.

Insight 1: Global policies, human rights treaties and conventions that should include menstrual health.

Overall, menstrual health must be incorporated in the following UN development goals post-2030 iteration. Almost all groups mentioned the importance of CEDAW and the CRC. The consensus was that international treaties that address menstrual health, and the attention given by high-level meetings are rare and often only focused on populations that experience humanitarian crises. Also, they tend to focus on specific aspects of menstrual health, such as the provision of products or menstrual stigma and shame but do not look at menstrual health across the life course in a holistic way or through an intersectional lens.

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I think one strategy could be advocating for the inclusion of MH as a sub-target in the SDGs follow-up. If you remember the MDGs, SRHR was not included and later became a sub-target in the SDGs.

Odette Hekster, PSI Stichting, Netherlands

The Office of the High Commissioner of Human Rights (1948) published the Declaration of Human Rights. This declaration highlights that “*United Nations have in the Charter reaffirmed their faith in fundamental human rights, the dignity and worth of the human person and the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom*”. However, this does not include menstrual dignity or the right of the women, adolescent girls, or individuals that menstruate right to live and work in an environment free of menstrual stigma, discrimination or shame.

Other treaties that the attendees identified included:

- Council of Europe Convention on preventing and combating violence against women and domestic violence - Istanbul Convention
- Convention for the Right to Education promotes the right for children 18 and under to access education and the right to educational curiosity and freedom of expression.
- Text of the 1951 Convention - Relating to the Status of Refugees
- Text of the 1967 Protocol - Relating to the Status of Refugees
- Resolution 2198 (XXI) adopted by the United Nations General Assembly

The group identified how menstrual health could accelerate progress towards multiple UN SDGs, including:

- SDG 1: No Poverty
- SDG 3: Enhancing Health and Well-being.
- SDG 4: Quality Education
- SDG 5: Gender Equality
- SGD 8: Decent Work and Economic Growth
- SDG 10: Reduced Inequalities
- SDG 12: Sustainable Consumption and Production
- SDG 13: Climate Action: Sustainable Development and Environmental Protection

There was an overall consensus that we must work together to challenge the Member States, the Convention Committees and the organisations that oversee these conventions and policies to issue comments on menstrual health or amend policies to include menstrual health.

“

I wanted to add the Istanbul convention to the map, which is currently under backlash in many European countries. Regarding the allies, I want to highlight that it is crucial to continue partnerships with IT sector representatives and make greater use of big data menstrual trackers, etc.

Vera Syrakvash, Pandemic Periods Belarus



Insight 2: Cross-sectoral partnerships and more robust mechanisms are required to push for the measurement of menstrual health at the regional and national levels.

Moving the dial on menstrual health required inter-agency reporting, cross-sectoral collaboration, and mechanisms for monitoring and evaluation. Menstrual health must continue to be incorporated across SRHR, WASH, and education through the framing of strategies and discussions on the right to health, education, or water, as well as the right to menstrual health. Some areas can be linked to adolescence, workplace, and education and should be brought to discussion by the Ministries of Education, the Ministries of Water, Sanitation, and Irrigation, and the Member States Human Rights Commissions.

The attendees agreed that menstrual health needs a cross-sectoral approach to build interest and support in other sectors. More cross-sectoral collaborations exist between academia, policymakers, civil society and multilateral organisations to work on strategies to include menstrual health in global policies, conventions, and treaties.

A critical area stressed amongst all groups was the recognition of public-private partnerships and more of an economic component surrounding menstrual health. Some have suggested tying in some unions and workforce rights groups to stress how menstrual health can affect the workforce. This makes the case for more robust data collection on the challenges relating to menstrual health and the workplace.

“Free Periods Scotland was founded to bridge the divide in data available on women’s experiences of period poverty across Scotland” - Victoria Heaney, Founder, Free Periods Scotland.

Stronger partnerships could result in more robust data collection mechanisms, data that must highlight intersectional experiences such as those of people of colour, people with disabilities, etc.

Data collection at the national level could inform indicators, such as the Menstrual Health and Hygiene indicators co-developed by Columbia University and partners. The presence of indicators and the ability of UN Member States to offer timely reporting could encourage the UN to include menstrual health indicators in the next generation of development goals.



We must gather data around menstrual health, it is still a problem worldwide. In the Democratic Republic of Congo, there is a lack of menstrual health data that continues to be a major roadblock towards menstrual progress.

Lorence Kabasele, President, African Youth and Adolescent Network on Population and Development, Eastern and Southern Africa, and UNFPA Member of the High-Level Commission on the Nairobi Summit on ICPD25, Democratic Republic of the Congo

Insight 3: Engaging national policymakers so they can advocate for menstrual health at the global level

The group indicated that although the menstrual health movement had made significant advances in the last ten years, there was still disillusionment with some Governments and formal political or diplomatic processes.

To engage effectively with policymakers, it is crucial to understand the landscape in which they operate. Policymakers come from diverse backgrounds and possess varying levels of expertise and knowledge.

“We did a series of advocacy projects in Taiwan with middle-aged male policymakers and people in power to present an example to the other male population. And it worked! Having these examples seems important for them (other male policymakers) to start standing up for SRHR” - Vivi Lin, Founder, With Red, Taiwan.

Developing a strategic communication plan is essential for effective engagement with policymakers. Here are some tips to ensure your message is heard. The movement must have opportunities to establish personal connections with policymakers. Attend relevant events, conferences, or public hearings where policymakers are present. Building rapport and trust is crucial for effective communication.

“In the Netherlands, a group of activists met with male Parliamentarians and had them experience menstrual pain through a machine. This was a way to engage males in decision/law making positions.” - Odette Hekster, PSI Stitching.

The movement must build effective communication channels with key policymakers and governments. At the same time, institutional, geographical, or technological barriers to participation in global discussion must be addressed. Most grassroots movements that address menstrual health need more funds to travel to high-level meetings. These barriers result in their future exclusion from the institutional and political processes. This exclusion undermines the representativeness and legitimacy of policy-making systems and structures—and, in many cases, leads to the same narrative being perpetuated by the same voices.

When engaging policymakers, the movement must use a strategic and persuasive approach. This includes being data-driven, building strong collaboration and coalitions, and enhancing and engaging in public discourse.

“Change takes time. Engaging political leaders is an essential part of the process. They set an example for institutions.

Eiko La Boria, The Flow Initiative
& the United State of Women, USA



Insight 4: Framing Menstrual Health as an Economic and Workforce Issue

The group identified that one way to encourage policymakers to prioritise menstrual health is to present it to policymakers with an economic argument. Governments and employers should understand the financial losses from not generating policy that support menstrual health in the workplace, education, and broader society.

A Mayo Clinic study estimated that \$1.8 billion is lost in productivity annually during perimenopause. A US study of health insurance claims by Fortune 500 companies found that employees with untreated hot flushes (vasomotor symptoms) incurred 57% more indirect work productivity loss days (compared to those who had medical therapy).

The absence of friendly workplace policies and from the underinvestment in diagnosing and treating menstrual disorders. Furthermore, there could be substantial loss in GDP by not facilitating the full capability of those who menstruate to complete their education and enter the workforce. Inadequate funding of menstrual related symptoms could also lead to workplace absenteeism and loss of productivity. Societal and cultural taboos exist in many societies, leading to a lack of menstruation friendly workplace policies. Workplace barriers to accessing menstrual products has remained limited in the research, as well as in policy and programming.

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Small steps on leveraging menstrual health have been taken. We need to take more steps to make menstrual health a reality for all.

Mónica Ferro, UNFPA London Office



Insight 5: Engaging Youth and Offering them a Platform to share their Knowledge

While young people need to play a central role in addressing issues that affect them, they cannot tackle many challenges alone. Only through active partnership, inclusive policies and decision-making processes, and meaningful involvement can solutions to some of the fundamental menstrual health issues experienced by young people be developed. In promoting youth engagement, support must be provided, and the respective roles of young people, policymakers, and the institutions through which they work must be clearly defined.

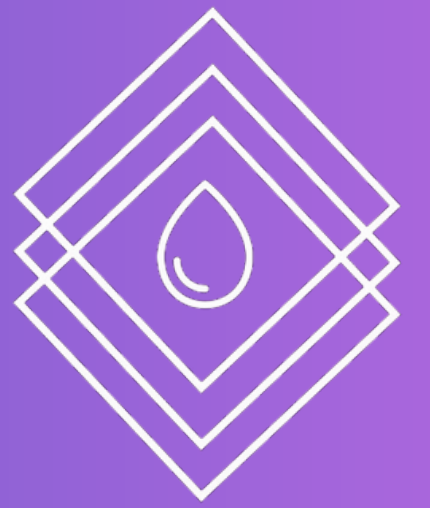
Those driving menstrual health globally must offer platforms to grassroots activists so they can share their lived experiences through speaking engagements, demonstrations, and digital activism. This will diversify the global menstrual health narrative, strengthen those expressing their opinions and continue to demand political processes and outcomes. Ensuring everyone's meaningful involvement in institutionalised political processes is essential. Efforts to enhance such participation should be coupled with engaging with youth and vulnerable populations. Monitored social media and other forums and platforms could be used to engage young people, connect and communicate.

Implement programmes where vulnerable youth, including migrant youth and youth with disabilities, are in the areas where they feel safest to share their experiences.

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Future-proofing
solutions means
putting youth at the
centre of the
conversation

Nuria Balibrea
Rabin Martin, Switzerland





PANDEMIC PERIODS

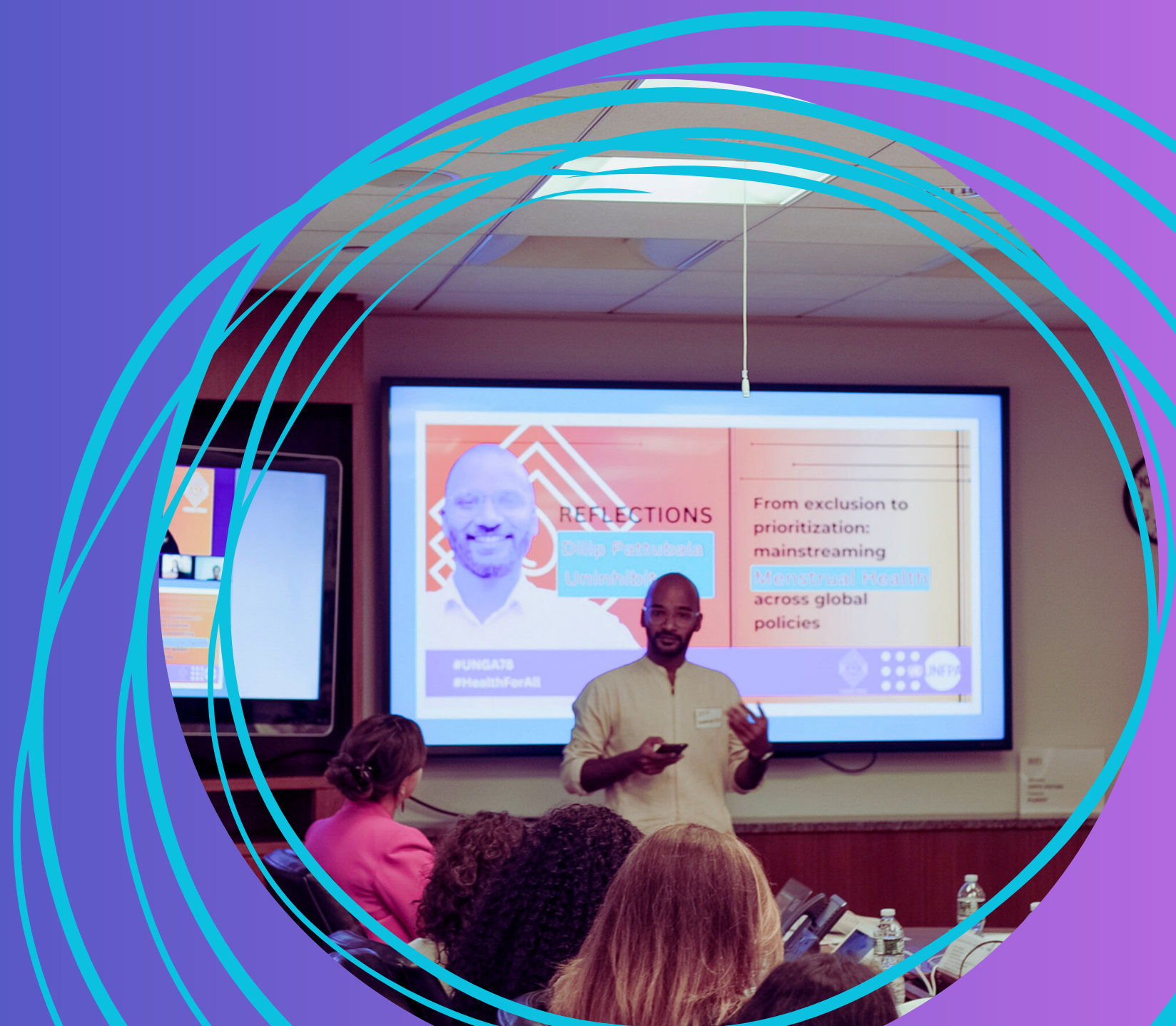
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Menstrual health is at the core of human rights. This is not an independent issue.

Youth are at the helm of recognizing and prioritizing menstrual health

Data-driven advocacy continues to be a roadblock and needs to be tackled more effectively. Conversations are starting; however, we need to walk a long way towards the path of equality. We need to continue leveraging technology to advance menstrual health. We must also be collective and ensure that the conversation around menstruation does not stop.

Dilip Pattubala
Uninhibited, India



Roadmap

Although the provision of menstrual products is an essential component of addressing poor menstrual health, grassroots organisations are best placed to respond to the needs of their contexts and push their governments to enact menstrual policies. However, they need leadership at the global level to push for research, more funding, and global recognition. This workshop outlined how to mainstream menstrual health across global policies, conventions, and human rights treaties in a bid to do precisely that!

The following areas must be addressed for the menstrual health movement to galvanise and progress:

Co-create a shared agenda to propel our movement forward!

We need a global call to action! In Pandemic Periods' [Global Leaders Report \(2023\)](#), the Collective outlined why this movement needs leadership from Member States, donors, and UN entities. It highlighted the benefits of a shared goal and how leadership could inspire grassroots movement and cultivate global action.

Position of menstrual health as a public health and human rights issue,

The group suggested we must support disseminating menstrual health as a public health and human rights issue. This will require systems approaches that address the intersectional experience and the barriers that underpin poor menstrual health across the life course. Make connections and links to other areas clear (e.g. how does it fit into the SRHR, WASH, global health, education, gender, and areas such as UHC and labour rights)

Build Allies in UN Member States

Work with governments at different levels (representatives at missions, Ministries of health, gender, foreign affairs, and parliamentarians), recognising the role of national and regional actors in the global space.

The movement should use collective bargaining to engage policymakers with targeted messages and ask different audiences (e.g. health focus versus economic focus versus rights guide). Provide language and references to documents at the UN and other bodies that allude to or directly mention issues related to menstrual health, and identify champions who will push this agenda. This will make the movement powerful enough to bargain effectively for the inclusion of menstrual health, addressing discrimination problems and applying an intersectional lens.

Conduct thorough stakeholder mapping.

Stakeholder mapping is required so that the movement can identify how holistic menstrual health can be incorporated across the agendas of the following discussions and not just captured by SRH, WASH or education frameworks.

1. Research: Identify key policymakers relevant to your industry or mission. Study their background, policy positions, and any recent initiatives they have been involved in. This research will enable you to tailor your engagement efforts to their interests.
2. Networks and Associations: Engage with industry networks and associations that have established relationships with policymakers. These organisations often have valuable insights and can guide in engaging with specific policymakers.
3. Stakeholder Mapping: Map out the stakeholders who influence the policymaking process. Identify allies, opponents, and neutral parties. This mapping will help you understand the dynamics and power structures at play.

Identify partners who can optimise opportunities to elevate menstrual health on the global stage at events such as:

- Global Forum for Adolescents – 11th-12th October 2023
- World Health Summit – annually
- WHO Forum at COP 28 – 30th November-12th December, 2023
- World Health Assembly - annually
- Human Rights Council
- United Nations General Assembly - annually

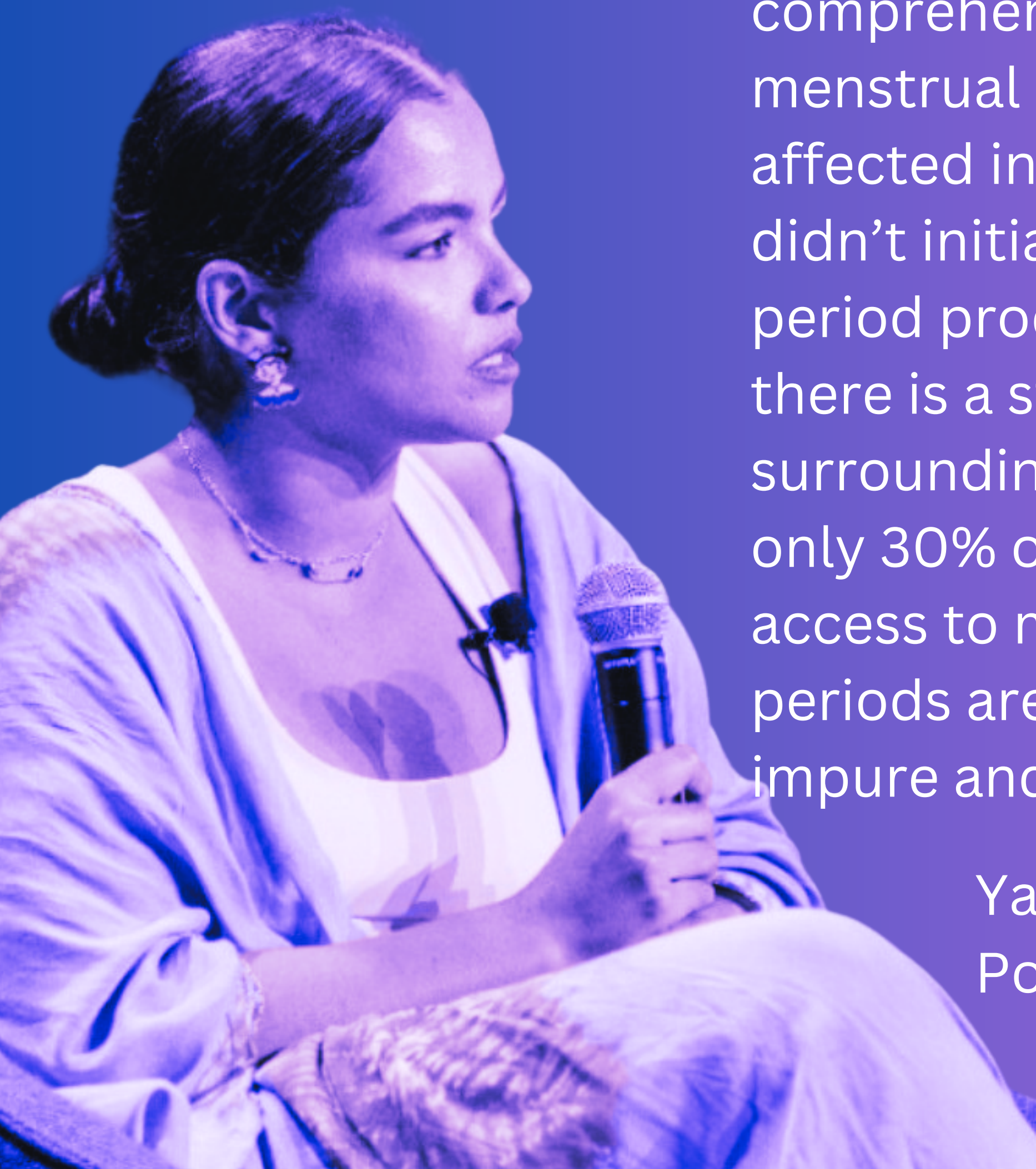
Global stakeholders such as the United Nations entities and the International Labour Organization should continue to support research and discussion of menstrual health. Research and programmes must respond to contextual and cultural needs, and apply an intersectional lens, including women of colour, people with disabilities, LGBTQIA+, people experiencing homelessness, caregivers, incarcerated women, and those who do not have access to digital interventions.

Funding for Grassroots organisations, since menstrual health requires a comprehensive look at national and global levels. Grassroots organisations are on the frontlines; they must have funding to accelerate menstrual health rights in their contexts. There should also be a way to engage countries participating in the engagement of menstrual health.

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After the earthquake hit my home country of Morocco, we witnessed that one of the biggest challenges women and girls faced was access to menstrual products. A gender-sensitive approach to disaster management will recognize these vulnerabilities and ensure that the relief efforts are tailored to meet the specific needs of women and girls. We must prioritize comprehensive and contextual menstrual education, as the areas affected in the Atlas Mountains didn't initially have access to period products or CSE, where there is a strong stigma surrounding periods. In Morocco, only 30% of women and girls have access to menstrual care and periods are still considered taboo, impure and dirty.

Yasmina Benslimane,
Politics4Her, Morocco



Co-develop platforms for more youth engagement

Growing recognition of the value youth engagement adds to the development process has led to a shift in how young people participate at the community level. Stakeholders, including youth themselves, have become progressively more aware of the personal and community benefits of youth engagement, and young people today are becoming increasingly involved as collaborators, team members, leaders, and decision-makers within their communities. Such a meeting often sets a young person on a lifetime of broader engagement in political and economic life.

Young people are vital to shaping and contributing to the menstrual health movement. The development and use of social media platforms have allowed young people to engage in new and innovative ways at the global level, further changing the landscape and allowing young people more significant opportunities for engagement. The benefits of such engagement and approaches will strengthen the voices advocating for mainstreaming menstrual health across global policies, human rights treaties, and conventions.

Optimising AI!

AI-powered chatbots and virtual assistants can provide accurate and personalised information about menstrual health practices. Algorithms can analyze social media and identify trends and patterns related to menstrual health, helping organisations tailor awareness campaigns and educational materials. However, the lived experience must be included to contextualise experiences. It is critical that a new technology or AI platform is co-developed with women and people who menstruate at its core and that user data is protected. Furthermore, AI could also support healthcare providers in diagnosing and treating menstrual health issues by analysing symptoms and medical history.

Engage men and boys.

Men and boys significantly influence women's and girls' experiences of menstrual health in the household, community, education and the workplace. As husbands, fathers, brothers, peers, and community leaders, they can support women and girls in managing menstruation effectively and with dignity. However, engaging men and boys in menstrual interventions has been challenging due to societal beliefs and misconceptions surrounding menstruation.

Male allies can help challenge societal norms and encourage positive attitudes toward menstruation, and garner support for menstrual health globally.

Equip the next generation of menstrual health leaders.

Menstrual health activists, policymakers and researchers must have the tools to advocate for menstrual health policies, fund menstrual health programmes, conduct research to generate intersectional data and address harmful practices that result in poor menstrual health. The movement must share knowledge and expertise, invest in capacity building, and pull collective voices to prioritise menstrual health.

Supporting activists to elevate menstrual health in their contexts whilst offering them an opportunity to feed into the global narrative so that their lived experience can be acknowledged will strengthen the movement. It is crucial that high-income countries refrain from solely leading this movement or that the issues are not synonymous with low- or middle-income countries. Poor menstrual health is a global issue and needs regional voices to highlight the cultural and contextual challenges.

Moving Forward!

Pandemic Periods will aim to convene this workshop every six months. The purpose will be to review progress and identify opportunities to drive menstrual health mainstreaming across global policies. The output of this process will be a strategy to address menstrual health in global policy. This strategy can be applied to the regional or national level but will require local organisations to adapt to culture and context.

There must be a collective push to drive menstrual health onto the global agenda, starting with capacity building at the local level.



“ —

If we want to deliver change globally at pace. We must commit our efforts in leadership to reach across sectoral divides of health/economy/technology to foster a collective approach to the menstrual health and rights of women and girls.

Scotland's approach to communication between grassroots and policy could be a template for the world.

We need more channels to share strategies for engagement from other settings!

Victoria Heaney, Pandemic Periods





The insights from this report are the products of the Pandemic Periods workshop in collaboration with UNFPA SRH Branch, Technical Division on the sidelines of the UNGA78. They were used to inform a roadmap for the menstrual health movement to mainstream menstrual health across global policies. This roadmap will significantly impact policies directly affecting them by understanding the policymaker landscape, building effective communication channels, advocating for menstrual health, and fostering long-term relationships.

At Pandemic Periods, we specialise in strategising how to mainstream menstrual health across global policy and engage diverse voices in policymaking. Together, we will move the dial on menstrual health.

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Disclaimer: This report is presented by the Pandemic Period. This was an independent audit based on publicly available data and data collected from the Pandemic Periods and the UNFPA workshop on Monday, the 18th of September, 2023.

ANNEX 1: Programme

Attaining Menstrual Health Requires More Than Products Alone

Attaining menstrual health requires more than access to affordable, safe and appropriate products; it requires comprehensive programmes and international collaborations that address the full scope of menstrual health. This includes simultaneously addressing the social determinants of health, such as social stigma, income inequality, and inadequate facilities that transcend geographical boundaries.

UNICEF estimates that 1.8 billion women, adolescent girls, and people menstruate monthly. Poor menstrual health affects an estimated 500 million women, adolescent girls, and people who menstruate, and 1.25 billion women and adolescent girls lack access to a safe, private toilet.

Menstrual health is “complete physical, mental, and social well-being, and not merely the absence of disease or infirmity concerning the menstrual cycle”. Several factors can prevent a woman, adolescent girl, or person who menstruates from attaining menstrual health. These factors include an absence of:

1. Access to menstrual products and safe, discreet, hygienic water, sanitation, and hygiene (WASH) spaces to manage menstruation.
2. Comprehensive sexual and reproductive health education that includes menstrual health across the life course.
3. The right to manage menstruation without shame or stigma.

ANNEX 2: Programme

Time	Speaker	Details
16:00-16:10	Welcome: Introduction to Pandemic Periods	Dr Jennifer Martin, Global Director, Pandemic Periods, Scotland
16:10-16:15	UNFPA Introduction	Danielle Engel, Technical Specialist Adolescent and Youth-Team lead
16:15-16:22	Reflections on Global Menstrual Health	Dr Flavia Bustreo, Vice-Chair of Fondation Botnar and Co-Chair of The Lancet Commission on Gender-Based Violence and Maltreatment of Young People, Italy
16:22-16:25	Outcomes of Menstrual Health Discussions at Women Deliver 2023	Arundati, Global Menstrual Collective
16:25-16:28	Tasks Introductions and Overview	Dr Jennifer Martin, Global Director, Pandemic Periods
16:28-16:45	TASK 1: Global Policies Missing Menstrual Health	Facilitated group discussion - introduced by Jennifer Martin
16:45-17:00	TASK 2: Opportunity Mapping	Facilitated group discussion - introduced by Sabrina Browne
17:00-17:20	TASK 3: Towards 2030	Roadmapping implementations with whole workshop - led by Sabrina Browne
17:20-17:23	Reflections	Dilip Kumar Pattubala, Co-Founder, Uninhibited, India.
17:23-17:35	Closing	Sabrina Browne, Board Chair, Pandemic Periods, USA
17:35-18:00	Networking & Refreshments	All workshop participants

ANNEX 3: In-person Attendees at UNFPA Headquarters, NYC

FULL NAME	ORGANIZATION
Aisha Memon	Baithak - Challenging Taboos Morocco
Alexandra Lundqvist	The Case For Her/GMC, Sweden
Allyson Humphrey	UN Women, USA
Damilola Walker	UNICEF, Nigeria
Danielle Engel	UNFPA, HQ
Dilip Kumar Pattubala	Uninhibited, India
Dr. Pragati Singh	FP 2030 & The UN Foundation
Eiko La Boria	The Flow Initiative/United State of Women, USA
Elise W. Joy	GIRLS HELPING GIRLS. PERIOD. USA
Flavia Bustereo	Botnar Foundation, PMNCH, Italy
Ines Finchelstein	UNFPA,HQ
Jennifer Martin	Pandemic Periods, Scotland
Jennifer Rauch	Fos Feminista, USA
Jose Roberto Luna	UNFPA, HQ
Julia Fält Wahengo	Essity, Sweden
Julian Kochek	Photographer
Keyaira Boone	Essence Magazine, USA
Marni Sommer	Columbia University, USA
Nuria Balibrea	Rabin Martin, Switzerland
Rajni Samavedam	Rabin Martin, USA
Regan Moss	Pandemic Periods, USA & GirlsHealthEd
Richard Dzikunu	Global Health Council & Action Learning SRH, Ghana
Rosa Ann Seidler	UNFPA, Turkey
Sabrina Browne	Pandemic Periods, USA
Serene Tohme	Rabin Martin, USA
Sue Coates	UN Sanitation & Hygiene Fund, USA
Susana Martinez	Columbia University, USA
Tolu Ilori	Pandemic Periods, USA
Wendy Anderson	The Case For Her/GMC, Sweden



ANNEX 4: Virtual Attendees

FULL NAME	ORGANIZATION
Candice Chirwa	Minister of Menstruation, South Africa
Emily Wilson	Irise International, UK
Halima Lila	UNFPA, African Coalition on Menstrual Health and Youth Participation, Tanzania
Joan Mascinde	Pandemic Periods, Kenya
Lynda Gilby	Pandemic Periods, Finland
Marcy Karin	University of the District of Columbia, USA
Monica Ferro	UNFPA London Office, UK
Monica Lennon	Scottish Government, Scotland
Mwikali Kivuvani	SRHR Alliance, Kenya
Noelle Spencer	Pandemic Periods, USA
Odette Helsker	PSI Stitching, The Netherlands
Representative	CREA - Disability charity, Kenya
Representative	The Ability – Disability NGO, Ghana
Salma Mahmoud	Pandemic Periods, Egypt
Teresa Calderòn Machicado	Independent Consultant SRH Bolivia
Vera Syrakvash	Pandemic Periods, Belarus
Victoria Heaney	Pandemic Periods, Scotland
Vivi Lin	With Red, Taiwan



ANNEX 5: Workshop Aims and Objectives

TASK 1: Global Policies Missing Menstrual Health

Objectives

1.1 Identify human rights declarations and conventions that are relevant to menstrual health.

1.2 Map allies that are engaged in upholding those declarations and conventions in policymakers, multi-laterals, NGOs, etc

Activity:

- Facilitated group discussions - 15 minutes
- Quick-fire 1-minute presentation by a group-selected rapporteur.
- Moderated by Dr Jennifer Martin
- The Pandemic Periods rapporteur will collect information.

TASK 2: Building Momentum Towards the Incorporation of inclusive and intersectional Menstrual Health across the life course in the next generation of development Goals

Objectives

- Identify up to five critical global moments to elevate menstrual – for example, ICPD30.
- Actions for Member States and the UN to galvanize support for menstrual health at these moments.

Activity:

- Facilitated brainstorming – 15 minutes
- Moderated by Sabrina Browne

TASK 3: Roadmap to 2030

Objectives

- Collating initiatives presented by workshop groups into action-orientated strategies to embed menstrual health in the next generation of UN development goals.
- Ideating around potential streams for dissemination of strategy to UN entities, Member States, CSOs, and broader stakeholders.
- Assigning roles to move this forward.

Activity:

- Moderated by Sabrina Browne – discussion with full group



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