Menstrual Health Management

CARE AND SUPPORT FOR TEACHING AND LEARNING SHARING MEETING
Johannesburg, South Africa | 13 December 2018
Defining MHM

Menstrual Hygiene Management

Women and adolescent girls using clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials (UNICEF and WHO, 2014)

Menstrual Health Management

WHO: A state of complete physical, mental and social well-being plus the broader systemic factors that link menstruation with health, well-being, gender, education, equity, empowerment, and rights.
MHM, human rights and development

Human Rights Impacted

- Human dignity
- Education
- Health
- Work
- Gender equality
- Healthy environment

Agenda 2063: The Africa We Want
**Timeline of agenda for strengthening MHM**

**Until around 2004-2005:**
Individual focused agenda on menstruation & beginning of small scale development interest

2005-2011: Formative research on barriers to MHM for schoolgirls and emergence of social entrepreneurs

2011-2015: Launch of global sharing of best practices and expansion of research agenda in LMIC

2014: MHM in Ten

2015: MHM recognized in the SDGs

2016-2018: Broader findings on the effect MHM has on girls’ lives; building on evidence for needs in emergencies; increased government & UN engagement; period equity agenda builds traction.

2018: First Symposium on Menstrual Health Management in Africa

**Source:** Marni Sommer
MHM not a stand-alone issue...

• Life cycle approach to MHM

• MHM integration within Sexual and Reproductive Health & Rights (SRHR)

• MHM within the SDGs
What do we mean by a lifecycle approach to MHM?

Dropping age of onset of puberty, first menarche

Family planning/contraceptive continuation/discontinuation

Perceived readiness for marriage

High risk sexual activity

HIV/STI

Teenage pregnancy

If the average girl reaches menarche around age 12, and the average age of menopause is 51-52 years old, that is over 40 years of monthly bleeding (480 months/2400 bleeding days)......
Beyond menstrual health: Vaginal bleeding throughout the life course

**Health conditions that causes common types of vaginal bleeding:**

- Cervical/other cancers
- Endometriosis
- Sexually transmitted infections
- Uterine fibroids (Nigeria, 1/3 girls/women)
- Uterine polyps

**Reproductive processes:**

- Menorrhagia
- Postpartum bleeding (4 weeks)
- Miscarriage (4-6 weeks)
- Perimenopause
- Infertility
Effect of MHM on SRHR

Adequate Menstrual Health
(Education, WASH, Social Norms, Products, Standards)

- Increase in self-esteem, autonomy, confidence
- Increase ability to concentrate in school and at work – less absences
- Decrease sexual risk, coercion incl. transactional sex
- Decrease in discomfort, urogenital, BV infections

- Decrease school dropout, or work loss
- Decrease child marriage, STI, HIV, and (teen) pregnancy risk

- Increase educational and employment equity, and economic potential; reduce stigma, violence, morbidity and mortality
What do we need to be able to promote the life cycle approach to MHM?

1. Identify research gaps; build evidence on scale of problem & barriers to care
2. Develop global/regional/national policies and strategic plans with guidelines
3. Strengthen health & education workers expertise and system capacity
4. Ensure access to comprehensive sexuality education & to life long learning
5. Expand awareness campaigns to address social norms
6. Develop new partnerships
So what?.....
East and Southern African Regional symposium: Improving Menstrual Health Management

First of its kind in Africa

Co-hosted by UNFPA East and Southern Africa Regional Office and the Department of Women in the Presidency of the Republic of South Africa

Guided by a comprehensive review of Menstrual Health Management in East and Southern Africa

Organized in partnership with five UN agencies (UNFPA, UNESCO, UNICEF, UN Women and WHO), academia (Wits University, Columbia University, Liverpool School of Tropical Medicine and PMA2020), regional NGOs and civil society organizations and the International Menstrual Hygiene Day secretariat

Key donors: Swiss Agency for Development Cooperation, Embassy of Denmark, the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, and partners convening the parallel sessions.
**Bold, vocal and visible**

**Participation** of 300 representatives from over 20 national governments, academic institutions, non-governmental organizations, donors, United Nations agencies, private sector organizations, celebrities, traditional and faith-based leaders, youth-led organizations & social entrepreneurs.

Interactive exhibition space and **networking zone for social entrepreneurs and innovators**

Highly **participatory and interactive** with live pooling from [sli.do](http://mhmsymposium.info/)

**Trending on social media:** #nomorelimits, #MHM2018 and #periodpower

**Wide media coverage** on SABC, BBC, CNN, national radio stations and news papers in several ESA countries
Johannesburg Call to Action: No more limits

Key commitments:

• Establishing an African Coalition for Menstrual Health Management (ACMHM).

• Strengthening national advocacy efforts at legislative and policy level for adequate a multi-sectoral response with increased financial resources, sustainability and accountability.

• Strengthening integration and coordination of menstrual health management matters into existing development and humanitarian programmes in areas such as health, including sexual and reproductive health and rights, education, water and sanitation, trade and industry, environment, gender equality, empowerment programmes.

• Strengthening partnerships with global, regional and national organizations to support the generation of new evidence and development of regional standards, SMART indicators, tangible outcomes, and a shared Theory of Change.

• Commit to every two years have a symposium on MHM to update on the progress made, frameworks, research, sharing key successes, challenges and lessons learnt.
African Coalition for Menstrual Health Management
ACMNM Purpose

- Guided by the *Johannesburg Call to Action: Improving Menstrual Health Management in Africa* and recommendations from the 2018 inaugural *East and Southern Africa Menstrual Health Management Symposium*, the aim of the ACMHM is to:

  • strengthen coordination among key stakeholders and build on and support the evidence-base, to better transition research to action

  • support multi-sectoral policy making and scale up of evidence-based and sustainable programmes that address the menstrual health management needs of girls and women throughout their menstrual lifecycle in Africa.
The Secretariat: main tasks & responsibilities

- Policy and programme support
- Coordination, Partnerships and Resource Mobilisation
- Communications
Specifically, members are expected to participate in the following key areas:

a) Stocktaking  
b) Advocacy and policy dialogue  
c) Standard setting  
d) Monitoring, Evaluation & Learning  
e) Knowledge sharing  
f) Partnership building
Under the auspices of the Coalition, the members of the Coalition, within their respective Task Forces are expected to provide strategic leadership in the coordination, development, implementation and sustainability of menstrual health management (MHM) programmes and strategies in Africa.
What has happened since the Symposium?

August
South Africa removes VAT on sanitary products

September

October
Zimbabwe removes VAT on sanitary products

November

December
1st ACMHM Leadership meeting

GLOBAL CITIZEN
#ItsBloodyTime for World Leaders to Prioritize Menstrual Hygiene for Girls’ Education
Key messages

• **Menstrual Health matters to achieve the Sustainable Development goals** and must be recognized as a **human right** and as a **development imperative**.

• **Menstruation is key to the reproductive system**, and is absolutely integral to sexual and reproductive health and rights; menstrual irregularities/disorders throughout the **reproductive lifecycle** are common and real and can impact the full well-being of women and girl. A **competent health workforce** is key to address these challenges.

• **Negative stereotypes around menstruation must be broken**; Menstruation is seen differently across societies. Seen as transition to womanhood in some- in others, an opportunity to perpetuate stigma and discriminatory practices. Socialization of **boys and the engagement of men** is therefore key in menstrual matters.

• **Information, education and skills around sexual and reproductive health and rights are fundamental to a female’s autonomy, agency, informed choice and well-being**; Menstrual literacy is key **before menarche** and access to **comprehensive sexuality education** is vital to ensure normalization of menstruation and to promote self-dignity, esteem and worth.

• **Menstrual products and supplies and supportive facilities especially water and waste management systems must be provided to in a sustainable, affordable, safe and acceptable manner**; National standards, quality assurance around menstrual products needs to consistently be in place.

• **No one must be left behind when addressing menstrual health management**; there are vulnerable and marginalized populations in all contexts, including in **humanitarian settings**.
What is next?

• How to work together? The success of the African Coalition on Menstrual Health Management will be a result of the collective contribution and commitment by its members.
• Expanding the African Coalition on Menstrual Health Management to West, Central and Northern Africa.
• Funding and resource mobilization to maintain the secretariat and support joint activities.
• Positioning the African Coalition on Menstrual Health Management within global initiatives.
• Promoting a lifecycle approach to Menstrual Health Management – moving from adolescent girls in schools to other girls, women and other people who menstruate.
• Revisiting the definition of MHM and developing a common framework/TOC for action.
• Ensuring that no one are left behind.
The time is now.....

“Menstrual hygiene and health for young girls has to become a national priority with increased budgetary allocations towards products and services in line with it and the free provision of sanitary towels especially for girls that have difficulty in accessing them.” (Call to Action from 150 young people at the 2nd African Girls Summit, 23 November 2018, Accra, Ghana).

“Let’s invest in menstrual health & end stigma and discrimination for the 60 million 10 year old girls who stand at the threshold of adolescence & menstruation. It is time to lift up the rights of girls & women everywhere”. (United Nations Deputy Secretary General, Amina J. Mohammed: Global Citizen/ Junior Chamber International panel discussion, 30 November 2018, Johannesburg, South Africa).
THANK YOU!

@AfricoMHM
Discussion Questions - Panel members

• How can we ensure that we have a holistic, multi-sectoral and comprehensive response to Menstrual Health issues within the Lifecycle approach?
• How do we position MHM as an SRHR issue which is integrated within existing programmes – CSE, School Health & Nutrition, Youth Empowerment, etc?
• What are the key gaps & emerging opportunities in addressing Menstrual Health Management within the education sector. When, where and how should we start educating our girls about MHM?
• How do we ensure that our policies & programmes are ready to address the needs for education among girls & women throughout their reproductive life-cycle?