Menstrual Health Management Lessons Learnt from COVID19
**Introduction**

Menstrual health management is directly linked to the fulfilment of human rights and specifically reproductive rights, both as a precondition for attaining rights such as health or education, and also as a matter of dignity in its own right. It is an integral component to achieving the Sustainable Development Goals (SDGs) and essential for the advancement of the Addis Ababa Declaration on Population and Development in Africa Beyond 2014 and the African Union *Agenda 2063: The Africa We Want*.

It is essential that girls, women and other people who menstruate are provided with the necessary information, resources and support to manage their menstrual needs throughout the lifecycle- from menarche to menopause, including during emergencies. Humanitarian and health emergencies and crises, as well as conflicts, and natural disasters exacerbate the challenges faced by those who menstruate. The need to implement and monitor additional measures for menstrual health management in emergencies cannot be overemphasised.

Concerned by the alarming levels of the spread and severity of the Coronavirus, WHO declared COVID-19 a **pandemic** on 11 March 2020. That led to the implementation of stringent prevention and risk mitigation measures such as lockdowns in Africa and globally, in the form of sudden and abrupt restrictions on the movements of people, goods, and services. However, the sexual and reproductive health needs of all women, girls and all people who menstruate did not pause or stop.
Effects of COVID19 on Menstrual Health Management

It is important to acknowledge that most of these challenges existed before the COVID-19 pandemic, but the pandemic and related restrictions and effects exacerbated these pre-existing challenges. The issues and challenges will be presented using the “Availability, Accessibility, Acceptability, Quality” (AAAQ) framework:

**AVAILABILITY**

**Disrupted production of supplies**

- Many interruptions occurred throughout the supply chains, leading to delayed or failed product delivery.
- Production disruptions were due to reduced workforce at manufacturing plants because of social distancing requirements for factories; closure of factories; and the fact that production of personal protective equipment has taken priority for many small manufacturers.
- Supply chain interruptions are a result of grounded commercial flights, with many ports not functioning at full capacity; and slots reallocated to emergency equipment shipments.
- Some countries restricted imports, which included menstrual products and raw materials for the manufacturing of pads and other menstrual products.
- Road transport restrictions have constrained distribution in some countries, disrupting distribution at the last mile, as many retailers/distributors have paused normal retail operations.

**ACCESSIBILITY**

**Limited access to essential sexual and reproductive health (SRH) services, including menstrual health management services and products**

- Some vendors did not recognise menstrual products as essential products when the restrictions started
- Restricted movements hindered access to services, including travel to buy menstrual products
- School programmes with menstrual health management programmes were halted, making accessibility to menstrual products by indigent girls impossible
- Some places experienced stock-outs due to supply-chain and goods transportation challenges
Financial accessibility

- Some people lost economic opportunities, including small scale farmers and vendors, hence those who menstruate could not afford menstrual products
- Social entrepreneurs working on menstrual programmes and products lost business opportunities.

Social accessibility

- People who menstruate already face stigma and discrimination in some communities. These were exacerbated during by pandemic due to limited supplies, as well as limited water and sanitation facilities in some areas and quarantine and isolation centres.
- Some female frontline workers lost their earnings on days they could not go to work due to menstrual health challenges, which were exacerbated by the pandemic and related personal protective equipment.
- Stigma and discrimination following periods of isolation and quarantine were rife, and therefore limited some social networks including for economic purposes.

Information accessibility

- Information and communication programmes were halted, leaving some information gaps, especially among adolescents.

Bureaucratic/administrative accessibility

- The closure of facilities, schools and collection points for menstrual products and other essential services posed serious challenges for those who menstruate, increasing their vulnerability.

ACCEPTABILITY

Gender inequality

- Some girls, women and people who menstruate economically depend on men and other providers. Challenges brought about by the pandemic worsened their situation and further exposed them to gender based violence and exploitation, in an effort to access menstrual products.

Human Rights violations

- Some quarantine and isolation did not have privacy for girls, women and people to menstruate to manage their menstruation in dignity. This was exacerbated by some instances of inadequate access to toilet and water facilities, as well as lack of access to menstrual products and menstrual education.
Multi sectoral partnerships and responses to Menstrual Health and other sexual and reproductive health issues

Diversification and realignment of organisational priorities and focus areas to integrate COVID-19. Some MHM organisations re-focused their enterprises to include the production of masks and other personal protective equipment.

Integration of menstrual health management in existing programmes. For instance, some UN and other organisations collaborated and included menstrual products in their distribution lists of essential services like food.

Flexibility of organisations and agencies to respond to issues exacerbated by COVID-19, such as the surge in gender-based violence.

Intensified use of radio and social media for social and behaviour change communication on COVID-19 and menstrual health management.

Manufacturers reduced the frequency of visits to suppliers and distributors by encouraging them to order stock via phone and online.

Community systems: where schools and retail shops are closed, some partners changed their distribution channels and offered door-to-door delivery of supplies, or worked with community health workers and mobile health units to get menstrual health included in the reproductive health services and products they deliver directly.

Most quarantine centres did not have menstrual products, leading to those who menstruate having to resort to using cloths and other unhygienic materials during their periods. This also led to increased vulnerability as those who could afford to buy them depended on security and other personnel to seek or buy them menstrual products.

QUALITY

Standards and regulatory frameworks

The need for implementable standards has been highlighted, as the emergence of non-accredited menstrual products brought about challenges to the reproductive health of those who menstruate. The distribution of low quality compromised the health and dignity of those who menstruate.

What Worked?

- Multi sectoral partnerships and responses to Menstrual Health and other sexual and reproductive health issues
- Diversification and realignment of organisational priorities and focus areas to integrate COVID-19. Some MHM organisations re-focused their enterprises to include the production of masks and other personal protective equipment
- Integration of menstrual health management in existing programmes. For instance, some UN and other organisations collaborated and included menstrual products in their distribution lists of essential services like food
- Flexibility of organisations and agencies to respond to issues exacerbated by COVID-19, such as the surge in gender-based violence
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These examples are very relevant for the post-COVID-19 era, as they demonstrate the benefits of integration.
Key Lessons

1. Innovative communication strategies

It has always been important to have communication and conversations around MH in mainstream media and local institutions. With lockdowns, and girls not at school, advancing communication and messages on Menstrual Health using local community radio stations and social media is a critical way to amplify MHM communication.

- **Equipping essential services volunteers and workers with MHM messaging and advocacy tools**: Frontline healthcare workers and volunteers and local leaders are critical and supported both institutional and community based MHM initiatives during the lockdowns.
- **Storytelling** is also a great tool to use as we amplify the needs that individuals are facing due to lockdowns. Stories help personalize the issue and help demystify the problems around menstruation.

2. Menstrual Products are essential items

There is need to strengthen our advocacy for menstrual products to be classified as “essential products”. This will overcome some barriers to manufacturing and distribution of menstrual products as the current situation negatively affected the production and distribution of products and interrupted the supply chains.

3. Menstrual products are humanitarian / emergency response items

- Menstrual products should be included in humanitarian response packages, so that they are distributed together with food and other relief items
- Isolation and quarantine facilities should have menstrual products.

4. Continue to amplify the critical role of Water and Sanitation

This global pandemic has brought public visibility that “Periods Don’t Stop for Pandemics.” More than ever before, the focus on water, sanitation and hygiene (WASH) presented an opportunity to integrate menstrual health management into WASH programmes. The pandemic facilitated rapid delivery and development of infrastructure where it could have taken more years to be available.
5. Supply Chain Management

The negative impact of COVID-19 on Reproductive Health supplies, including menstrual products highlights the need to rethink the current supply chain strategies.

- Flexible and alternative supply options need to be explored, especially where contraceptive choices and menstrual products.
- Some lessons from the Family Planning community can be used for menstrual health management supply-chains and be able to monitor stock levels within the global supply chain. Some of these coordinated efforts include the Global Family Planning Visibility and Analytics Network (Global FP-VAN), the Reproductive Health Supplies Coalition, and establishment of mechanisms such as the Coordinated Supply Planning group (CSP) and Coordinated Assistance for Reproductive health supplies (CARhs). These have been useful to mitigate contraceptive supply chain disruptions and could serve as a model for the menstrual health sector.

6. Collaborative Partnerships

Partnerships between various sectors, including with community and national leaders have proven successful to enhance coordination and to ensure the continuity of services and products’ delivery, even during emergencies.

7. Product Diversity

The promotion of product choice and diversity limits disruptions in the availability of, and accessibility to menstrual products. This also gives women, girls and all people who menstruate the freedom to choose the product that works for them, as well as have alternatives in cases of unavailability of their product of choice.

8. Sustainability

The pandemic has shown us that when supply chains are disrupted, sustainable products and systems are needed now more than ever. The use of washable and reusable products such as cups or reusable cloth pads and period panties is even more relevant, as they are less dependent on the supply chain. While motivated by the need to reduce the environmental impact and the costs of buying pads every month, reusable products are also useful to increase autonomy and avoid a monthly reliance on global and national supply chains.

9. Innovation

The pandemic brought about several innovations, including lessons sharing on homemade cloth pads. Even though these methods call for critical information on hygiene, there was regular dissemination of instructions for safe and hygienic reuse and disposal during the pandemic, largely through women’s networks and digital platforms.
Conclusion

COVID-19 has given unprecedented attention to the needs of menstruators globally. Now is the time to take action to ensure we continue to build on the momentum that has come from the pandemic and use this as a catalyst to ensure that menstrual health management continues to stay in the spotlight. With supply chains being disrupted, and economies being further strained, the unit prices of menstrual products are increasing, further contributing to period poverty. There is need to strengthen our advocacy for:

- Integration of menstrual health management in sexual and reproductive health, public health, gender, education, WASH and other sectoral policies and programmes
- The removal taxes from menstrual products and related raw materials
- Free and subsidized products for vulnerable girls, women and people who menstruate
- Supporting sustainable, local production of quality products
- Community involvement and leadership to overcome the negative cultural and gender norms and stigma around menstruation that have a deep influence and impact on improving Menstrual Health Management (MHM).

This position paper was informed by lessons from various sources, specifically from the virtual dialogue organised by UNFPA, Days for Girls and the African Coalition for Menstrual Health Management (ACMHM, held on 27 May 2020 and titled: Menstrual Health Responses to the COVID-19 Pandemic in Africa - What Have We Learnt?.

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