

Acknowledgments

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Lead Authors: The core team leading the development of this white paper at Essity included Sahil Tesfu (Chief Strategy & Sustainability Officer), Julia Fäldt Wahengo (Global Public Affairs Director), and Stella Danek (PhD, External Consultant). We extend our appreciation to the colleagues at Essity who substantially contributed to the white paper: Anna Brodowsky (Vice President Public Affairs), Alexandra Grubb (Corporate Communications Director Sustainability), and Niko Stanke (Executive Assistant).

Contributors: We would like to express our sincere gratitude to Thorsten Kiefer (Co-founder and CEO, WASH United), Ina Jurga (International Coordinator of the Menstrual Hygiene Day, WASH United), Michela Bedard (Executive Director, PERIOD.), Gary Barker (PhD, President and CEO, Equimundo), José Campi Portaluppi (Director of Communications and Advocacy, Equimundo), Danielle Engel (Program Advisor, SRHR in the life-course, United Nations Population Fund (UNFPA)), Sophie Hickling (Senior Policy Analyst, WaterAid), Thérèse Mahon (Regional Programme Manager South Asia, WaterAid) and Martina Nee (Business Strategist Policy and Programme Partnerships, WaterAid) for their expertise and significant contributions to the creation of this white paper.

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Executive Summary

Menstrual health is not only a matter of health but also of gender equality, human rights, and sustainable development. It concerns the physical, social, and mental well-being in relation to the menstrual cycle.

The menstrual health gap is a global challenge affecting access to safe and affordable period care products, clean water and safe and private sanitation facilities, inclusive and accurate menstrual health education and information, access to care, as well as taboo and stigma-free environments. Menstrual health extends beyond health and healthcare sectors, requiring integration across multiple areas of policymaking to ensure the effective closure of the menstrual health gap – a "menstrual health in all policies" approach.

A "menstrual health in all policies" approach ensures that menstrual health is addressed comprehensively across sectors like education, infrastructure, gender, and employment. For example, integrating menstrual health education into school curricula reduces stigma. It ensures all students understand the menstrual cycle's biological, emotional, and social aspects and their rights. In infrastructure, policies that improve access to clean water, safe and private restrooms and sanitation facilities, and menstrual product disposal systems enable menstruating individuals to manage their periods with dignity. Ensuring menstrual health equity in the workplace through access to period products, period friendly restrooms, knowledge, and information about the menstrual cycle, including the climacteric phase, equitable leave-, health-, and care policies, and supportive environments promotes gender equality and enhances economic participation. Addressing menstrual health across these dimensions will not only improve educational and income opportunities and the overall well-being of individuals who menstruate but also unlock progress toward broader societal goals such as gender equality, public health, economic empowerment, and social inclusion – crucial for reaching the Sustainable Development Goals (SDGs) and setting its future framework.

Addressing menstrual health effectively requires coordinated policy action across all levels of government, from local to global, ensuring alignment with international standards while simultaneously meeting diverse individual needs, including for individuals experiencing their menstrual cycles in vulnerable situations. Given that menstrual health intersects with multiple policy arenas, it requires a multi-stakeholder effort that includes governments, international organizations, the private sector, healthcare professionals, educational institutions, civil society, and other non-governmental organizations. Only through such a multi-stakeholder collaboration can barriers to menstrual health be dismantled and an equitable environment for all be created.

This white paper examines how menstrual health can be integrated into different policy sectors, presenting case studies worldwide. It provides a roadmap for policymaking, calls for action, and encourages multi-stakeholder collaboration to foster immediate and sustainable progress toward closing the menstrual health gap. Finally, it offers practical policy solutions to bridge the gap.

Note on inclusive language:

Menstruation is a natural part of life for many, including women, girls, non-binary individuals, and transgender men and boys. Recognizing that not everyone who identifies as a woman menstruates and that not all individuals who menstruate identify as women is fundamental to ensuring menstrual health. For better readability, this text will sometimes use the terms "girls+" or "women+" to refer to all individuals who menstruate. When specifically mentioning "women" or "girls", the text reflects the language used in referenced analyses.

1. Background and Objective

Menstrual health is defined as "a state of complete physical, mental, and social well-being" in relation to the menstrual cycle (<u>Hennegan et al., 2021</u>). It is critical to population health, human rights, and achieving the Sustainable Development Goals (<u>Sommer et al., 2021</u>). Importantly, menstrual health is a fundamental aspect of gender equality and empowerment for the 1.8 billion people who menstruate every month (<u>UNICEF, 2024</u>). Despite its significance, millions of girls, women, transgender boys and men, and non-binary persons face barriers to managing their menstrual cycle in a dignified and healthy way.

The **menstrual health gap** refers to the disparities and inequalities related to menstrual health and well-being that persist throughout the life cycle for individuals who menstruate – from the onset of the very first period, known as menarche, through the climacteric phase and up until one year after the final menstruation, known as menopause. These inequalities manifest across five critical dimensions (Essity, 2024):

- 1. Access to safe and affordable period care products
- 2. Access to clean water and safe and private sanitation facilities
- 3. Access to inclusive and accurate menstrual health knowledge, information, and education
- 4. Access to care, treatment and timely diagnosis for menstrual discomfort and disorders
- 5. The presence of a taboo and stigma-free environment.

1.1 Understanding the Menstrual Health Gap

Without equitable access to the five key aspects mentioned above, millions are hindered from fully participating in education, work, and society. Despite menstrual health being critical to the well-being and participation in society for women+ and girls+, monitoring and data collection to inform policy development in menstrual health is not yet a common practice in many countries (Hennegan et al., 2023). The magnitude of the menstrual health gap is vast and documented through existing scientific and grey literature that illustrates its widespread impact. To name just a few:

Around 500 million individuals globally lack access to period products and adequate facilities for managing their period in a healthy and dignified way (FSG, 2021). One third of schools lack basic hygiene services, and less than 31% provide bins to dispose of period products (UNICEF, 2022) safely. Approximately 11.3 million low-income women in the US cannot afford menstrual products, and half must choose between buying menstrual products and food (Michel et al., 2022). Insufficient menstrual care provisions have severe health implications, including the risk of infections and reproductive health issues (Rossouw et al., 2021). Compounded by a lack of menstrual health knowledge, low menstrual literacy, and the normalization of period pain and menstrual cycle-related conditions, menstruating individuals delay or avoid seeking medical care and support (Åkerman et al., in press). Along with the stress and shame that arise from handling the menstrual cycle in secrecy and silence, this takes a toll on mental health and perpetuates menstrual stigma (<u>Dubey et. al., 2024</u>; <u>Dubey & Siyakami, 2024</u>). Recent research conducted in Sweden shows that menstrual stigma creates challenging situations limiting menstruating people's everyday lives and inhibits healthcare-seeking behavior. Therefore, efforts to reduce stigma must be integrated into public health interventions. For example, the systematic screening of menstrual cycle-related symptoms should be provided as part of student health services at schools and universities and in primary healthcare (<u>Åkerman et</u> al, 2024).

In Essity's 2022 Global Hygiene and Health Survey, only 55% of respondents claimed to be knowledgeable about menstruation (<u>Essity, 2022</u>). In Sweden, 55% of women between 18-55 do not feel 100% comfortable talking openly about menstruation at work (<u>Sifopanelen, Kantar, 2023</u>).

In Bangladesh, only one third of girls know about menstruation before menarche (<u>Hennegan et al. 2022</u>). Around 50% of women never discuss periods or related health with their partners (<u>Essity, 2021</u>).

Stigma combined with menstrual cycle-related conditions or symptoms like premenstrual syndrome (PMS), endometriosis, or perimenopause can lead to absenteeism and presenteeism and ultimately hinder educational opportunities and career advancement (Sommer et al., 2021). Worldwide, two out of three women and girls miss work or school due to their periods (Essity, 2021). In Japan, 18% of adolescent girls reported missing or leaving school early due to menstruation, while 32% endured classes despite wanting to leave (<u>UNICEF,</u> 2024). Menstruation-related absenteeism in schools is directly linked to the lack of access to period care products, private and safe sanitation facilities, and severe period pain (UNICEF, 2024; Söderman et al., 2018). When schools are not adequately equipped or designed to meet the menstrual health needs of girls+ or when care and support for period related conditions or discomforts are not available, girls+ miss school and fall behind academically, perpetuating cycles of inequality. Menstrual symptoms, shame, and the failure of schools to take responsibility for menstruation management result in students self-excluding and an unfair academic disadvantage (Thomas & Melendez-Torres, 2024). In the workplace, absenteeism and presenteeism due to menstruation and menstrual cycle-related conditions and symptoms reduce productivity and impact economic outcomes.

In addition to **individual productivity loss**, there are **broader macroeconomic consequences**. For example, a lack of workplace accommodations for menstruating individuals can result in lower labor force participation. McKinsey and the World Economic Forum estimated that addressing PMS has the potential to contribute \$115 billion to the global economy (McKinsey & WEF, 2024).

To close the menstrual health gap, the needs of **menstruating individuals in vulnerable situations** must receive appropriate attention. This includes, for example, women+ and girls+ in low-income and resource-limited settings, menstruating individuals experiencing homelessness, persons with disabilities and displaced women+ and girls+ women+ and girls+ impacted by the climate crisis and further populations as articulated in the UN Human Rights Council Resolution (UNHRC, 2024).

Critically, the **inclusion of men and boys** in all their diversity is essential to any policy action on menstrual health, as they are often excluded from menstrual cycle education and awareness, further limiting their knowledge and ability to provide support and understanding (<u>Manson et al., 2017</u>).

1.3 Providing Actionable Recommendations

This white paper proposes actionable recommendations and solutions to close the menstrual health gap through policy interventions. Since **menstrual health intersects with multiple policy arenas, it requires a multi-stakeholder effort** that includes governments, civil society, international organizations, businesses, and academia. This paper highlights how **policymakers** can lead efforts to bridge the gap by providing an overview of impacted policy arenas, outlining actionable policy recommendations, and presenting case studies of existing policy interventions conducive to attaining menstrual health.

2. A Comprehensive Solution: Integrating Menstrual Health in All Policies

Health in All Policies (HiAP), as defined by the WHO, recognizes that population health is not solely the result of health sector programs but is shaped mainly by policies that guide actions beyond the health sector (WHO, 2024). **Menstrual health, correspondingly, is influenced by more than just health-related activities** – different areas of policymaking impact menstrual health and related inequities.

Using a HiAP approach that addresses policy in sectors such as education, employment, finance, gender, economic development, environment and climate, social policy, justice, and development cooperation can ensure that policies promote menstrual health and wellbeing overall and foster health equity. For instance, finance policies can reduce the financial barriers to accessing safe and affordable period care products by eliminating taxes, providing subsidies, or funding free product-access schemes. Infrastructure and construction policies are essential in providing access to clean water, safe and private sanitation facilities, and waste disposal systems, ensuring that individuals can care for their menstrual cycle with dignity and safety at school, workplaces, and other public spaces. Education policies are crucial in integrating inclusive and accurate menstrual health education into school curricula. In contrast, social policy, employment, and justice initiatives can foster stigma-free environments by ensuring non-discrimination and harassment as it relates to menstrual health and normalizing menstruation and the climacteric experience, including perimenopause, in public discourse. Lastly, development cooperation policy can prioritize menstrual health in policies and strategies to enable access to safe period products, inclusive and comprehensive education, and inclusive infrastructure, especially in low-income and crisis-affected areas. Importantly, policies must be accompanied by appropriate action plans and delivery mechanisms, which are funded, monitored and evaluated.

The following table provides an overview of policy areas and their possible impact on closing the menstrual health gap. While the table lists several policy examples, it is not exhaustive, nor is the progress in policies across these sectors or countries uniform.

Table 1: Overview of Policy Sectors and Their Influence on Menstrual Health

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Development Cooperation and Humanitarian Aid	Improves health and social well-being in low-income and crisis-affected regions through cooperation and funding. Provides humanitarian and crisis aid to refugees and crisis-affected populations.	 Inclusion of menstrual health in relevant agreements and development sector strategies. Support for implementation of global frameworks. Cooperation programs to improve menstrual health infrastructure. Integration of menstrual health in global humanitarian aid frameworks and standards. Provision of menstrual health during crisis and in emergency relief settings, such as, distribution of menstrual kits, construction of safe water and sanitation facilities, provision of appropriate menstrual health education and products. Promotion of sustainable solutions, such as reusable menstrual products and local production. 	Canada's international feminist assistance policy states that investments in education need to include provisions for separate and appropriate washroom facilities and systems to support menstrual hygiene (Global Affairs Canada, 2017). Germany's Federal Ministry for Economic Cooperation and Development (BMZ) has integrated menstrual health and hygiene into their feminist development foreign policy and Gender Action Plan 2023-2027 (BMZ, 2024). The Ministry of Health in Fiji is responsible for the National WASH Cluster Standards, which mandate the inclusion of menstrual products in emergency hygiene kits and disposal mechanisms (Government of Fiji, 2020). UNFPA, in collaboration with UNHCR, provides menstrual kits in emergency settings to support menstrual health during crises, ensuring access to essential menstrual products and hygiene materials for women and girls (UNFPA, 2023). UNFPA provides policy guidance for businesses on advancing sexual and reproductive health and rights in the workplace, including menstrual health. It provides indicators and metrics for the private sector to track progress and for integration in social governance reporting (UNFPA, 2024).

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Economic Development	 Regulates production standards to ensure menstrual products are safe, effective, and meet quality requirements. Encourages sustainable practices in the manufacturing and distribution of menstrual products to reduce environmental impact. Supports market competition and innovation to improve quality and reduce costs of goods. 	 Establish product safety regulations, ensuring menstrual products meet health and safety standards. Enforcement of ethical manufacturing standards for menstrual health products. Promotion of local production of menstrual products to foster economic growth and reduce dependence on imports. Creation of production standards ensuring safe and sustainable components used in menstrual products. Support for small businesses and startups focusing on menstrual health to boost economic development. 	In 2022, the International Organization for Standardization (ISO) initiated the international standard for menstrual products to ensure safety, quality, and effectiveness with ISO/TC 338. This standard regulates product composition, absorbency, and environmental impact. It aims to ensure consumer protection and support the creation of sustainable, safe menstrual products globally, contributing to improved menstruation management and equity.
Education	 Reduces barriers to equitable participation in education and secures students attain their right to education. Improves access to accurate, comprehensive, inclusive menstrual health information and education. Improves teachers' and all students' menstrual literacy, including individual knowledge and agency regarding the menstrual cycle. Creates a conducive, stigma-free, period-friendly school- and learning environment by mainstreaming menstrual health in education. Prepares young people to care for their menstrual cycle and menstruation. 	 Mandatory Comprehensive Sexuality Education in primary and secondary schools, including mandatory, comprehensive menstrual health education. Such education covers the biological, physical, and psychosocial aspects of the menstrual cycle. It empowers young people with the knowledge and skills needed to manage their menstrual health and make informed choices about their reproductive well-being. It extends beyond the biological cycle, including what to expect in terms of blood and potential discomfort, types of menstrual products, when and how to use them, selfcare practices and tactics on how to manage menstrual pain and PMS, and the psychosocial aspects of the menstrual cycle for all girls and boys. Teacher training programs equipping teachers and relevant school personnel with comprehensive and inclusive menstrual health education. 	In Kenya , the Ministry of Health released an official training handbook on menstrual hygiene to empower teachers with factual knowledge (MoH, 2022). In India , the draft Menstrual Hygiene Policy (MHP) serves to ensure comprehensive support through the entire menstrual journey, from menarche to menopause, with a specific focus on prioritizing underserved populations. It highlights awareness-raising and normalizing periods for age groups 10-19 years, including measures focusing on schools. (MoHaFWMoha, 2023). In 2018, the State of Illinois in the US passed the Learn with Dignity Act (LWDA) requiring schools to provide menstrual products in bathrooms (Shah et al., 2024).

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Education (cont.)		 Provision of free and safe period products in schools and educational institutions, including information on how to use them, as well as safe, private, and well-maintained water, sanitation, and hygiene facilities. 	The Ministry of Education in New Zealand issued a set of educational resources as part of the Period Products in Schools Initiative (2023 – 2028), in English and Māori for young people aged 8-12. (MoE, 2023)
		Child- and adolescent-friendly safe spaces for discussing menstrual health in schools.	
		Awareness-raising with all parents and guardians extending to communities to normalize the conversation and foster a safe environment to reduce the shame and stigma associated with menstruation.	
		Flexibility through remote learning environments.	
Environment and Climate	 Contributes to climate mitigation. Develops and sets sustainability guidelines and standards. Encourages waste reduction through reusable or biodegradable products. Supports environmental protection through safe and solid waste management. 	 Provision of environmentally safe and climate-resilient WASH infrastructure and disposal. Awareness-raising and promoting the development and use of sustainable, reusable, or biodegradable menstrual products to reduce menstrual product waste, including subsidies for sustainable alternatives such as reusable pads, period underwear, and menstrual cups. Funding for research and development of new and environmentally sustainable menstrual products. Introduction of eco-friendly certifications and standards for menstrual products. 	In 2022, the European Parliament addressed the importance of promoting toxin-free and reusable menstrual products across the EU. The initiative aims to reduce environmental waste and safeguard women's health by encouraging the use of sustainable alternatives, such as menstrual cups and reusable pads, and ensuring product safety through stricter regulatory standards (European Parliament, 2022).

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Finance	 Allocates funds to various policy sectors, such as research, infrastructure, and public campaigns. Reduces the cost of menstrual products by eliminating relevant taxes and providing subsidies. Reduces costs for medically recommended menopausal hormone therapy (MHT), by providing subsidies. 	 Eliminating taxes on menstrual products, such as removing the "tampon tax" to increase equity in access and affordability. Subsidies on menstrual products for young people and/or low-income households. Period product-access schemes and programs enabling access to free period products for school children, students, low-income individuals, or the broader population. Inclusion of menstrual products in government assistance programs, for example, conditional cash transfers or discount programs to purchase menstrual products. 	Kenya was the first country in the world to abolish point-of-sale taxes on period products in 2004 (Period Tax, 2020). In 2021, Jamaica became the first country in the Americas region to eliminate the taxation of menstrual products by exempting pads and tampons from the General Consumption Tax (Calderón-Villarreal, 2024). Scotland passed the "Period Products Free Provision (Scotland) Act 2021" in 2020, making Scotland the first country to provide free period products to everyone who needs them. Local authorities must ensure that period products are "obtainable free of charge by all persons who need to use them" and are "sufficient to meet the person's needs while in Scotland" (Period Products Act, 2021). The United Kingdom introduced the period product scheme for schools and colleges in England, enabling free access to period products at study locations. (Government of the UK, 2021).
Health	 Oversees development of curricula for medical school professions and training. Ensures access to safe, effective, and affordable menstrual products for menstruating people in the healthcare settings. Regulates medical and menstrual products. Regulates coverage of medical interventions and procedures. Develops comprehensive healthcare and public health policies and strategies. Develops public health and sexual and reproductive health and rights (SRHR) policies and strategies, including menstrual health. 	 Inclusion and standardization of menstrual health training, from a life course perspective, in medical care professions. Coverage of and access to timely health- and medical care, including care and diagnosis for menstrual cycle-related conditions such as dysmenorrhea, endometriosis, pre-menstrual syndrome (PMS), polycystic ovary syndrome (PCOS), perimenopausal symptoms including vasomotor symptoms and discomforts etc. Coverage of and access to screenings for menstrual cycle-related conditions or disorders in healthcare facilities and inclusion of menstrual health services in sexual and reproductive health (SRHR) services. 	Since 2019, the National Health System (NHS) in England has offered "appropriate sanitary products free of charge" for menstruating people in their care (NHS, 2019). India's Ministry of Health and Family regularly conducts The National Family Health Survey, which includes national-level data on the use of menstrual absorbents and menstrual cycle awareness. In 2011, a scheme to provide menstrual education for adolescent girls in community centers was established, providing sub-menstrual pads (MoHaFW, 2022).

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Health (cont.)	Develops key indicators, conducts surveys, and collects data on progress on key health-care indicators, SRHR, and menstrual health.	 Coverage of and access to mental health support for individuals affected by menstrual stigma and menstrual cycle-related discomforts or conditions. Inclusion of menstrual needs as relates to mental health, including for individuals living with depression, particularly young people, or impacted by mental health in other ways. Expansion of access to comprehensive menstrual health services, including in primary care. Provision of free or subsidized menstrual products to marginalized populations and individuals in vulnerable situations, including low-income households, individuals experiencing homelessness, etc. Regulations for menstrual product safety and quality assurance. Survey administration to collect data on key menstrual health indicators. 	In 2014, Papua New Guinea introduced the National Health Sector Gender Policy to address gender-based disparities in healthcare. The policy promotes gender-responsive health services, with a focus on improving maternal and child health, reproductive health, and combating violence against women. It ensures equitable access to healthcare for both men and women, fostering greater gender equality in health outcomes (DoH, 2014). Sweden's Public Health Agency implemented a national sexual and reproductive health and rights strategy and action plan, including menstrual health, elevating menstrual health literacy in key areas (Folkhälsomyndigheten, 2022). In 2023, the Agency rolled out the first-ever national population-based survey focusing on menstrual health to women+ aged 16-29 and another one addressing women+ aged 16-55 is ongoing (Folkhälsomyndigheten, 2024).

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Infrastructure and Construction	 Ensures access to adequate WASH (Water, Sanitation, and Hygiene) facilities, including private, safe toilets, clean water for washing, soap, and waste disposal systems. Ensures that public spaces, educational institutions, health care facilities and workplaces provide safe and menstrual health-friendly infrastructure. Supports dignity, safety, and hygiene to support menstrual health through inclusive, private, and well-maintained facilities. 	 Provision of period-friendly and inclusive WASH facilities in public infrastructure plans, including safe menstrual product waste disposal and resting rooms, especially in schools and educational institutions, health and youth centers, and workplaces. Inclusion of period-friendly WASH infrastructure in national and local development plans, particularly in educational and healthcare institutions and public spaces. Development of standards and guidelines for period-friendly and inclusive WASH infrastructure and safe menstrual waste disposal options. Safeguarding the operation and maintenance of facilities, including waste management systems for safe menstrual product disposal. Develop indicators and monitor access in line with global monitoring programs. 	In 2016, the Philippines Department of Education launched the Comprehensive Policy and Guidelines on Water, Sanitation, and Hygiene in Schools, integrating indicators into the Education Monitoring Information System (EMIS) (DepEd, 2016). In Rwanda , the Ministry of Education launched a national initiative to establish 'Girls Rooms' in all schools, offering safe spaces for girls to manage menstruation. The rooms are equipped with period pads, painkillers, water, soap, and other essential items. By 2019, 57% of primary schools had implemented these rooms (UNFPA, 2022).
Justice and Legislation	 Enforces non-discrimination laws and policies to create stigma-free environments that protect individuals from discrimination, harassment, and violence related to menstrual health in schools, workplaces, and public life. Recognizes menstrual health as a matter of rights within the broader right to health, education, employment and gender equality and upholding equity and equality, preventing menstrual health-related discrimination. 	 Non-discrimination laws and policies to ensure non-discrimination and environments free from period and menopause-related stigma and discrimination, or violence and harassment in schools and workplaces or public institutions. Inclusion of menstrual health in gender equality frameworks, including securing the engagement of men and boys. Funded mandates for free menstrual products in schools, workplaces, shelters, and public institutions. Legal and policy frameworks addressing menstrual stigma and period poverty. Legislative measures to enforce menstrual health as a human rights issue, including the rights of the child. 	The 2017 law in Nepal sets penalties for forcing menstruating women into sheds. Nepal's Supreme Court banned the practice in 2005. (NPR, 2017). In the U.S. , several States provide the right to menstrual products for incarcerated persons who menstruate. For example, the State of California Penal Code § 3409 (2020) states that all menstruate inmates must be provided with menstrual products upon request (The Prison Flow Project, 2024).

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Justice and Legislation (cont.)		 Inclusion of menstrual health protections in international treaties and conventions. Integration of menstrual health and period care products for incarcerated women+ and women+ in custody. 	
Labor and Employment	Creates equitable employment conditions and labor market access through legislation. Formulates labor policy and employment laws. Develops workplace policies ensuring access to menstrual health and sexual and reproductive health and rights. Introduces policies and laws like paid menstrual and menopause-related leave to support women+ workers' health and income. Ensures gender-responsive occupational health guidelines and oversees employee welfare programs that support menstrual health.	 Non-discrimination laws and policies ensuring equitable access to menstrual health at work, including access to free period products, safe and private changing- and washrooms, and access to care and support. Paid menstrual health leave, including menopause-related leave or flexible working conditions for individuals impacted by severe menstrual health conditions. Free or subsidized access to healthcare through the workplace for timely care and treatment of menstrual health-related conditions. Mandatory provision of free, accessible, or subsidized menstrual products in workplaces. Workplace health and safety policies, including safe and private sanitation facilities with appropriate disposal facilities for menstrual product waste. Integration of menstrual health in broader employee well-being and wellness programs. Guidelines and training programs to improve menstrual health in the workplace and ad-vance menstrual health literacy. 	Fiji's 2014 National Gender Policy, implemented by the Ministry of Social Welfare, Women, and Poverty Alleviation, promotes reproductive health access and gender equality and mandates the provision of menstrual products through vending machines and sanitary facilities in public spaces and workplaces (Government of Fiji, 2014). In 2003, Indonesia passed Law No.13, Article 18, granting women workers two days of paid leave during menstruation. This provision aims to support the health and well-being of women in the workforce by recognizing the physical discomfort some may experience during menstruation (State Gazette of the Republic of Indonesia, 2003). In 2023, the International Organization For Standardization (ISO) began developing ISO/CD 45010, which provides guidance on comprehensive policies and practices to support menstrual health and employees experiencing menstruation and peri/menopause in the workplace (ISO, 2024). In 2023, Spain became the first European country to implement a nationwide menstrual leave policy, offering up to five days of paid leave per month for women experiencing severe period pain. The policy addresses workplace inequalities faced by menstruating individuals to improve gender equity, health, and well-being (Government of Spain, 2023).

Sector	Impact on Menstrual Health	Example Policy Archetypes	Case Studies
Labor and Employment (cont.)			The U.S. Department of Labor, in its issue brief from the Women's Bureau, provides guidance and a checklist covering menstruation and menopause at Work (<u>USDOL</u> , 2024).
Research and Development	 Drives understanding of the state of menstrual health in its full definition across the life cycle, helps identify gaps and recommends how to close them. Informs and drives innovation in affordable, safe, and sustainable period care products and creates new innovative products and services. Supports and develops knowledge and evidence to inform policies and strategies. 	Funding programs for women+'s health and dedicated menstrual health research, including research addressing menstrual health needs of people with disabilities. Incentives for menstrual health product design, innovation, and other services (prizes, prolonged patent life, and research grants).	In 2024, the U.S. government committed \$12.5 billion to women's health research. This includes menstrual health research, addressing gaps in care and advancing innovations for conditions like cardiovascular disease, autoimmune disorders, and menopause-related issues (US DoD, 2024; The White House, 2024).
Social and Family	Removes barriers to multiple and intersecting forms of discrimination for women+ and girls+, for example, those with low income, disabilities, or migrant status. Ensures equitable access to services for marginalized populations and individuals in vulnerable situations.	 Social protection schemes supporting menstrual health for low-income individuals and migrants, including through subsidized or free access to menstrual products and health-care services. Survey administration to collect data on key menstrual health indicators disaggregated by wealth quintiles and age. 	The Ministry for Social Issues, Health, Care and Consumer Protection in Austria conducted a survey in 2024 to produce a national baseline information on menstrual health (The International, 2024). In 2022, Brazil passed a bill to offer menstrual pads to low-income students, women experiencing homelessness, and incarcerated women (Lancet, 2022). In 2021, Rio de Janeiro (ALERJ, 2021) and Sao Paulo (Secretaria da Educação do Estado de São Paulo, 2021) passed local legislation to make menstrual products available free of charge for selected population groups. In South Africa , the Department of Women, Youth, and Persons with Disabilities provides free menstrual products to indigent girls and women since 2019 under the Sanitary Dignity Framework (South African Government, 2024).

3. Different Levels of Policymaking Make a Difference

Policymaking related to menstrual health occurs at different levels: global, regional, national, and local. Each level plays a distinct and essential role in setting goals, unlocking standards, funding, and implementing policies that address menstrual health and close the menstrual health gap.

Integrating menstrual health into global policies and treaties can strengthen the push for legislative and programmatic action at national and regional levels. This would help mobilize resources, shift societal perspectives, and protect the health and rights of all individuals who menstruate (Martin et al., 2023). Moreover, incorporating menstrual health into broader policy frameworks, with harmonized indicators (Global MHH Monitoring Group, 2022), could expedite progress toward several United Nations Sustainable Development Goals. Given the interconnected nature, addressing menstrual health would have a wide-reaching impact, contributing to goals such as poverty reduction, improved health and well-being, gender equality, access to clean water and sanita-tion, decent work conditions, and overall economic growth (WEF, 2025).

Figure 1 provides an overview of the key institutions involved at each level and their impact.

Figure 1: Overview of different levels of policymaking and their impact on menstrual health policies.



Global Level (UN agencies, World Bank, ILO, G20)

Set global policy and standards, provide funding, provide technical support, coordinate global efforts.



Regional Level (African Union, European Union, ASEAN)

Set regional policy and standards, provide funding, coordinate regional efforts.



National Level

Translate global and regional frameworks into national policies, develop and implement national action on menstrual health in all relevant sectors.



Local Level

Execute national policies, develop and implement local initiatives, tailor solutions for communities.

3.1 Global/International Level

In 2021, the United Nations Human Rights Council adopted the first landmark resolution focusing on menstrual hygiene management, gender equality, and human rights (<u>UNHRC, 2021</u>). In 2022, the World Health Organization (WHO) issued a statement calling for menstrual health, to be "recognized, framed and addressed as a health and human rights issue", not hygiene issue (<u>WHO, 2022</u>).

Most recently, the Human Rights Council adopted the Resolution on Menstrual Hygiene Management, Human Rights, and Gender Equality adopted at the 56th session of the United Nations Human Rights Council, reaffirming the centrality of menstrual health in advancing human rights and gender equality. It calls for universal access to affordable, safe menstrual products, improved infrastructure like water and sanitation facilities, economic support to make menstrual products more affordable, awareness-raising initiatives to promote menstrual health education in schools, and paying special attention to individuals who menstruate in vulnerable situations, including for example people with disabilities or women+ and girls+ in rural and remote areas.

At the global level, international organizations such as the International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), and the World Bank have different mandates to either **establish global standards, frameworks, targets, or guidelines that guide national policy action**. They also **provide technical support funding and implement menstrual health programming**. These global institutions play a vital role in advocating and promoting the inclusion of menstrual health in international frameworks as well as government agreements and discussions and ensuring that menstrual health is integrated into broader agendas related to health, education, gender equality, and sustainable development.

Incorporating menstrual health into new global agreements will further support the mainstreaming of menstrual health worldwide and is, therefore, of critical importance.

3.2 Regional Level

At the **regional level**, supranational bodies like the European Union and African Union, or regional health organizations like the Africa Centre for Disease Control and Prevention (Africa CDC), the European Centre for Disease Prevention and Control (ECDC), the ASEAN Pharmaceutical Products Working Group (PPWG) or the WHO Western Pacific Regional Office (WPRO) help **harmonize approaches across regional borders**. They **facilitate collaboration between countries and set region-specific targets and funding mechanisms** to address shared challenges. Regional cooperation can accelerate progress by providing tailored solutions that reflect member countries' specific socio-economic, cultural, and geographic realities.

The African Union (AU), for example, promotes health and gender equality, including menstrual health programs, under its multisectoral Gender Equality and Women's Empowerment Strategy (AU, 2024). The European Union (EU) not only cooperates with organizations like UNFPA and civil society organizations to fund and address menstrual health measures internationally (EEAS, 2022), but also develops European legislation and resolutions for sexual and reproductive health and rights (European Parliament, 2022).

3.3 National Level

National governments translate global and regional frameworks into national policy and programs, and report progress toward agreed global goals and standards. They are responsible for **implementing legislation**, **allocating resources**, **and ensuring public services meet menstrual health needs**, **along with setting goals**, **targets**, and indicators to track and evaluate policy implementation. National ministries are responsible for health, education, finance, labor, gender, and infrastructure development, and implementing and promoting resource policies to promote menstrual health equity.

In countries with federal legislation, states can set up and fund state-level programs independently of national levels. Several states in Australia, the United States, and India have introduced product access schemes, coupled with awareness and education, to provide access to free menstrual products.

3.4 Local Level

Local governments **implement national policies at the community level, develop tailored local programs and initiatives, and respond to local needs**.

Local governments are critical to the practical implementation of menstrual health initiatives, as they work closely with schools, healthcare providers, and community organizations to deliver services. These local stakeholders are often best positioned to understand the specific needs of their communities, particularly in marginalized or rural areas, and tailor initiatives accordingly.

In addition, when national or regional policies fall short, local governments can step in to advance menstrual health initiatives.

For example, in Brazil, while a national law aimed at combating period poverty by providing free menstrual products to schoolgirls and low-income women was initially blocked in 2021, cities like São Paulo and Rio de Janeiro enacted their own legislation to distribute free menstrual products (Secretaria da Educação do Estado de São Paulo, 2021; ALERJ, 2021).

In sum, a structured approach involving all levels of policymaking ensures that menstrual health policies are designed and implemented at every level, from global frameworks to local action, providing comprehensive and sustainable solutions to close the menstrual health gap.

4. Beyond Policymaking: The Role of Societal Stakeholders

While policymaking is crucial in closing the menstrual health gap, a wide range of societal stakeholders are instrumental in bringing menstrual health policies to life. Families, schools, media, companies, civil society organizations, community-based organizations, and religious and cultural institutions all play critical roles in turning policy into practice and ensuring the impact is felt at the individual level. Table 2 provides a summary of how different stakeholders across society can contribute to advancing menstrual health.

Table 2: Potential Roles of Stakeholders Across Society in Supporting Menstrual Health Policies

Stakeholder	Role/Example Contribution
Families and Households	Foster open conversations, provide support, share personal experiences, support children and young people in their menstrual cycle and menstruation within the household, and ensure the involvement of boys and men in the conversation to drive meaningful change. Families, spouses and partners, parents, and guardians also need access to inclusive and comprehensive knowledge and information about menstrual health to improve menstrual health literacy.
Schools, Educational Institutions	Offer menstrual health education, provide teacher and school personnel training, integrate menstrual health education in different class curricula, provide access to safe and free period products, provide adequate period-friendly facilities, including clean water, well-maintained toilets, and handwashing facilities with soap for washing, and bins for disposal of used period products, accommodations for remote participation, adopt period-friendly dress codes, create an inclusive and respectful environment for students, and involve boys in the conversation.

Civil Society Organizations	Advance and promote the development and adoption of menstrual health policies at all levels, including through technical input and advocacy. Hold governments accountable for implementation at all levels, including by raising awareness at the societal level. Temporarily fill gaps in services and reach individuals in vulnerable situations. Help build the evidence base for menstrual health and create, participate, and coordinate multi-stakeholder partnerships.
Companies	Develop a range of safe and affordable menstrual health products, services, and solutions, meeting the different needs of girls+ and women+. Drive innovation, implement CSR and DEI initiatives fostering gender equality, inclusion, and awareness in the workplace, and support flexible work arrangements. Provide access to free period products and period-friendly facilities and support menstrual health and community programs.
Healthcare Providers	Offer health and medical care and support, educate on menstrual health, the menstrual cycle across the life course, and related symptoms and conditions, ensure access to timely care and treatment, including self-care, and provide period products and menstrual health facilities in health facilities.
Academia and Think Tanks	Conduct research on menstrual health, assess the status quo, measure gaps, and develop evidence on menstrual health, including interventions and recommendations. In healthcare and educational institutions, contribute to education on menstrual health and influence policy with data-driven insights.
Media and Influencers	Advocate and raise awareness on the menstrual cycle from a life course perspective, normalize menstruation and menopause-related conversations, and advocate for menstrual health through media representation.
Religious and Cultural Institutions	Shape societal norms, challenge stigma, and promote inclusive and open conversations about menstrual health, including menstruation and peri/menopause.
Communities and Leaders	Advocate for infrastructure improvements, provide an enabling socio-cultural environment, ensure local access to menstrual products and education, and hold governments accountable.
Philanthropic Organizations	Support menstrual health initiatives through funding, advocate for change, and create multi-stakeholder partnerships.

The coordination and representation of relevant stakeholders are key to ensuring that policies integrate menstrual health comprehensively and safeguard their implementation.

Examples of multi-stakeholder initiatives aiming to foster the development and implementation of menstrual health include the <u>Global Menstrual Collective</u> and UNFPA's <u>Coalition for Reproductive Justice in Business</u>, which brings together NGOs, UN agencies, the private sector, international financial institutions, philanthropy, development cooperation agencies, and academic institutions.

5. Summary and Conclusion

Menstrual health is not just a health issue but also a matter of human rights, gender equality, and economic and social justice. Therefore, it is crucial to reaching the Sustainable Development Goals (SDGs). Closing the menstrual health gap requires coordinated action across multiple policy areas and levels of government, alongside active engagement and coordination with civil society, the private sector, and other relevant societal stakeholders.

5.1 What Needs to Happen: Policy Recommendations

- International bodies should continue strengthening their leadership in developing global frameworks and funding initiatives, with harmonized indicators and monitoring to ensure that menstrual health is prioritized globally, including in the post-SDG framework.
- National governments should develop and implement comprehensive policies and legislation that integrate menstrual health in all relevant areas and address all five dimensions of the menstrual health gap – from product access to information and education, care and support, WASH facilities to ending stigma and discrimination.
- Local governments should ensure equitable implementation of national and international
 policies and enable access to affordable and safe menstrual products and menstrual health
 education within their communities.

5.2 Where and How: Implementation Strategies

- A multipronged approach is critical: Collaboration between different government levels and societal stakeholders across sectors, including healthcare, education, finance and corporate entities, and even families, is vital for success.
- Policies must be evidence-informed and data-driven, relying on research, successful case studies, and meaningful engagement with those the policies concern to ensure they are effective, adaptable, and sustainable.
- Inclusion and non-discrimination: Policies need to focus on the menstrual health needs of
 all women+ and girls+, across their life course, ensure active and meaningful engagement
 of men and boys, and pay specific attention to the needs of persons with disabilities,
 marginalized populations, and menstruating individuals in vulnerable situations.
- Ongoing evaluation and periodic policy adaptation will be necessary to ensure the longterm closure of the menstrual health gap and realize menstrual equity.

Addressing these aspects can ensure individuals can manage their menstruation with dignity, improving overall public health, gender equality, and economic participation.