



# Assessing the Landscape for Menstrual Products Standards

in West and Central Africa

Findings and Recommendations  
for Advocacy

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# Table of Contents

Acknowledgements	2
Acronyms	7
Notes on terminology	8
Executive summary	9

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## **INTRODUCTION** 10

Background	11
Assessment purpose	12
Methodology	13
<i>Figure 1. Countries included in the assessment and status of existing TWGs or coalitions</i>	13
Limitations	14
An overview of product standards	15
Arguments for product standards	15
<i>Figure 2. Ways that product standards can help market actors</i>	15
Arguments against product standards	16
<i>Table 1. Arguments against product standards, along with potential counter-arguments.</i>	16

---



## **MAIN FINDINGS** 18

Status of standards for menstrual products	19
Status of product standards beyond WCA	19
Status of product standards in West and Central Africa	19
<i>Table 2. Alignment of product standards in WCA to existing global technical references</i>	20
Compliance and enforcement	21
Alternative approaches to quality control	21
<i>Figure 3. Types of quality control mechanisms described by menstrual product suppliers</i>	22
Constraints impeding the adoption of and compliance with standards	23
Stakeholders relevant to standards advocacy efforts	25

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## COMPLEMENTARY FINDINGS

26

Lessons on standards advocacy which could be adapted to WCA	27
Status of broader MH efforts in West and Central Africa	28
Policy landscape for MH	28
<i>Figure 4: Level of coverage of MH in national policy documents</i>	28
Landscape of coordination platforms and knowledge sharing for MH in WCA	31

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## RECOMMENDATIONS

32

Recommendations for UN agencies, funders, and others providing regional support	33
A framework for national advocacy on standards development, compliance, and enforcement	34

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## APPENDIXES

38

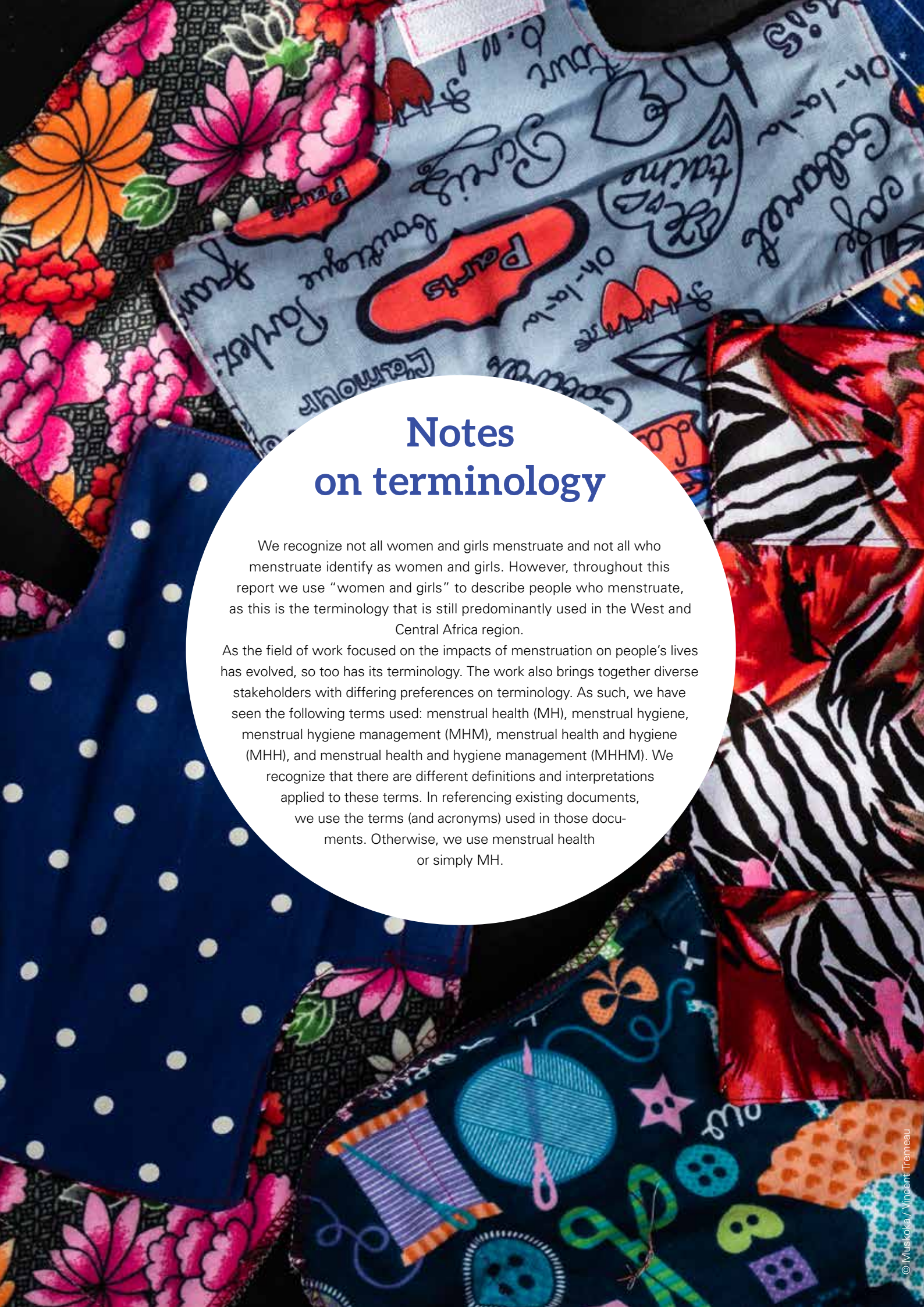
Appendix A: List of key informants interviewed	39
Appendix B: List of literature review documents	41
Appendix C: List of national standards boards (NSBs) in assessment countries	46
Appendix D: Level of coverage of MH in national policy documents	48
Appendix E: Landscape for MH coordination platforms	50
Appendix F: Draft Menstrual Product Standards Advocacy Toolkit	52
1. Assessment Tool: A tool for rapidly assessing the menstrual product market in a country.	52
2. Advocacy Brief: What are standards and why are they needed for menstrual products?	55
3. Evidence Brief: The safety, quality, acceptability, and availability of all menstrual products.	56
4. Stakeholder matrix: The range and roles of stakeholders to engage in menstrual product standards advocacy	58

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# Acronyms

<b>ACMH</b>	African Coalition for Menstrual Health
<b>AMCOW</b>	African Ministers' Council on Water
<b>ARSO</b>	African Standardization Organization
<b>ECOSHAM</b>	Economic Community of West African States' Standards Harmonization Mechanism
<b>ECOWAS</b>	Economic Community of West African States
<b>FDA</b>	Food and Drug Authority (Ghana)
<b>KII</b>	Key informant interview
<b>ISO</b>	International Standards Organization
<b>MH</b>	Menstrual health
<b>MHH(M)</b>	Menstrual health and hygiene (management)
<b>MHM</b>	Menstrual hygiene management
<b>NAFDAC</b>	National Agency for Food and Drug Administration and Control (Nigeria)
<b>NGO</b>	Non-governmental organization
<b>NSB</b>	National standards board
<b>RHSC</b>	Reproductive Health Supplies Coalition
<b>TWG</b>	Technical working group
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, sanitation, and health
<b>WAHO</b>	West African Health Organization
<b>WCA</b>	West and Central Africa
<b>WHO</b>	World Health Organization



## Notes on terminology

We recognize not all women and girls menstruate and not all who menstruate identify as women and girls. However, throughout this report we use “women and girls” to describe people who menstruate, as this is the terminology that is still predominantly used in the West and Central Africa region.

As the field of work focused on the impacts of menstruation on people’s lives has evolved, so too has its terminology. The work also brings together diverse stakeholders with differing preferences on terminology. As such, we have seen the following terms used: menstrual health (MH), menstrual hygiene, menstrual hygiene management (MHM), menstrual health and hygiene (MHH), and menstrual health and hygiene management (MHHM). We recognize that there are different definitions and interpretations applied to these terms. In referencing existing documents, we use the terms (and acronyms) used in those documents. Otherwise, we use menstrual health or simply MH.



# Executive summary

There are approximately 118 million women and girls who menstruate in West and Central Africa. Many of them struggle to access the safe, quality, affordable products that they need to manage their menstruation in a dignified manner. On the African continent, several countries in East and Southern Africa have led the way in developing quality standards for disposable and reusable pads. Product standards help to ensure that women and girls can choose between safe and quality products. Standards strengthen the overall market for menstrual products. Within WCA, only Nigeria and Ghana currently have standards for menstrual products, and only for disposable pads.

In WCA, UNFPA, UNICEF and partners seek to create enabling environments where girls and women can make informed choices among quality, affordable menstrual products. To this end, advocating for the development and use of standards has become an area of focus. This assessment was designed to better understand the regulation (or lack thereof) of menstrual products across WCA and to formulate recommendations for the widespread development and enforcement of quality standards for menstrual products that promote the health and wellbeing of consumers.

While this assessment revealed no other menstrual product standards than the two that were previously known to exist, it found other menstrual health (MH) activities taking place and existing national standards boards. In many of the countries, MH is being integrated into national policies, local manufacturers are developing their own quality assurance processes, and technical working groups offer the opportunity for collaborative advocacy efforts.

Building on lessons learned from other menstrual advocacy efforts, a **framework for national advocacy on standards** development, compliance, and enforcement is included in this report. It breaks the advocacy process into three phases: 1) Laying the foundation for advocacy, which includes information gathering, initial awareness raising, and general MH support; 2) Planning for and undertaking advocacy, including stakeholder engagement, resource identification, and developing and implementing a work plan; and 3) Supporting standards development and implementation, which includes building public awareness of the approved standard(s) and supporting compliance and enforcement.

The report also includes **recommendations for regional actors**, such as Economic Community of West African States (ECOWAS), the West Africa Health Organization (WAHO), and other UN agencies and funders:

1. Translate existing resources on MH standards and market development into French.
2. Create a regional MH coalition.
3. Support stakeholders to implement the framework for national advocacy on standards.
4. Develop a MH standards advocacy toolkit, for which a draft is included as an appendix.
5. Support engagement in the ISO Technical Committee for menstrual products.
6. Support governments to integrate MH into policies and programs.
7. Support national MH coalitions or technical working groups.
8. Provide professional development and mentoring on MH.



# Introduction

## Background

There are approximately 118 million women and girls who menstruate in West and Central Africa.<sup>1,2</sup> Many of them struggle to access the safe, quality, affordable products that they need to manage their menstruation in a dignified manner. This limits their ability to engage fully in educational, economic, and social settings. Supporting menstrual health (MH) is instrumental to the realization of the rights of women and girls.

At a global level, there has been growing interest in work to support MH for the last two decades.<sup>3</sup> The number and diversity of such efforts has been increasing, including in West and Central Africa (WCA). This work has focused on sharing accurate and comprehensive information about menstruation to build knowledge and skills; building and maintaining facilities and services for sanitation and hygiene, including “female-friendly” toilets; providing social support to address the stigma and social norms that prevent menstruation from being discussed as a normal occurrence; and increasing access to and choice of menstrual products designed to absorb or collect blood. This assessment focused on the last of these 4 ‘pillars’ of MH programming, menstrual products. Standards for any and all products were considered. The text box below describes the menstrual products used in WCA.

On the African continent, several countries in East and Southern Africa have led the way in working towards menstrual equity. Several countries have pursued efforts to expand access to a variety<sup>4</sup> of affordable, quality menstrual products, such as by developing standards. Within WCA, especially the Francophone countries, MH efforts have been more limited, but there is growing interest and attention being paid to MH. Where product standards exist, they are most commonly for disposable pads, and sometimes for reusable pads.<sup>5</sup> We are unaware of standards for other menstrual products in Africa.

As of 2020, approximately 60% of women and girls in WCA, or almost 70 million people, use purpose-made (typically commercially purchased) products to manage their menstruation, at least some of the time.<sup>6</sup> It is expected that the number of people using purpose-made products will increase substantially in the next decade.<sup>7,8</sup> As demand increases, the supply chain will need to be strengthened to ensure access to quality, affordable menstrual products.

In WCA, UNFPA, UNICEF and partners seek to create enabling environments where girls and women can make informed choices among quality, affordable menstrual products. To this end, advocating for the development and use of standards has become an area of focus.

1 Calculations based on custom reports from: Weinberger M, Eva G, Gold J, Bellows N, Reidy M, Sanders R, and Skibiak J. LEAP: Landscape and Projection of Reproductive Health Supply Needs. Reproductive Health Supplies Coalition, 2021.

2 West and Central African countries include: Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Côte d’Ivoire, Democratic Republic of Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Republic of Congo (Brazzaville), Sao Tome and Principe, Senegal, Sierra Leone, and Togo.

3 Sommer M, Hirsch JS, Nathanson C, Parker RG. Comfortably, safely, and without shame: defining menstrual hygiene management as a public health issue. *American journal of public health*. 2015 Jul;105(7):1302-11.

4 PSI Europe, 50 Forward, Simavi, The Case for Her, WASH United, and

Global Menstrual Collective. Making the Case for investing in Menstrual Health and Hygiene. Jan 2021.

5 Development Solutions, Inc. Development and compliance of quality standards for disposable and reusable menstrual health pads in LMICs. July 2021.

6 Calculations based on custom reports from: Weinberger M, Eva G, Gold J, Bellows N, Reidy M, Sanders R, and Skibiak J. LEAP: Landscape and Projection of Reproductive Health Supply Needs. Reproductive Health Supplies Coalition, 2021.

7 Mann Global Health. Landscaping Supply-Side Factors to Menstrual Health Access. June 2021.

8 Weinberger M, Eva G, Gold J, Bellows N, Reidy M, Sanders R, and Skibiak J. LEAP: Landscape and Projection of Reproductive Health Supply Needs. Reproductive Health Supplies Coalition, 2021.

## Assessment purpose

This assessment was designed to better understand the regulation (or lack thereof) of menstrual products across WCA and to formulate recommendations for the widespread development, adoption and compliance with quality standards for menstrual products that promote the health and wellbeing of consumers in the region. We hoped to identify menstrual products standards and to develop recommendations that could be used to support standards for all products.

The assessment set out to answer the following key questions:

- \* What is the current landscape for menstrual product standards in WCA?
- \* Where they exist, what are the different or common technical benchmarks for disposable and reusable menstrual products across the region? How do they compare to existing technical global references?
- \* What is the level of compliance to standards, where they exist, in the region?

- \* What are the bottlenecks impeding adoption and compliance to standards, where they exist?
- \* Who are the advocacy champions for standards in the region?
- \* How do we chart an advocacy pathway specific to the region?

The first five of these questions are addressed in the section of this report on main findings. The final question, on the advocacy pathway, is addressed in the recommendations section. We also include sections on lessons learned from standards advocacy efforts that can be applied in WCA and on broader MH efforts in the region. The first was included to inform the development of the advocacy pathway. The second was included as it became clear that many of the assessment countries did not yet have product standards and that understanding the policy and other aspects of the enabling environment was a necessary first step.



## Methodology

The initial phase of the assessment was focused on understanding the global landscape for menstrual product standards and to learn from the experiences of countries in East and Southern Africa in advocating for, enforcing, and complying with menstrual product standards. This work was conducted through a review of existing literature and a series of key informant interviews (KIIs).

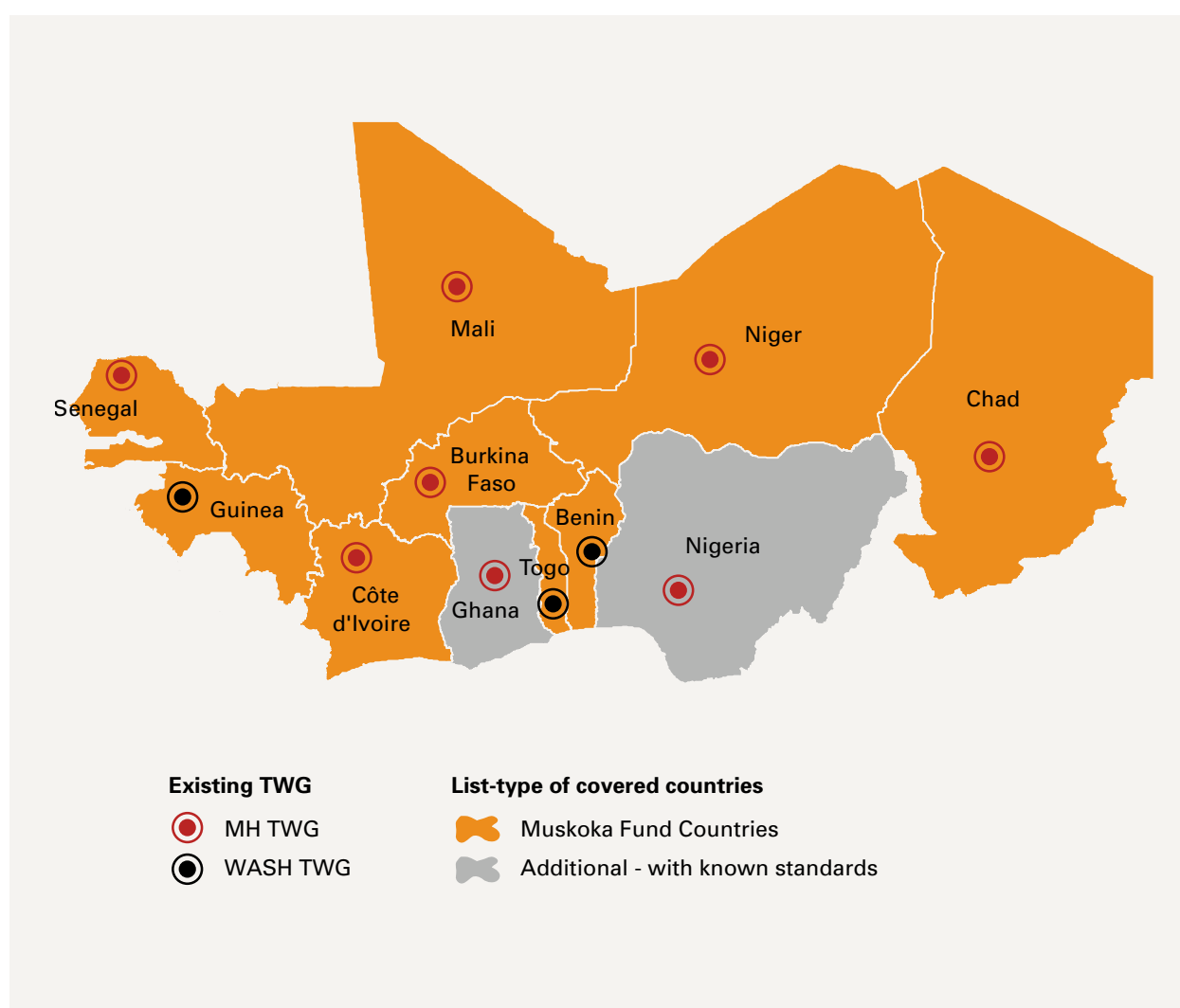
Based on the learning from the initial phase, plans were made to assess the landscape for standards in 11 countries in WCA, as show in *Figure 1*. Countries

were selected based on their inclusion in the French Muskoka Fund initiative or the known existence of a menstrual product standard. The French Muskoka Fund was created in June 2010 to help reduce maternal, newborn, infant and child mortality by strengthening national health systems in nine WCA countries. Funded by the French government, it supports the joint work of 4 UN agencies, UNFPA, UNICEF, UN Women, and the World Health Organization (WHO).<sup>9</sup>

<sup>9</sup> More information about the French Muskoka Fund initiative: <https://ffmuskoka.org/en/accueil/>

**Figure 1** Countries included in the assessment and status of existing TWGs or coalitions

Note: The map shows countries with an existing MH coordination platform, such as a TWG or coalition. The functionality of these groups may vary. Some meet only to plan MH Day activities. Where there are no MH TWGs, water, sanitation, and hygiene (WASH) or other related TWGs exist and can serve as a foundation for launching a MH coordination platform.



Country-specific KIIs were then conducted. We sought to interview five types of stakeholders: UNICEF, UNFPA, and/or WHO staff working on MH; local suppliers (manufacturers and importers) of menstrual products; government staff from ministries working on MH; national-level advocates or champions for MH; and representatives from the national standards boards (NSBs). Stakeholders were identified on a rolling basis.

We conducted 32 interviews, via Zoom or Whatsapp. For most countries, we conducted interviews with between 1 and 4 stakeholders. During the interviews, we asked about MH programming generally, MH inclusion within policies, existence of or advocacy related to standards, local MH stakeholders and advocacy, and when speaking to manufacturers and distributors, about quality practices, any required permits, and distribution. A full list of all stakeholders interviewed, including for the global KIIs, is included in **Appendix A**.

After the interviews, we followed up to collect electronic copies of government policies and other documents guiding work on MH, as well as any MH-focused studies or assessments. We also independently searched for and identified country-specific MH documentation. The country-specific literature review provided us with a better understanding of the landscape for MH work in the countries generally, with a particular focus on policy. A full list of literature review documents is provided in **Appendix B**. We also acquired copies of the standards for disposable pads from Ghana and Nigeria and reviewed these against global technical specifications.

Information from the KIIs and the literature review was compiled, reviewed, and analyzed to develop this report. In this report, if a specific reference is not cited, the findings presented came from the interviews, multiple sources within the literature review, or both. A validation workshop was held with stakeholders to review the findings and recommendations before finalizing and disseminating the report.

This assessment focused on quality standards for menstrual products and the ways in which standards can facilitate the availability, affordability, and choice of menstrual products. There are other interventions that can be pursued to strengthen menstrual product markets that were not covered in this assessment. Several of the documents included in the literature review (Appendix B) discuss other market strengthening approaches.

## Limitations

This report is limited by the information we were able to obtain through interviews and publicly available documentation. For several countries, we struggled to identify and schedule interviews with well-informed MH stakeholders. Slow or no response, even after repeated attempts to contact identified stakeholders was a common challenge, including among French Muskoka Fund staff. In some cases, this was due to our inquiries conflicting with travel or other pressing priorities; in others, the hesitancy to speak with us seemed to be related to the person's lack of familiarity with MH programming generally, and product standards in particular. The lack of coordination among local MH actors also made it challenging for those who we were in contact with to know who the best next person for us to speak with would be. Where we struggled to identify and/or interview stakeholders by working through the French Muskoka Fund contacts, we used our own networks to identify local MH actors. We found that local menstrual product suppliers were generally the most well-versed on general MH activities and product standards.

For local suppliers, we focused on identifying and interviewing global and local social enterprises. We did not attempt to interview WCA-based representatives of the multinational menstrual product manufacturers, as attempts to do so under previous menstrual product market activities had not been successful.

We were also unable to interview any NSB representatives. None of the MH stakeholders that we spoke with from WCA had interacted directly with their local NSBs. We sent formal letters to several NSBs (Nigeria, Senegal, Benin) requesting an interview, but received no responses after repeated inquiries. (For Ghana, in deference to the ongoing locally-led standards advocacy, we did not pursue an interview with the NSB.)

## An overview of product standards

Product quality standards exist for most products that we buy, including packaged foods, medicines, cosmetics, and cleaning supplies. A standard is a set of benchmarks which products need to meet to be considered of acceptable quality. Standards not only ensure that consumers are able to choose from safe, quality products, but also facilitate regional and international trade, as countries may limit imports of products that have not met national standards. Standards are usually established by NSBs, and may be harmonized with standards developed by regional or global organizations.

Quality standards for menstrual products typically describe parameters for absorbency, size, materials, and manufacturing, and for reusable (washable) pads, durability and drying time. Standards are needed for each type of commercial menstrual product: disposable pads, reusable pads (and period panties), menstrual cups, and tampons.

### Arguments for product standards

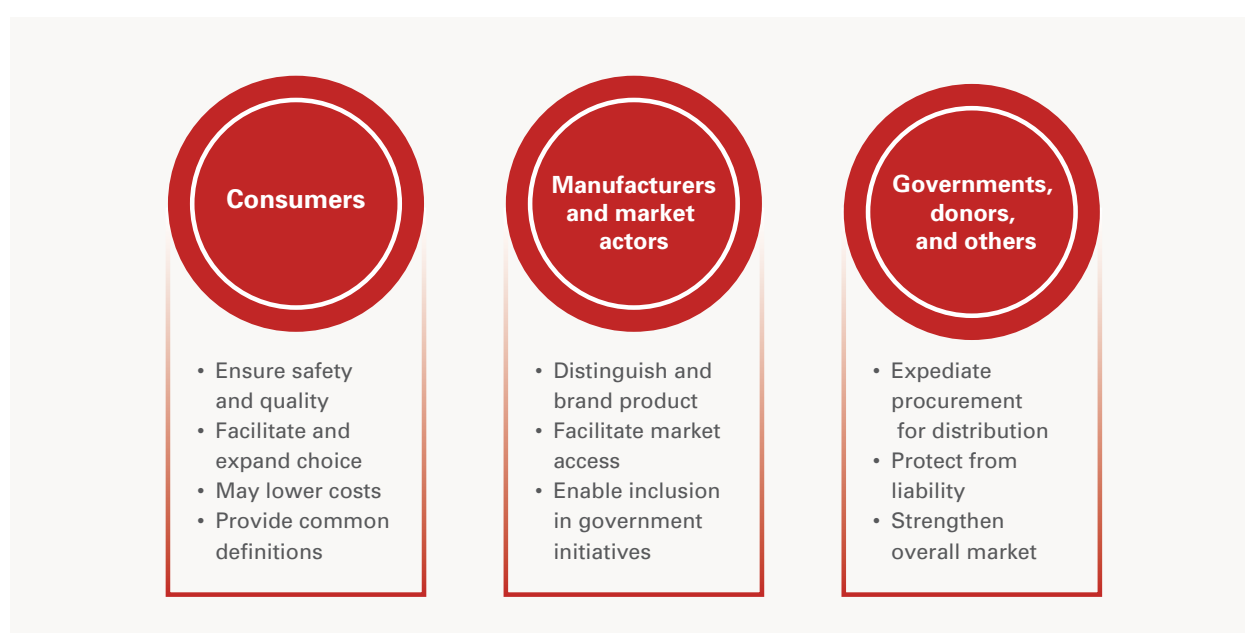
There are several arguments for product standards. The various ways that product standards can help market actors are summarized in *Figure 2*. The primary reason for standards is to ensure that consumers have access to safe, quality products. When standards are compulsory and enforced, consumers can assume that all products sold meet the minimal benchmarks of the standard. Where standards are voluntary, consumers can look for a seal or mark indicating that the product

complies with the standard. If a consumer finds a quality issue with a specific product, the standard provides a means by which to raise such concerns and for concerns to be addressed. Standards often include parameters to ensure the health and safety of products, such as biocompatibility and pH. They also provide common definitions across products, so that the language used on product packaging is meaningful to consumers, e.g., “regular” versus “super” absorbency.

Standards also benefit menstrual product manufacturers and other actors along the supply chain. Having met the standard(s) gives suppliers a way to brand their products as quality products. Being officially in compliance may attract investments or bulk purchasing agreements for mass distribution. Having a standard also allows market actors to feel confident investing in marketing, as they know that their product has government approval. It may also make it easier for new product categories to be included in government initiatives, including free distribution programs and taxation reduction or removal.

Standards are critical for cross-country sales of menstrual products. A common complaint among small-and medium-sized manufacturers, both from our interviews and the existing literature, has been that the lack of standards has made it challenging for them to expand to new countries. Importation permits are often dependent on a product meeting a standard and where standards do not exist, getting a permit can be unnecessarily burdensome or impossible.

**Figure 2** Ways that product standards can help market actors



Thus, having standards can increase both the variety of product types and the overall number of brands, offering consumers greater choice. The expanded supply should also contribute to lower costs for menstrual products. It is for this reason that developing standards has been recommended as an early step in strengthening the menstrual product market in African and Asian countries.<sup>10</sup> Other initiatives, such as removing taxes, are more likely to be successful if there is already strong competition within the market.<sup>11</sup>

Having standards also helps governments, donors, and others who are procuring menstrual products for free or subsidized distribution. Using national or international

standards can make product selection and procurement more efficient. Procuring products that have met standards also protects distributors from liability.

### Arguments against product standards

Despite all reasons for standards, advocates may face arguments against standards. These are described in the *Table 1*, along with potential counter-arguments.

<sup>10</sup> Mann Global Health. Landscaping Supply-Side Factors to Menstrual Health Access. June 2021.  
<sup>11</sup> Ina J, Yates M, Bagel S. What impact does a VAT/GST reduction or removal have on the price of menstrual products? Research Write-Up. WASH United, July 2020.

**Table 1** Arguments against product standards, along with potential counter-arguments.

Arguments against standards	Potential counter-arguments
The development of standards can be a complex and costly process.	Various reference standards are available for countries to use or adapt.
If not enforced, they do not protect consumers.	The need for standards, and their enforcement, is common across all products sold on the market. Leaving menstrual products out of that practice only puts women and girls at a disadvantage as overall standards enforcement improves.
Having to meet a standard may force small-scale manufacturers out of the market.	Standards for menstrual products are increasingly being written with the input of small-scale manufacturers in order to better support their compliance while also ensuring quality. Capacity building programs to support compliance are also common across countries and products, and have been used in South Africa for menstrual products.
Manufacturers and importers may raise their prices to cover the cost of complying with standards, thus limiting the affordability of menstrual products.	Some countries, such as Ethiopia, have chosen to make their standards voluntary to allow local producers time to build capacity to comply.
Manufacturers and importers may raise their prices to cover the cost of complying with standards, thus limiting the affordability of menstrual products.	While standards may cause prices to increase in the short-term, by facilitating market access they also increase competition, so prices should adjust downward, potentially below baseline levels. For international brands that are already meeting other standards, the addition of a national standard (especially if harmonized) should not increase costs.







# Main Findings

## Status of standards for menstrual products

### Status of product standards beyond WCA

Standards for menstrual products have been, and are being, developed at the global and regional level. In 2021, the United Nations issued technical specifications for disposable pads, reusable pads, and menstrual cups, and in 2022, for tampons.<sup>12</sup> These technical specifications were developed for use by UN agencies in procuring menstrual products, but can also serve as a reference for the development of national standards.

In early 2022, a technical committee was formed within the International Standards Organization (ISO) to develop global reference standards for menstrual products. As of April 2023, no WCA countries had joined the technical committee.<sup>13</sup> The committee leadership is seeking membership, specifically from Asian and African countries.

Reference standards for disposable and reusable pads were developed in 2019 by the Standards Committee of the East African Community and the African Organization for Standardization (ARSO). ARSO currently has 42 member countries, including all focus countries for this assessment with the exception of Mali.<sup>14</sup>

In December 2021, the Reproductive Health Supplies Coalition (RHSC) and Development Solution, Inc. published a report and online database<sup>15</sup> on the status of menstrual product standards globally, with a focus on South Asia and Africa. Several countries in East and Southern Africa (Ethiopia, Kenya, Malawi, South Africa, Tanzania, Uganda, Zambia, Zimbabwe) and India have led the way in standards development. The authors of that report reviewed the NSB websites for several WCA countries and found only Ghana and Nigeria had standards for disposable pads.<sup>16</sup>

### Status of product standards in West and Central Africa

Through our interviews and literature review, we did not identify any menstrual product standards beyond the two previously known standards. Nigeria and Ghana both have approved standards for disposable pads.

In **Ghana**, the disposable pad standard was approved in 2019 (GS 1248:2019); while in **Nigeria**, the current (second edition) standard for disposable sanitary pads was approved in 2018 (NIS 291 Sanitary Pads). *Table 2* provides a comparative analysis of the standards from Nigeria and Ghana, against global technical references.

Stakeholder interviews indicated that there is interest from and advocacy by the Ghanaian MH community to have a standard developed for reusable pads. Members of the MH Technical Working Group (TWG), including UNICEF, are already engaging in advocacy directly with the NSB, the Ghana Standards Authority, and the Ghanaian FDA. In an effort to support this advocacy, an assessment of the accessibility, acceptability, safety, and affordability of menstrual products in Ghana has been commissioned by UNICEF. Results from this assessment are expected in June 2023.

In March 2023, a social enterprise, Amenuveve, became the first in Ghana to receive certification for reusable sanitary pads. The approval was granted by the Ghana Standards Authority based on compliance with the ARSO standard (ARS 1575: 2019). Their product is branded as *Volta pads*.

<sup>12</sup> The UN technical specifications for menstrual products are available here: <https://www.ungm.org/Public/Notice/123185>

<sup>13</sup> More information about the ISO technical committee is available here: <https://www.iso.org/committee/8933440.html>

<sup>14</sup> More information about ARSO here: <https://www.arso-oran.org/>

<sup>15</sup> The online database of menstrual product standards is available here: <https://mnh-standards.rhsupplies.org/>

<sup>16</sup> Development Solutions, Inc. Development and compliance of quality standards for disposable and reusable menstrual health pads in LMICs. July 2021.

**Table 2** Alignment of product standards in WCA to existing global technical references

Standard	Version	Parameters covered	Parameter	Committee membership
Nigerian Industrial Standard NIS 291: 2018	Second edition; original version developed in 2004	Included manufacturing, materials, size, absorbency, pH, and microbiological requirements; Did not include biocompatibility or absorbency rate	Generally in line with other standards and specifications	Representatives from multinational and Nigerian manufacturers, Nigerian Agency for Food and Drug Administration and Control (NAFDAC), hospitals, and schools of nursing and midwifery
Disposable pads				
Ghana standard GS 1248:2019	First edition	Included manufacturing, materials, size, absorbency, pH, and microbiological requirements; Did not include biocompatibility or absorbency rate	Generally in line with other standards and specifications, with the exception of absorbency, which is measured differently	Representatives from multinational and Ghanaian manufacturers, Food and Drug Authority (FDA), a university department of chemistry, and an institute of industrial research
Disposable pads				
Other disposable pad standards and UN technical specifications	Varies	Manufacturing, materials, size, absorbency, pH, microbiological requirements, biocompatibility, and absorbency rate are often included <sup>17</sup>	Varies <sup>18</sup>	Recommended participants: manufacturers, MH advocates and researchers, technical experts, gynecologists, fiber suppliers, and user groups <sup>19</sup>
Varies				

The Nigerian MH community would also like to see additional quality standards for MH products. In the Federal Ministry of Women Affairs' recent *National Strategic Framework on Menstrual Health and Hygiene Management in Nigeria (2022-2026)*, one of the many recommended steps for action is to "Develop and review standards for menstrual management products and materials".

**In all nine of the Francophone countries,** we found no evidence of existing menstrual product standards or ongoing, organized advocacy for standards development. However, in all nine countries there is ongoing

advocacy for increased attention to MH needs, with support from UNFPA, UNICEF and other partners. Many of the stakeholders that we spoke to, especially those from UN agencies and NGOs, were initially unaware of the concept of product quality standards for menstrual products. Local suppliers were generally more familiar

<sup>17</sup> Development Solutions, Inc. Development and compliance of standards for disposable and reusable menstrual health pads in South Asia and Africa. December 2021.

<sup>18</sup> Development Solutions, Inc. Development and compliance of standards for disposable and reusable menstrual health pads in South Asia and Africa. December 2021.

<sup>19</sup> Development Solutions, Inc. Development and compliance of quality standards for disposable and reusable menstrual health pads in LMICs. July 2021.

with the topic. Regardless of their initial awareness, most of the stakeholders we interviewed expressed interest in contributing to or pursuing standards advocacy, especially if support or guidance were to be provided. It may also be that other actors (for instance, multinational suppliers) are engaged in advocacy, but that these efforts are not known among the assessment participants.

NSBs exist in all 11 countries included in the assessment. Their names, websites, and other information are included in **Appendix C**. NSBs generally work under the auspices of the national ministry in charge of industry.

Of note, the Senegalese and Beninois NSBs report on their websites that they have technical committees focused on water and sanitation, multiple existing standards for this sector, and trainings on select water and sanitation standards; some of this work appears to be supported by international funders. As MH interventions are often led by actors within the water and sanitation sector, this work with NSBs could be leveraged for menstrual product standards.

The Economic Community of West African States (ECOWAS), through its Standards Harmonization Mechanism, (ECOSHAM), does not appear to have a reference standard for any menstrual products.<sup>20</sup>

## Compliance and enforcement

For a supplier, compliance generally involves testing of finished products, and in some cases, a manufacturing facility inspection. For each batch of finished product, a sample of products is tested against the benchmarks in the standard. If the standard includes specifications regarding manufacturing, or if there is a separate standard for manufacturing, the company will also need to have its manufacturing facility inspected and certified.

These tests, inspections, and certifications to show compliance to a standard are typically implemented by the NSB and other government agencies focused on accreditation, certification, and metrology. Where menstrual products are classified as medical supplies, they may be certified against the standard by the national food and drug agency. For instance, in Ghana, as disposable pads are considered medical devices, the Ghanaian FDA<sup>21</sup> is involved in enforcing the standard. In Nigeria, NAFDAC plays a similar role.<sup>22</sup>

In both Ghana and Nigeria, awareness of the standards for menstrual products among the general population was considered to be low. In Ghana, the lack of awareness was suggested by the interviewed stakeholders. In Nigeria, not all interviewed stakeholders were aware of the existing standard. There have been no known efforts to publicize the approval of such standards or to help consumers know how to choose products that complied.

While compliance with the standard is compulsory in both Ghana and Nigeria, stakeholders believed enforcement to be limited. Smaller-scale suppliers may be able to operate without acquiring certification. Standards are not likely to be enforced unless a concern is brought to the attention of the relevant agency.

None of the stakeholders interviewed for this assessment reported concerns about product quality in their countries, but the literature review did reveal some product quality concerns in the region. Two studies, conducted in different regions of Senegal in 2015, documented concerns among women and girls about the quality and safety of menstrual products, due to the possibility of counterfeit products circulating in the market.<sup>23, 24</sup>

## Alternative approaches to quality control

Even where there are not menstrual product standards, menstrual products are imported or locally manufactured for sale. In the absence of a national standard, quality control may be conducted by other national agencies or the product suppliers may undertake their own quality control mechanisms. The different types of quality control mechanisms that we heard about as part of the assessment are described in *Figure 3*.

<sup>20</sup> More information about ECOSHAM: <http://www.waqsp.org/en/content/standardization>

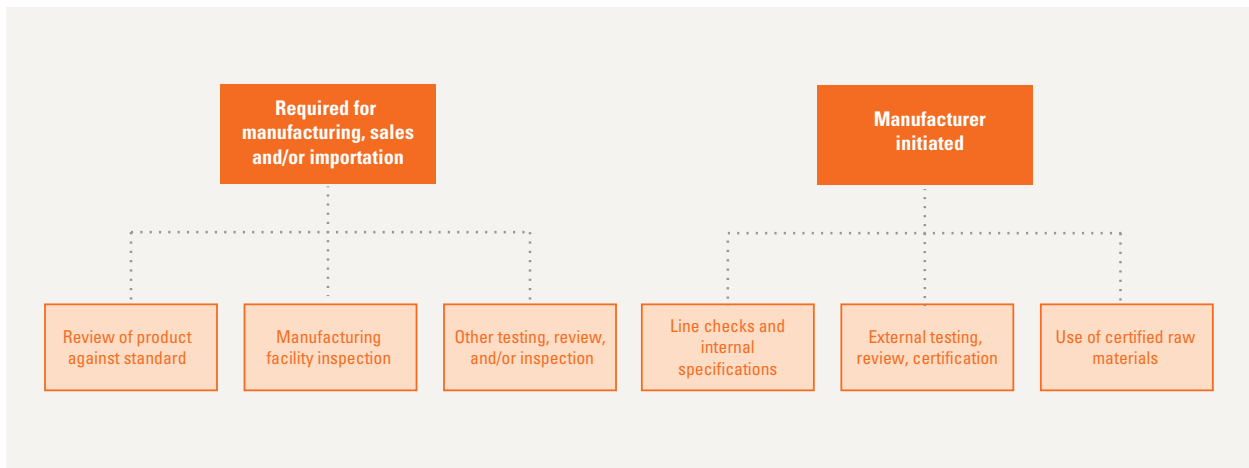
<sup>21</sup> More information about Ghana's FDA: <http://www.fdaghana.gov.gh/>

<sup>22</sup> More information about NAFDAC: <https://www.nafdac.gov.ng/>

<sup>23</sup> ONU Femmes, WSSCC. *Gestion de l'hygiène menstruelle: comportements et pratiques dans la région de Kédougou au Sénégal*. 2015.

<sup>24</sup> ONU Femmes, WSSCC. *Gestion de l'hygiène menstruelle: comportements et pratiques dans la région de Louga au Sénégal*. 2015.

**Figure 3** Types of quality control mechanisms described by menstrual product supplies



*Review by national bodies*

Where there are no standards, national agencies or laboratories may still review menstrual products, providing approval for importation, manufacturing, and/or sales, or simply certification of a specific quality aspect, such as being free of micro-organisms. (See specific examples of agencies in the text box below.) Some manufacturers expressed concern that these reviews, in comparison to the process in countries with standards, were overly cumbersome, took too long,

and/or lacked transparency; concerns which they hoped would be addressed by having a standard with known benchmarks against which their product would be reviewed.

*Manufacturer-initiated quality control mechanisms*

Manufacturers of MH products often establish their internal quality control mechanism. Different approaches are applied.

**Examples of national institutions conducting quality control mechanisms:**

- \* **Senegal:** Ministry of Health and Social Action, Directorate of Quality Control
- \* **Burkina Faso:** National Laboratory for Public Health
- \* **Guinea:** Ministry of Health, Directorate of Family Health and Nutrition
- \* **Mali:** Ministry of Health and Public Hygiene, National Health Laboratory

**CASE 1: Sutura: Use of production line checks and national laboratory testing.**

Sutura<sup>25</sup> is a manufacturer of reusable pads, established in Mali in 2020.

Technical specifications for Sutura reusable pads were developed and are applied internally through production line check. Sutura’s production process includes attention to hygiene, with three decontamination processes. Sutura pads are then tested by the National Health Laboratory of Mali to certify the absence of microorganisms.

**CASE 2: ApiAfrique: Use of certified raw materials and international certification**

ApiAfrique<sup>26</sup> manufactures reusable pads, reusable baby diapers, and related accessories in Senegal, distributing in Senegal and several other countries.

ApiAfrique’s products are made from fabrics that have received voluntary industry-based certification. For cotton, Global Organic Textile Standard<sup>27</sup> is used. For other fabrics, OEKO-TEX<sup>28</sup> certified fabrics are used. ApiAfrique is also a certified B Corporation.<sup>29</sup> B Corp certification is a global designation that a business is meeting high standards of performance, accountability, and transparency on factors from employee benefits and charitable giving to supply chain practices and input materials.

## Consumer quality concerns and the limitations of standards: Examples from beyond WCA

In recent years, there have been two notable examples of menstrual products quality concerns. In both cases, in Kenya and the United States, the concerns were consumer- and media-led. For both, there was not a question of compliance with the standard, as the specific quality issue was not addressed in the national standard.

- \* In 2019, Scheaffer Okore, a Kenyan activist posted on Twitter about the pain, itching, odor and other issues she had experienced using Always brand disposable pads. Others followed, tweeting about their own negative experiences, and a hashtag emerged: #MyAlwaysExperience. It went viral in Kenya, eventually attracting global media attention. Reporters and consumers identified the issue as the perforated polyethylene top sheet found on Always pads sold in Kenya. Kenyan consumers and advocates discussed alternative brands and demanded pads without the specific type of top sheet. The Kenya Bureau of Standards issued a statement that the tested Always brand products met the national standard.<sup>30, 31, 32</sup>
- \* In 2020, Jessian Choy, an American reporter, sent samples of period panties to a laboratory to test for toxic chemicals. Thinx brand underwear were shown to contain polyfluoroalkyl substances, known as PFAS. Some PFAS are associated with cancer and other negative health outcomes. In 2022, a class action lawsuit, representing a large group of individual plaintiffs, was filed saying the company knowingly misrepresented its products as organic, safe, and natural. While stating that PFAS had not intentionally been added, Thinx settled the lawsuit. In the United States, menstrual products need only be registered, not approved, by the Food and Drug Administration. Little is known about how PFAS are absorbed into the body from clothing and what levels might be safe; without such information, the use of PFAS is not prohibited in menstrual products. A competitor has started a petition to call for better regulation of menstrual products.<sup>33, 34, 35</sup>

## Constraints impeding the adoption of and compliance with standards

There are many reasons why standards have not been widely adopted and enforced in WCA.

- \* **Lack of familiarity with standards among potential advocates:** The concept of and need for a quality standard was unfamiliar to many stakeholders. MH advocates often come from the WASH, education, and health sectors and their work in these areas may not involve use of product standards. In interviews, an explanation of product standards was often needed. Even when those we interviewed understood the idea of product standards, the reasons to prioritize standards as an MH intervention did not seem to be well understood. This lack of understanding of the potential impact of standards was cited as a constraint to the ongoing advocacy in Ghana.

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- 25 More information about Sutura: <https://serviettesutura.com/>
  - 26 More information about ApiAfrique: <https://apiafrique.com>
  - 27 More information about GOTS: <https://global-standard.org/>
  - 28 More information about OEKO-TEX: <https://www.oeko-tex.com/en/>
  - 29 More information about B Corp Certification: <https://www.bcorporation.net/en-us/certification>
  - 30 Okore, S. Must Always pads always be low-quality for Kenyans? African Arguments, March 31, 2020. <https://africanarguments.org/2020/03/must-always-pads-always-be-low-quality-for-kenyans/>
  - 31 Kimeria, C.. The story of how Kenyan women are bringing P&G to task over the Always "burning pad" saga. Quartz, February 26, 2020. <https://qz.com/africa/1807045/kenyan-women-take-pg-to-task-over-always-burning-pads>
  - 32 Kenya Bureau of Standards. Press Statement: Sanitary towels conversations on #MyAlwaysExperience. March 13, 2019. [https://twitter.com/KEBS\\_ke/status/1106122815772725248](https://twitter.com/KEBS_ke/status/1106122815772725248)
  - 33 Choy J. My menstrual underwear has toxic chemicals in it. Sierra, January 7, 2020. <https://www.sierraclub.org/sierra/ask-ms-green/my-menstrual-underwear-has-toxic-chemicals-it>
  - 34 Segran, E. Period underwear could be toxic. Should it be regulated? Fast Company, January 23, 2020. <https://www.fastcompany.com/90454555/period-underwear-could-be-toxic-should-it-be-regulated>
  - 35 U.S. Food and Drug Administration. Menstrual tampons and pads: information for premarket notification submissions (510(k)s)- Guidance for Industry and FDA staff. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/menstrual-tampons-and-pads-information-premarket-notification-submissions-510ks-guidance-industry>.



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- \* **Language barriers:** While there has been a great deal of work on menstrual product standards globally and in ESA, many of the reports, reference standards, webinars, and other materials are only in English. The working groups that have been active in standards advocacy, including the African Coalition for Menstrual Health (ACMH) and the Menstrual Supplies Working Group of RHSC operate exclusively in English, and have limited membership from Francophone WCA countries. These resources, if more widely accessible in WCA, could help to address the lack of familiarity with standards.
- \* **Poor awareness of standards among the general public:** Among the general public, greater awareness of standards - both their general role and for specific products - can lead to improved compliance and enforcement. We assume public awareness of standards may be low in many WCA countries, given the need to explain standards to many of the stakeholders we interviewed. In addition, while all countries had NSBs, in some countries, the NSBs were only a few years old and several had little or no online presence, potentially indicating minimal spending on public awareness activities.

- \* **Lack of funding for MH activities and NSBs:** MH efforts receive very limited financial support from governments and other donors. What little money, staffing, and other resources is spread thinly across activities to improve menstrual equity. In addition, NSBs have limited funding. They generally rely on stakeholders to volunteer their time for advocacy, compilation of evidence, drafting and review of the standard.<sup>36</sup> And as mentioned above, public awareness of standards is needed for enforcement and compliance; without sufficient budgets, NSBs cannot fund publicity of its role and specific standards.
- \* **Required technical knowledge:** The development and implementation of standards for menstrual products is highly technical, requiring knowledge of topics such as the safety of product components in contact with the skin and test methods for absorbency, durability, and drying time. Fortunately, the growing availability of reference standards means less technical knowledge is needed at the level of each NSB for development.

<sup>36</sup> Development Solutions, Inc. Development and compliance of standards for disposable and reusable menstrual health pads in South Asia and Africa. December 2021.



\* **Reluctance among small-scale suppliers:**

Small-scale product suppliers may be concerned about their ability to comply, financially and technically, with standards. NSBs generally sell their standards to support their work, and as individual standards often refer to other standards, multiple standards may need to be purchased. The specifications and test methods included in the standards are often complex and require technical knowledge to understand and special equipment to perform. Finally, the official procedures for compliance and certification may be costly. Among the manufacturers that we spoke with, there was greater support for standards than reluctance, but the possibility of reluctance was raised by various stakeholders.

\* **Stigma:** All around the world, menstruation remains fraught with stigma. The open discussion of menstrual products can make many people uncomfortable. This may make it challenging to engage the necessary government and agency officials in advocating for, developing, and enforcing menstrual product standards.

\* **Lack of familiarity with newer types of menstrual products:** Across Africa, disposable or single-use pads are the dominant type of commercial menstrual product used. There is less familiarity with other types (tampons, reusable pads, period panties, and menstrual cups) and their use and availability within WCA countries is nascent, but growing.<sup>37</sup> In WCA and elsewhere, officials have reportedly been reluctant to develop reusable pad standards. Informants described the arguments against reusable pad standards as being related to lack of familiarity of the product and a perceived lack of appeal. Tampons and menstrual cups may be dismissed as not culturally appropriate.

## Stakeholders relevant to standards advocacy efforts

During interviews, we asked respondents who should be engaged in standards advocacy. We also learned about the stakeholders engaged in past advocacy efforts from the global KII. The stakeholders recommended for inclusion in advocacy efforts are:

- \* Government actors, including from the ministries of water and sanitation, health, education, and women/gender, as well as any others involved in MH
- \* UN agencies, including UNICEF, UNFPA, and WHO
- \* Private sector groups, including local suppliers of menstrual products
- \* International non-governmental organizations (NGOs) working on health, education, youth, and WASH, such as WaterAid, Plan, Save the Children, Equipop, and the Red Cross
- \* Local NGOs working on MH and related topics
- \* Civil society groups encompassing youth, parents, men, religious and traditional leaders, teachers, consumers, and marginalized or underserved populations, etc.
- \* Media and influential community leaders and spokespeople
- \* Regional bodies, including ECOWAS and WAHO
- \* Existing TWGs or coalitions focused on MH or broader topics
- \* Funders supporting the work on groups working on MH in the region
- \* Parliamentarians and other high-level government officials
- \* Representatives from NSBs.

Other important and influential stakeholders may be specific to a context. These groups can be identified by looking at past advocacy efforts in related areas. As an example, in Niger, the Association of Traditional Leaders of Niger was mentioned as an important group to engage. This group had been influential in advocacy around ending child marriage.

<sup>37</sup> Mann Global Health. Landscaping Supply-Side Factors to Menstrual Health Access. June 2021.



# Complementary Findings

## Lessons on standards advocacy which could be adapted to WCA

The process of adopting menstrual product standards has varied by country. In some countries, product suppliers have approached the standards body and had a standard adopted. In others, multiple stakeholders have advocated for many years before a standard is adopted. In these situations, a few things have been helpful in the eventual success.

### \* **Broad, organized, stakeholder participation:**

Advocacy is generally most effective when there is an organized coalition of diverse voices working together. In addition to government representatives, NGOs, funders, and other MH champions, local product suppliers (especially social enterprises) have been key stakeholders. Depending on their views, they have been among the most vocal advocates for or against standards.

### \* **Government support for standards and MH**

**generally:** In several countries, NSBs have wanted reassurance to know that menstrual product standards were supported by other parts of the

government. They have asked to review relevant policies for mention of menstrual products and to hear directly from high-level government officials before advancing. Advocates have also found that public commitments by the national government to promote MH have proved helpful in demonstrating buy-in.

### \* **Regional and international information sharing:**

Being able to ask for advice and sharing successes and challenges with others who are, or have, worked on similar initiatives in other countries has also proven to be useful. The ACMH's standards committee supported many of the advocacy efforts in ESA.

### \* **Stigma reduction efforts:** Finally, advocates from countries with standards have said that pre-existing work to fight menstrual stigma and to raise awareness of MH was helpful in advancing standards advocacy. Examples have included public celebrations of MH Day each May and supporting journalists to report on MH.

Once there is agreement to develop a standard, discussion and agreement on several topics is needed. Advocates and may want to discuss these topics

## Advocacy case study from Kenya

The context for Kenya's development of a reusable pad standard provides an example of many facilitating factors leading to a standard being approved.

- \* There was an active MH TWG in Kenya that brought together various stakeholders, including local suppliers. The TWG approached the NSB collectively about developing a standard.
- \* The Kenyan Ministry of Health developed and launched a MH policy that explicitly addressed

the various types of menstrual products. Several government representatives also voiced their support for a reusable pad standard.

- \* Kenya was able to learn from its neighbors that already had reusable pad standards, including Uganda and Ethiopia.
- \* Standards advocacy built on several years of other MH efforts, including initiatives to address stigma and build interest and capacity in MH among the public, NGOs, and government officials.

with peers in neighboring countries that already have standards.

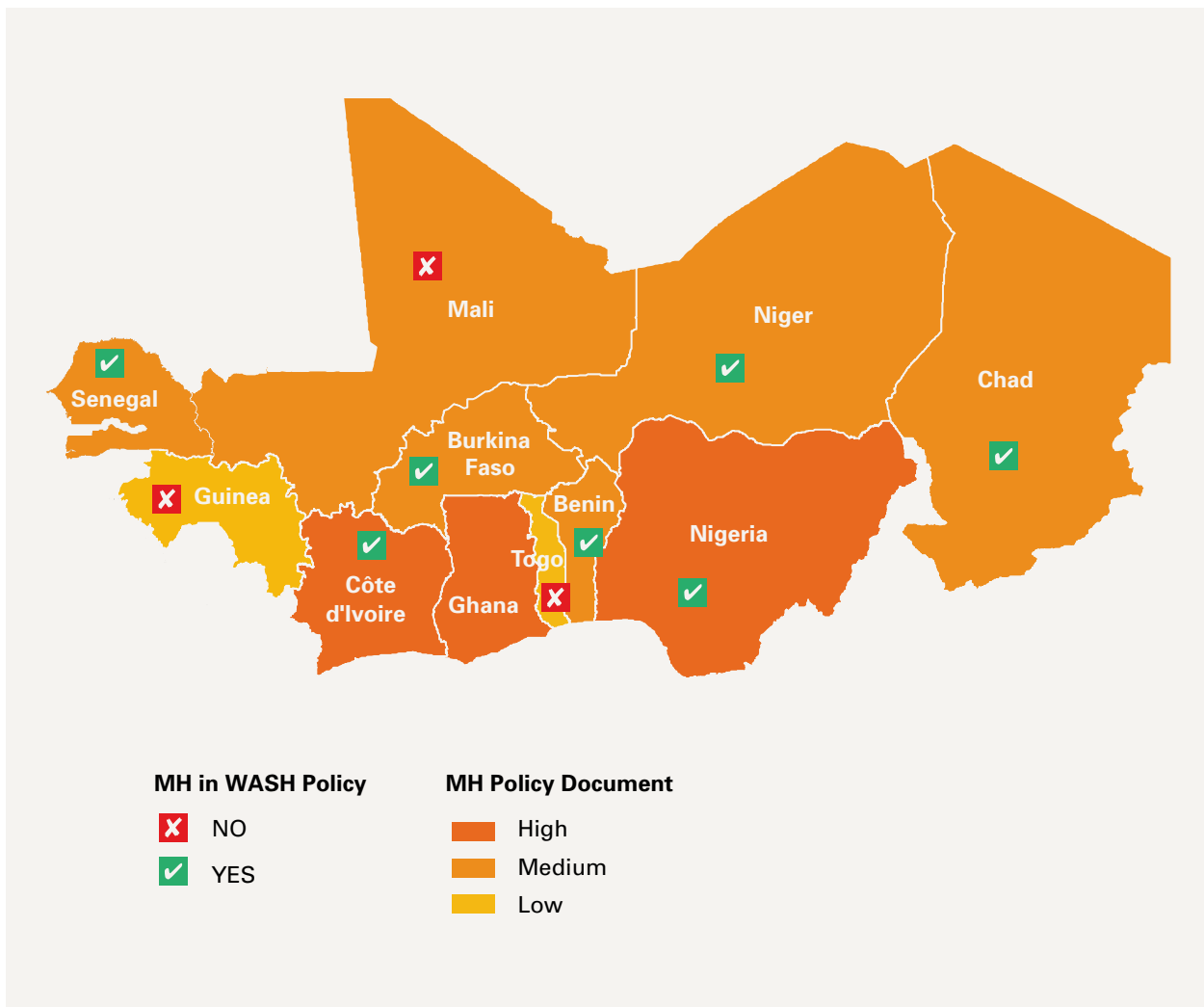
- \* Should the standard be developed independently or harmonized with standards from ARSO or neighboring countries? Alternatively, the NSB could work with the ongoing ISO process and plan to harmonize with the resulting standards.
- \* Should menstrual products be categorized as medical products? There is variation in how countries with existing standards classify menstrual products.
- \* How can the standard be developed to both ensure safe, quality products and to be feasible for local manufacturers to comply with? Will local manufacturers need financial or technical support to comply?
- \* Should the standard be compulsory or voluntary?

## Status of broader MH efforts in West and Central Africa

### Policy landscape for MH

In most WCA countries, MH efforts are conducted through the leadership of ministries of water and sanitation. MH is explicitly mentioned in WASH policies in most, but not all, countries, as shown via the checkboxes in Figure 4 below. The responsibilities are generally shared with other ministries, including health, education, and women’s affairs. The extent to which MH is included within policy documents from any national ministry is indicated by shading in the same figure. “High” indicates that there is a stand-alone policy-level document addressing MH; “medium” indicates that a broader policy-level document explicitly mentions MH; and “low” indicates that we were unable to find any

**Figure 4** Level of coverage of MH in national policy documents



mention of MH within the policy-level documents that we found and reviewed. This scale was developed to compare across countries; a “high” score does not indicate that policy documents do not need further work. This information is also presented in **Appendix D** in table format, along with information on the sector(s) which have included MH within their policy-level documents.

In **Togo** and **Guinea**, no reference to MH was made in any of the identified WASH policies, or policies from any other sector.

A 2018 study on menstrual hygiene management (MHM) in **Niger** found that sectoral policy documents on WASH, health, and education rarely mention menstruation.<sup>38</sup> The national WASH programme (*Programme Sectoriel Eau Hygiène et Assainissement 2016-2030*) contains some mention of MHM as part of sanitation actions to be undertaken. This aligns with the information gathered through the KII that confirmed MH is generally undertaken in school curricula framework, but not covered in extracurricular settings. That said, while poorly represented in decision-making bodies, women have no forum to make their voices heard or demand a response to their needs in relation to menstruation.

In **Burkina Faso**, there is only sporadic mention of menstruation, with no emphasis for serious consideration, in the identified WASH policy and program document, the *Programme National d’Assainissement des Eaux Usées et Excréta 2016-2030*. In addition, educational materials on MHM have been developed for use in schools by partners including the Ministry of Education.

While **Chad’s** *Water and Sanitation Sector Note* (2019) only mentions menstrual hygiene once, Chad’s National Strategy for Water, Sanitation, and Hygiene in Schools 2018-2030 includes a section on MHM. It covers the need for female-friendly toilets in schools, increased puberty and menstrual education, and the provision of menstrual products within schools.

**Benin’s** *Stratégie Nationale de Promotion de l’Hygiène et de l’Assainissement de Base en Milieu Rural* 2018-2030 extensively integrates menstrual hygiene, especially its promotion in schools and households. Moreover, since February 2022, a new text (Law No. 2022 - 04 of February 16, 2022) governs the public health sector in Benin with seven articles (119 - 125) focused on menstrual hygiene. These articles cover ensuring adequate toilet facilities for women and girls in public settings, menstrual waste management, and the provision of menstrual products within schools.

In **Senegal**, the *Sectoral Development Policy Letter for the Water and Sanitation Sector* (2016) mentions MHM a few times. The document notes that there has been “a good start in recognizing MHM in the definition and implementation of sector policies and programs through training of senior WASH practitioners, conducting baseline studies, and sensitizing decision-makers; and the start of integrating MHM into community-based social marketing approaches to sanitation and hygiene as well as into infrastructure design.”

In **Côte d’Ivoire**, several national policies and program documents include MH. These include: *Document des Normes Nationales pour l’Eau, l’Hygiène et l’Assainissement dans les établissements de soins* (2021) and *Plan Stratégique National de la Santé des Adolescents et des Jeunes 2016-2020*.

Moreover, an intersectoral collaboration, including the Ministries of Education and Health, civil society organizations, UNFPA and youth representatives, developed the national *Guide de Santé et Hygiène Menstruelles* in 2021. It not only draws on the experience and technical skills of each sector, but also helps to strengthen the inclusion of MHH within these different sectors.<sup>39</sup> It offers comprehensive information on puberty and menstruation, the variety of menstrual product materials available, and addressing myths and misinformation. It is being adapted into a teacher’s guide.

In **Mali**, the *National Sanitation Policy* (2019), as well as the *National Strategic Plan for the Improvement of Access to Safe Water, Hygiene and Sanitation in Health Facilities in Mali 2017-2021*, do not include explicit mention of MH. However, there are mentions of MHM in the following: *Adolescent and Youth Health Multi-Sectoral Action Plan 2017-2021* and *School and University Health Strategic Plan 2017-2021*.

In addition to integrating MHM in broader national policies, **Nigeria** has recently drafted a *National Strategic Framework on Menstrual Health and Hygiene Management* (2022-2026). This draft document provides guidelines and an action plan for all Nigerian girls and women to have improved MHM. Under Key Strategic Objective 3, on ensuring that all women and girls have access to services and products required to manage

<sup>38</sup> Yongs BN. Menstrual hygiene management: the experience of nomadic and sedentary populations in Niger: Regions of Maradi, Tahoua, Tillabéri and Zinder. ONU FEMMES and WSSCC, 2017.

<sup>39</sup> UNFPA. The symposium for menstrual health and hygiene in West and Central Africa, Report. UNFPA, UNICEF, and French Muskoka Fund, 2021.



menstruation, one recommended action is “to develop and review standards for menstrual management products and materials”.

In **Ghana**, the Ghana Education Service developed the *National School Health and Education Programme Policy* that covers WASH in schools minimum standards, which include MHM. In addition, a five-year strategic plan to promote effective MHM in the country’s schools was launched in 2021. According to the Ghana Education Service, the plan and guidelines are intended to create greater awareness of menstrual hygiene and support girls to better manage their menses hygienically and in a dignified manner. It will also guide stakeholders at all levels to implement actions for the MHM programme and promote a conducive environment for improved WASH infrastructure and services to help keep girls in schools during their menses.

In most WCA countries, the various government ministries have begun to work with partners, including UNFPA and UNICEF, to develop MH policies and program guidance for MH. All of these initiatives are recent, especially for the Francophone countries, but

improvements are evident. Regional political bodies, such as the African Ministers’ Council on Water (AMCOW), also have the potential to facilitate political momentum on MH. AMCOW has had a gender mainstreaming policy and strategy since 2011 and is in the process of revising this policy to include MH.

MH policy efforts are also increasingly multisectoral. For example, in Senegal advocacy for MH with policy makers, local authorities, and professionals in the health, education, environment and youth sectors has led to the establishment of an interministerial coordination platform under the leadership of the Ministry of Water and Sanitation, and a multi-sectoral task force dealing specifically with MH.<sup>40</sup>

<sup>40</sup> UNFPA. The symposium for menstrual health and hygiene in West and Central Africa, Report. UNFPA, UNICEF, and French Muskoka Fund, 2021.

### Landscape of coordination platforms and knowledge sharing for MH in WCA

There is limited knowledge about the context for MH in WCA beyond the countries where activities are happening - and even within countries among MH stakeholders. This is likely at least partially due to the lack of strong, active knowledge sharing and coordination mechanisms (TWGs and coalitions) at national and regional levels. In our interviews with stakeholders, we asked about the presence of TWGs working on MH at a national level; few stakeholders reported that such groups were active in their country. These included Ghana, Nigeria, and Niger. Others reported ad-hoc groups that met around planning for MH Day activities. On the other hand, the presence of TWGs, task forces, and other coordination platforms for MH activities is reported in the literature for most countries. It is unclear if these groups are currently active, and if so, to what extent they include diverse stakeholders. More information on where MH (or related) TWGs and coalitions exist in WCA is provided in *Figure 1* (above), as well as **Appendix E**. We also

include the presence of WASH TWGs as stakeholders often suggested that TWGs focused on broader or related sectors, such as WASH, could potentially be leveraged to launch MH-specific groups.

The lack of WCA engagement in existing African and global networks, which is likely largely due to language barriers, also limits information sharing on a regional and global basis. Language barriers also limit the accessibility of reports, policies, tools, and other documentation when it is produced in only one language.

Our literature review identified various research and programmatic reports and published articles related to MH that have emerged from the region. Most of these reports focused on MH among children in school settings. Our literature search identified few (if any) research and programmatic reports for most countries, with a few countries, especially Nigeria, having a much larger number of reports. A selection of these reports is included in Appendix B.







# Recommendations

## Recommendations for UN agencies, funders, and others providing regional support

Local advocates will need financial resources and technical support to implement the framework described above. Global and regional actors looking to advance MH in WCA should thus consider the following recommendations:

- \* **Translate existing resources on standards and market development into French:** In the last few years, several resources have been developed on standards, including potential reference standards, but they are primarily in English. There are also several resources on the market for MH products that could also help in standards advocacy. Those that we recommend translating into French are starred in Appendix B.
- \* **Create a regional MH coalition:** MH advocates in WCA, especially those who are Francophone, need a forum for information sharing, coordination, and peer-to-peer mentoring. This may be a WCA-specific coalition that works primarily in French, or it might be an expansion of the existing ACMH, currently managed by UNFPA ESA, to function in a fully bilingual manner.
- \* **Support national-level stakeholders to implement the framework for national advocacy on standards.** This framework, described in more detail in the next section, outlines steps to be taken at a national level to work towards the development of and compliance with and enforcement of menstrual product standards.
- \* **Develop a Standards Advocacy Toolkit:** Advocates need resources that concisely compile information and data to support their efforts. In particular, resources should cover the need for and potential impact of menstrual product standards; the safety, quality, acceptability, and accessibility of various menstrual products; and the range and potential roles of stakeholders in advocacy. Initial outlines for such tools have been developed and are shared in **Appendix F: Draft Standards Advocacy Toolkit**. Further development of this toolkit should be done through a working group of both experienced advocates from other regions and representatives from the countries that are planning or have started advocacy efforts in WCA.
- \* **Support engagement in the ISO Technical Committee for menstrual products:** The ISO process to develop menstrual products standards, which began in early 2022, is expected to continue through 2024. Leadership of the ISO technical committee for menstrual products would like to see additional participation from NSBs from Asia and Africa and from small- and medium-scale manufacturers, in an effort to ensure that the ISO standards are relevant globally and do not exclude smaller manufacturers from MH markets. Financial and other support may be needed to enable broader participation.
- \* **Support governments to integrate MH into policies and programmes:** Government support for MH through national policies and programs is a facilitating factor for menstrual product standards. National ministries of health, education, water and sanitation, and women affairs may need financial and technical support to better integrate MH into their policies and programs, either within broader policies or as stand-alone policies. In particular, stakeholders can use the guidance issued by UNFPA ESA for integrating MH within broader SRHR policies and programmes.<sup>41</sup>
- \* **Support national MH coalitions or TWGs:** By enabling knowledge sharing and coordination, national-level coalitions, TWGs, and other working groups are essential to advancing advocacy.

<sup>41</sup> Chau K. Technical Guidance on the integration of MH in SRHR policies and programmes. UNFPA, 2021.

## Case study of use in Niger of a training material developed for Sierra Leone

A research study was conducted in Burkina Faso and Niger to improve the understanding of MHM in the WCA region, and to sharpen the UNICEF WASH and Education strategies and programming with respect to MHM. Given the growing importance of cross-country collaboration, there was interest in evaluating how school booklets about menstruation developed elsewhere would be accepted in Franco-phone and/or Muslim West Africa, or if country-specific materials should be developed. Therefore, as part of the study, an existing MHM guide from Sierra Leone was translated to French and field

tested in schools, to gauge its appropriateness in Burkina Faso and Niger.

This approach worked well as reported by interviewed girls and female teachers. All of the girls found the MHM guide very useful and said that it provided them with new information. During the focus groups, many girls said that this was the first time they had openly discussed issues related to MHM. Female teachers, head teachers, and education officials also found the guide useful and informative.<sup>42</sup>

Such groups require leadership and financial support to be effective. In WCA countries where MH coalitions already exist, they may need to be strengthened, or developed and maintained in countries where they are nascent or non-existent. National coalitions can take on various types of MH work beyond standards, including planning for MH Day and other stigma reduction and awareness raising events, and advocating for MH inclusion within national policies and programs.

### \* **Provide professional development and mentoring on MH:**

Many of the stakeholders who we interviewed work on multiple topics, of which MH is only one. As such, they are not all experts in MH, but because of limited funding, are being asked to guide MH activities. Professional development and mentoring to build a cadre of MH experts in the region could be transformative. Ideally, this work would happen through the regional coalition, allowing for peer-to-peer mentoring and sharing. See text box below for an example of when this has happened before.

### \* **Catalyze and influence the availability and funding of NSBs.**

Increased public awareness of standards is needed for enforcement and compliance, a responsibility which typically falls to NSBs. NSBs, which are typically funded through the national governments and sale of standards, may need additional technical and financial support to operate at full potential. Regional and local advocates can raise awareness among government actors of the need for menstrual product standards specifically, and strengthened NSBs generally.

## A framework for national advocacy on standards development, compliance, and enforcement

Based on our findings, we developed a framework for advocating for menstrual product standards at a national level in WCA. This proposed advocacy pathway is based on the needs identified during interviews with stakeholders who are undertaking or considering standards advocacy in WCA; the lessons learned from advocates who have worked on menstrual standards elsewhere; and advocacy approaches used for other topics in MH<sup>43</sup> and related fields.<sup>44</sup>

The framework for standards advocacy consists of three broad phases, with several specific steps in each phase. These phases and steps are presented in a loosely chronological order. This order, however, is not prescriptive. Steps may happen out of order, concurrently with other steps (or phases), or not at all. In addition, a step may be completed, and then need to be revisited later.

42 UNICEF. L'hygiène menstruelle dans les écoles de deux pays francophones d'Afrique de l'Ouest, Burkina Faso et Niger: Études de cas. 2013.

43 Jurga I, Yates M, and Bagel S. Period tax advocacy guide. WASH United and RHSC, October 2021.

44 Advance Family Planning. SMART Advocacy Guide. Johns Hopkins Bloomberg School of Public Health, 2021.

### Phase 1: Laying the foundation for advocacy

- \* Understand the landscape for MH
- \* Understand the landscape for standards
- \* Build awareness of product quality standards
- \* Support related MH efforts

It is important to **understand the landscape for MH** work in the local context, so that advocates can build on existing efforts. Key aspects to understand include identifying the existing MH actors and potential advocates, if there is an existing TWG or coalition through which advocacy can be led, and the extent to which the national government is already engaged in MH work. If so, which TWGs or coalitions and which ministries, offices, or agencies are working on MH and with what priorities? Is MH already included within national policy documents? Another aspect to look into include the extent to which menstrual stigma reduction efforts are already underway.

*\*\*The proposed advocacy toolkit includes a draft rapid assessment tool that includes elements of the menstrual product market to consider and illustrative questions to ask for each element.*

A related early step is to **understand the landscape for product standards**. While this assessment has provided initial information for the 11 countries, more in-depth data gathering will need to take place when countries decide to move forward with advocacy. Questions to answer include: Are there already any menstrual product standards? What is the NSB and what regional and global standards organizations is it a member of? Is the NSB a member of the ISO Technical Committee for menstrual products? Does the NSB recommend a process for proposing and developing new standards? What might compliance and enforcement look like? Some of this information can be captured while doing the rapid assessment of the overall market, but additional focus and data gathering on standards processes may be needed.

Advocates should also reach out to local and regional menstrual product suppliers to understand their preferences with regards to standards. In Ghana, advocates are also testing locally available products against existing reference standards and specifications. This kind of activity can help local suppliers understand the feasibility of meeting a standard and help inform the specifications to eventually be included in the standard.

In gathering this information, advocates may find that they need to begin **building awareness of product**

**quality standards** and how they can strengthen the market for menstrual health products locally.

*\*\*The proposed advocacy toolkit includes a draft brief that describes standards and their potential impacts on menstrual product markets.*

Where existing efforts to build a strong enabling environment for MH work are nascent, it may make sense to first work to **support related MH efforts** before starting on standards advocacy. As we saw in other countries, having an active TWG or coalition, government buy-in and policy support, and stigma reduction underway are all facilitating factors for standards advocacy.

### Phase 2: Planning for and undertaking advocacy

- \* Engage stakeholders in the advocacy efforts
- \* Prioritization against other efforts
- \* Identify financial resources to support advocacy
- \* Set goals and develop an advocacy work plan
- \* Put plans into action
- \* Further research on the local menstrual product market

It is also important to **engage stakeholders in the advocacy efforts**. Consider local and international non-governmental organizations already engaged on MH, including those working on broader WASH, health, education, and gender issues. Also include government officials from ministries working in the same areas. The NSB, as well as ministries of industry, trade, commerce, and/or consumer affairs and any agencies or departments that would potentially be involved

#### Regional stakeholders

National-level efforts can also seek engagement and support from regional groups. This includes the regional offices of UNICEF and UNFPA and West African Health Organization. Other potential groups include AMCOW, Ouagadougou Partnership for family planning, West African Accreditation System, ECOWAS, ECOSHAM, and ARSO.

ensuring compliance to the standards, such as national food and drug administrations, national laboratories, and import authorities may also be engaged. If there is a local civil society organization for consumer affairs, this group may already have experience in standards

advocacy. The media and influential community leaders should also be engaged.

*\*\*The proposed advocacy toolkit includes a tool for identifying and engaging potential stakeholders.*

For stakeholders with deeper interest, encourage them to join the existing MH TWG or coalition, and consider forming a sub-group or committee focused on standards advocacy. Not all stakeholders will want to join; plan for regular outreach to these groups to keep them updated and to seek their input. Some groups may also need to be oriented to MH first.

### Resources

There are many existing resources to support advocacy, including reports, reference standards, webinars, and advocacy tools. The list of literature review documents (Appendix B) can be a starting place, but there are many other resources on product quality standards, menstrual health, and advocacy depending on specific needs.

There are several regional and global groups that advocates can join. These include the ACMH, Menstrual Health Supplies Workstream of RHSC, Global South Coalition for Dignified Menstruation, and the Menstrual Hygiene Management in Emergencies Working Group.

Work with the MH TWG and partner advocates to **prioritize where standards advocacy** should fall against other MH efforts. Given limited resources, it may make sense to first to ensure a robust enabling environment for MH before addressing standards. Once enabling environments are in place, efforts to provide MH information, social support, and facilities and services should happen alongside activities to provide products (i.e., market development). Within activities focused on market development, standards development is recommended as an early intervention as standards help to ensure an open and fair market for suppliers. Related interventions, such tax reform, may be more effective if standards are already in place as they rely on the presence of robust competition in the market to result in reduced prices for consumers.<sup>45</sup> Advocacy efforts related to tax reform can later leverage platforms built for standards.

As advocacy efforts are getting underway, it is important to **identify financial resources to support** the work. As more stakeholders are engaged, they may need financial support for their involvement. Consider approaching funders who are already supporting other MH and related efforts, as well as social enterprises working in the space with proposals.

It can also help to **set advocacy goals and to develop an advocacy work plan**, including a monitoring plan, to guide efforts. Goals may include interim steps, such as getting a first meeting with the NSB, or getting the buy-in from the ministry of health. The work plan may include identifying the levels of decision-makers who will need to be convinced of the need for menstrual product standards and the arguments that will be meaningful to them, developing a set of consistent messages, assigning roles for individual stakeholders, and deciding on how a standard, once approved, will be publicized.

With resources identified and goals set, the **work plan is put into action**. Advocates should meet regularly to check in on progress and share updates. Advocacy is a dynamic process, so the goals and work plan may also need to be revised. Regular monitoring of the progress and reflection on what is and is not working can help advocates adjust to changing needs. Key indicators against which progress can be measured should be set. These may include milestones in the advocacy process and/or number of groups engaged in advocacy efforts, media reports, etc.

For instance, **further research on the local menstrual product market** might be needed. In some countries, decision-makers have asked for data on the acceptability, availability, safety, quality, cost, and use of menstrual products. Collecting this type of data on a country basis can be costly and time-consuming, but can also inform broader efforts to support the MH market. With UNICEF support, Ghana is undertaking such an assessment, with results expected in early 2023.

*\*\*The proposed advocacy toolkit includes a brief that summarizes global and regional data on menstrual products.*

<sup>45</sup> Mann Global Health. Landscaping Supply-Side Factors to Menstrual Health Access. June 2021.



### Phase 3: Support standards development and implementation

- \* Support standards development
- \* Build public awareness of the standard, at all levels
- \* Support manufacturers to comply with the standard
- \* Support national agencies to enforce standard

Once approval is granted, advocates can transition to **supporting the development of the standards**. This may include helping to identify individuals to sit on the standards committee<sup>46</sup>, compiling information and stakeholder input on the key considerations related to the standards (see text box on page x), and ensuring support continues through approval of the written standard.

Advocates need to also **build public awareness of the standards**. Standards are less effective if consumers, market actors, and government officials are not aware that they exist. When standards are adopted, advocates should plan to celebrate that success with a public announcement when it happens and/or during MH Day activities. This is another step during which media and influential community leaders can play a supporting role.

Even after the celebration the work continues. There may be a need to **support local manufacturers to comply with the standard**. The local NSB and/or agencies involved in enforcement may have experience with and/or resources to provide technical support on standards compliance; NSBs typically offer training programs to support local manufacturers to comply with relevant standards and to implement quality management systems. Local or regional manufacturers may also be willing to support each other. Continuing to work with the local manufacturers to address issues may help ensure that compliance with the standard is successful.

Finally, advocates should also **support standards enforcement**. The extent to which menstrual products standards are enforced is likely to be in line with other product standards. As such local groups focused on consumer affairs and the agencies involved in compliance and enforcement will continue to be key partners. Building public awareness may also be conducive to enforcement.

<sup>46</sup> Development Solutions, Inc. Development and compliance of standards for disposable and reusable menstrual health pads in South Asia and Africa. December 2021.



# Appendixes

## Appendix A: List of key informants interviewed

Country	Name	Organization
Benin	Nicole Paqui and Ismael Eric Landry Paraiso	UNICEF
Benin	Florence Penson	Fondation Claudine Talon
Benin	Geoffroy Wachinou	Association of Working Children and Youth
Burkina Faso	Yelmali Clotaire Hien	WHO
Burkina Faso	Elodie Koundouno	Menstru'elles
Chad	Blaise Serferbe	UNICEF
Côte d'Ivoire	Seidou Koné	Ministry of Health
Côte d'Ivoire	Jérôme Yoffo	Ministry of Health
Ghana	Paa Kwesi Woode	UNICEF
Ghana	Isaac Haizel	StratComm Africa
Guinea	Apollinaire Delamou	UNFPA
Guinea	Facely Camara	Ministry of Health
Mali	Rokia Traoré	UNFPA
Mali	Adam Drabo and Awa Drabo	Sutura
Mali	Ousman Traoré and Bubakar Traoré	L'Association de Soutien au Développement des Activités de Population
Nigeria	Job Ominyi	UNICEF
Nigeria	Mariam Shaibu	Ministry of Women Affairs and Social Development
Nigeria	Trine Angeline Sig	Real Relief
Nigeria	Ugochi Ohajuruka	Health Aid For All Initiative
Senegal	Selly Kane** Responded to questions via email	UNFPA
Senegal	Marina Gning	ApiAfrique
Senegal	Fatou Bintou Thiam	Sante Mobile

Country	Name	Organization
Niger	Siddo Daouda, Nounou Maman, and Indi Mahamane	UNFPA
Niger	Kadidjatou Abdou	Association of Working Children and Youth
Togo	Jeanne Abra Afeli	UNFPA
Togo	Tabiou Ninko Epse Sonhayé	Nationale de l'Association Togolaise pour le Bien-Etre Familial;
Ministry of Health		
Togo	N’Gani Simtokina	Ministry of Health
Togo	AKAKPO Adjoa Thérèse	ONG La Colombe
Togo	Ahiave Komba Dotsé	ONG La Colombe
Global	Adrian Dongas	UNFPA
Global	Hyasinthia Ntuyeko	Kasole Secrets, Tanzania
Global	Neville Okwara	Formerly, Kenya Ministry of Health WASH Hub
Global	Tanya Mahajan	The Pad Project / RHSC
Global / Ghana	Diana Nelson	Days for Girls



## Appendix B: List of literature review documents

### Global

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Mahajan T and Joshi S. Operational guidance: standardization of disposable and reusable sanitary pads in India. Development Solutions, Inc., RHSC, 2021. <https://www.rhsupplies.org/activities-resources/publications/operational-guidance-standardization-of-disposable-reusable-sanitary-napkins-in-india-8719/>

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ONU Femmes, WSSCC. Gestion de l'hygiène menstruelle: comportements et pratiques dans la région de Kédougou au Sénégal. 2015 <https://menstrualhygieneday.org/wp-content/uploads/2016/12/UN-Women-GHM-Comportements-et-Pratiques-K%C3%A9dougou-S%C3%A9n%C3%A9gal.pdf>

ONU Femmes, WSSCC. Gestion de l'hygiène menstruelle : comportements et pratiques dans la région de Louga au Sénégal. 2015. [https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Attachments/Publications/2015/12/louga\\_etude\\_fr\\_lores.pdf](https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Attachments/Publications/2015/12/louga_etude_fr_lores.pdf)

## Togo

Bureau d'Ingénierie et de Services Afrique. Etude sur la gestion de l'hygiène menstruelle au Togo; rapport final. 2017. [https://www.pseau.org/outils/ouvrages/bornefonden\\_wsscc\\_etude\\_sur\\_la\\_gestion\\_de\\_l\\_hygiene\\_menstruelle\\_au\\_togo\\_2017.pdf](https://www.pseau.org/outils/ouvrages/bornefonden_wsscc_etude_sur_la_gestion_de_l_hygiene_menstruelle_au_togo_2017.pdf)

Weber N, Martinsen AL, Sani A, Assigbley EKE, Azzouz C, Hayter A, Ayite K, Baba AAB, Davi KM, and Gelting R. Strengthening healthcare facilities through water, sanitation, and hygiene (WASH) improvements: a pilot evaluation of "WASH FIT" in Togo. Health security. 2018. <https://www.ncbi.nlm.nih.gov/pubmed/30480501>

## Appendix C: List of national standards boards (NSBs) in assessment countries

### Country 1: Benin

#### **Agence Nationale de Normalisation, de Métrologie et du Contrôle Qualité**

The National Agency for Standardization, Metrology and Quality Control is responsible for the implementation and monitoring of the national policy for standardization, metrology, certification and quality promotion.

Website: <https://anm-benin.com/en/>

### Country 2: Burkina Faso

#### **Agence Burkinabé de Normalisation de la Métrologie et de la Qualité**

The Agence Burkinabé de Normalisation de la Métrologie et de la Qualité is the structure at the center of the government's strategy for standardization, certification, quality control and promotion, metrology and accreditation.

Website: <http://abnorm.bf/>

### Country 3: Chad

#### **Agence Tchadienne de Normalisation**

The Chadian Agency for Standardization was created by Law N°044/PR/2014 on Standardization of December 31, 2014 and its operation is governed by Decree N° 1470/PR/MMDICPSP/2018 of August 1, 2018. It is a public establishment of an administrative nature, with legal personality, financial and management autonomy. It is placed under the supervision of the Ministry of Industry and Trade.

Source: <https://www.fao.org/faolex/results/details/fr/c/LEX-FAOC171706/>

### Country 4: Côte d'Ivoire

#### **Côte d'Ivoire Normalisation, Association Ivoirienne de Normalisation**

Côte d'Ivoire Normalisation, the Ivorian Association of Standardization, is a non-profit association, recognized as a public utility, created on September 24, 1992 by the Private Sector on authorization of the Council of Ministers. Placed under the supervision of the Ministry in charge of Industry, the Ivorian Association of Standardization is managed by a Board of Directors of 23 members including 9 representatives of the State and 14 from the Private Sector.

Website: <https://www.codinorm.ci/>

### Country 5: Guinea

#### **Institut Guinéen de Normalisation et de Métrologie**

Source: <https://web.facebook.com/profile.php?id=100020514443503>

<https://www.iso.org/fr/organization/1763.html>

Website: [www.ignm.gn](http://www.ignm.gn) (not accessible)

### Country 6: Mali

#### **Agence Malienne de Normalisation et de Promotion de la Qualité**

Agence Malienne de Normalisation et de Promotion de la Qualité is a member of the ISO, ECOSHAM, the Standards and Metrology Institute for Islamic Countries, the ECOWAS Quality Policy and the West African Economic and Monetary Union Quality Policy.

Source: <https://www.linkedin.com/company/amanorm/about/>

<https://www.iso.org/fr/organization/1915.html>

<https://web.facebook.com/amanorm/>

### Country 7: Niger

#### Agence Nigerienne de Normalisation, Metrologie et Certification

During a meeting on July 26, 2019, the Niger Council of Ministers adopted the decree creating a public establishment with administrative character called Nigerian Agency of Standardization, Metrology and Certification. It is endowed with a legal personality and financial autonomy. It is placed under the supervision of the Ministry in charge of Industry.

Source: <http://www.anp.ne/index.php/article/niger-creation-d-une-agence-de-normalisation-de-metrologie-et-de-certification>

Website: <http://www.avcn.ne/>

### Country 8: Togo

#### Agence Togolaise de Normalisation

The Togolese Agency of Standardization, created by the framework law of 2009 on quality in Togo, is a public institution with legal personality and management autonomy placed under the authority of the High Authority for Quality and Environment. The High Authority for Quality and Environment is a structure for the management and promotion of quality in Togo, a public institution with legal personality and management autonomy; placed under the administrative supervision of the Prime Minister and the technical supervision of the Minister of Industry.

Website: <https://www.hauqe.tg/>

### Country 9: Senegal

#### Association Sénégalaise de Normalisation

Created by decree n 78-228 of 14 March 1978, the Institut Sénégalais de Normalisation was replaced by Association Sénégalaise de Normalisation as of 19 July 2002 following an institutional reform. The Association Sénégalaise de Normalisation is governed by the laws N° 68-08 of March 26, 1968 and N°79-02 of January 4, 1979 and is a public utility.

It is under the administrative supervision of the Ministry of Industrial Development and Small and Medium Industries and is responsible for implementing the Senegalese government's policy on standardization and quality infrastructure, as well as representing Senegal in standards development bodies at the sub-regional, regional and international levels.

Website: <https://www.asn.sn/>

### Country 10: Ghana

#### Ghana Standards Authority

Ghana Standards Authority, established in 1967, is an agency of the Ministry of Trade and Industry responsible for developing, publishing and promoting standards in the country. It does this through standardisation, metrology and conformity assessment activities. Some of these activities are testing, inspection and certification. These activities ensure that products or goods and services produced in Ghana, whether for local consumption or for export are safe, reliable and are of good quality.

Website: <https://www.gsa.gov.gh/>

### Country 11: Nigeria

#### Standards Organisation of Nigeria




The Standards Organisation of Nigeria was established by an Enabling Act Number 56 of December 1971, with a commencement date of 1 January 1970, when the Organisation started to function. The Act has four amendments: Act Number 20 of 1976, Act Number 32 of 1984, Act Number 18 of 1990 and Act 14 of 2015.









The mandate of the Organisation includes preparation of standards relating to products, measurements, materials, processes and services amongst others and their promotion at national, regional and international levels; certification of products, assistance in the production of quality goods and services; improvement of measurement accuracies and circulation of information relating to standards.

Website: <https://son.gov.ng/>

## Appendix D: Level of coverage of MH in national policy documents

### Legend / interpretation of color ranges:

	<b>High:</b> There is a stand-alone policy-level document on MH.
	<b>Medium:</b> There is explicit mention of MH in a broader policy-level document.
	<b>Low:</b> We saw no mention of MH in identified and reviewed policy-level documents.

Country	Summary/ relevant information	Level of MH coverage in national policy documents
<b>Benin</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: Not in place</li> <li>Level of coverage of MH in policies and plans: Medium</li> <li>Sectoral ministries that have explicitly addressed MH: WASH, Health</li> </ul>	
<b>Burkina Faso</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: Not in place</li> <li>Level of coverage of MH in policies and plans: Medium</li> <li>Sectoral ministries that have explicitly addressed MH: WASH, Education</li> </ul>	
<b>Chad</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: Not in place</li> <li>Explicit mention of MH in WASH policies and plans: YES</li> <li>Level of coverage of MH in policies and plans: Medium</li> <li>Sectoral ministries that have explicitly addressed MH: WASH, Education, Health, Gender</li> </ul>	
<b>Côte d'Ivoire</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: Not in place</li> <li>Explicit Mention of MH in WASH policies and plans: YES</li> <li>Level of coverage of MH in policies and plans: High</li> <li>Sectoral ministries that have explicitly addressed MH: WASH, Health, Education</li> </ul>	
<b>Ghana</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: YES, for disposable pads</li> <li>Level of coverage of MH in policies and plans: High</li> <li>Sectoral ministries that have explicitly addressed MH: WASH, Education</li> </ul>	
<b>Guinea</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: Not in place</li> <li>Level of coverage of MH in other policies and plans: Low</li> <li>Sectoral ministries that have explicitly addressed MH: None</li> </ul>	
<b>Mali</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: Not in place</li> <li>Level of coverage of MH in other policies and plans: Medium</li> <li>Sectoral ministries that have explicitly addressed MH: Health, Education</li> </ul>	
<b>Niger</b>	<ul style="list-style-type: none"> <li>MH Standards are/not in place: Not in place</li> <li>Level of coverage of MH in policies and plans: Medium</li> <li>Sectoral ministries that have explicitly addressed MH: WASH, Education, Gender</li> </ul>	



Country	Summary/ relevant information	Level of MH coverage in national policy documents
<b>Nigeria</b>	<ul style="list-style-type: none"> <li>• MH Standards are/not in place: YES, for disposable pads</li> <li>• Level of coverage of MH in policies and plans: High</li> <li>• Sectoral ministries that have explicitly addressed MH: WASH, Gender</li> </ul>	
<b>Senegal</b>	<ul style="list-style-type: none"> <li>• MH Standards are/not in place: Not in place</li> <li>• Level of coverage of MH in policies and plans: MEDIUM</li> <li>• Sectoral ministries that have explicitly addressed MH: WASH</li> </ul>	
<b>Togo</b>	<ul style="list-style-type: none"> <li>• MH Standards are/not in place: Not in place</li> <li>• Level of coverage of MH in policies and plans: Low</li> <li>• Sectoral ministries that have explicitly addressed MH: None</li> </ul>	

## Appendix E: Landscape for MH coordination platforms

Note: Citations are inserted in the language of origin.

For Benin, Togo, and Guinea, there is no evidence of existing MH TWG. For other countries, the existence of an MH TWG was primarily established based on the literature review. Most of these MH TWGs were not known by the in-country stakeholders interviewed.

#	Country	Name of the TWG/Short description	Reference
1	<b>Benin</b>	Existence d'un groupe sectoriel « Eau et assainissement » GSEA fonctionnel	West African Sanitation Policy & Activators. Evaluation des politiques d'assainissement au regard des principes de des ASPG: cas du Bénin. October 2021.
2	<b>Mali</b>	<b>Groupe de travail national en SHM</b> PNP-PHM Plateforme nationale pour la promotion de l'hygiène menstruelle Le Mali dispose encore d'un organe de coordination appelé "Groupe de travail AEPHA (Task Force WASH)", dont le rôle est encore faible.	Traoré, Dramé Youma. Thèse de Médecine sur la gestion de l'hygiène menstruelle à l'école chez les adolescentes dans le cercle de Bandiagara au Mali. Thèse de Mme Dramé Youma Traoré. 2020.
3	<b>Togo</b>	Le Conseil de concertation pour l'eau et l'assainissement de base au Togo (CCEABT)	CCEABT website: <a href="https://www.facebook.com/CCEABT/about">https://www.facebook.com/CCEABT/about</a>
4	<b>Ghana</b>	<b>MHM Working Group</b>	<i>*Confirmed by stakeholders</i> WaterAid. Menstrual hygiene management in Ghana: Understanding the socio cultural, economic, political factors, challenges, and opportunities. [Presentation] January 2017.
5	<b>Niger</b>	<b>Groupe de travail national en SHM</b> Deux ateliers se sont tenus en décembre 2016 et février 2017 sur l'intégration de l'hygiène menstruelle dans les politiques et stratégies nationales. Au cours des deux ateliers, les participants décidé de mettre en place une <b>plateforme intersectorielle</b> pour échanger des informations, et créer un <b>groupe de travail commun</b> aux différents ministères sectoriels afin de rédiger un document d'information et de plaidoyer sur l'hygiène menstruelle, qui devra aider à intégrer cette question dans les politiques publiques.	<i>*Confirmed by stakeholders</i> ONU Femmes and WSSCC. Comment le mouvement politique en faveur de la GHM est né au Niger. Le programme conjoint Genre, Hygiène et Assainissement; lettre d'information. Jan-Jun 2017.
6	<b>Nigeria</b>	<b>Technical working group on menstrual health and hygiene management</b>	<i>*Confirmed by stakeholders</i> Federal Ministry of Women Affairs. National Strategic Framework on Menstrual Health and Hygiene Management (2022-2026). Zero Draft. 2022.

#	Country	Name of the TWG/Short description	Reference
7	Senegal	<b>Interministerial platform and a multi-sectoral task force dealing specifically with MHH.</b> In Senegal, a policy review allowed for continued advocacy for MHH ... and the establishment of concrete coordination mechanisms such as the interministerial platform under the leadership of the Ministry of Water and Sanitation, and a multi-sectoral task force dealing specifically with MHH.	UNFPA. The symposium for menstrual health and hygiene in West and Central Africa, Report. UNFPA, UNICEF, and French Muskoka Fund, 2021, page 20.
8	Burkina Faso	<b>Groupe de travail national en SHM</b> Dans la région, le Burkina Faso, le Ghana, le Mali et le Niger ont récemment mis en place ces groupes de travail. Ils impliquent généralement des ministères incluant, mais sans s'y limiter, l'eau et l'assainissement, la santé, l'éducation et l'environnement.	UNICEF. Policy brief: Advancing menstrual health and hygiene Programs in West and Central Africa. UNICEF, May 2021, page 6.
9	Guinea	<b>GROUPE / Thématique 2.</b> Environnement favorable à la gestion de l'hygiène menstruelle à l'école (installations hygiéniques, accès à l'eau, protections, etc.). Seems to be an ad-hoc group	UNICEF. Projet: Étude socio-anthropologique autour des déterminants socio-culturels et socio-économiques de la gestion de l'hygiène menstruelle (GHM) dans 20 communes de convergence de la Guinée. April 2022, page 73.
10	Chad	<b>Groupe de Travail sur les Normes et Standards.</b> Etablissement des normes/standards pour garantir aux filles et aux enseignantes la possibilité de la GHM à l'école y compris l'élimination saine des garnitures usées (dimensions, dessins des latrines et incinérateurs si pertinents pour faciliter la GHM, accès à l'eau à l'intérieur). En attendant d'avoir un document sur les normes et standards, des orientations et exemples soumis par le groupe de travail sur les normes et standards sont donnés en Annexe 4 : Orientations sur les normes et standards.	Le Ministère de l'Éducation Nationale et de la Promotion Civique. Stratégie nationale de l'eau, de l'assainissement et de l'hygiène en milieu scolaire, 2018-2030. 2018.
11	Cote d'Ivoire	<b>Task force santé menstruelle</b> En Côte d'Ivoire par exemple, l'UNFPA a impulsé la création, en 2018, d'une « Task Force Santé menstruelle » composée d'agences onusiennes, des ministères de la Santé et de l'Éducation, d'OSC, d'ONG, et d'organisations de jeunesse. Cette Task Force, appuyée par Equipop, a développé un guide sur la santé et l'hygiène menstruelles, ainsi que des fiches pratiques et thématiques. Cette collaboration a non seulement permis à la Côte d'Ivoire de disposer d'un référentiel national sur la thématique, mais également d'assurer l'intégration de l'approche par les droits et de la prise en compte du genre à tous les niveaux.	EQUIPOP and UNFPA. Menstrual health and rights: towards an integrated approach to menstrual rights and health. An issue of equality in West and Central Africa. 2022, page 64.

#### Additional resources that refer to Working Groups:

- UNICEF. Policy brief: Advancing menstrual health and hygiene Programs in West and Central Africa. UNICEF, May 2021, page 7.
- Sinden J, Sahin M, and Francois C. Voices from the field: Advocacy and capacity building for menstrual hygiene management through WASH in schools programmes. UNICEF, December 2015, page 58.

## Appendix F: Draft Menstrual Product Standards Advocacy Toolkit

The information presented here is an outline intended to facilitate the development of a toolkit for standards advocacy. The content provided such be considered draft. We suggest that a working group is established to refine and finalize these, and perhaps other, tools. Within that working group, additional evidence compilation is needed. An inclusive working group involving in-country stakeholders is recommended so that these tools can be developed through a collaborative process with the active input of both experienced advocates and the advocates in WCA who will be using the tools.

1. Assessment Tool: A tool for rapidly assessing the menstrual product market in a country.
2. Advocacy Brief: What are standards and why are they needed for menstrual products?
3. Evidence Brief: The safety, quality, acceptability, and accessibility of all menstrual products.
4. Stakeholder matrix: The range and roles of stakeholders to engage in menstrual product standards advocacy.

### 1. Assessment Tool: A tool for rapidly assessing the menstrual product market in a country.

Elements and specific questions for consideration <i>(Questions provided are illustrative of the type of information to gather for each element. Not all questions need to be answered; other questions may arise with greater relevance to the context.)</i>	Response(s)
<b>Market Fundamentals</b>	
<b>Coalition/Coordination:</b> Is there an active MH working group, coalition, or other coordinating platform that meets regularly? Are commercial actors (product suppliers, distributors) actively engaged in this group? How is the group managed? Has the group undertaken advocacy activities?	
<b>Government Leadership:</b> Within the national government, which ministries and departments are working – or have worked – on MH? Is there coordination across the different government agencies working on MH? Are there specific MH focal point(s) within those ministries? Does the MH working group have active participation from national government representative(s)?	
<b>Standards/Registration:</b> Are product standards available for disposable pads, reusable pads, period panties, tampons, and cups? If not, is there advocacy towards standards development? Is there awareness and enforcement of product standards generally? Is there a clear process for registration and importation of new menstrual products (brands and types)?	
<b>Policy:</b> Is MH covered in any policy or guidance document from the national government? If so, which ones? Is there a stand-alone national MH policy or plan? Is it up-to-date and is it actively used for program planning? Do any of the national policy documents include a section on increasing product access, affordability, quality, etc.?	
<b>Tax environment:</b> Has a review of tax policies relevant to menstrual products been conducted? Is there any advocacy regarding menstrual product tax reform currently, or has there been in the recent past? What have been the facilitating and hindering factors for those efforts? Are national tax policies supportive of menstrual product access?	

<b>Elements and specific questions for consideration</b> <i>(Questions provided are illustrative of the type of information to gather for each element. Not all questions need to be answered; other questions may arise with greater relevance to the context.)</i>	<b>Response(s)</b>
<b>Market Actors</b>	
<b>Social enterprises:</b> What are the social enterprises working on menstrual product access? What product types do they supply? What aspects of access are they working to address? Are they manufacturing locally? For groups based locally, do they export to or work in other countries? How are their products perceived by the general population? What challenges and opportunities do they see in regards to greater product access?	
<b>Mid-sized companies:</b> What mid-sized companies are supplying menstrual products? Are they manufacturing locally or importing? If manufacturing locally, are they also exporting? If so, to which countries? How are their products perceived by the general population? What challenges and opportunities do they see in regards to greater product access?	
<b>Major multinational companies:</b> What major multinational brands are sold locally? What portion of market share do these brands have? Do they have a local office or representative or do they only work through a local distribution partner? How are these products perceived by the general population? What challenges and opportunities do these companies see in regards to greater product access?	
<b>Market Breadth and Depth</b>	
<b>Product and price:</b> For each commercial product type (disposable pad, reusable pad, period panty, menstrual cup, and tampon), approximately how many brands are sold on the local market? What are the price point ranges? Is there a variety of brands, prices, package sizes, and other features?	
<b>Place:</b> How does availability and price vary between urban and rural areas? What about between formal shops and informal stalls? Are menstrual products sold via e-commerce?	
<b>Promotion:</b> Are suppliers and other actors along the supply chain promoting and advertising their products? If so, how? Are there advertisements for menstrual products in print media, social media, radio, television, or on signs? In this advertising, is menstrual stigma reinforced or challenged?	
<b>Market Environment</b>	
<b>Social support and stigma reduction activities:</b> How are menstruation and menstrual products addressed in media and public discourse? What stigma reduction activities have taken place and how widely have they reached? Have the major media outlets covered MH activities in a positive way? Have there been public celebrations for MH Day, Dignified Menstruation Day, or other local MH successes?	
<b>Building knowledge and skills:</b> Are public schools mandated to provide puberty education that includes discussion of menstruation? Does it include all genders? Are there widespread programs or efforts to reach out-of-school youth and other community members with information and resources on menstruation?	

<b>Elements and specific questions for consideration</b> <i>(Questions provided are illustrative of the type of information to gather for each element. Not all questions need to be answered; other questions may arise with greater relevance to the context.)</i>	<b>Response(s)</b>
<b>Facilities and services:</b> Are there efforts to ensure women and girls have widespread access to facilities for safely, comfortably, and privately managing menstruation? Do women and girls have access to water, toilets, and disposal mechanisms when at work, home, and school?	
<b>Marginalized and underserved populations:</b> Do MH programs take into consideration the needs of marginalized and underserved populations, including people with disabilities and displaced persons? Are all age groups and genders included in MH programming?	

This tool has been adapted from a similar tool included in Mann Global Health’s *Landscaping Supply-Side Factors to Menstrual Health Access*.



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## 2. Advocacy Brief: What are standards and why are they needed for menstrual products?

There are nearly 118 million women and girls of menstruating age in West and Central Africa. As of 2020, approximately 60% of them, or almost 70 million people, purchase products, at least some of the time, to manage their menstruation. It is expected that the number of people using purpose-made menstrual products will increase substantially. As demand increases, the supply chain will need to be strengthened to ensure access to quality, affordable products. This includes developing and enforcing quality standards for menstrual products.

Without access to the safe, quality, affordable products that they need to manage their menstruation in a dignified manner, women and girls are unable to engage fully in educational, economic, and social settings.

### What are standards?

Quality standards exist for most products that we buy, including packaged foods, medicines, cosmetics, and cleaning supplies. A standard is a set of benchmarks which products need to meet to be considered of acceptable quality. Standards not only ensure that consumers are able to choose from safe, quality products, but also facilitate regional and international trade, as countries may limit imports of products that have not met national standards. Standards are established by national standard bodies (NSBs), and may be harmonized with standards from regional or global organizations.

Quality standards for menstrual products typically describe benchmarks for absorbency, size, materials, pH, biocompatibility, and packaging, and for reusable (washable) pads, durability and drying time. Products that comply with the standard generally have a mark or seal from the standards body indicating compliance. Standards are needed for each type of commercial menstrual product: disposable pads, reusable pads (and period panties), menstrual cups, and tampons.

***Without standards, girls and women have limited choices of unknown safety and quality. With standards, more products can enter the market, thus expanding choice while ensuring quality, and hopefully lowering cost through increased competition.***

While many countries around the world have standards for menstrual products, including an increasing number in East and Southern Africa, Nigeria and Ghana are the only countries in West and Central Africa with a standard for disposable pads. Meanwhile, standards have been developed at the regional (African Organization for Standardization) and are being developed at the global level (International Standards Organization).

### What impact can standards have?

The primary reason for standards is to ensure that consumers have access to quality products. Standards also provide common definitions across products, so that the language used on product packaging is meaningful to consumers, e.g., “regular” versus “super”.

Standards also benefit menstrual product manufacturers and other actors along the supply chain. They are particularly critical for cross-country sales of menstrual products. Having standards can increase both the variety of product types and the overall number of brands, offering consumers greater choice. The expanded supply should also contribute to lower costs for menstrual products. Developing standards has been recommended as an early step in strengthening the menstrual product market in African and Asian countries. Other initiatives, such as removing taxes, are more likely to be successful if there is already strong competition within the market.

Having standards also helps governments, donors, and others who are procuring menstrual products for free or subsidized distribution. Using national or international standards can make product selection and procurement more efficient. Procuring products that have met standards also protects distributors from liability.

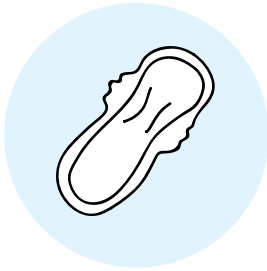
### How can I learn more about standards for menstrual products and advocate for their development and use?

1. Find additional resources online here.
2. Learn from and share with regional and global networks focused on menstrual health.
3. Work with your national menstrual health coalition, government representatives, and national standards board.

### 3. Evidence Brief: The safety, quality, acceptability, and availability of all menstrual products.

Except where noted, there is very limited evidence on the safety of most product types. For all types of menstrual products, the most commonly reported safety concerns come from using the products for longer than recommended.

#### Disposable Pads



*Description:* A single-use pad designed to absorb blood. It is placed in the underwear and usually held in place by a sticky adhesive.

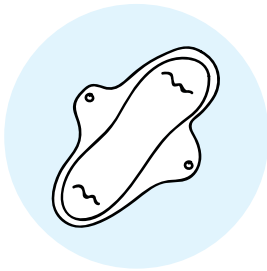
*Safety:* Widely and safely used around the world for over a century. There

are possible associations with urogenital infections due to prolonged use. There are anecdotal complaints of irritation related to certain top-sheet materials; some additives and treatments are potentially unhealthy. *Quality:* Users seek out features related to the feel of the materials, strength of the adhesive, overall size and thickness, and absorptive capacity.

*Acceptability:* The most widely used commercial menstrual product.

*Availability:* Widely available except in some rural areas.

#### Reusable Pad



*Description:* A sewn cloth pad to absorb blood. It is placed in the underwear and usually held in place by snaps. Sometimes self-sewn.

*Safety:* Prolonged skin exposure to damp materials may cause

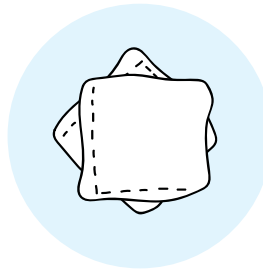
irritation and infection. However, reusable pads are considered safe as long as they are not used for too long and are washed and dried thoroughly between each use. The fabric type is a matter of personal preference, not safety.

*Quality:* The size, shape, and absorptive capacity matter to users, as well as the drying time and durability.

*Acceptability:* Often viewed as an affordable upgrade from the use of loose cloth. Some consumers like that they have little environmental impact. Users must be comfortable washing, drying, and storing the pads.

*Availability:* Often available locally.

#### Period Panty



*Description:* Underwear designed to absorb blood. Similar to a reusable pad, but with absorptive layers integrated into underwear.

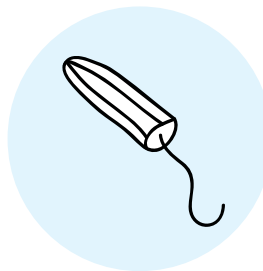
*Safety and Quality:* Similar to the reusable pad.

*Acceptability:* Similar to the reusable pad, but does

not require a separate pair of underwear.

*Availability:* As a newer product it may be hard to find.

#### Tampon



*Description:* A single-use cotton or rayon plug inserted into the vagina to absorb blood, with a string to help with removal.

*Safety:* Risk of toxic shock syndrome, a rare but potentially fatal disease. To reduce risk, use the lowest

absorbency required for no more than 8 hours. Residual chemicals and fragrance can lead to allergic reactions.

*Quality:* Tampons may come with or without an applicator and applicator designs vary.

*Acceptability:* Limited awareness, combined with initial fear of insertion creates barriers to use, but research on menstrual cups indicates that these barriers are easily overcome.

*Availability:* Availability generally limited to urban shops.

#### Menstrual Cup



*Description:* A bell-shaped silicone device inserted into the vagina to collect blood.

*Safety:* Very rare reports of toxic shock syndrome, vaginal damage, and difficult removals, but overall incidence of infections and irritations may be less than

with other products.

*Quality:* Varying size, shape, and level of firmness can affect personal comfort and risk of leaking. Use of medical-grade silicone is recommended.

*Acceptability:* Limited awareness, combined with initial fear of insertion creates barriers to use, but research indicates that these barriers are easily overcome.

*Availability:* As a newer product it may be hard to find.



**Sources**

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- RHSC and Rising Outcomes. *Managing Menstruation - Know Your Options*. 2022. [https://www.rhsupplies.org/uploads/tx\\_rhscpublications/Managing\\_Menstruation\\_-\\_Know\\_Your\\_Options-A2-poster.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/Managing_Menstruation_-_Know_Your_Options-A2-poster.pdf)
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#### 4. Stakeholder matrix: The range and roles of stakeholders to engage in menstrual product standards advocacy

Blue-shaded cells to be completed at the national level. The names of specific organizations, as well as individuals from those organizations, should be filled in. If they have volunteered or been assigned roles, those can also be noted.

Stakeholder Type	Potential Role	Organizations	Individuals	Assigned Roles
Representatives from ministries of health, education, water and sanitation, women's affairs, etc.	Facilitation among stakeholders; raise awareness; potentially advocacy and leverage influence; potentially contribute to development, enforcement and appropriation for sustainability			
MH advocates or champions from local and international NGOs	Key advocates; raise awareness; change makers; potentially contribute to development, compliance.			
UN agencies, including UNICEF, UNFPA, and WHO	Key advocates; facilitation among stakeholders; potentially fund advocacy and related work			
Local suppliers of menstrual products	Key advocates; contribute to standards development, compliance; raise awareness			
Bilateral funders operating locally	Facilitation among stakeholders; potentially fund advocacy and related work			
Representatives from national standards board	Provide guidance on process, information needs, etc; may be key decision-makers; development and enforcement; potentially raise awareness; assure alignment with national standards regulation			
Media	Raise awareness			
Influential community leaders, including religious leaders (were applied), customary leaders	Raise awareness; leverage influence; change makers			
Consumer advocacy groups	Advice on standards; raise awareness among constituents			
Other civil society groups	Raise awareness among constituents; advocacy			
Regional networks and organizations	Information sharing; mentoring; potentially leverage influence			
Parliamentarians and other high-level government officials	Create connections with decision-makers; leverage influence			



