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EXECUTIVE SUMMARY

Menstrual health is essential to gender equality and the well-being of women, adolescent girls and all people who menstruate. Positive momentum throughout the East Asia and Pacific region has prompted greater efforts to support menstrual health and the integration of menstrual health priorities across multiple sectors, including water, sanitation and hygiene, or WASH; health; gender; and education. Many gaps remain, however. Increased and sustained attention is needed.

This report shares findings from a regional review of the progress towards supporting menstrual health in 19 countries of the East Asia and Pacific region from 2016 to 2022. The analysis picked up from the regional review and synthesis report that UNICEF published in 2016. That report assessed country and regional progress towards what it defined as components of good practice in ensuring a menstrual hygiene management-friendly environment, with a focus on girls in school but also looking at other population groups. The current review used the following definition of menstrual health and the five requirements as a framework to capture the region's progress across the enabling environment and service delivery. Included in the analysis are the lessons the findings pointed to as well as opportunities for advancement.

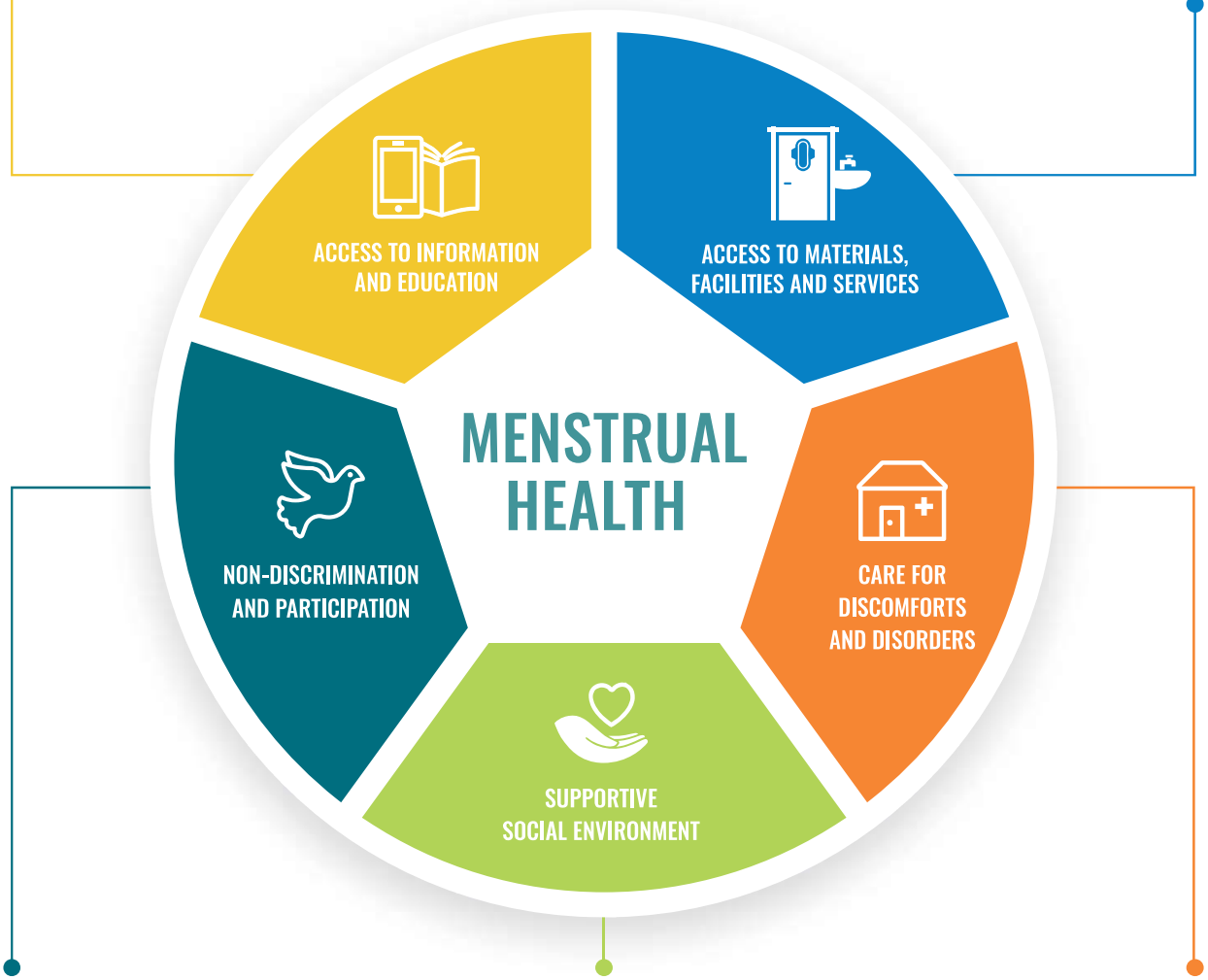
Menstrual health definition

Menstrual Health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the menstrual cycle."

Achieving menstrual health implies that women, girls and all other people who experience a menstrual cycle, throughout their life-course, are able to:

Access accurate, timely, age-appropriate information about the menstrual cycle, menstruation and changes experienced throughout the life course, as well as related self-care and hygiene practices.

Care for their bodies during menstruation such that their preferences, hygiene, comfort, privacy and safety are supported. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation and hygiene services, for washing the body and hands, changing menstrual materials and cleaning and/or disposing of used materials.



Decide whether and how to participate in all spheres of life, including civil, cultural, economic, social and political, during all phases of the menstrual cycle, free from menstruation-related exclusion, restriction, discrimination, coercion and/or violence.

Experience a positive and respectful environment in relation to the menstrual cycle, free from stigma and psychological distress, including the resources and support they need to confidently care for their bodies and make informed decisions about self-care throughout their menstrual cycle.

Access timely diagnosis, treatment and care for menstrual cycle-related discomfort and disorders, including access to appropriate health services and resources, pain relief and strategies for self-care.

Source: Hennegan, J., et al. 'Menstrual Health: A definition for policy, practice and research', Sexual Reproductive Health Matters, vol. 29, no. 1, 2021.

REVIEW OBJECTIVES

1. Document the current state of policy and programming to support menstrual health in 19 countries. Synthesize informants' perspectives and insights on barriers and enablers to effective action.
2. Synthesize the evidence on the effectiveness of policies and programmes. Document the lessons learned and barriers to high-quality monitoring and evaluation.

The review is structured in five parts. After the introduction to explain the methodology, the findings are presented separately for East Asia and then the Pacific. For each of those two parts, the report documents the progress across the enabling environment (policy, institutional arrangements, financing and capacity) and the extent and quality of the service delivery. Stakeholders' perspectives and insights (including those of government officials, NGO officers and other relevant actors working in the space) on barriers and enablers are highlighted throughout. The fourth part looks at progress on the monitoring and evaluation of menstrual health interventions integrated across East Asia and the Pacific. The report concludes with a look forward.

This regional synthesis report is complemented by 14 separately published country profiles.

METHODS

Multiple activities were used to develop an understanding of the progress and capture the barriers and enablers. Core methods entailed: (i) a systematic review of published and grey literature on the effectiveness of menstrual health interventions; (ii) a desk review of policy documentation; (iii) targeted stakeholder surveys; and (iv) informant interviews to outline key actions to support menstrual health, monitor and evaluate their effectiveness and document their progress. An advisory group, comprising menstrual health experts representing United Nations agencies, regional menstrual networks, researchers, local civil society and international non-government organizations (NGOs), provided support and guidance on all activities through three meetings.

FINDINGS

Attention to menstrual health continues to increase

Since 2016, acknowledgement of the importance of menstrual health has increased across countries of East Asia and the Pacific, aligning with the increased attention globally. Menstrual health is now recognized as a multisectoral challenge that impacts health and social outcomes throughout the life course. In response, policy and programming initiatives have emerged across the region.

Regional and national advocacy based on evidence from formative research in the review period helped drive the attention. The context-specific formative research describing the menstrual health experiences and needs of women, girls and people who menstruate thus equipped advocates to garner government attention and commitment. Informants in this review highlighted advocacy efforts, such as Menstrual Hygiene Day celebrations, social media campaigns and the engagement of high-profile champions, as effective strategies to influence communities and governments. The inclusion of menstrual health in humanitarian responses in countries experiencing disasters also raised menstrual health on the agenda.

In the Pacific, the engagement of men and boys in advocacy campaigns and as allies supported the recognition of menstrual health, aided normalization and reduced associated stigma experienced at the governmental, organizational and individual levels. The review's informants reported that youth engagement facilitated change, with younger generations seen as

adopting progressive perspectives and acting as advocates and educators for their families and communities. All these galvanizing efforts were supported by mechanisms that brought advocates and actors together to collaborate. Communities of practice and regional networks proved pivotal for sharing best practices and lessons learned and providing platforms for diverse voices, such as persons with disabilities, to help inform menstrual health priorities.

WASH and sexual and reproductive health policies increasingly integrate aspects of menstrual health

Menstrual health was included in national polices, action plans and guidelines over the past five years in most of the countries of East Asia and the Pacific covered in the review. At a minimum, menstrual health was recognized as an issue requiring consideration, though not always in a comprehensive manner. The requirements for menstrual health predominantly being addressed in policy were access to information (such as education on aspects of menstrual health), access to resources (such as menstrual product provision) and services (such as provision of WASH facilities in schools) to care for the body during menstruation. Less attention was given to the other requirements, such as access to care for discomfort and disorders, a supportive social environment and non-discrimination.

There were numerous best practice examples related to WASH in schools. In East Asia, the Government of Indonesia integrated menstrual health into its WASH in schools policies and guidelines,[1] developed standard regulations for disposable pad design[2] and included the provision of menstrual leave in the labour law.[3] In the Philippines, the Basic Education Development Plan,[4] led by the Department of Education, committed to implementing WASH in schools, including menstrual hygiene. Implementation was supported by capacity-building through technical support and guidance, such as the Policy Guidelines on Implementing Comprehensive Sexuality Education.[5] Timor-Leste made progress through its WASH in schools guidelines under the Department of Education,[6] while Mongolia advanced support for menstrual health through the National Ministry of Education and Science's Norms and Requirements for WASH in Schools, Dormitories and Kindergartens Policy (2015).[7] Among the Pacific countries, Kiribati, Papua New Guinea, Solomon Islands and Vanuatu integrated considerations for menstrual health into policies on WASH, education (WASH in schools) and (occasionally) disability, with a strong focus on the provision of facilities and education. In countries where little policy action occurred, such as the Federated States of Micronesia, Lao People's Democratic Republic (PDR) and Viet Nam, the need to further efforts to increase attention to the issue was highlighted. Country review informants pointed to future opportunities, for example Viet Nam's National Action Plan on Adolescent and Youth Sexual and Reproductive Health.[8]

Is there a need for a stand-alone menstrual health policy or strategy?

Across the East Asia and Pacific region, incorporating menstrual health into WASH and sexual and reproductive health policies has served as an entry point to policy recognition. The review informants highlighted a trade-off between integration into larger policies under relevant ministry portfolios, such as WASH or sexual and reproductive health, and the concern that menstrual health would be overlooked and underfunded within these larger policies. No country in this review was found to have a stand-alone menstrual health policy or strategic plan for supporting menstrual health.

"Menstrual health needs to be included in the development plan for education.... It is important to have menstrual health as a stand-alone component and raise its profile." – Review informant, Lao PDR

It is unclear if a stand-alone policy is beneficial compared to the inclusion of menstrual health in other relevant policies. A unified policy or guideline may drive more comprehensive support but risks having unclear leadership. Alternatively, menstrual health can be supported through multiple sectoral policies by ensuring clear institutional arrangements and coordination along with financing.

Menstrual health policy advancements require clear institutional arrangements and adequate financing

Menstrual health is a multisectoral issue and thus requires engagement from multiple ministries and departments. To work effectively, there is a need for clear institutional arrangements that assign responsibility and accountability for all dimensions of menstrual health, paired with effective coordination. Across East Asia, ministries of education and health took on leadership of menstrual health, even in the absence of policies that establish responsibility. Yet, for many countries, leadership was lacking, and which ministry or department had responsibility for menstrual health remained unclear. The review informants throughout the region highlighted that stronger coordination between ministries and non-governmental actors is needed to further the progress and realize the policy aims.

Adequate funding and financing for menstrual health care remained a barrier to progress. The lack of institutional responsibilities for menstrual health prevented government budgets from being allocated for different aspects of menstrual health. The desk review of policies and the informant interviews revealed that specific budget lines for menstrual health components were often lacking. Few countries had evidence of costings for what it would take to deliver comprehensive menstrual health support through the WASH, education or health sectors, and few countries had set explicit policy milestones against which implementation could be costed or budget allocated.

Service delivery focuses on education, menstrual products and menstruation-friendly facilities within school settings

Governments and NGOs regularly delivered menstrual health activities as part of the WASH, health or sexual and reproductive health programming in school settings. Most commonly, service delivery focused on education, provision of menstrual products and ensuring WASH facilities in schools. However, service delivery was gradually expanding: A few organizations and governments have planned or were in the early stages of implementing services that provide access to care for discomfort and disorders or foster supportive social environments.

Menstrual health service delivery was often small in scale, with school-based education and/or WASH services delivered in urban and rural locations by different actors. This reality, paired with poor monitoring, made it difficult to assess whether there was national coverage for menstrual health services and whether it met the needs of whole population groups. A few positive examples of large-scale access to services were found. In the Philippines, the Government delivered menstrual health information, education and communication materials across 60 per cent of schools.[9] In the Pacific, Fiji's Reach for the Stars WASH in Schools Programme, supported by UNICEF, reached 55,000 students with facilities to manage menstrual health through WASH services.[10] Outside of these examples, however, coverage was challenging to assess.

Generally, schools were seen as an effective forum for programming due to the formal learning environment, students' expectations of learning, access to teachers and benefits of absorbing information and behaviours during the foundational years of schooling. School-based programmes have a flow-on effect of children acting as agents of knowledge-sharing, taking information learned in school back to their family and community. However, the limitation of predominantly focusing programming in schools is missing populations who fall outside this setting, such as out-of-school children with disabilities, remote or minority communities and adult women experiencing different challenges throughout the menstrual cycle. Challenges with community-based programming were highlighted in this review, such as limited resources, including staff, and logistical challenges to the continued access to and monitoring of communities.

Stronger government-led coordination mechanisms can reduce duplication and gaps and increase capacity

Governments have accountability for ensuring that the health, education, water and sanitation services that underpin menstrual health are delivered. The review found that competing priorities, lack of capacity and underfunding sometimes result in NGOs 'filling the gaps'. These partnerships and collaborative relationships need strengthening to ensure effective planning that mitigates duplication and gaps, ensures that the highest-need areas are prioritized and ensures a sustainability or exit plan for non-governmental actors.

Limited opportunities for the training of government staff in the region, coupled with the pervasive stigma surrounding menstrual health, resulted in a skills and capacity shortage in menstrual health expertise. Governments made efforts to increase the capacity, sometimes with support from NGOs or United Nations agencies. But high staff turnover impacted their sustained effectiveness. The complexity of menstrual health demands that all actors, including governments, NGOs and civil society organizations, work together to utilize their different strengths and ensure that all requirements of menstrual health are adequately addressed. Across the region during the review period, governments, NGOs and civil society organizations occasionally worked collaboratively to deliver services and training. Partnership with smaller organizations, such as local women's or youth groups, is a strategic way to reach local communities and facilitate meaningful stakeholder engagement. Government-led cross-sector coordination that utilizes such mechanisms as regional working groups and communities of practice facilitate collaboration. For example, the Pacific Menstrual Health Network and the WaterAid-led Sanitation Working Group in Vanuatu are cross-sectoral platforms demonstrating success in fostering collaboration and sharing best practices.

Monitoring, evaluation and evidence remain a gap and must be addressed to inform practice and provide accountability

Despite increases in attention and action for menstrual health since 2016, monitoring remained a gap. Limited incorporation of menstrual health into national monitoring systems, mostly focused on WASH facilities in schools and surveys, meant that the needs were not well known. Few evaluations were undertaken to test the effectiveness of menstrual health interventions or policies, so an evidence base for programme planning and design was not available. There was agreement among the review informants that data and evidence are needed to demonstrate the importance of menstrual health and the potential effectiveness of menstrual health interventions to governments and development partners. The informants highlighted the need for context-specific, quantitative data that are disaggregated by region and reflective of different populations to spur and inform next steps.

The systematic review conducted as part of this review revealed the slow growth of evidence for effective menstrual health interventions in the region. Studies testing interventions aiming to address a range of menstrual health requirements were found, including improving access to information, resources and facilities as well as self-care strategies for pain mitigation and care. Most studies, however, were of poor quality, with a high risk of bias and inadequately reported. Few studies evaluated the interventions that were aligned with the services or policy commitments being made across the region. Studies that investigated the impact of menstrual education through sexual and reproductive health programmes found evidence that the information provided was retained by participants across various provision modalities, including in-person sessions, informational websites and group education programmes. Several evaluations investigated self-care education and strategies for pain management, such as stretching, exercise and breathing. These showed promising effects for reducing self-reported pain, although more investigation is needed. And they suggested that

pain reduction strategies could be incorporated into school-based education. A small number of evaluations investigated product preferences, notably innovative reusable technologies, such as menstrual cups and period undies. Generally, the beneficiaries found products acceptable, but the evaluations failed to investigate more distal outcomes and impacts on their lives.

There is urgent need for more rigorous designs that evaluate interventions that align with policy initiatives and service delivery priorities. The interventions that have been tested do not represent current practice, and there is no evidence to make decisions on policy or practice efforts.

Barriers to monitoring and evaluation should be addressed throughout phases of planning, data collection, use and analysis

Progress towards improving the monitoring and evaluation of menstrual health interventions was slow. Governments were key to ensuring the prioritization of monitoring for menstrual health, particularly through established national systems, such as education management information systems. Confusion around responsibilities between and within institutions and ministries, a lack of monitoring frameworks and weak capacity for data management and analysis impacted the ability to monitor menstrual health and utilize available data at the national level.

Regarding the monitoring of specific projects or programmes, the review found menstrual health indicators were rarely integrated from inception and poorly integrated into monitoring and evaluation frameworks or systems. Menstrual health was typically incorporated as part of broader sexual and reproductive health or WASH programmes, and menstrual health-related indicators were not monitored.

Attention to the role of menstrual health at the time of programme inception, integration of menstrual health into a programme's theory of change and the adoption of menstrual health indicators into monitoring and evaluation frameworks should be prioritized. Funding deficits and capacity for the collection and analysis of menstrual health data were also cited as barriers to be addressed.

LOOKING FORWARD

The conclusions from this review point to areas of strength to build upon and areas of less progress that need further attention.

Based on the review's definition of menstrual health, it is clear that two of the five requirements – notably access to information (such as education about aspects of menstrual health) and access to resources (such as menstrual product provision) and services (such as provision of WASH facilities in schools) – have received the majority of policy and programme attention so far. Less progress has been made towards the other three requirements: ensuring that girls and women have access to care for discomfort and disorders, a supportive social environment and non-discrimination. These are areas for further attention and engagement with other sectors, particularly the health sector.

The analysis of progress in the enabling environment on five dimensions – policy, institutional arrangements, financing, capacity and monitoring, made clear that implementation arrangements present a bottleneck to expanding access to menstrual health in the region. Progress on integrating menstrual health into policies, plans and guidelines was made in most countries. Yet, where policies exist, the lack of accountabilities between ministries and responsibilities between actors at the subnational level were major barriers that prevented budgets from being allocated, capacity from being built up and monitoring from taking place. As the focus shifts from integrating menstrual health into policies to implementing those policies, it will be critical to ensure that roles and responsibilities are clear for the five requirements of menstrual health to enable progress and better monitoring.

At the same time, the evidence base for specific interventions remains critically weak. Across the five requirements of menstrual health, there was little information on effective – and cost-effective – interventions for different settings and population groups, as the following summary underscores.

Types of intervention	Review conclusions and lessons
Advocacy	• Learning from effective advocacy efforts can further advance strong progress in recognizing the importance of menstrual health. • Dispelling stigma and taboo surrounding menstruation remains key to progress at every level. • Stronger context-specific and disaggregated data are needed to advocate to governments and sector actors to prioritize menstrual health.
Enabling environment	• Clear institutional arrangements and intragovernmental and cross-sectoral cooperation are required to strengthen policy development and delivery. Examples of working groups, communities of practice and collaboration can be used as a model. • To realize policy aims, costings and budgets dedicated to menstrual health are needed. • Government standards are essential to ensure that quality requirements are enforced across menstrual health services, such as reusable menstrual products and comprehensive sexuality education. • Countries must address ongoing capacity gaps in menstrual health expertise at all levels.
Service delivery	• Service delivery has progressed slowly and at a small scale when compared to population needs, and good practices need to be monitored and evaluated to expand access. • School-based programming offers a strong entry-point and opportunities for scaling up. • Populations outside of schools need greater attention and investment, including persons with disabilities, geographically isolated communities and adult women. • Government coordinated action is key to sustainable service delivery, but it requires investment in coordination and capacity-building with the private sector, NGOs and civil society organization service providers.
Monitoring and evaluation	• Monitoring menstrual health within programmes and at the national level must be improved to support prioritization, accountability and documentation. • There remains inadequate evidence to recommend specific menstrual health interventions. • Rigorous evidence is urgently needed to understand the effects of menstrual health interventions, to refine policy strategies and service delivery and to secure sustained funding for scaling up.