

Advancing menstrual health and hygiene: global advocacy pathways



Introduction

Menstrual health and hygiene (MHH) is critical for achieving interlinked human rights and development goals – including on water, sanitation and hygiene (WASH), health, education, economic participation, and gender equality. Despite growing global and national MHH awareness and action in recent years, efforts remain fragmented, under-prioritised and under-funded.

An estimated 500 million women and girlsⁱ continue to experience unmet menstrual health needs.

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'.¹ Menstrual health requires consistent access to five main components:

1. Information and education
2. Menstrual materials, facilities and services
3. Care for discomforts and disorders
4. A supportive social environment
5. Non-discrimination and freedom to participate fully in society



ⁱ We recognise that not all women and girls menstruate, and not all people who menstruate are women. The term 'women and girls' is used in this briefing to increase readability, but should be understood as people who menstruate, including women, girls, transgender people, and nonbinary people.

About this research

WaterAid, the Global Menstrual Collective (GMC) and the Architecture for Menstrual Health Indicators (AiMHI) project have produced new research on the global political economy shaping opportunities to increase prioritisation and investment in MHH. The research analyses the underlying power dynamics, interests, mandates and incentives that promote or constrain action to identify where advocacy efforts to drive change should focus. These insights guide MHH stakeholders and advocates towards effective and politically feasible advocacy strategies for advancing MHH.

In 2026, the GMC, UNICEF and partners will launch a collective global advocacy initiative: the Shared Agenda for Action on MHH. This briefing summarises the findings from the PEA and presents a set of global advocacy pathways and strategic recommendations to inform the Shared Agenda development and future advocacy.

The full political economy analysis (PEA) and recommendations can be found [here](#).

Recommendations

This political economy analysis (PEA) identifies several pathways to elevate global advocacy and drive greater prioritisation and investment in MHH. These pathways underscore the importance of strategic positioning and integration of MHH, alongside the need for a cohesive narrative and

stronger data and evidence base. The critical role of country leadership is highlighted, as well as adapting to the shifting global financing landscape. Strategic recommendations are presented according to five advocacy pathways which are explored in more detail on pages 5-7:

Pathway 1: Enhance strategic integration of MHH across key sectors

Pathway 2: Leverage the Shared Agenda to increase strategic and narrative cohesion

Pathway 3: Close data and evidence gaps to strengthen global advocacy

Pathway 4: Pursue a country-led influencing strategy to secure global policy wins

Pathway 5: Proactively engage with the new global funding landscape

The problem

Worldwide, more than two billion women and girls menstruate each month² – yet an estimated 500 million do not have what they need for MHH.³ Unmet MHH needs have far-reaching impacts across many aspects of life, with consequences that affect not only women and girls but also their families and wider society.⁴

Women and adolescent girls have consistently described⁵ that inadequate MHH contributes to:

- Lower productivity and increased absenteeism at school and work^{6,7}
- Poor physical health and mental wellbeing^{8,9}
- Reduced participation in social and economic life^{10,11}

Despite increasing awareness of these critical links, gaps in data and evidence – particularly around the scale of need and the benefits of action – hinder advocacy on MHH. Stigma and silence around menstruation constrains the voices and demands of those most affected and limits the visibility of MHH. This reduces its perceived political relevance to decision makers and results in inadequate prioritisation and investment in MHH.

MHH sits across multiple sectors and agendas, including health (particularly sexual and reproductive health and rights (SRHR)), WASH, education, labour and gender. A lack of clear sectoral ownership and accountability for progress has led to fragmented efforts and weak coordination. Consequently, MHH is often addressed narrowly within programmes and policies – focusing solely on menstrual products, WASH facilities or school attendance – rather than systematically and holistically. This approach fails to capture the full scope of MHH needs and does not deliver the full benefits of menstrual health.

The political economy of MHH

These existing structural challenges have been compounded by recent shifts in the wider political economy, leading to reduced space for MHH to gain traction and driving competition for shrinking development finance. The PEA highlighted that technical solutions alone are not sufficient to change this situation; MHH is not only a technical issue – it is fundamentally a political one.

Increasing political prioritisation and investment in MHH will depend on how political power, institutional roles, funding systems, incentives and social norms work together across different levels. Table 1 summarises how global, national and sectoral dynamics interact to shape opportunities for MHH in the current landscape.

Table 1: Key dynamics shaping the political economy of MHH

Level	Key dynamics
Sectoral	Collaborative leadership provides a practical option in an uncertain global landscape: No single sector is currently well placed to take on primary ownership for MHH at the global level. The feasibility and strategic benefits of aligning with any particular sector are also unclear. A collaborative approach to multi-sectoral coordination and leadership offers a practical option in the near-term political economy, but requires an effective structure to overcome existing fragmentation. Leading organisations lack the resources and power to fully own MHH: In the absence of clear sectoral ownership to drive institutional ownership, MHH is primarily led by civil society networks. The Global Menstrual Collective, African Coalition for Menstrual Health, and Menstrual Hygiene Day provide critical coordination and thought leadership. However, as networks they are not adequately resourced or structurally empowered to take accountability for delivering progress on MHH. Increasing cross-sectoral engagement requires strategic integration: MHH is relevant across multiple sectors, with different sectors best placed to address specific aspects. Yet, MHH is rarely prioritised within relevant agendas due to competition from more established or urgent and life-saving issues. Progress on MHH depends on enhancing integration with relevant sectors through tailored strategies, sustained relationship-building and sector-specific narratives demonstrating the value of MHH. Narrative challenges and data gaps constrain communication and advocacy: The complex and cross-cutting nature of MHH is a barrier to developing communications-friendly narratives without oversimplifying or sensationalising the issue. Competing narratives and power dynamics, including under-representation of national and regional priorities in global forums, further fragment messaging, undermine coherence and reduce cut-through. At the same time, gaps in data on MHH needs, costs, impacts and return on investment limit the development of a compelling investment case – and existing evidence is under-utilised. Market-based approaches and product-focused initiatives are contested: These interventions are often attractive to funders and governments due to their concreteness and measurability. They offer entry points for private sector collaboration and can act as a starting point for more holistic engagement with MHH. However, they can also have unintended consequences, including market manipulation, and narrow the MHH agenda by reducing policy space and funding for non-product interventions.
Global	A rapidly shifting global political and financing landscape is creating competition and uncertainty: Efforts to advance MHH are taking place within a global political space that has become increasingly unstable as well as unfavourable to gender and rights-based issues. More receptive multilateral agendas (and budgets) are crowded with urgent and life-saving priorities, limiting opportunities to advance MHH through global frameworks and agendas. The traditional health and development funding landscape has been radically and permanently altered, with severely constrained grant funding driving competitive and risk-averse organisational behaviour among donors and funding recipients alike.

(continued)

Table 1: Key dynamics shaping the political economy of MHH (continued)

	Funder dynamics shape opportunities in a constrained environment: Limited and shifting funder priorities are redefining how MHH can be funded. Bilateral donors are increasingly exploring concessional loans, blended finance and other innovative financing mechanisms as alternatives to shrinking grant funds. Multilateral financing institutions (e.g. multilateral development banks (MDBs)) offer large-scale loans but are primarily responsive to country priorities. Diverse philanthropic and commercial actors in the private sector are the main remaining source of grant funds for MHH, but the scale of funding is unclear. Questions remain about how to leverage private sector funding to sustain social impact activities and not only deliver marketable products and services. Major UN agencies and international non-governmental organisations (INGOs) provide fragmented global leadership: These actors have a strong influence on the way MHH is framed and understood. They are also a crucial link between global agendas and national implementation. Despite this, MHH is rarely a priority area for them at institutional level. Their engagement often depends on individual champions, making it vulnerable to shifts in personnel, leadership and funding. Institutional mandates, project-based funding models and limited incentives for long-term collaboration result in fragmented action. This dynamic is a major driver behind the lack of clear ownership and accountability for progress on MHH.
National	Country engagement is critical for sustained prioritisation, funding and action on MHH: Country engagement plays a decisive role in the prioritisation of MHH at both national and global levels through domestic policy development, funding allocations, and Member State championship within multilateral processes. Governments ultimately determine whether MHH is prioritised, funded and sustained at the national (and sub-national) level. These decisions are significantly influenced by national MHH coalitions working to raise domestic demand for action, credible national or regional data highlighting the scale of need, and examples of policy action and impact from peer countries. Success in systematically advancing MHH also comes from strong alignment with national priorities and agendas, effectively leveraging relevant policy vehicles (e.g. guidelines and strategies) and support from high-level champions. Social norms and local power relations can incentivise or block action on MHH: Stigma, silence and discriminatory practices around menstruation continue to limit open discussion, constrain voiced demand for action, and reduce responsiveness from duty bearers. Gatekeepers – including traditional, community and religious leaders, as well as government officials and male heads of households – influence the social acceptance and political feasibility of MHH activities. Civil society organisations can shift norms by engaging gatekeepers, amplifying lived experience and applying collective pressure, but often face capacity and resource constraints.

Global advocacy pathways

Based on analysis of the political economy of MHH, five pathways to strengthen global advocacy and increase prioritisation and investment in MHH have been identified. For each pathway, there

are specific strategic recommendations to inform global advocacy and the development of the Shared Agenda for Action on MHH.



Pathway 1: Enhance strategic integration of MHH across key sectors

Strategic recommendations

Explore effective multi-sectoral coordination and leadership models – Use the Shared Agenda for Action on MHH to develop the model, drawing on lessons from other cross-cutting policy areas. Address power dynamics and representation of actors and narratives, and enhance meaningful engagement with national and regional priorities.

Position MHH as a cross-cutting multisectoral issue – At the global level, attempting to position MHH as a standalone issue risks reinforcing fragmentation and placing unrealistic expectations on already overstretched actors, including civil society networks. There may be opportunities to advance MHH as a standalone priority at other levels (e.g. national).

Integrate MHH strategically and opportunistically – Focus on embedding MHH into existing priorities, policy vehicles, funding streams and monitoring mechanisms in strategically aligned sectors. Remain flexible

to opportunistically engage with narratives, incentives and accountability structures across settings.

Prioritise sectors for integration and narrative development – SRHR and WASH provide the strongest global-level opportunities for integration. Education, labour and gender present additional opportunities, although there are stronger entry points for integration with these sectors at national and regional levels.

SRHR offers a broad range of new entry points, including into the wider health sector and future global development agendas, but is also exposed to significant political risks.

WASH already has strong integration with MHH, but ongoing efforts and narrative development are needed to retain access to entry points and funding opportunities.



Pathway 2: Leverage the Shared Agenda to increase strategic and narrative cohesion

Strategic recommendations

Use the Shared Agenda to set focused global advocacy priorities and clearly define an end goal – Produce a high-level manifesto or declaration that provides a compelling ‘North Star’ for collective action on MHH. Articulate a small set of advocacy priorities and define what global efforts are working towards, including a theory of change, core policy calls, and anticipated impacts or benefits.

Focus core messaging on the uncontroversial centre of the MHH agenda – Emphasise aspects that are widely relevant, politically feasible, well-evidenced and unlikely to provoke resistance to ensure cut-through with a broad range of

stakeholders. Test messages with key audiences and maintain alignment with the global advocacy priorities to strengthen consensus. Build momentum around consistent use of a common baseline narrative that clearly articulates why MHH matters and its impacts on lives, health and economies.

Segment messaging to enhance consensus on tailored narratives for specific audiences – Build on core messages with additional narratives and messaging for specific audiences, sectors and entry points. Use a structured approach to avoid conflicting narratives or competition with core Shared Agenda messaging.



Pathway 3: Close data and evidence gaps to strengthen global advocacy

Strategic recommendations

Translate existing data and evidence into accessible and compelling narratives – Make better use of available qualitative and quantitative evidence by presenting it in more accessible, policy-relevant formats. Emphasise systems, costs, impact, and lived experience to engage sectors, governments and funders.

Focus data and evidence generation efforts on gaps that directly limit advocacy and cut-through – Generate data or estimates to develop a compelling investment case that speaks directly to funders. Strengthen uncontroversial, data-led economic narratives by commissioning

analysis to quantify the economic impact of MHH on working-age women and produce headline statistics around needs, impacts or return on investment.

Foster strategic alignment between routine monitoring and global advocacy priorities – Support targeted integration of MHH indicators into national monitoring systems across relevant sectors. Focus on indicators that align with decision-making needs to create stronger incentives for prioritisation and investment in MHH.



Pathway 4: Pursue a country-led influencing strategy to secure global policy wins

Strategic recommendations

Anchor global advocacy in country-led demand for action on MHH – Prioritise approaches that promote country-led solutions and amplify demand for global action. Support country engagement processes that reinforce a bi-directional influence between national priorities, regional initiatives and global agendas.

Actively support coordination and cross-learning within and between countries – Support context-specific national advocacy by partnering with national MHH coalitions and civil society. Produce practical resources, such as mapping champion countries, successful funding pathways and effective government-led approaches.

Leverage national political momentum into global policy wins – Use Menstrual Hygiene Day to foster alignment between global advocacy priorities and national MHH efforts. Amplify country progress and mobilise Member States to increase prioritisation of MHH within multilateral agendas and global policy frameworks.

Cultivate a group of Member State champions to drive prioritisation on multilateral and regional agendas – Support champion countries to form a ‘group of friends’ working to increase the visibility of MHH in global and regional agendas. Provide messaging, data and concrete asks to enable strategic engagement.



Pathway 5: Proactively engage with the new global funding landscape

Strategic recommendations

Acknowledge and adapt to the new funding landscape – Focus on long-term opportunities to move beyond reliance on traditional grant-based funding. Map financial actors and funding opportunities to improve understanding of the new funding landscape, in collaboration with relevant partners and stakeholders.

Mobilise domestic resources and existing investments where feasible – Encourage consideration of diverse sources of domestic resource for MHH activities, including central government, ministerial and sectoral budgets, local government funds, and innovative fiscal and policy reforms. Highlight low-cost opportunities to integrate MHH into existing government- or partner-funded initiatives.

Leverage private sector engagement selectively and strategically – Focus on areas where private sector strengths can add value, such as workplace initiatives, market-shaping, and innovative product and service delivery. Build capacity, confidence and criteria to leverage private sector funding within a holistic approach to MHH.

Strengthen engagement with a range of funding and financing mechanisms – Support MHH advocates and government actors to make informed decisions about context-appropriate funding and financing options, recognising that promoting any specific option (e.g. concessional loans) will not be appropriate in all settings.

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Endnotes

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