**50th session of the Human Rights Council**

**Panel discussion on menstrual hygiene management, human rights and gender equality**

*Concept note (draft as of 17 June 2022)*

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| **Date and venue:** | **Tuesday, 21 June 2022, 4 to 6 p.m. (UTC+2)**  **Room XX, Palais des Nations, Geneva, and online platform (Zoom)**  *(will be broadcast live and archived on* [*https://media.un.org/en/webtv*](https://media.un.org/en/webtv)*)* |
| **Objectives:** | The panel discussion provides an opportunity to discuss the international human rights obligations of States related to menstrual hygiene management, human rights and gender equality, including challenges and best practices and latest developments on the topic. |
| **Chair:** | H.E. Ms. Katharina Stasch, Vice-President of the Human Rights Council |
| **Opening statements:** | **Ms. Michelle Bachelet,** High Commissioner for Human Rights *(video message)*  **Dr. Natalia Kanem,** Executive Director of the United Nations Population Fund (UNFPA) *(video message)* |
| **Panellists:** | * **Ms. Vanessa Zammar**, Youth representative and co-founder of Jeyetna * **Ms. Melissa Upreti**, Chair, Working Group on discrimination against women and girls (*video message*) * **Mr. Thorsten Kiefer**, Founder and CEO, WASH United (*video message*) * **Ms. Shoki Tshabalala**, Deputy Director-General, Department of Women, Youth and Persons with Disabilities of South Africa (*video message*) |
| **Outcome:** | A summary report of the discussion will be prepared by OHCHR and submitted it to the Human Rights Council at its fifty-third session. |
| **Mandate:** | In its resolution [47/4](https://undocs.org/A/HRC/RES/47/4), the Human Rights Council decided to convene a panel discussion on menstrual hygiene management, human rights and gender equality at its fiftieth session, inviting States, civil society organizations, United Nations agencies, women and girls and other relevant stakeholders to address the implementation of States’ obligations under relevant provisions of international human rights law, and to discuss challenges and best practices in this regard. |
| **Format:** | The panel discussion will be limited to two hours. The opening statement and initial presentations by the panellists will be followed by a two-part interactive discussion and conclusions from the panellists. A maximum of one hour will be set aside for the podium, which will cover the opening statement, panellists’ presentations, and their responses to questions and concluding remarks. The remaining hour will be reserved for two segments of interventions from the floor, with each segment consisting of interventions from 12 States or observers, 1 national human rights institution and 2 non-governmental organizations. Each speaker will have two minutes to raise issues and to ask panellists questions.  The list of speakers for the discussion will be established through the online inscription system and, as per practice, statements by high-level dignitaries and groups of States will be moved to the beginning of the list. Delegates who have not been able to take the floor due to time constraints will be able to upload their statements on the online system to be posted on the HRC Extranet. |
| **Background:** | Over half of the world’s population experiences menstruation at some point during their lifetime and for a significant part of their lives. This natural biological process is a key indicator of health and well-being and an essential part of the reproductive cycle. The past decade has seen growing awareness of and interest in menstruation, including through, for example, the celebration of Menstrual Hygiene Day internationally on 28 May each year; the adoption of menstrual health and hygiene management measures at the national and regional levels, often seeking to improve women and girls’ access to knowledge, menstrual products and water and sanitation; and the inclusion of menstrual health and hygiene on the global agenda (e.g. General Assembly [resolution 74/141](https://undocs.org/A/res/74/141) of December 2019, Human Rights Council resolutions [45/8](https://undocs.org/A/hrc/res/45/8) of 9 October 2020 and [39/8](https://undocs.org/A/hrc/res/39/8) of September 2018), including its recognition as a human rights, gender equality and public health issue. Moreover, in the context of the Sustainable Development Goas (SDGs), the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene recently introduced a first set of indicators to monitor progress on menstrual health and hygiene globally.  Yet, around the world, women and girls in all their diversity continue to face barriers towards the realization of their menstrual health that are rooted in denials of their human rights. They continue to be exposed to harmful gender stereotypes and stigma regarding natural and biological functions such as menstruation, breastfeeding and menopause. Menstruation, in particular, is frequently considered and stigmatised as something impure and shameful and in need to be hidden. As a result, menstruation is often experienced by the whole diversity of women and girls negatively and with embarrassment, impacting their autonomy and ability to make choices on aspects related to their menstrual cycle, from seeking information and health care services, to which menstrual products use and how, and whether or not to participate actively in cultural, social, economic and public life. This situation reinforces structural and systemic gender-based discrimination and inequality.  Discriminatory menstrual-related social and gendered norms and practices against women and girls, such as prohibitions to attend religious gatherings, requirements of isolation or self-imposed isolation and exclusion from daily activities, are common in many contexts. For instance, the lack of adequate water, toilet facilities and sanitation in schools and workplaces meeting the needs of menstruating women and girls can result in shortened attendance at school and limited job opportunities. Menstruation is also surrounded by harmful stereotypes which portray women and girls who menstruate as overly unreliable and unfit for decision-making. This situation can result in, for example, barriers in accessing health and reproductive services, due also to dismissals of their menstrual pain by health care providers; or it can result in lower earnings and fewer responsibilities, opportunities and promotions in the workplace. Moreover, the belief, in many societies, that a girl is ready for marriage after her first menstrual cycle, known as menarche, exposes them to a heightened risk of child, early and forced marriage, sexual violence and early and unintended pregnancies with serious consequences on their health, educational and economic opportunities. Studies also show that female genital mutilation could be associated with menstrual disorders, including heavy menstrual bleeding, dysmenorrhea or difficulties passing menstrual blood.  Special procedure mandate holders of the Human Rights Council have stated that “the stigma and shame generated by stereotypes around menstruation have severe impacts on all aspects of women’s and girls’ human rights, including their human rights to equality, health, housing, water, sanitation, education, freedom of religion or belief, safe and healthy working conditions, and to take part in cultural life and public life without discrimination.”[[1]](#footnote-1) This impact affects disproportionately groups of women and girls facing multiple and intersecting forms of discrimination. Such groups can include, for example, adolescent girls; women living with disabilities; women living in poverty; refugee and asylum-seeking women; internally displaced, stateless and migrant women; and women in detention.  Furthermore, the situations of economic, environmental, conflict, humanitarian and health crises, including the coronavirus disease (COVID-19) pandemic and its resulting social isolation and economic, social and health impacts, particulary on women and girls, exacerbate existing challenges related to menstrual health and hygiene. Regardless of lockdowns, social mobility restrictions, stock-outs and supply chain disruptions, women and girls continue to require menstrual products, safe access to toilets, soap, water, privacy, information and access to health services. These are essential services that should always be priotized and available across the life cycle.  Recently, there has been growing recognition of the need to better address the broader menstrual experiences and context of women and girls, beyond hygiene management during the monthly period. Therefore, menstrual health has been defined as “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,”[[2]](#footnote-2) in line with the definition of health by the World Health Organization. This means that to achieve menstrual health for all women and girls a comprehensive, multi-sectoral and full life course approach, that is grounded in human rights, should be adopted by policy makers and practitioners and other relevant stakeholders in their interventions related to menstruation.  Such an approach requires addressing the socio-cultural barriers, stigma, structural gender-based discrimination and inequalities, all of which shape the menstrual experiences of women and girls. This would help to create an enabling environment where all women and girls are able to make informed choices about their menstrual health, bodies and lives, free of stigma and discrimination. Menstrual health is, therefore, also an important determinant for the realization of all human rights, the achievement of gender equality and the SDGs, including SDG targets 3.7, 5.6 and 6.2. To achieve this result, the identification of the multiplicity of duty-bearers with concrete obligations and responsibilities under international human rights law is critical for ensuring that women and girls in all their diversity can enjoy their human rights, in particular those related to menstrual health. |
| **Background documents:** | * [Human Rights Council resolution 47/4](https://undocs.org/A/HRC/RES/47/4) of 12 July 2021 on menstrual hygiene management, human rights and gender equality * [Human Rights Council resolution 45/8](https://undocs.org/A/hrc/res/45/8) of 9 October 2020 on the human rights to safe drinking water and sanitation * [General Assembly resolution 74/141](http://undocs.org/A/RES/74/141) of 18 December 2019 on the human rights to safe drinking water and sanitation * [Human Rights Council resolution 39/8](http://undocs.org/A/HRC/RES/39/8) of 27 September 2018 on the human rights to safe drinking water and sanitation * Committee on the Elimination of Discrimination against Women, General Recommendation No. 34 on the rights of rural women ([CEDAW/C/GC/34](http://undocs.org/CEDAW/C/GC/34), 2016) * Report of the United Nations High Commissioner for Human Rights on comprehensive approach to promoting, protecting and respecting women’s and girls’ full enjoyment of human rights in humanitarian situations ([A/HRC/49/37](http://undocs.org/A/HRC/49/37), 2021) * Report of the Working Group on the issue of discrimination against women in law and in practice ([A/HRC/32/44](http://undocs.org/A/HRC/32/44), 2016) * Report of the Special Rapporteur on the human rights to safe drinking water and sanitation ([A/HRC/30/39](http://undocs.org/A/HRC/30/39), 2015) * Report of the Special Rapporteur on the human rights to safe drinking water and sanitation on her mission to Kiribati ([A/HRC/24/44/Add.1](http://undocs.org/A/HRC/24/44/Add.1), 2012) * Joint statement of special procedure mandate holders “[Women’s menstrual health should no longer be a taboo](https://www.ohchr.org/en/press-releases/2019/03/international-womens-day-8-march-2019womens-menstrual-health-should-no),” on the occasion of the International Women’s Day (2019) * United Nations Population Fund, [Technical brief on the integration of menstrual health into sexual and reproductive health and rights policies and programmes](https://esaro.unfpa.org/en/publications/technical-brief-integration-menstrual-health-sexual-and-reproductive-health-and-right-0) (2021) * United Nations Population Fund, [COVID-19 heightened menstruation challenges in Latin America and the Caribbean; action and investment needed](https://www.unfpa.org/news/covid-19-heightened-menstruation-challenges-latin-america-and-caribbean-action-and-investment) (2021) * World Health Organization, [Message from the Director, Department of Sexual and Reproductive Health and Research, including UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction](https://www.who.int/news/item/14-07-2021-message-from-director-srh-hrp) (2021) * WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, [Progress on household drinking water, sanitation and hygiene (2000-2020), Five years into the SDGs](https://www.who.int/publications/i/item/9789240030848) * WASH United and Human Rights Watch, [Understanding Menstrual Hygiene Management and Human Rights](https://www.hrw.org/sites/default/files/news_attachments/mhm_practitioner_guide_web.pdf) (2017) * Hennegan J, Winkler IT, Bobel C, Keiser D, Hapmton J, Larsson G, Chandra-Mouli V, Plesons M, Mahon T, [Menstrual health: a definition for policy, practice, and research, in: Sexual and Reproductive health matters](https://www.tandfonline.com/doi/full/10.1080/26410397.2021.1911618), in *Sexual and Reproductive Health Matters*, 2021, Vol. 29, No. 1 * Inga T. Winkler, [Menstruation and Human Rights: Can we move beyond instrumentalization, tokenism and reductionism](https://journals.library.columbia.edu/index.php/cjgl/article/view/8842/4544)?, *Columbia Journal of Gender and Law*, 2021, Vol. 41, no. 1 * Margaret A. McLaren and Monalisa Padhee, [A sexual and reproductive health rights approach to menstruation](https://policy-practice.oxfam.org/resources/a-sexual-and-reproductive-health-rights-approach-to-menstruation-621169/), *Gender & Development*, 2021, Vol. 29, No. 1 |

1. <https://www.ohchr.org/en/press-releases/2019/03/international-womens-day-8-march-2019womens-menstrual-health-should-no> [↑](#footnote-ref-1)
2. Hennegan J, Winkler IT, Bobel C, Keiser D, Hapmton J, Larsson G, Chandra-Mouli V, Plesons M, Mahon T, [Menstrual health: a definition for policy, practice, and research, in: Sexual and Reproductive health matters](https://www.tandfonline.com/doi/full/10.1080/26410397.2021.1911618), 2021, in *Sexual and Reproductive Health Matters*, Vol. 29, No. 1 [↑](#footnote-ref-2)