STRENGTHENING HEALTH SYSTEMS FOR MENSTRUAL HEALTH IN LOW- AND MIDDLE-INCOME COUNTRIES

BRIEF 3: A CATALYTIC INVESTMENT OPPORTUNITY

Menstrual Health Action for impact

psi Europe

A CATALYTIC INVESTMENT FOR HEALTH, GENDER EQUITY, AND ECONOMIC GAINS

Menstrual health is one of the **most neglected** but potentially **high-impact investment areas** in global health. Across low- and middle-income countries (LMICs), millions of girls and women live with undiagnosed and untreated menstrual disorders - conditions that are preventable or manageable. These conditions remain invisible in policies, under-prioritized in health systems, and underfunded by donors. This invisibility comes at a high cost: increased burden of disease, constrained productivity, and lost potential. Funder and development partners seeking relatively **low-cost, high-return, systems-level opportunities** must look to menstrual health within health systems. Strategic investments in this area can deliver vital improvements for millions of girls, women, and other people who menstruate, unlocking ripple effects across health, gender, and economic outcomes.

This brief, the last in a three-part series, calls for urgent, strategic investment to build responsive, integrated, and equitable health systems that recognize menstrual health, proposing investment opportunities.

KEY MESSAGES

MENSTRUAL HEALTH IS A CRITICAL, YET UNDER-PRIORITIZED, PUBLIC HEALTH ISSUE: Over 1.7 billion people in LMICs menstruate, yet menstrual health (beyond hygienic management and menstrual product access) is neglected in national health agendas, policies, and budgets, undermining progress toward universal health coverage, gender equity, and sustainable development.

UNADDRESSED MENSTRUAL HEALTH CONDITIONS IMPOSE A SIGNIFICANT AND PREVENTABLE BURDEN ON INDIVIDUALS, HEALTH SYSTEMS, AND ECONOMIES: Conditions such as heavy menstrual bleeding, dysmenorrhea, polycystic ovarian syndrome, and endometriosis are widespread and can have debilitating consequences across the life course. Left untreated, they compromise physical and mental health, productivity, educational attainment, and workforce participation among affected women and adolescent girls.

MENSTRUAL DISORDERS ARE NOT ISOLATED HEALTH ISSUES: They are closely linked to major health conditions such as anaemia, infertility, diabetes, cardiovascular disease, and poor mental health, contributing significantly to morbidity and mortality among women of reproductive age, particularly in LMICs.

HEALTH SYSTEMS ARE NOT CURRENTLY STRUCTURED OR CAPACITATED TO ADDRESS MENSTRUAL HEALTH CONCERNS: Across the continuum of healthcare, menstrual health is fragmented, insufficiently integrated, and poorly resourced. Gaps in provider training, diagnostics, data systems, and financing constrain timely diagnosis, effective treatment, and long-term management.

THE COSTS OF INACTION ARE SUBSTANTIAL: Menstrual disorders contribute to years lived with disability among women of reproductive age - a hidden burden that exacts long-term costs on individuals, families, and nations - both in health outcomes (from maternal mortality to chronic, non-communicable diseases) and in economic productivity.

THE INVESTMENT CASE FOR ACTION IS COMPELLING: Strategic investments to integrate menstrual health into health systems building blocks are smart, relatively low cost and can offer significant returns. Such investments can accelerate progress across health, gender, and economic outcomes, and strengthen the responsiveness of health systems for menstrual health.

MENSTRUAL HEALTH IS AN OVERLOOKED OPPORTUNITY WITH MULTISECTOR IMPACT

Over 1.7 billion people in LMICs menstruate, many of whom face barriers to accessing information, services, and care. Menstrual health concerns and disorders - including dysmenorrhea (menstrual pain), heavy menstrual bleeding (HMB), polycystic ovarian syndrome (PCOS), endometriosis, and menopausal symptoms - are prevalent, debilitating, and frequently left untreated (Refer to Brief 1). Moreover, some menstrual health conditions may persist across the life course, and have implications for other health conditions. PCOS symptoms, for instance, begin in adolescence, intensify in early adulthood, and may be identified and treated during the reproductive years due to its interference with fertility or association with pregnancy complications.

PREVALENCE OF MENSTRUAL CONCERNS AND DISORDERS

Heavy menstrual bleeding: 48.6% (pooled prevalence)[1]

PCOS: 6 -13 %[2]

Endometriosis: 10 - 18%[3]

Premenstrual syndrome: 20 - 40%[4]

In addition to the pervasive health implications, menstrual health concerns and disorders affect school attendance, workforce participation, and quality of life from adolescence through middle age and beyond.

Investments in menstrual health are **low-cost**, and can bring **high-returns**:

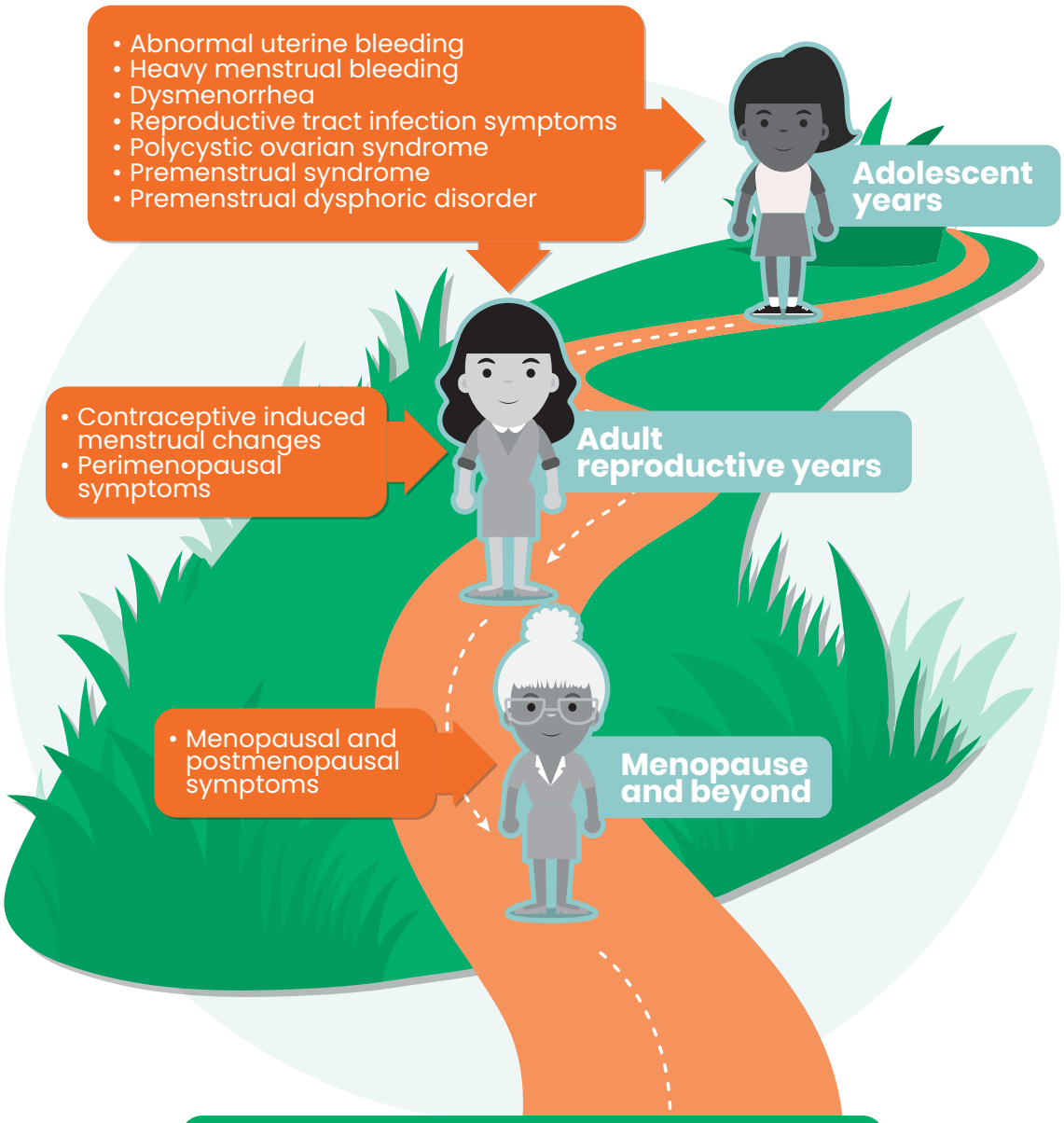
- **Improve health outcomes** by addressing prevalent menstrual health concerns and disorders, as well as the linkages between menstrual health and priority health issues such as anaemia, reproductive health, and non-communicable diseases.

- **Reduce health system inefficiencies** caused by delayed diagnoses, inappropriate treatments (such as unnecessary hysterectomies), and fragmented care pathways.

- **Build resilient, inclusive health systems** by embedding menstrual health into primary care, health workforce training, innovative technologies for diagnosis and treatment, insurance schemes, and health policies.

- **Advance economic participation and gender equity** by reducing school and work absenteeism linked to menstrual disorders, and enabling girls and women to fully participate in society.

MENSTRUAL CONCERNS & DISORDERS **ACROSS THE LIFE COURSE**



Contributory / Risk factors

Unhygienic menstrual management
Hormonal contraceptive use
Genetic predisposition
Family history
Malnutrition
Anaemia
Lifestyle

IGNORING MENSTRUAL CONCERNS AND DISORDERS IS COSTLY FOR INDIVIDUALS, FAMILIES, AND NATIONS

Health costs: Menstrual concerns and disorders are linked with other health conditions that cause long-term health complications and even death among girls and women of reproductive age. HMB, for instance, is a significant contributor to iron deficiency anaemia among girls and women of reproductive age. Anaemia is already a widespread concern and a "fundamental health issue" in LMICs, that leads to catastrophic health outcomes for girls and women, especially pregnancy complications, and deaths among mothers and their babies.[5,6,7,8,9] Women may stop using hormonal contraceptives due to bleeding changes, placing themselves at greater risk of unintended pregnancies, unsafe abortions and undesirable childbirth outcomes.[10,11] PCOS and endometriosis are intimately associated with infertility, obesity, diabetes, cardiovascular diseases, certain cancers, and poor mental health.[12,13,14,15,16,17]

Public health costs: Menstrual concerns and disorders carry a heavy burden of illness. Benign gynaecological conditions[a] including menstrual concerns and disorders, cause markedly poorer health than other global health priorities like malaria, tuberculosis, and HIV/AIDS.[18] Pre-menstrual syndrome (PMS) and endometriosis are among the top causes of disability adjusted life years (DALYs) across the world (7.34 million and 1.94 million respectively).[19] These conditions, when identified and treated late, are burdensome for health systems - requiring more expensive and long-term care.

Economic costs: Heavy bleeding and menstrual pain, and chronic conditions like PCOS and endometriosis affect academic performance, as well as work efficiency, career growth, and wages due to pain, discomfort, fatigue, and challenging menstrual management.[20,21] Additional negative economic impacts can include higher costs for menstrual products needed to manage heavy bleeding and out-of-pocket expenses for medical management (from diagnosis to surgical procedures, and even frequent travel to health facilities).[22]

CURRENT HEALTH SYSTEMS FAIL TO RESPOND TO MENSTRUAL HEALTH CONCERNS AND DISORDERS

In spite of the prevalence and disruptive, pervasive nature of menstrual concerns and disorders, girls and women's healthcare seeking behaviours are limited by the complex interplay of individual, interpersonal, sociocultural, economic and health systems factors.[23,24] These barriers to healthcare place girls and women at risk of long-term discomfort and pain, have associated physical and mental health implications, as well as social and economic costs.

Health systems in LMICs, both public and private, are oftentimes not structured and capacitated to manage menstrual concerns and disorders - from prevention to treatment or long term management of conditions. Gaps exist across the World Health Organization's health system building blocks, interacting to present real and perceived barriers to care.[25] An overview of health systems responses to menstrual concerns and disorders can be found in Brief 2.

INVEST TO STRENGTHEN HEALTH SYSTEMS FOR MENSTRUAL HEALTH

The case for investing in menstrual health is urgent and compelling. Widespread menstrual health concerns, their links to priority health issues, and stark health system gaps demand action. Strategic, low-cost investments can integrate menstrual health into public and private systems - through policy, services, training, data, and financing - meeting needs across the life course. Without this, health systems will continue to fail millions, deepening poor health outcomes and gender inequities.

The following investment areas outline actionable pathways for funders, policymakers, and implementers, highlighting examples of interventions that have been supported.

1. Invest in evidence and data

Why this matters: Fills critical evidence gaps, strengthens national planning, and informs global donor alignment.

- **Standardize guidance:** Support the development of a universal conceptual framework and diagnostic guidelines (where lacking) for menstrual health concerns and disorders, that is rooted in data and insights from LMICs.

- **Bridge data gaps:** Invest in large-scale population-based research to generate robust prevalence, incidence, and DALY data on abnormal uterine bleeding (AUB), HMB, dysmenorrhea, PCOS, endometriosis, and menopause in LMIC contexts. Also invest in community and health facility based qualitative research to understand the drivers and facilitators for care seeking, and health care service delivery.

- **Support integrated health service delivery:** Identify pathways for menstrual health to be integrated into primary healthcare, adolescent health, sexual and reproductive health, maternal health and non-communicable disease/chronic disease programs.

- **Evaluate models of healthcare:** Fund evaluations of integrated service delivery models for effectiveness and scalability, including measuring health impact in adjacent priority health issues (e.g., anaemia).

- **Explore economic impact:** Generate the investment case by showing links between menstrual health, productivity, and health system cost.

2. Invest in healthcare service delivery

Why this matters: Contributes towards the achievement of universal health coverage and primary healthcare for all.

- **Strengthen primary health systems:** Fund interventions that embed comprehensive menstrual health education, screening and diagnosis, symptom management and referral pathways in primary care settings.

- **Support provider training:** Invest in pre-service and in-service capacity-building for healthcare workers across cadres on menstrual health concerns and disorders across the life course, linkages with relevant health conditions, and management protocol.

- **Enable diagnostic access:** Support infrastructure, equipment and digital technologies (where relevant and feasible) for diagnosis of menstrual health disorders at secondary/tertiary levels(e.g., ultrasound, hysteroscopy).

- **Bridge public-private gaps:** Pilot and scale referral systems that link public and private providers, especially for chronic conditions requiring long-term management such as PCOS and endometriosis, and for co-morbid conditions.

- **Adapt or scale promising innovations:** Fund adaptation or scale-up of tested models that showcase integrated health care services in LMIC settings.

- **Support norm change efforts:** Fund the expansion of existing community, school-based, and workplace interventions to reduce stigma, normalize care-seeking, and shift social norms around menstruation, menstrual pain and other symptoms, and menopause.

Table 1 outlines additional actions to expand and strengthen the six health systems building blocks to integrate menstrual health needs.

TABLE 1: ADDITIONAL OPPORTUNITIES TO STRENGTHEN HEALTH SYSTEMS TO ADDRESS MENSTRUAL HEALTH

LEADERSHIP AND GOVERNANCE	SERVICE DELIVERY	HEALTH WORKFORCE
Integrating menstrual health into existing policy frameworks	Strengthening menstrual health awareness	Reviewing and updating pre-service and in-service training curricula
Embedding menstrual health disorders and concerns into related priority health areas	Strengthening and broadening primary healthcare services	Addressing provider biases towards menstruation and menstrual health
Outlining healthcare providers roles	Establishing referral and care pathways	
Institutionalizing accountability mechanisms		
HEALTH INFORMATION SYSTEMS	**MEDICINES AND TECHNOLOGIES**	**HEALTH FINANCING**
Identifying standardized indicators	Ensuring availability of essential diagnostics and treatment options	Expanding health insurance schemes to cover menstrual disorders
Exploring the use of digital tools and platforms to collect data	Strengthening referral systems	Exploring public private partnerships for financing
Leveraging large scale health data to understand prevalence and trends over time		

CASE ILLUSTRATION

DATA-DRIVEN DECISIONS: **LEVERAGING INSIGHTS TO INTEGRATE FAMILY PLANNING & MENSTRUAL HEALTH IN KENYA**

AskNivi, a digital health platform leveraging AI and behavioural science, has served goal-oriented, chat-based journeys to more than 2.4 million users in five countries. In Kenya alone, askNivi has delivered both personalized family planning (FP) and menstrual health and hygiene (MHH) information to over 42,000 individuals - a significant and growing community representing diverse backgrounds and life stages. Notably, youth aged 15–26 account for 70% of users, showing high engagement with FP content and strong interest in both FP and MHH. Women comprise three-quarters of users, with age-based usage patterns: younger women often seek combined MHH and FP information, while older users engage primarily with MHH, possibly related to perimenopause. **AskNivi's data-driven approach demonstrates how digital platforms can synthesize health data, tailor health content, and bridge gaps between information and health-seeking behaviours.**[b]

CASE ILLUSTRATION

STRATEGIC ENTRY POINT: **UNLOCKING YOUTH SRHR IN MALAWI THROUGH MENSTRUAL HEALTH**

In Malawi's N'zatonse Project, menstrual health served as a powerful entry point to engage adolescents in broader sexual and reproductive health and rights (SRHR) conversations. Targeting youth aged 10–19 years, the project offered menstrual health education alongside access to reusable pads, helping to address stigma and improve school attendance. Menstrual health sessions built trust with adolescents, parents, and communities, creating a supportive environment for discussing topics like contraception, consent, and healthy relationships. The integrated approach also trained peer educators and engaged health providers to deliver youth-friendly services. **By starting with menstrual health, the project opened sustained pathways for adolescents to access essential SRHR information and care.**[c]

CASE ILLUSTRATION

STRATEGIC ENTRY POINT: **MENSTRUAL HEALTH A GATEWAY TO YOUTH SRHR IN ZIMBABWE**

Between April 2019 and March 2022, CHIEDZA—a community-based HIV and SRH service for 16–24-year-olds, integrated menstrual health education, analgesics, and choice of products (menstrual cups or reusable pads). Among 27,725 female clients, 95% accessed MH services; 59% also took pain relief, and nearly all chose a product — over 92% opting for reusable pads. Importantly, menstrual health integration acted as a "hook": those seeking menstrual health services also accessed HIV testing (78%), family planning (30%), and counselling. **Youth-friendly delivery and free menstrual health resources fostered trust, and facilitated broader engagement for sexual and reproductive health — enhancing overall health outcomes.**[d]

3. Invest in stakeholder activation

Why this matters: Brings alignment across stakeholders (government and non-government, across multiple allied sectors) to take coordinated and long term action.

- **Make the case for integrated health services:** Invest in strategic communications and advocacy to embed menstrual health in global agendas and national policies on anaemia, adolescent health, sexual and reproductive health, and non-communicable and chronic diseases.

- **Support collective and multi-sectoral efforts:** Fund collective efforts to facilitate multi-stakeholder convenings, bringing together those working on menstrual health, public health, sexual and reproductive health, anaemia prevention and treatment, non-communicable and chronic disease prevention and management for knowledge sharing and health systems strengthening.

- **Support attention to equity and inclusion:** Support efforts to actively incorporate socio-cultural and economic vulnerabilities (e.g., disability, gender identity, climate vulnerability) into research and actions that integrate menstrual health into health systems responses.

4. Invest in health financing

Why this matters: Reduces financial barriers, enables early intervention, and protects against catastrophic health expenditure.

- **Expand insurance coverage:** Support policy design and implementation of publicly financed health insurance schemes that include menstrual health conditions, while monitoring misuse (e.g., incentives for surgical procedures like hysterectomies).

- **Fund innovation in financing:** Pilot conditional cash transfers, vouchers, or subsidies for diagnosis and treatment of menstrual disorders.

- **Support strategic resource allocations:** Invest in efforts to inform resource allocation and help governments incorporate menstrual health in universal health care and primary health care initiatives.

- **Support pooled funds:** Establish or contribute to pooled financing mechanisms focused on relevant priority health issues that earmark resources for menstrual health integration.

CASE ILLUSTRATION

STRATEGIC ENTRY POINT: **INTEGRATING MENSTRUAL HEALTH INTO HPV VACCINE CAMPAIGN IN NEPAL**

In February 2025, the Government of Nepal launched a nationwide HPV vaccination campaign reaching adolescents girls in grades 6 -10 and for out of school adolescent girls aged 10–14 years. This initiative, with technical support from WaterAid Nepal, successfully integrated menstrual health and hygiene (MHH) contents into the campaign, recognizing the overlapping age relevance and the potential for MHH to support HPV vaccine uptake. MHH education content was incorporated into pre-HPV campaign activities like health education session at school, training healthcare workers all over the nation, as well as focal teachers from schools. **MHH sessions laid the groundwork for body literacy, addressed myths (including infertility fears due to the vaccine), and enabled school attendance — crucial for HPV vaccination.**[e]

CASE ILLUSTRATION

ENSURING ACCESS AND ACCOUNTABILITY: **HYSTERECTOMY COVERAGE IN INDIA**

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is the Government of India's flagship health insurance scheme that provides financial protection for secondary and tertiary care. Under AB-PMJAY, hysterectomy is included as a covered procedure within its surgical package list. The scheme offers insurance cover of up to INR 5 lakhs (~USD 5800) per family per year, allowing eligible women to access hysterectomy services at empanelled public and private hospitals. By reducing out-of-pocket expenses, the scheme improves access to surgical care. However, concerns remain about inappropriate or unnecessary hysterectomies, prompting the **need for stronger clinical guidelines, monitoring, and safeguards to ensure ethical and evidence-based care, as well as the need for better access to alternative ways to address menstrual disorders.**

CALL TO ACTION

Menstrual health is a foundational yet long-overlooked component of health and wellbeing. Targeted, systems-level investments in menstrual health offer high-impact returns: improved health outcomes, enhanced productivity, and stronger, more responsive health systems. For donors and development partners committed to advancing universal health coverage, gender equity, and economic inclusion, investing in health systems for menstrual health is both a strategic imperative and a catalytic opportunity.

CONTRIBUTORS

This brief was authored by Arundati Muralidharan and Tanya Mahajan (Menstrual Health Action for Impact) in collaboration with Odette Hekster (PSI Europe), Caroline Bakasa (PSI Malawi) and Rhona MacGuire (PSI Europe).

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NOTES

a. Nine categories of BGCs were analysed: uterine fibroids, polycystic ovary syndrome (PCOS), female infertility, genital prolapse, endometriosis, miscarriage and abortion, ectopic pregnancy, pelvic inflammatory diseases (PID) (including gonococcal conditions, chlamydial conditions, and Trichomonas), and other gynaecological diseases (that included both menstrual and non-menstrual symptoms).18

b. Case illustration based on a key informant interview with Ben Bellows, Ask Nivi

c. Case illustration based on information provided by PSI-Malawi and PSI Europe (Caroline Bakasa and Odette Hekster)

d. Case illustration based on a key informant interview with Dr. Mandi Tembo, Reckitt Global Hygiene Institute & The Health Research Unit Zimbabwe

e. Case illustration based on a key informant interview with Dhirendra Bhujel, Sajani Limbu, Khakindra Bhandari from WaterAid Nepal

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