

Celebrating Womanhood

How better menstrual hygiene management is
the path to better health, dignity and business

Break the silence!



LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
GOVERNMENT OF THE NETHERLANDS
OFFICE OF THE HIGH COMMISSIONER
FOR HUMAN RIGHTS

SWISS AGENCY FOR DEVELOPMENT AND COOPERATION

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GIRL CHILD NETWORKS

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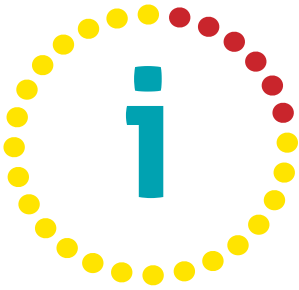
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"If men could menstruate... menstruation would be an enviable, boast-worthy, masculine event: Men would brag about how long and how much. Boys would mark the onset of menses, that longed-for proof of manhood, with religious ritual and stag parties. Congress would fund a National Institute of Dysmenorrhea to help stamp out monthly discomforts. Sanitary supplies would be federally funded and free."

Gloria Steinem



Foreword

Every month
more than
350
million
women and girls in
India are ashamed,
uncomfortable and
often unsafe

The MHM Lab in
India reached over
12,000
women and girls in
five states, including
small towns, in 2012

The Water Supply and Sanitation Collaborative Council (WSSCC) seeks to realize a world where everybody has sustained water supply, sanitation and good hygiene. It aims to achieve this by putting people at the centre. To do this we know that we must recognize that human beings are biologically different with different needs based on gender, physical ability and age. Translating principles of equity into practical action is at the core of our Medium Term Strategic Plan 2012-2016 where equity is a measurable outcome of achievement across all our work.

Menstrual hygiene is one poignant dimension of our work on equity. It is an entry point to water, sanitation and hygiene (WASH) that can make basic services meaningful for women and girls. Every month more than 350 million women and girls in India are ashamed, uncomfortable and often unsafe as they try to hide the fact that they are menstruating while also managing this in a way that no one will know. Why do they do this? Because the schools they study in, the spaces they play or relax in, the markets, farms and offices they work in do not design facilities with this simple and recurrent biological need in mind. Why is that? Because menstruation is a taboo handed down over time to be dealt with privately by women and girls and not shared in public.

WSSCC believes that ignoring the menstrual hygiene needs of a woman is a violation of her rights. Breaking the taboo starts with the right to information and knowledge and the ability of women and girls to talk freely about menstruation. It extends to practical dimensions such as privacy, water for washing clothes, spaces for drying and dignified disposal of used materials wherever girls and women, play, study, work or relax. Breaking the taboo also means creating alternative spaces for women and girls to discuss menstruation freely. WSSCC contributes to this process by facilitating innovative learning and sharing platforms that enable women, young and old to understand and respond to the practical needs around menstrual hygiene management and facilitate a girl's journey from silence and shame to confidence and pride. One such WSSCC platform – the Menstrual Hygiene Management Lab in India, in 2012 – reached more than 12,000 women and girls in five states, including small towns where this issue is never articulated. So powerful was the popular response, the MHM Lab touched policy makers at the highest national and state levels. It demonstrated to them the huge demand for articulating, understanding and addressing an issue that affects the lives of millions of women and girls the world over.

The countdown towards 2015 has started and with it an assessment of progress towards the Millennium Development Goals. WSSCC is committed to using this moment of stocktaking to work on reducing inequalities as it tries to accelerate progress towards a world with equal access to water, sanitation and hygiene. Changing the lives of millions of women by breaking the silence on menstruation is important for WSSCC. We hope it will be a central part of your agenda too.

Chris Williams, Executive Director, Water Supply and Sanitation Collaborative Council, Geneva, Switzerland

Introduction

A taboo in a taboo?



There are many candidates for the title of “last taboo,” but in 2013, menstruation has one of the strongest claims on it. The power of this taboo has meant that even in the field of WASH, menstruation has remained imprisoned by silence, stigma and neglect. This is baffling when two billion girls and women worldwide are of menstruating age. On any given day, 300 million women and girls will be menstruating, and, in total, most women in the world will spend 3,500 days of their lives bleeding. The majority of those women and girls will have no access to clean and safe sanitary products, nor to a clean and private space in which to change menstrual cloths or pads, nor to a private space in which to wash. Menstruation is supposed to be invisible and silent, and sometimes, menstruating women and girls are supposed to be invisible and silent too. Plenty are kept physically isolated during their periods, or culturally isolated by edicts and restrictions.

The taboo of menstruation helps inflict indignity upon millions of women and girls, but it also does worse: The grave lack of facilities and appropriate sanitary products can push menstruating girls out of school, temporarily and sometimes permanently. An AC Nielsen study into the use of sanitary protection in India found that inadequate menstrual products make girls drop out of school for approximately five days a month, or 50 days a year. Twenty-three percent leave school altogether when they begin to menstruate¹. Conversely, an Oxford University study in Ghana found that when puberty education and sanitary napkins were provided, absenteeism was dramatically reduced, with an average of 6.6 days per term saved per girl.

In Bangladesh, studies by the HERproject found that menstrual hygiene management pushes women out of the workplace for up to six days a month, affecting their earning power and income. As such, it is a costly taboo, negatively affecting income generation and consequently GDP. But until now it has been a silent drain on prosperity and progress.

“Menstrual hygiene management is not about reinventing the wheel, but about bringing lessons to the forum.”

Audrey Kettaneh,
UNICEF

On any given day
300 million
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worldwide will be
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Dr. Charles Senessie, Afro-European Medical Research Network.

“We can link MHM very clearly to other political goods. E.g. education now is a high-profile political issue. You can’t address education without addressing MHM.”

Catherine Dolan,
University of Oxford

¹ http://articles.timesofindia.indiatimes.com/2011-01-23/india/28363510_1_women-resort-napkins-menstruating

Up to **23%**
of school-age girls
in India leave
school when they
reach puberty

The stigma also wreaks serious physiological damage. Girls who are not properly educated about menstruation and have no opportunity to learn about it may use inadequate and sometimes dangerous materials such as dirty rags, straw, sand or newspaper. These can and do lead to external and internal infections and disability.

With all this in mind, WSSCC decided it was time to act. On 8 March 2013, a unique event was hosted in the Palais des Nations in Geneva. Celebrating Womanhood: Menstrual Hygiene Management was unique for focussing so clearly on menstruation, but also for the wide and deep range of participants who travelled far and wide on International Women's Day to spend several hours discussing what is, even now, a taboo subject in the highest corridors of funding and decision-making.

Attendees arrived from engineering, health and education backgrounds and specialisms, but also from business, marketing, agricultural economics, waste management and WASH. There were medical professionals and professors, representatives of UN agencies including (but not limited to) the United Nations High Commissioner for Refugees (UNHCHR), the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the United Nations Children's Fund (UNICEF), and international NGOs, field-workers and researchers. The geographical provenance of participants was also wide, including attendees from Sierra Leone to Suriname. Though it shouldn't be noteworthy, it was also cheering that 11 male participants attended, underscoring that better menstrual hygiene management is a not just a women's issue, but a human one.

This is worthy of mention because the range and standing of participants were gratifying even before the first words of the day had been spoken. Menstruation is considered a dirty word in far too many areas: here was proof that plenty of people are beginning to disagree with that. Here was a roomful of people who had chosen to spend International Women's Day helping to drag this unspeakable topic into the light. Here, also, was a chance to forge new connections between unexpected partners, between like minds who agree that it is time for this invisible, silent issue to be brought into the open.



Professionals from human rights, education, health, government, WASH, workplace and the private sector came together for this unique event at the UN Palais.

Dr. Jyoti Sanghera of the Office of the High Commissioner for Human Rights (OHCHR) set the bar high for frankness and forthrightness in her opening speech. Both are two qualities that are badly needed in the field of menstruation, for too long considered unspeakable and therefore unspoken. “Let me say at the outset,” Dr. Sanghera began, “I’m going to be rather irreverent, undignified and shameless in my remarks. It is my self-assigned task and challenge today to lift into ‘eminence’ and centrality the ‘dirty’ matter of menstruation and menstrual hygiene.”

She set the scene clearly. Menstruation has not only been neglected within WASH, but also in the field of human rights. “Several human rights instruments including the Convention on the Rights of the Child, Convention to Eliminate All Forms of Discrimination Against Women and the International Covenant on Economic, Social and Cultural Rights mention reproductive and sexual rights. However, they fall short of mentioning the important issue of menstrual hygiene.”

She highlighted the “groundbreaking work” of the Special Rapporteur on Human Rights to Safe Drinking Water and Sanitation, Catarina de Albuquerque, on addressing stigma and discrimination by placing MHM at the centre of discussion. “She has indeed extricated excreta and menstrual blood out of the water closet. And you know what? There is no stink.”

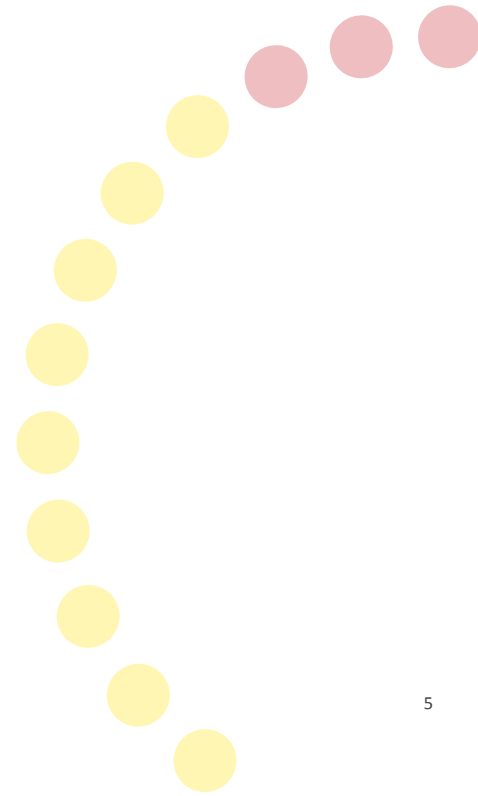
Similarly, a human rights approach to menstruation must mean “literally washing our dirty linen in public.” There is no doubt about the need for a human rights approach. “Stigma is an extreme and acute form of discrimination which normalizes exclusion, otherness, ostracism, and often confinement and incarceration. Stigma around menstruation and menstrual hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to non-discrimination, equality, bodily integrity, health, privacy and the right to freedom from inhumane and degrading treatment from abuse and violence.”

There are many ways and methods to address stigma, but for Dr. Sanghera, the most important step from a human rights perspective is to establish better accountability. This is not to be confused with monitoring. “WASH and health professionals are very good at formulating monitoring and evaluation mechanisms and devising indicators,” she said. Accountability, by contrast means “translating legal language for professionals working in areas of WASH and health into simple practice, and mainstreaming of human rights across all areas, as all UN agencies are mandated to do.”

Before that, though, and before any further steps, the first task is to make this unspeakable topic speakable. This report will aim to do that by presenting research shared from Celebrating Womanhood, along with insights from meeting participants during the formal meeting and in the wings. It will convey the firm conclusion that Celebrating Womanhood was a rich and rewarding encounter between professionals and actors who would not necessarily have otherwise met and certainly not around this topic, but who are now excited by the possibilities of further partnerships, research and future steps. The desperation and damage wreaked by the taboo of menstruation and poor MHM leaves no alternative but to do as Dr. Sanghera urged in her closing remarks, namely to “open all closets [and] pull all the bloody, dirty linen out and wash it in public.”

“Stigma around menstruation and Menstrual Hygiene is a violation of several human rights, most importantly of the right to human dignity, but also the right to non-discrimination, equality, bodily integrity, health, privacy and the right to freedom from inhumane and degrading treatment from abuse and violence.”

Dr. Jyoti Sanghera,
Office of the High Commissioner
for Human Rights





Speaking the unspeakable

In Ghana **68%**
of girls knew nothing
about menstruation
when they started
their periods

“The issue of stigma has always been there. I’m a physician, and we are all guilty of that. A problem talked about is a problem halved.”

Dr. Charles Senessie,
President of Afro-European
Medical Research Network

Any discussion about menstruation will almost certainly include the words “taboo,” “stigma” or “silence.” In poor and richer countries; in all sorts of family backgrounds and cultural contexts, one truth is usually universal: women and girls are supposed to cope with menstruation silently and invisibly. They are not supposed to talk about it outside private conversations between women and girls. Nor are they meant to give any outward indication that they are menstruating. This taboo and silence extends outwards from the family home, but also inwards, between members of the same family. Even mothers and daughters may not talk openly or easily about menstruation. In many studies presented and mentioned throughout the day, the statistics of silence were striking. In Ghana, to cite just one example, 68% of girls knew nothing about menstruation when they started their periods. Figures like these are common throughout lower and middle-income countries.

This silence has far-reaching and profound negative effects. As Archana Patkar, Programme Manager at WSSCC, shared with the meeting, in 2012, WSSCC designed and delivered a Menstrual Hygiene Management Lab – in the form of a colourful tent – at the Great WASH Yatra (also known as the Nirmal Bharat Yatra), a travelling sanitation carnival run by the non-governmental organization WASH United that journeyed through five Indian states and 2,000 km over 51 days. During that time, the menstrual hygiene tent was a place for women and girls to come and be interviewed by WSSCC researchers about their experiences of menstruation, but also for them to come and simply talk. Twelve thousand girls and women visited the lab and 747 completed formal surveys. 70.9% of girls had no idea what was happening to them when they began to bleed. Many young women thought that they were injured, or had cancer or some other serious disease. Even after they began menstruating, lab facilitators found, most girls felt unable to talk to their mothers. A friendly sister-in-law, interviews cited, was often the best source of information, if available. Research in Karachi, Pakistan found that one in two girls aged 14 to 17 knew nothing about menstruation. The same number reported being scared of menstruation.

In short, as Catherine Dolan of Oxford University’s Said Business School has written, menarche is “a fraught process, characterised by uncertainty, fear and distress.” There is a “culture of concealment” manifested in “taboos, euphemisms, and secrecy that not only left girls embarrassed, but ashamed, isolated and insecure.” Where else can they turn? Teachers, the meeting learned, are rarely trained in teaching menstrual hygiene and consequently rarely teach it. Male teachers may feel cultural norms forbid them from discussing such topics with young girls. As Audrey Kettaneh of UNESCO said, MHM is either taught late or not at all. “If it’s not monitored, it won’t be taught. Teachers find it a difficult topic. They prefer softer topics.”

Field workers on the Nirmal Bharat Yatra, who did frequent MHM training of schoolteachers as part of the WASH in Schools programme arranged by WASH United, also received frequent reports from female teachers who said they felt embarrassed to ask for time off with painful periods. The medical profession may not always be a source of good information either, as one participant suggested, when he pointed out that many junior doctors are not trained properly in menstrual hygiene management, even while they must deal with the medical consequences. Some of these, as listed by Dr. Charles Senessie, include infections, infertility and bilateral tube blockages. Conversely, Dr. Chandra-Mouli Venkatraman of the World Health Organization presented data from a WHO study that found that when medical professionals are properly trained, this “led to significant improvements in case management of menstrual health problems in young patients.”

A vital tool in improving medical management of menstrual hygiene is the Adolescent Health Job Aid, which Dr. Venkatraman presented. This desk reference toolkit from WHO aims to help health workers to better treat adolescent girls with menstrual health problems such as excessive pain, excessive bleeding and irregular periods, as well as to provide accurate information about menstrual hygiene and respond to questions sensitively and accurately. Emotional and social development, he continued, is now seen as a vital part of WHO's work, in particular by building five core assets in young people: competence (the abilities to do specific things), confidence (the sense that one can do something and a positive sense of self-worth), connection (positive bonds with people and institutions), character (sense of right and wrong and respect for standards of right behaviour) and caring (a sense of sympathy and empathy for others). Poor menstrual hygiene and stigma can damage all these in the young menstruating woman, weakening her self-confidence and competence. The girl who has her period, he quoted from research carried out in Ghana, "is the one to hang her head."

"Menstrual hygiene has always been shrouded in secrecy for me and I believe it is fair to say that I speak for most of the world's male population. It had never occurred to me that women and girls 'never wear white' when they have their period. As it will never have occurred to the thousands and thousands of headmasters of schools over the world that burden girls with light colored uniform dresses."

Rolf Luyendijk, UNICEF



Author Rose George explores menstrual hygiene materials inside WSSCC's MHM tent.

"If we touch pickles during our period, they will go rotten. Our mothers believe that, so we believe it."

12 year old student,
Gorakhpur, India

75% were
forbidden from worship
45% were not
allowed in the kitchen
25% had
dietary restrictions

There are other damaging consequences. Millions of girls and women are subjected to restrictions in their daily lives simply because they are menstruating. A study² of 478 girls in Rohtak, India, for example, found that more than 75% were forbidden from worship, 45% were not allowed in the kitchen and nearly a quarter had dietary restrictions. Researchers in the Menstrual Hygiene Management Lab of the Nirmal Bharat Yatra listened to girls' reports of not being allowed to cook or eat pickles or pray with the rest of the family. Some girls were convinced that if they put on nail polish during their period, the nail polish would go rotten. Girls and women internalize this message: 73.6% of responses to the MHM Lab survey in India said menstrual blood was "dirty blood."

Such restrictions may seem foolish or superstitious, but superstitions can have real and risky consequences. As Catherine Dolan said, restrictions and behavioural taboos can constitute clear signals to the outside community that a girl is menstruating. This can mean that she will now be more closely monitored and controlled. Menstruation also signals that a girl has reached puberty and is therefore available either to earn sexual favours, or to be withdrawn from school and married.

Silence and taboo is not restricted to villages, schools or developing countries. As many participants agreed, menstruation has been a blind spot for decades in the highest policy-making arenas. That this was the first international high-level meeting around menstrual hygiene management – is a cause for celebration, but also concern. Why has it taken so long to break the silence, and what can be done to replace the silence and shame with frank, positive discussion?



Coffee break discussions took place around a mock-up of WSSCC's Menstrual Hygiene Management Lab. Behind the gaily coloured curtains of a similar lab during the Great WASH Yatra in India, women and girls could take part in surveys about their experiences of periods, learn how to properly dry and use sanitary cloths (iron them first, dry them in sunshine) and take some free sanitary cloths home.

Pads, cups and cloths: Managing menstruation



What do girls and women use to manage their menstrual flow? All sorts. Participants offered examples they had encountered or heard about including commercial pads, commercial or home-made cloths, rags, straw, ash, newspaper, toilet paper or cotton wool. Only 12% of girls and women have access to commercial sanitary products. This is not necessarily a bad thing: women attending WSSCC's MHM lab in India overwhelmingly expressed a preference for sanitary cloths rather than commercially produced pads. They found them more comfortable. However, access to clean materials, or to sanitary pads, is rare.

There was some discussion about the "best" option for women. The options included cloths, pads and menstrual cups. Tampons were mentioned only briefly, as they are less likely to be an affordable option, and also pose problems in areas where vaginal insertion in unmarried girls and women makes them an unacceptable choice.

Menstrual cups can also carry this stigma, which is why Vivian Hoffmann's research into their acceptability focused on 960 married women from 60 villages in Bihar, India. During the study, Hoffmann – an assistant professor of agriculture and rural economics at the University of Maryland – interviewed women four times over eight months, having been randomly selected at the first interview to receive a menstrual cup, sanitary napkins or a non-menstrual health product to try. Although menstrual cups have a high upfront cost – 695 INR compared to 31 INR for disposable sanitary products such as pads – they last for ten years and after two years become the more cost effective option. Before the research, 95% of women used sanitary cloths. Afterwards, 76% of women who had been given the cup preferred it. The reality however, is likely to be different in different countries.

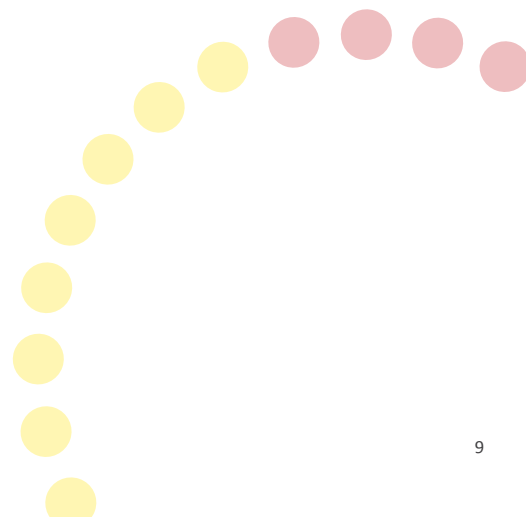
However no solution is without complications. As Isabelle Pugh of the SHARE Research Consortium suggested, menstrual cups aren't easy to empty cleanly. They are messy. Good washing facilities must be provided.

The most common option for women and girls is some form of cloth. Old saris, dupattas or skirts are commonly used if available. However, even cloth can be expensive, and having privacy to wash and dry cloth is rarely available, nor can it be openly asked for. Catherine Dolan presented research from a small-scale study in Ghana. One hundred and twenty girls were given 12 pads per month. Absenteeism was cut by half, and 6.6 days per term were retrieved. Sanitary pads reduced the barriers to girls staying in school, which were multiple: fear of soiling, fear of odour, and even when there were WASH facilities at school, fear of leaving visible blood in the latrine or toilet. Dolan is launching a larger scale study in Uganda with a sample of 560 girls to verify these results. These saddening percentages of school drop-out rates were reiterated again and again by participants, although Bethany Caruso of Emory University is careful to state that poor WASH facilities is one element behind girls dropping out, but often not the only one.

Faiza Lahlou of Procter & Gamble (P&G) also presented her company's efforts – in partnership with UNESCO – to encourage more hygienic menstrual hygiene in the form of puberty education. P&G serves 10% of the world's menstruating women and girls, and has launched several online campaigns as well as TV advertising. P&G's new television advertisement in Africa was aired for participants: its message was to reduce girls' fear of soiling or staining, with the tag-line, "No stain anyhow you move." This kind of marketing is useful when, as Audrey Kettaneh of UNESCO said, "Teachers are not comfortable discussing MHM or don't have the materials. South Africa does teach girls but only from the age 13 and that is too late."

"We have been struck, in both our work in Ghana and Uganda, by how a 'natural' process like puberty so profoundly affects every aspect of a girls life – her health, her schooling, how she is perceived by her family and community, and the likelihood that she will be able to realize her potential to study, work, and contribute to society. And, how a simple thing that we often take for granted – access to adequate sanitary care – can not only make a difference to whether girls will participate in everyday activities like going to school or playing with friends, but can actually change the way girls think about themselves and their futures."

Catherine Dolan,
University of Oxford





“If we are to reach the Education for All goals of providing a quality education and eliminating gender disparities, menstruation is a topic that needs to be addressed in schools. Menstruation education within educational institutions remains low. The reasons are varied and include lack of resources, lack of training, discomfort addressing the topic, cultural taboos amongst others. This long-neglected area must now be addressed.”

Audrey Kettaneh,
UNESCO

“In one school, there was only one latrine working and it was filthy, horrible, and the teacher said, what can we do? The girls come to us and ask for help but there’s nothing we can do for them. We have nothing for them; we just tell them to go home.”

Outreach worker,
Great WASH Yatra, India

In the workplace, matters are hardly any better. Jennifer Schappert of HERproject and Business for Social Responsibility (BSR) shared striking findings from Bangladesh, where 80% of factory workers are women. Sixty percent were using rags from the factory floor for menstrual cloths. These, said Schappert, “are highly chemically charged and often freshly dyed.” Infections are common, leading to 73% of women missing work for on average six days a month. Women had no safe place either to purchase cloth or pads or to change/dispose of them. When women are paid by piece, those six days away present a huge economic damage to them but also to the business supply chain. The HERproject not only provided pads but also use clever psychology to change behaviour. A pink shirt and a pad may not sound consequential, but the project claims that absenteeism dropped to 3% after the intervention. As many participants from business backgrounds pointed out, better menstrual hygiene and health of workforces is a powerful business case. As David Wofford of Meridian Group International said succinctly, “menstrual hygiene management means better production.”

Outside the workplace, supply chains are an issue, as is cost. Factories would have to set up distribution points on-site, and possibly subsidize pads. The next step, said David Wofford, was to approach the business at a systems level. “Businesses reach millions. They have a huge capacity to reach workers but development and MHM aren’t in any business forums.” Businesses like P&G, he suggested, could do purchasing agreements for sanitary pads. “I urge us to think about business as a partner to do good.”

There was discussion of distribution issues on a wider, commercial scale. Rural customers pay more because rural distribution is more costly. One participant mentioned Kenya’s innovative scheme to remove VAT from sanitary towels as a positive example that might ease distribution blockages or barriers. The Kenyan Government has also asked for tenders to supply to rural areas. The Government of India’s programme to provide millions of subsidized sanitary towels was also highlighted, but raises issues of disposal and management of menstrual waste which have yet to be addressed.

The overall message is that research still needs to be done, but that choice is key. Women and girls should have better choices than rags or newspaper, because better, and better-distributed menstrual products are essential for better menstrual hygiene management. And MHM, as the presentations and discussions of the day made clear, can improve confidence, health and education. It can lift girl children out of poverty, and improve income generation for women. Equally importantly, it can replace the shame that women are expected to feel while menstruating, with dignity and pride.

There is also clear evidence to show that ignoring good menstrual hygiene is damaging not just for women and girls directly, but for schools, businesses and economies. We already know that the best place to make a profound impact on improving the lives of girls and women is in water and sanitation. The time has come to promote – loudly and unashamedly – the role of good menstrual hygiene as a trigger for better, stronger development of women and girls: personal, educational and professional.

Downstream: disposal and management



Good management of menstrual hygiene should obviously include safe and sanitary disposal. This is widely lacking.

Where do girls and women dispose of their sanitary products and cloths? Wherever they can do so secretly and easily. In practice, as researchers on Nirmal Bharat Yatra, were told, this means the nearest open defecation field, river or garbage dump. This applies to commercial and home-made sanitary materials, such as cloth, which are often disposed of. Cloth may be a sustainable sanitary option, but it must be hygienically washed and dried. Girls who do not know what menstruation is can have little hope of managing it safely or hygienically, as participant Anita Koroma demonstrated when she shared her own experience of growing up in Sierra Leone. "Me and my sisters all hid our sanitary cloths under the bed to dry, out of shame." Her experience is common worldwide: many participants shared anecdotes from field studies and interviews of girls and women who attempt to dry their cloths out of sight. In practice, this means hiding them in a damp and unhygienic place.

On a wider scale, Vivian Hoffmann of the University of Maryland and Madeleine Fogde of the Stockholm Environment Institute presented compellingly on the burden that commercial pads can present to wastewater systems and to on-site solutions such as pit latrines. Commercial pads, Hoffmann said, contain super-absorbent polymers designed to soak up menstrual blood, but that means that they also absorb water in the wastewater treatment infrastructure. "Menstrual waste blockages can block a city sewer system for a whole day," said Fogde. "The problem is worse still in water-stressed cities."

In the absence of facilities, many girls either stop attending school during their period – or altogether – or use the open to dispose of their sanitary pads or cloths. Hoffmann's research in Bihar – which has a population of more than 100 million – found that 60% of women disposed of their sanitary waste in the open – often in an open defecation ground. Even when the women were given pads they continued to dispose of them outside because they did not want menstrual waste in the home.

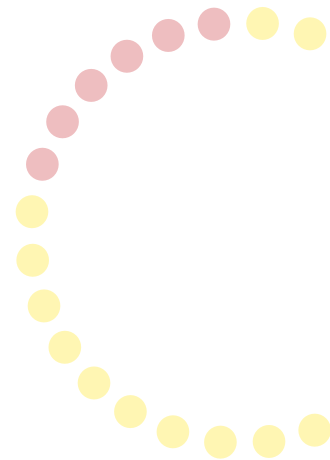
Only **12%** of girls and women have access to commercial sanitary products

"Menstruation education within educational institutions remains low. The reasons are varied and include lack of resources, lack of training, discomfort addressing the topic, cultural taboos amongst others. This long neglected area must now be addressed."

Audrey Kettaneh,
UNESCO



Anita Koroma from Girl Child Networks shows an example of a reusable cloth napkin.



“One area I would like to hear more about is community wide approaches, and specifically involving boys and men. We heard some anecdotal evidence in regards to some response to the [MHM lab] at the Yatra, but I would like to explore more about the approach that aim to harness the influence that men have in the communities.”

Isabelle Pugh,
London School of Hygiene and
Tropical Medicine

60% of
women in Bihar
dispose of their
sanitary waste in
the open

This surprising fact was echoed by other participants: that even when facilities are provided, their use can be derailed by human psychology. A lesson learned from the day was that as we now know is the case with sanitation in general, the management of menstruation and menstrual hygiene will require the understanding of “software” – emotions such as embarrassment, stigma, fear and shame) as well as the hardware of disposal units, wastewater treatment and incinerators. Something as ineffable as an emotion can be a powerful and solid barrier to change.

For example, even when facilities such as a dedicated latrine are provided, girls may avoid using it for fear of being tagged with using the “menstruation latrine.” They may also avoid it for fear of leaving blood spots in the latrine, if there is not an adequate water supply for washing. Dr. Bethany Caruso of Emory University encountered an intriguing system in Rwandese schools, where girls could ask for the key to a “rest room” – which was actually where girls could rest. However in practice the key could be withheld, and girls were embarrassed to ask for it as it signified they were menstruating. Installing an incinerator especially for girls to use in school is to be welcomed, as Vivian Hoffmann of the University of Maryland discussed in her presentation on safe management of menstrual waste, but runs the same risk of causing embarrassment.

Education is widely lacking, said Madeleine Fogde. This is true both in users and service providers who work in wastewater and disposal. Many don’t realize that disposal infrastructure, from formal wastewater systems to on-site pit disposal, may not be suitable for menstrual waste disposal. Pads can block suction hoses used to empty pit latrines. In re-use systems, there are concerns that menstrual blood could contaminate urine.

What is undeniably clear is that safe and sustainable disposal of menstrual hygiene is a work in progress. Anecdotally, WSSCC researchers were cheered to meet a teacher on the Nirmal Bharat Yatra who had put in his own money to turn an unused school latrine into an incinerator. The teacher was male, but he said, “I have daughters.” It took a mason a day to turn the latrine into a functioning incinerator, and for the girls in his school – a junior high school in rural Madhya Pradesh. We should not forget that the solution to widespread decent menstrual products disposal is not only in off-site, large-scale projects, but in changing individual minds like his. As has been learned in WASH over the last decade, sustainable systemic change can only be brought with the aid of flexibility, creativity and tenacity.



Marianne Tellier, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Next steps



Although much of the Celebrating Womanhood was spent discussing issues, problems and wrongs, an equal amount of time was also spent discussing possible solutions, partnerships and progress. There was criticism, but also celebration. Most of all, there was excitement about the meeting being a catalyst for new encounters between different sectors, professionals and specialisms. Obviously public-private partnerships were much discussed, not least because as P&G and the HERproject made clear, they can be a powerful force in MHM.

But, as panel chair Gib Bulloch of Accenture Development Partnerships pointed out, there are other possibilities besides profit/non-profit. "Menstrual hygiene education should be seen as a pre-competitive, pre-commercial issue," he said. "Business could work with other business, such as pharmaceutical companies interested in selling painkillers."

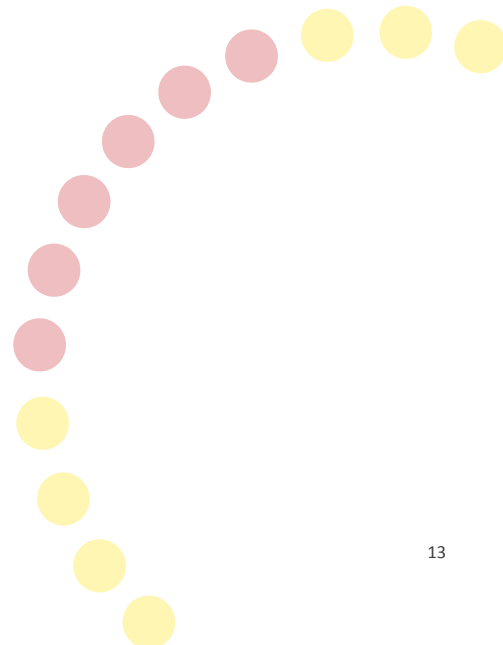
Both Dr. Chandra-Mouli Venkatraman and Paul Bloem of WHO presented their agency's thoughts on the possibility of linking menstrual hygiene management education with the roll-out of the HPV vaccine, due to reach 30 million girls over the next decade. Not just girls: The programme "also targets all women for screening who are the mothers or the grandmothers of the children." There are questions to be addressed, of course: some parents may resist the vaccine programme because they see it as addressing girls' sexuality. But in general there was great enthusiasm at the possibility of this coalition between vaccination and education.

Wilma Doedens of the United Nations Population Fund (UNFPA) suggested including menstrual hygiene information and materials with emergency hygiene and dignity kits that are already handed out to women and girls in emergency and disaster situations. In fact, she said, she couldn't think why they hadn't thought of that before, nor why they couldn't include simple pictorial kits about MHM in the kits. This chimed with feeling expressed by many participants, that they had been exposed during these few hours to innovations and connections that hadn't occurred to them before now, and were grateful for the facilitation and committed to furthering connections made.

Research is underway into improving menstrual hygiene, and more is planned, but as Archana Patkar summarized, there is a risk of a research landscape that consists of "little islands of excellence." More substantive and sustained monitoring and peer-reviewed research are still required. There needs to be more larger-scale studies, more information sharing, more collaboration, more dragging the taboo out of the dirty linen closet. The urgency of the need makes thinking in a sectoral mindset a real limitation to change. "Girls and women don't think in sectors like we do," said Patkar. "They just have to deal with this on their own every month." Politicians don't like this issue because it's not sexy, said Dr. Varina Tjon A Ten, a former parliamentarian in the Netherlands and now a professor at The Hague University. MHM, she suggested, needs to be linked to issues that they do like: girl child education, girl empowerment, health. All those are getting considerable attention and funding. Clever piggybacking is going to be key. Menstrual hygiene is not a women's issue but an issue of girl-child health, of education, of more profitable and better business practice, of income-generation, of growth, of sustainability. All these cases need to be more clearly made, and will be.

"Though we've been encouraged by the number of initiatives that are springing up to provide girls with sanitary pads, private changing areas and access to water at school, we've been equally concerned about the silence surrounding the issue at higher policy levels, particularly among international agencies that are well placed to champion the rights of girls. This is why I found the MHM meeting convened by the Water Supply and Sanitation Collaborative Council particularly inspiring."

Catherine Dolan,
Saïd Business School,
University of Oxford



“Discussions throughout the day’s events made it clear that MHM presents challenges to women and girls as well as to our environment and—most importantly—that solutions require multi-faceted, coordinated efforts across sectors and among innovative partners. This gathering enabled me to connect with people outside of the water, sanitation, and hygiene (WASH) sector, and for that I am grateful. I am hopeful that the gathering will catalyze collaboration and continued efforts to learn and work together.”

Bethany Caruso,
Emory University

At a policy level, there are many avenues to be explored. Rolf Luyendijk with the WHO/ UNICEF Joint Monitoring Programme was one of many participants who expressed a hope that menstrual hygiene could be included as an indicator in post-2015 planning. Better evidence building can be achieved with stronger partnerships between development, business and academia.

The Celebrating Womanhood event was undoubtedly a catalyst at creating the groundwork for new partnerships, unexpected coalitions, revised ways of looking at MHM.

Although much of the meeting was spent discussing sanitary related hardware – disposal devices, sanitary products – the overwhelming message of the morning was the need for more talking, education, learning and partnership, and the strong conviction expressed by many that everything is possible, now that the process of bringing the “dirty bloody linen” of MHM out of the closet has properly begun.



Inside WSSCC’s MHM tent, participants were able to engage in more depth around issues of menstrual hygiene management, mirroring the platform of engagement that the tent served across six stops in five states in India.

Social media highlights



Archana Patkar of @WatSanCollabCou :#MHM could be issue that gets still-too-silent WASH sector into the open. Interesting...



rosegeorge3 12:52pm via Twitter for iPhone

No matter if #menstrualcups#tampons #pads for #MHM - its about educating women and girls on options #choiceisyours



WASHUnited 12:20pm via Twitter for iPhone

Totally agree! RT"@rosegeorge3: So, good #MHM means more efficient workforce means better profits. Business should be all over this issue.



gibbulloch 12:53pm via Twitter for iPhone

@ProcterGamble Boosting girls networking for peer to peer discussions & helping them to speak out about #menstruation and #MHM issues. Thanks!



WatSanCollabCou 11:41am via Web

[implications for san/hyg educ.] MT @WatSanCollabCou In Karachi, less than half of girls knew about #menstruation before 1st period #MHM



IanRossUK 12:27pm via TweetDeck

@BSRnews To private sector : "By focusing on health you are focusing on your business". Women @ work are also menstruating #MHM



WatSanCollabCou 11:47am via Web

Focus on dignity, bring in the compelling evidence base, use the human rights framework & lobby 4 #MHM in #post2015 agenda @WatSanCollabCou



CeridwenJ 11:29am via Twitter for iPhone

MT @WatSanCollabCou Only 44% schools have functioning girl #toilets in India hindering education vimeo.com/58771979 @heals #IWD



jmollins 4:42am via TweetDeck

RT @WatSanCollabCou: If #menstruation ends school: +1 year of primary school boosts girls' future wages 10-20% prn.to/13A0SyE #MHM



urb_im Mar 7, 5:48am via Web

@WHO: "Put girls and girls issues in the development agenda. Young people can make this happen' #MHM



WatSanCollabCou 10:43am via Web



Delegates

"This is not a sexy issue. Politicians don't like it. Women too have a certain hesitation. We need to get old women on board, and old men. In Sierra Leone, one girl wanted to use tampons so she could go swimming, her grandmother said she wouldn't have tampons in her house."

Varina Tjon A Ten,
former Dutch parliamentarian,
The Hague University

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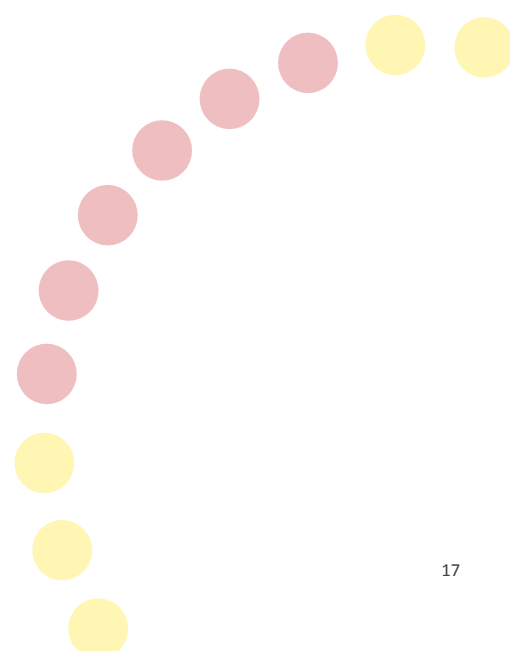
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Senior Officer Immunization and
Adolescent Health Linkages,
WHO

"I've been talking to businesses in London. They said, how can we possibly publicly talk about menstruation?"

David Wofford,
Meridian Group International

"This gathering enabled me to connect with people outside of the WASH sector, and for that I am grateful."

Bethany Caruso, Emory University





Programme

“This is the most interesting event I’ve ever been asked to chair. My assistant told me I had an invitation to chair a menstrual hygiene event, and I said, no, that must be spam. I’m not an expert but I’m fascinated by convergence, profit and non-profit, the idea that we can’t treat education in isolation. Any NGO would give its right arm for a 20% uplift in education.”

Gib Bulloch,
Accenture

8.30-9.00

Welcome Coffee/Tea and Registration

9.00-9.30

Setting the Scene

Opening Remarks: Chris Williams, Executive Director, Water Supply and Sanitation Collaborative Council

Keynote Speaker: Jyoti Sanghera, Chief of Human Rights and Economic and Social Issues, Office of the High Commissioner for Human Rights

9.30-10.30

Where Are We Today? A stock take of policy, research and practice initiatives on Menstrual Hygiene

Facilitated panel discussion

Chair: Robert Bos, Former Coordinator, Water, Sanitation, Hygiene and Health, World Health Organization (WHO)

Bethany Caruso, Research Project Coordinator, Emory University: MHM in Schools and Catherine Dolan, Lecturer, Oxford University: Double X Economy, menstruation, education and reproductive health in Ghana and Uganda

Chandra-Mouli Venkatraman, Scientist, Adolescent Sexual and Reproductive Health, World Health Organization (WHO): Menstrual Hygiene and Health

Archana Patkar, Programme Manager, WSSCC: Menstrual Hygiene and WASH, Breaking taboos for change in policy and practice through innovative behavior change methodology



Dr. Jyoti Sanghera of the Office of the High Commissioner for Human Rights (OHCHR) set the bar high for frankness and forthrightness in her opening speech at Celebrating Womanhood.

- 11.00-12.00 **Reality Check: Lessons from implementing current research, policy and practice**
 Facilitated panel discussion
 Chair: Gib Bulloch, Executive Director, Accenture Development Partnerships
 Audrey Kettaneh, Programme Specialist for HIV and Health Education, UNESCO and Faiza Lahlou, External Relations, Procter and Gamble (P&G): Menstrual Hygiene and Education
 Jennifer Schappert, Manager of Partnership Development, Business for Social Responsibility (BSR): Menstrual Hygiene and the Workplace
 Vivian Hoffmann, Assistant Professor, University of Maryland and Madeleine Fogde, Stockholm Environment Institute: Menstrual Hygiene and Disposal
- 12.00-13.00 **Exploring collaboration, synergies in practice and programming across sectors : Next Steps**
 Facilitated roundtable discussion
 Chair: Archana Patkar, Programme Manager, WSSCC
- 13.00-14.30 **Lunch and Marketplace**
 Tools, approaches, materials on addressing women's and girl's rights and needs linked to MHM
 (AfriPads, BSR, Columbia University, Goonj, International Scientific Forum on Home Hygiene (IFH), Procter and Gamble, Stockholm Environment Institute, UNESCO, UNICEF, WaterAid, WHO, WSSCC and more)

"Strengthening researcher and practitioner networks through meetings like this one is a great way to inspire more high quality research on menstrual hygiene management. There's nothing quite like putting names to faces, and getting a chance to interact over the course of a full day event. I've already started one new collaboration with someone I met at this meeting."

Vivian Hoffmann,
University of Maryland



Joyce Jett from MCDI speaks with Catherine Dolan from Oxford University.



The road ahead

“We talk of equality, fairness and rights, yet we shroud this natural phenomenon which is responsible for the birth and regeneration of humanity in shame, silence and indignity.”

Archana Patkar,
WSSCC

“Women and girls went into [the MHM lab] fearful, nervous, shy, and they came out smiling.”

Archana Patkar,
WSSCC

As development professionals, we categorize ourselves: health, education, livelihoods, agriculture, emergencies, WASH - the list goes on. But let's stop and think how we live as human beings, outside of precisely defined sectors with distinctly funded boundaries. As humans we move from infancy and childhood to adolescence, adulthood, middle age and old age. We learn, play, work and rest along the way. Life's stages have different attributes and measures of physical and mental ability, changes in our bodies, anxieties and accomplishments. This is universal. Why, then, do we erect structures meant for an entirely different species? Structures built around a standard vision of Homo sapiens – that rarely correspond with the reality of any one human being's life stages? For a girl the different biological stages of her life have a social corollary which starts off in the same light-hearted vein as her infant brother but changes drastically as she reaches puberty. Around the age of 9 or 10, a dark cloud descends as her first menstrual blood appears and people around her start behaving differently. She is told that this is shameful, must be suffered in silence and must hide this monthly bleeding as every good woman must. She was not expecting menstruation, is unable to welcome it and now must conceal it for the next four decades, always fearing that others will know through smell or sight. She will never recover from the indignity of it all.

We talk of equality, fairness and rights, yet we shroud this natural phenomenon which is responsible for the birth and regeneration of humanity in shame, silence and indignity. If we are to talk about gender and rights, let us start with very basic realities - women and men are different and this difference is what perpetuates humanity.

Menstruation is a key part of this difference and my womanhood. I will talk about it, experience it with pride and dignity and so will my daughters, sisters, friends and as many people I can touch. Will you take the pledge too?

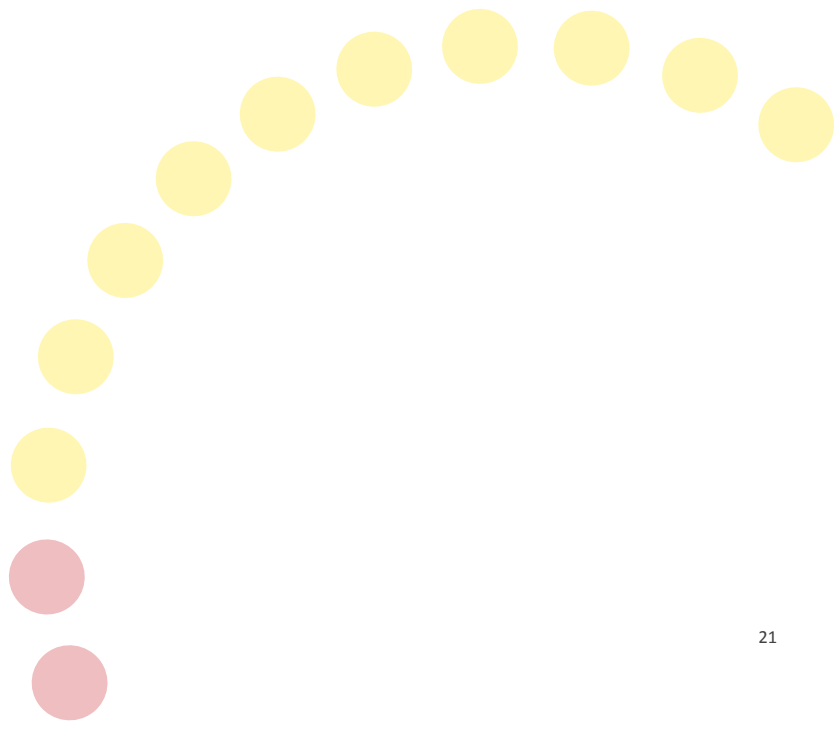
WSSCC's approach to MHM is based on a broader commitment to eliminate stigma and discrimination in the way we think and work. We will engage deeply on difficult issues like this by catalyzing partnerships, policy change and action across sectors in order to transform peoples' lives. We aim for normative and practical change nationally and globally. Breaking the silence is the first and most important step. Making silent demands heard and responding to them in practical ways follow next.

WSSCC has a three-pronged approach for advocacy and practice: i) understanding menstruation as a biological process and talking about it with confidence and pride; ii) having the knowledge and the means to manage menstrual blood with safety and dignity using safe hygienic materials, adequate water and bathing and washing soap in safe spaces; and iii) being able to dispose used materials without shame and in an environmentally friendly manner. Focusing only on products and facilities without addressing stigma and taboo will be like reproducing failed latrine-building programmes which ignore the reasons why people do not use and maintain facilities. If we break the silence, women and girls will no longer be shy, embarrassed or ashamed and will demand these services. Language and designs will change inside and outside homes, markets will respond with different products, and perhaps one day governments will find a way of valuing rather than ignoring this life blood.

**Archana Patkar, Programme Manager,
Water Supply and Sanitation Collaborative Council**



Workshop speakers, from left to right:
Dr. Chandra-Mouli Venkatraman, Department of Child and Adolescent Health and Development, WHO;
Mr. Gib Bulloch, Executive Director, Accenture Development Partnerships;
Ms. Jennifer Schappert, Associate, Advisory Services, BSR;
Ms. Madeline Fogde, Programme Manager, Stockholm Environment Institute;
Ms. Vivian Hoffmann, Assistant Professor, Agriculture and Resource Economics, University of Maryland;
Dr. Chris Williams, Executive Director, Water Supply and Sanitation Collaborative Council;
Ms. Archana Patkar, Programme Manager, Water Supply and Sanitation Collaborative Council.



The Water Supply and Sanitation Collaborative Council (WSSCC)

The Water Supply and Sanitation Collaborative Council (WSSCC) is a global multi-stakeholder partnership and membership organization that works to save lives and improve livelihoods. It does so by enhancing collaboration among sector agencies and professionals who are working to improve access for the 2.5 billion people without safe sanitation and the 780 million people without clean drinking water. Through its work, WSSCC contributes to the broader goals of poverty eradication, health and environmental improvement, gender equality and long-term social and economic development. WSSCC supports coalitions in around 20 countries, members in more than 160 countries, and a Geneva-based Secretariat hosted by the United Nations Office for Project Services (UNOPS).

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