

Self-care interventions for sexual and reproductive health and rights to advance universal health coverage:

**2023 Joint statement by HRP, WHO, UNDP, UNFPA and the World Bank**



# Background

**The right to health is a fundamental human right enshrined in international human rights law. Yet health inequities are prevalent throughout the world.**

At the end of 2021, there were 89.3 million people worldwide who had been forced to flee their homes due to conflicts, violence, fear of persecution and human rights violations (1).

According to the latest available data, over half of the world's population lack access to essential health services (2), and health worker shortages are estimated to reach 10 million by 2030 (3). These contextual factors point to an urgent need to explore innovative strategies –

that go beyond a conventional health-sector response – for reaching people with the health services they need.

Self-care interventions offer huge potential to enhance individual agency and reduce health inequities by increasing the availability of accessible, acceptable and affordable health-care options that are in addition to and can complement services and care received at a health-care facility. As we reach the half-way mark towards the end of the 15-year Sustainable Development Goals (SDGs) period, and we look at the challenges facing the world, we need to embrace potentially transformative solutions. WHO recommends self-care interventions for every country and economic setting, as critical tools on a path to improve primary health care, reach universal health coverage (UHC), promote health, keep the world safe and serve the vulnerable.

## Definitions



### Self-care

Self-care is the ability of individuals, families and communities to protect their own health, prevent disease, and maintain health and cope with illness and disability with or without the support of a health worker.



### Self-care interventions

Self-care interventions are the evidence-based, quality tools that support self-care. These include medicines, medical devices, counselling, diagnostics and/or digital technologies that can be accessed fully or partially outside of formal health-care facilities. Depending on the intervention, they can be used with or without the support of health workers.



### Universal health coverage

UHC is achieved when all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

## Acronyms

This is a joint statement by HRP – the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (also known as the Human Reproduction Programme) – together with the World Health Organization (WHO), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Bank.

# Self-care interventions for sexual and reproductive health and rights

Inequalities continue to be a fundamental challenge to global efforts to achieve universal health coverage (UHC), particularly for sexual and reproductive health and rights (SRHR). These inequalities include, based on the most recent data available:

**164 million**

women of reproductive age (15–49 years) worldwide have an unmet need for contraception (4)



Every day over

**1 million**

new sexually transmitted infections (STIs) are acquired (5)

Every year, human papillomavirus (HPV) infection accounts for an estimated

**530 000**

cervical cancer cases and 270 000 deaths annually (6)

Every year

**650 000**

people die from HIV-related causes (7)

Every day, almost

**800** women

die from preventable causes related to pregnancy and childbirth (8)



In their lifetime, **one in six** people globally experience infertility (9)



In their lifetime, about

**1 in 3**











women worldwide have been subjected to physical and/or sexual intimate partner violence or non-partner sexual violence (10)



If countries are to achieve universal access to quality, comprehensive and integrated sexual and reproductive health (SRH) services, we need to revolutionize health systems by significantly expanding access to self-care interventions. Self-care interventions are among the most innovative and efficient approaches to

accelerate the attainment of SRHR for all. Furthermore, the extraordinary circumstances of the COVID-19 pandemic showed that introduction and scale-up of self-care interventions for SRH is possible and complementary to existing health systems.

## Examples of evidence-based self-care interventions for SRHR include:

- |   |   |  |  |
|---|---|--|--|
|   | Self-monitoring of blood glucose and/or blood pressure during pregnancy |   | Self-management of some or all components of medical abortion as part of comprehensive abortion care |
|   | Self-administration of injectable contraception                         |   | Self-collection of samples for HIV testing   |
|   | Use of ovulation predictor kits   |   | Self-collection of samples for STI testing   |
|   | Self-testing for pregnancy diagnosis                                    |   | HPV self-sampling for cervical screening   |
|  | Self-monitoring for symptoms-based fertility awareness                  |  | Lubricants for sexual health and well-being  |

**Particular attention is required to avoid increasing the burden on underserved, marginalized or criminalized individuals and communities, including (among others):**

- people living with disabilities
- people with diverse sexual orientation, gender identity or expression and sex characteristics
- migrants
- displaced people
- Indigenous people
- homeless people
- survivors of gender-based violence.

Particular attention is also needed to support adolescents and young people, as well as older adults.

**Upholding human rights, gender considerations and people-centred approaches is required for sustainable and successful implementation of self-care interventions for SRHR across the life course.**

# Action

The co-endorsers of this statement support collective, coordinated and coherent action among United Nations partners to promote, enable and sustain the paradigm shift in ensuring equitable, evidence-based action on self-care interventions for SRHR.

These actions include efforts to reorient health systems to include self-care interventions as part of the first line of action to advance primary health care, taking

into account broader determinants of health and well-being (including social, economic and environmental factors), as well as individual characteristics and behaviours, across the life course. These efforts also aim to strengthen people-centred care to increase the ability of individuals, families and communities to optimize their health as engaged advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and caregivers.

The following strategic actions link health systems and people-centred approaches to advance SRHR through the use of self-care interventions.





# 1. Financing

Implement health financing strategies that diversify financing, to ensure universal coverage of evidence-based self-care interventions

Health financing strategies are important for:



reducing patient costs and financial hardship



optimizing health system efficiency



supporting an equitable health system



ensuring good quality self-care interventions are readily available



Evidence suggests that self-care could reduce patient costs and the risk of financial hardship for households (11). For self-care interventions to be sustainably financed, a combination of government and private financing, insurance coverage, partial out-of-pocket payments, vouchers schemes and other strategic purchasing options will need to be considered, based on need and ability to pay.

Self-care interventions could also optimize health system efficiency and contain costs. Importantly, in some cases, self-care interventions have improved access and linkages to care and also health outcomes. For most self-care interventions to be safe and improve access, health systems will need to provide different levels of support to people, to avoid health care becoming more fragmented and undermining people-centred health care.

While efficiency is an important objective of any health system, equity must be integral to the economic assessment of self-care in terms of costs, benefits and financing. For instance, out-of-pocket costs associated with high-quality and timely health care, including self-care interventions, can prevent adolescents

and youth from accessing the health information, commodities and/or services they may need.



Youth are

**3x**

more likely to be unemployed than adults

Youth are three times more likely than adults aged 25 and older to be unemployed, which also generally leaves them financially unprotected against unpredictable illnesses. In this context, self-care interventions can be a great opportunity to

expand access to health care for adolescents and youth, but only if financial and other barriers are removed.

Governments, donors and investors should immediately make significant investments to accelerate full-scale and sustainable implementation of self-care interventions. Governments and stakeholders should plan and implement financial protection mechanisms and strategies to ensure that good-quality self-care interventions are readily available to those who need them, including at low or no cost for underserved and low-income individuals, families and communities.



## 2. Workforce

Build a competent, equitably accessible health and care workforce to promote and support evidence-based self-care interventions

The role of health and care workers in realizing the potential of self-care interventions includes:



improving confidence in self-care interventions



building trust



training in competency-based education programmes



providing expanded access to, and encouraging the use of, self-care products



Health and care workers have a key role in realizing the potential of self-care interventions; if they are knowledgeable and confident about the effectiveness of self-care interventions, this can decisively influence people's self-confidence about using them to care for

themselves and others in their care. The basic principles for health and care workers to promote self-care for collaborative problem definition and goal setting, and sustained follow-up by competent members of the workforce, can also increase personal relations of trust between individuals needing care and health and care workers. Trust opens up opportunities to improve health literacy, provide access to educational resources and financial, social and peer support networks, make referrals, and assist with navigation of complex health and social care systems.

Health and care workers at the primary health care level can be trained through competency-based education programmes to:

- **optimize and mainstream** support for self-care interventions
- **enable** informed decision-making by individuals and caregivers
- **support** the clarification of values, including eliminating stigma and discrimination in health-care settings
- **provide** empathetic and compassionate support to individuals choosing to use self-care interventions



The health-care environment might fail to provide necessary tools, or may even discourage people-centred care when it comes to effective task-sharing, or delegation of tasks to laypersons.

Well trained pharmacists and community health workers, for instance, play an important role in providing expanded access to – and encouraging use of – products such as self-tests for STIs (including HIV) and for pregnancy, and medicines for medical abortion. These products can be used when and where people choose to do so, providing increased autonomy, potentially reducing stigma, and allowing people the space to make an informed health decision.



# 3. Partnerships and accountability

Generate broad-based political will and coordination

Partnerships and accountability are important to:



improve alignment and coordination



forge multisectoral partnerships



ensure accountability in the introduction and scale-up of self-care interventions



Partnerships are important to advance the self-care agenda, including national governments, United Nations agencies, donors, international and national nongovernmental organizations, community-based organizations, researchers and civil society. Improving alignment and coordination within and between ministries of health, education, gender, youth, finance, and other relevant national government agencies is needed to make best use of existing resources.

Supporting political leadership through national champions for self-care and mapping national contexts, priorities, stakeholders and partnerships will support alignment of aims and initiatives.

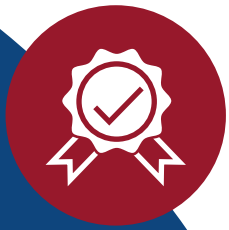
This will enable countries to forge strong multisectoral partnerships and coordination mechanisms, which can in turn strengthen accountability and implementation initiatives as well as improve knowledge sharing on best practices.

Improving **alignment and coordination** is needed to make best use of existing resources.

Ensuring accountability at all levels in the introduction and scale-up of self-care interventions, including at the level of government, the health system (public and private sector), donors and individuals, will be essential in meeting people's needs for comprehensive and integrated SRH services that can support **promotive, protective, preventive, curative, rehabilitative and palliative** care needs across the entire life course.







# 4. Regulation of quality

Support policy and legal frameworks to facilitate regulated, quality self-care interventions

Regulated, quality self-care interventions require:



effective and efficient regulatory systems



an effective framework of laws, regulations and guidelines



Public confidence in health-care systems, including medicines, vaccines, medical devices and blood products, requires that effective and efficient regulatory systems must be in place to ensure availability of quality-assured products, and this includes products that are intended to be used for self-care.

The extent to which a regulatory framework fulfils its policy objectives depends on the quality of its development and implementation. Inadequate regulatory systems, lack of clarity and variability of regulatory requirements between jurisdictions can create barriers to access to medical products.

A sound system of oversight requires that regulatory authorities be supported by an effective framework of laws, regulations and guidelines and that they have the **competence, capacity, resources** and **scientific knowledge** to deliver their mandate in an efficient and transparent manner.



Therefore, it is important for national regulatory authorities to evaluate the existing regulatory controls, based on internationally accepted standards, and to identify gaps in the required resources, and propose and implement interventions to address these gaps, and finally to monitor the implementation to ensure consistent availability of the needed products.

**Effective and efficient regulatory systems** must be in place to ensure availability of quality-assured products.



# 5. Research

Generate interdisciplinary research on the health, economic and social benefits that can be achieved through the introduction of self-care interventions

## Generating interdisciplinary research involves:



building a robust evidence base



ensuring research is underpinned by individual values and perspectives



creating sustainable research environments built on cultures of trust



Although the health and societal benefits of self-care were well known before the advent of scientific studies, today self-care represents a nascent and dynamic field of academic research. As new self-care information, products and technologies emerge, it is crucial to continue building a robust evidence base to inform their incorporation into health-care policy and practice.

The research agenda for self-care interventions can be conceptualized under the broad areas of “development” (i.e. efficacy, effectiveness and safety) and “delivery”, combining epidemiological and public health principles with human rights, gender equality, ethics and law, in qualitative, quantitative and mixed-methods research.

Research on self-care interventions should be underpinned by the values and preferences of individuals, communities, health workers and health systems – matching research outcomes with relevant perspectives and facilitating co-production of knowledge where possible.

## The WHO “living guideline” approach allows for:

- **continual** review of new evidence as it becomes available
- **ongoing** updating of the published recommendations and guidelines, as needed



**Evidence-informed policies and actions across all sectors should be respected, protected and promoted in national laws, policies, programming and monitoring.**

Furthermore, the expansion of digital health in the self-care space provides new opportunities to generate real-world evidence in real time, within the ethical bounds of information privacy.

Research should be defined by and coordinated in line with national and regional health priorities, taking into consideration the range of possible interventions, diversity of end users and locations of access, and taking advantage of opportunities for South–South learning exchange to strengthen capacity and address the power asymmetries inherent in knowledge production. Meaningful engagement of all stakeholders requires multidisciplinary and multisectoral action to

create sustainable research environments built on cultures of trust and mutual benefit between research participants and those who conduct research.

Donors and research groups, including the HRP Alliance for Research Capacity Strengthening, should invest in implementation science to document and monitor investments in integrated and multisectoral approaches to generate rigorous evidence on the health, economic and social benefits – for individuals, their communities and societies – that can be achieved through introduction and scale-up of self-care interventions.

**Self-care interventions have huge potential and offer wide-ranging opportunities to help address SRHR health inequalities and inequities across the globe.**

**The time for action is now!**



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