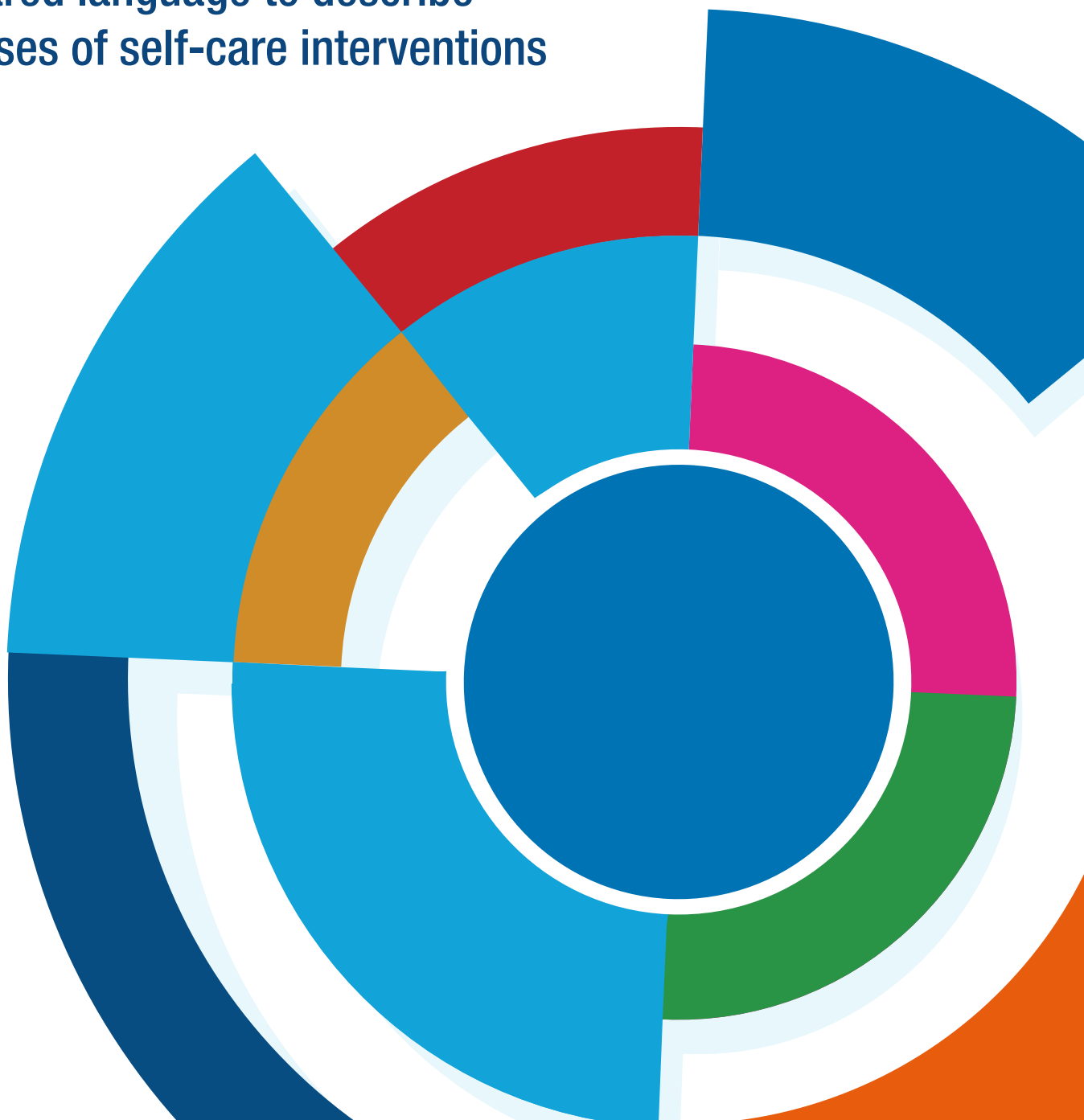


CLASSIFICATION OF SELF-CARE INTERVENTIONS FOR HEALTH



A shared language to describe
the uses of self-care interventions



CLASSIFICATION OF SELF-CARE INTERVENTIONS FOR HEALTH



A shared language to describe the uses
of self-care interventions

Classification of self-care interventions for health: a shared language to describe the uses of self-care interventions

ISBN 978-92-4-003946-9 (electronic version)

ISBN 978-92-4-003947-6 (print version)

© World Health Organization 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>)

Suggested citation. Classification of self-care interventions for health: a shared language to describe the uses of self-care interventions. Geneva: World Health Organization; 2021. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>.

To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

CONTENTS

Acknowledgements	iv
-------------------------	-----------

SECTION 1	Background	1
------------------	-------------------	----------

1. Terminology	1
What is self-care?	1
What are self-care interventions?	1
2. How can the right to health for all be advanced through self-care interventions?	1

SECTION 2	Classification of self-care interventions	2
------------------	--	----------

3. Why was this classification of self-care interventions developed?	2
4. Who is this classification for?	2
5. How was it developed?	2
6. How will it evolve?	2
7. How is this classification of self-care interventions organized?	3
8. How can this classification of self-care interventions be used to advance the right to health for all?	4

SECTION 3	Components of classification	6
------------------	-------------------------------------	----------

1.0 Self-care interventions for self-carers and caregivers	8
2.0 Enabling actions by health workers ¹	9
3.0 Enabling actions by health programme managers	10
4.0 Enabling actions by health policy-makers, legislators and regulators	11

References	12
-------------------	-----------

Acknowledgements

The development of this document was coordinated by Manjulaa Narasimhan with support from WHO colleagues: Katthyana Aparicio, Department of Integrated Health Systems; Giorgio Cometto, Department of Health Work Force; Siobhan Fitzpatrick, Department of Health Work Force; Karima Gholbzouri, WHO Regional Office for the Eastern Mediterranean; Rodolfo Gomez Ponce de Leon, Pan-American Health Organization; Nilmini Hemachandra, WHO Regional Office for the Eastern Mediterranean; Agnes Kijo, Department of Regulatory Convergence and Networks; Oleg Kuzmenko, WHO Regional Office for Europe; Garrett Mehl, Department of Digital Health and Innovation; Leopold Ouedraogo, WHO Regional Office for Africa; Bharat Rewari, WHO Regional Office for South-East Asia; Lale Say, Department of Sexual and Reproductive Health and Research; Tigest Tamrat, Department of Sexual and Reproductive Health and Research; Meera Upadhyay, WHO Regional Office for South-East Asia; Tana Wuliji, WHO Academy; and Briana Lucido and Susan Duvall, consultants, Department of Sexual and Reproductive Health and Research.

Special thanks also to Ezgi Evrim Ozkol from the Amsterdam Institute of Global Health and Development and Xuhao Yang from Johns Hopkins University and to Jonathan Hopkins, independent consultant, South Africa for writing support.

WHO is grateful for the contributions of:

Kaosar Afsana, BRAC University, Dhaka, Bangladesh

Faysal Al-Kak, American University of Beirut, Beirut, Lebanon

Sameera Al Tuwajri, The World Bank, Washington, DC, United States of America

Harriet Birungi, Population Council, Nairobi, Kenya

Martha Brady, independent consultant, Washington, DC, United States

Georgina Caswell, Global Network of People living with HIV (GNP+), Cape Town, South Africa

Francois Drabo, Ministry of Health, Ouagadougou, Burkina Faso

Austen El Osta, Imperial College London, United Kingdom of Great Britain and Northern Ireland

Laura Ferguson, University of Southern California, Los Angeles, United States

Patricia Garcia, Universidad Peruana Cayetano Heredia, Lima, Peru

Anita Hardon, Amsterdam Institute of Global Health and Development, Amsterdam, Netherlands

Rei Haruyama, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM), Tokyo, Japan

Jonathan Hopkins, U-turn, Cape Town, South Africa

Hussain Jafri, World Patients Alliance, Lahore, Pakistan

Christopher John, International Pharmaceutical Federation, Amsterdam, Netherlands

Caitlin Kennedy, Johns Hopkins University, Baltimore, United States

Carmen Logie, Factor-Inwentash Faculty of Social Work, University of Toronto, Canada

Kevin Moody, Independent consultant, Amsterdam, Netherlands

Rosemary Muliokela, Independent consultant, Zambia

Priya Nanda, Bill & Melinda Gates Foundation, New Delhi, India

Gina Ogilvie, University of British Columbia, Vancouver, Canada

Petra ten-Hoope Bender, United Nations Population Fund, Geneva, Switzerland

Sten Vermund, Yale School of Public Health, New Haven, United States

Allen Wu, Nanjing University, Nanjing, China

1. Terminology (1)

What is self-care?

The World Health Organization (WHO) defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health worker.

What are self-care interventions?

WHO defines self-care interventions as tools which support self-care. Self-care interventions include evidence-based, quality drugs, devices, diagnostics and/or digital technologies which can be provided fully or partially outside of formal health services and can be used with or without the support of a health worker.

2. How can the right to health for all be advanced through self-care interventions?

The WHO consolidated guideline on self-care interventions acknowledges the important contribution of self-care and self-care interventions in improving the health and well-being of all and reaching universal health coverage (2).

The ability of individuals and communities to self-care depends on the availability, accessibility, affordability and acceptability of a range of quality, evidence-based self-care interventions; and on the enablers described in the WHO conceptual framework (2). People might choose a self-care intervention for positive reasons, which include convenience, cost, empowerment, a better fit with values or daily lifestyle, or because the intervention provides the desired options and choice. People may also opt for self-care interventions to avoid the health system, because of a lack of quality care (e.g. stigmatization by health workers) or a lack of access (e.g. in humanitarian settings or places that are geographically remote from health facilities). Self-care interventions fulfil a particularly important role in these situations, as the alternative might be that people do not access services at all.

Supporting a social ecological model, the following key constructs place health practices, behaviours, capacities and decisions within the social context of the lives of individuals and communities:

- promoting self-resilience, autonomy and agency as expressions of human dignity and development;
- realizing that people having varying perceptions of health risks, and these may shape their values and preferences toward self-care interventions. The conceptions of risk-taking related to their health must therefore be evaluated based on the values and preferences of individuals;
- acknowledging that there are approaches to prevention, treatment and healing that are culturally and traditionally different among different societies and populations, and that offering choice in health decision-making that is free of coercion, violence, stigma and discrimination is critical for improved health outcomes;
- implementing a holistic view of health that integrates the roles of individuals as active agents in their own health decision-making; of social support and carers; and of human empathy, respect and caring in both health maintenance and in coping with ill-health.

3. Why was this classification of self-care interventions developed?

Self-care has existed in some form in every society, and its importance in responding to global crises such as the COVID-19 pandemic, and existing health-system challenges, has confirmed its place as an essential front-line response to healthcare. As more and more stakeholders expand their efforts in this field, a shared and standardized vocabulary has been recognized as necessary to identify gaps and duplication, evaluate effectiveness, and facilitate alignment across different self-care intervention implementations.

This new classification scheme is **health systems focused** and offers a simplified language to help support a dialogue between diverse public health practitioners in five key areas:

- synthesizing evidence and research;
- promoting advocacy and communication;
- conducting national inventories and landscape analyses;
- articulating needs based on identified health system challenges;
- formulating operational considerations for implementation guidance.

4. Who is this classification for?

Targeted primarily at public health audiences, this classification aims to promote an accessible and bridging language for researchers, policy-makers, donors and health programme managers.

5. How was it developed?

The WHO convened a series of expert consultations on self-care interventions, and the values and preferences of end-users were solicited through several focus group workshops, online surveys and public consultations. The terminology and definitions of self-care and self-care interventions were discussed based on a scoping review of WHO-published documents from 1950 to 2020 (1). Colleagues across three levels of WHO and across several United Nations agencies provided feedback, as did diverse stakeholders, including researchers, policy-makers, health workers, programme managers, end-users, and patient and community representatives. Additionally, a desk review was conducted to include policy, programmatic and other examples of self-care interventions to support this document. The classification builds upon the format of the WHO classification of digital health interventions. (3)

6. How will it evolve?

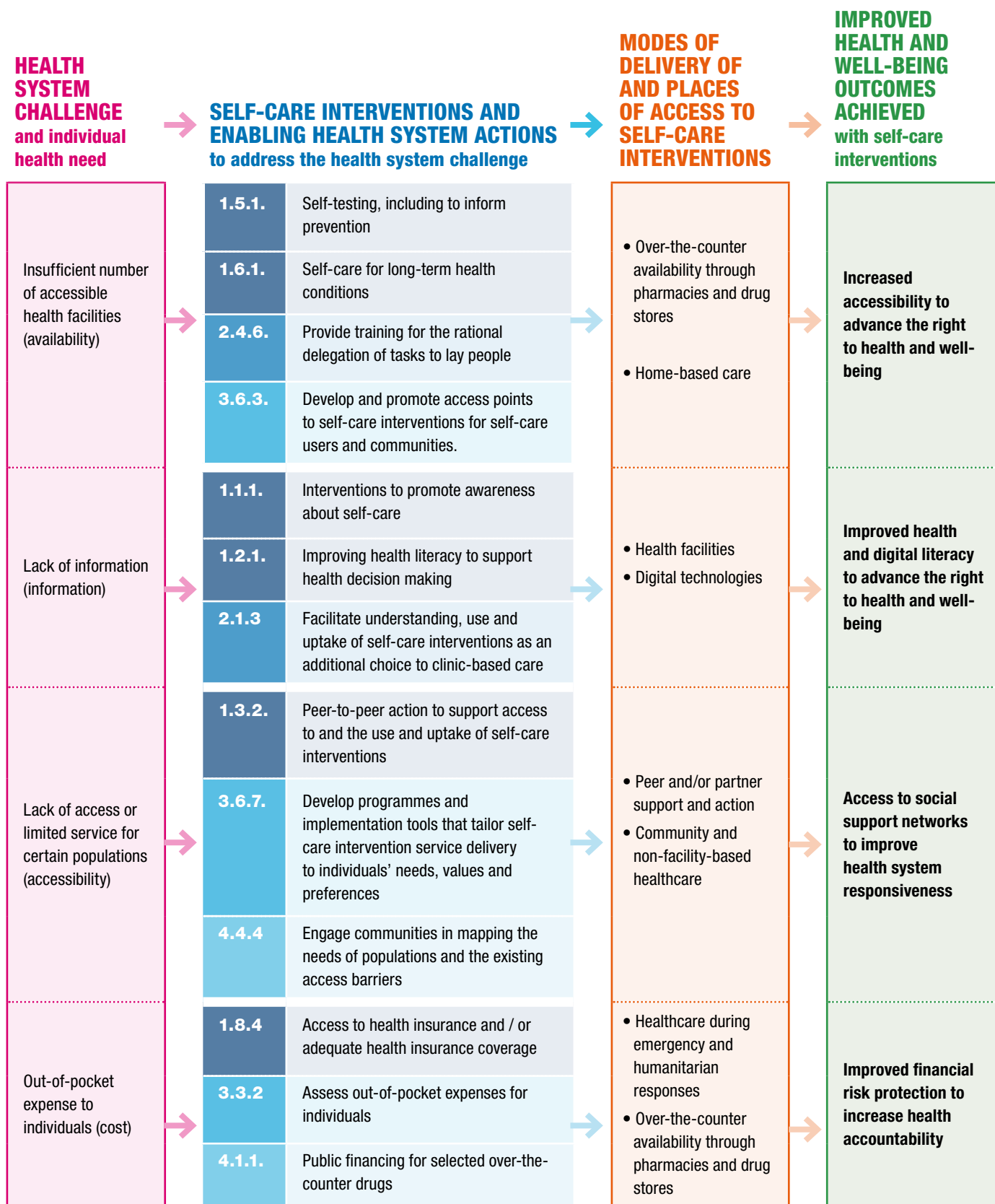
This classification is intended to be a living document that will evolve as new models of self-care interventions and evidence-based best practices become available. A feedback tab will be included, where additional or updated illustrative policy and programmatic examples, as well as other feedback on the document, can be provided. Along with expert consultations, this feedback will inform periodic updates. Further information on this classification, and updates to and information on WHO guidance on self-care interventions, is available at <https://www.who.int/health-topics/self-care> (5).

8. How can this classification of self-care interventions be used to advance the right to health for all?

The classification connects individual needs and rights for healthcare with **health system challenges**, and with the level enabling actions that can be taken (and by whom) at the health-system level on **self-care interventions** to advance the right to health for all. These dynamic, interlinked steps appear in the following tables and components:

- (i) **Self-care interventions** can meet a range of **health needs**, including for quality, reliable, evidence-based and age-appropriate health information; for the availability and accessibility of quality, regulated self-care interventions; and for cost-effective care that does not place them at financial risk. A range of **health systems challenges** often impede the ability of people to access or use healthcare. A list of health system challenges is included that is linked with the International Classification of Health Interventions and other classifications in the WHO Family of International Classifications (4). **See Table 1.** [Click to View](#)
- (ii) **People using self-care** can be anyone seeking or using a health intervention, service or information; people caring for dependants; and members of communities and social networks. There may be population-specific considerations in some instances. The **self-care interventions** for individuals and communities are grouped under eight categories. **See 1.0 Self-care interventions for self-carers and caregivers.** [Click to View](#)
- (iii) Some of the key actors within the health system who have an essential role in promoting a **safe and supportive enabling environment** for the access, use and uptake of self-care interventions include:
 - o **health workers** who promote rational use and uptake of self-care interventions. Health workers are all people engaged in actions whose primary intent is to enhance health, including the provision of counselling, care, treatment support, interventions, information and other health-related services. Health workers include, but are not limited to, community health workers, pharmacists, clinicians, nurses and midwives. **See 2.0 Enabling actions by health workers;** [Click to View](#)
 - o **health programme managers** who support access to evidence-based self-care interventions. **See 3.0 Enabling actions by health programme managers;** [Click to View](#) and
 - o **policy-makers, legislators and regulators** who ensure quality self-care interventions can help to achieve universal health coverage. who are responsible for any aspect of the health system. **See 4.0 Enabling actions by health policy-makers, legislators and regulators** [Click to View](#)
- (iv) The classification acknowledges that the **modes of delivery and places of access** for health information, products and services are not limited to health facilities and that people are increasingly using digital technologies, pharmacy access and alternative means to meet their health needs and priorities. **See Table 2.** [Click to View](#)
- (v) Facilitating the delivery, use and uptake of, and access to, self-care interventions can lead to the **desired health and well-being outcomes** in the fulfilment of the right to health for all. **See Table 3.** [Click to View](#)

Figure 1. Examples of how self-care interventions can overcome health system challenges to respond to people’s health needs and advance health outcomes for all



[View full list](#)

[View full list](#)

[View full list](#)

[View full list](#)

Table 1: Individuals' health needs and self-care related health system challenges

<p>Agency</p> <ul style="list-style-type: none"> • Lack of support to improve awareness, autonomy and/or confidence to engage in self-care • Lack of support to improve self-care capacities and capability • Lack of support to improve health and digital literacy • Lack of promotion of right to health and of health service entitlement for all • Inadequate support for underserved populations 	<p>Availability</p> <ul style="list-style-type: none"> • Insufficient supply of commodities • Insufficient supply of equipment and laboratory facilities • Insufficient supply of health services • Insufficient supply of qualified health workers • Insufficient numbers of accessible health facilities 	<p>Quality</p> <ul style="list-style-type: none"> • Poor experience for individuals • Individuals face stigma, discrimination, violence or coercion • Insufficient health worker competence and training • Substandard-quality unregulated health commodities • Insufficient health worker motivation, incentivization and retention • Poor accommodation for individuals' needs and priorities 	<p>Cost</p> <ul style="list-style-type: none"> • High cost of interventions, services and products • Lack of effective resource allocation • Out-of-pocket expense to individuals • Lack of insurance policies
<p>Information (that is of quality, is reliable, evidence-based and age-appropriate, including tailored for age, cultural, gender and sexual diversity)</p> <ul style="list-style-type: none"> • Lack of information • Lack of access to information • Insufficient utilization of information • Misuse of information • Lack of user-friendly instructions on proper usage of health commodities and interventions • Insufficient resources on where to access care, health commodities and support services • Delayed, inaccurate or insufficient reporting of health events • Lack of data protection and/or confidentiality 	<p>Accessibility</p> <ul style="list-style-type: none"> • Poor accessibility to health services • Lack of access or limited service for certain populations • Lack of space in health facilities • Poor linkage of individuals to health facilities • Poor linkages of individuals between health facilities 	<p>Utilization</p> <ul style="list-style-type: none"> • Low demand for intervention and services • Low uptake of intervention and services • Low retention in care • Low adherence to treatment • Loss to referral and follow-up • Low coverage of health services 	<p>Social support</p> <ul style="list-style-type: none"> • Insufficient meaningful individuals and community engagement • Insufficient acknowledgement of and response to gender inequality and equity • Insufficient or lack of community and/or peer-to-peer support and action • Lack of partner, family or other social network support
	<p>Acceptability</p> <ul style="list-style-type: none"> • Unsupportive laws and policies • Lack of access to justice • Low acceptability of interventions and services • Insufficient promotion of alternative means of delivering and accessing care 	<p>Efficiency</p> <ul style="list-style-type: none"> • Poor planning and coordination among health sectors and services • Lack of efficient transportation • Poor timing of availability of specialized services and health workers • Delayed provision of care • Poor availability of services and products that are convenient and save time for individuals 	

Table 2: Modes of access to and delivery of self-care interventions

Mode of access	Examples
Health facilities	Self-diagnostic tests provided and taken in facilities, and information on and demonstration of self-care interventions provided in health facilities
Over-the-counter availability through pharmacies and drug stores	Over-the-counter availability of drugs and therapeutics, medical devices and diagnostics
Digital technologies and platforms	Telemedicine, telehealth, individuals tracking their personal health data, eHealth including health information, virtual consultations, and ordering tests or drugs online
Community and non-facility-based healthcare	Coordination between health workers in clinics and community health workers, and between traditional, complementary or alternative medicines
Home-based care	Healthcare provided by caregivers and/or by community, peers and family
Workplace	Health, safety and well-being interventions provided within the workplace, such as first aid and interventions to support mental health and avoid burnout.
Peer and/or partner support and action	Peer and/or partner counselling and support
Healthcare during emergency and humanitarian responses	Healthcare in shelters and refugee camps and settlements
School	Education, support and counselling

Table 3: Improved health and well-being outcomes achieved by self-care interventions

Advancing the right to health and well-being	Health system responsiveness	Increased health accountability
<ul style="list-style-type: none"> • Increased agency • Increased availability • Increased accessibility • Increased acceptability • Increased affordability • Improved life-course approaches • Improved people-centred approaches • Improved gender equality • Improved health promotion • Improved health and digital literacy • Improved self-determination and self-efficacy 	<ul style="list-style-type: none"> • Respect for the dignity of the person • Respect for the autonomy of individuals to make choices about their own health • Improved individuals' access to resources and support for better health management • Respect for confidentiality, health priorities and preferences • Prompt and tailored attention to health needs • Availability of basic amenities for health and of quality commodities • Access to social support networks • Choice of institution and individuals providing care • Choice of self-care interventions • Health workforce equipped to promote and educate individuals on selecting, preparing and utilizing medications, therapeutics and other self-care interventions • Improved ability to promote and to show use of evidence-based choice of interventions • Rational delegation of tasks among health workers • Competency-based training to providing culturally sensitive, respectful and compassionate care 	<ul style="list-style-type: none"> • Government accountability for commodities, regulation and policies • Improved financial risk protection • Donor accountability • Private sector accountability • Social accountability • Individual accountability



1.0 SELF-CARE INTERVENTIONS FOR SELF-CARERS AND CAREGIVERS

1.1	Individual Agency
1.1.1	Interventions to promote awareness about self-care
1.1.2	Interventions to promote autonomy and/or confidence to engage in self-care
1.1.3	Interventions for improving self-care capacities and capabilities
1.1.4	Interventions for improving health and digital literacy
1.1.5	Interventions to promote sustained adoption of self-care practices and behaviours

1.2	Health information-seeking
1.2.1	Acquiring health education for informed health decision-making
1.2.2	Improving health literacy to support health decision-making
1.2.3	Individuals seeking health information via on-demand information services
1.2.4	Individuals health decision-making support via online or mobile tools

1.3	Social and community support
1.3.1	Peer mentorship and counselling
1.3.2	Peer-to-peer action to support access to and the uptake and use of self-care interventions
1.3.3	Individuals sharing health data with peers

1.4	Personal health tracking
1.4.1	Home-based record for health and diagnostic data
1.4.2	Self-monitoring of health
1.4.3	Active data capture/documentation by self-care user
1.4.4	Passive data capture/documentation by device
1.4.5	Use of diagnostic device at community location for self-measuring health indicator
1.4.6	Tracking rational and responsible self-use of medicines and therapeutics

1.5	Self-diagnosis of health conditions
1.5.1	Self-testing, including to inform prevention
1.5.2	Self-examining for health conditions
1.5.3	Self-collection of samples to send for external testing
1.5.4	Using online symptom checkers and health information

1.6	Self-management of health
1.6.1	Self-care for long-term health conditions
1.6.2	Self-care for short-term health conditions
1.6.3	Self-medication/treatment without medical prescription including for side effects
1.6.4	Self-regulation of health conditions
1.6.5	Self-care prevention including risk avoidance and support for physical and mental health and well-being
1.6.6	Health management performed by caregivers
1.6.7	Individuals procurement of safe over-the-counter medicines and products for self-care

1.7	Individuals linkage to health system
1.7.1	Individuals-initiated communication with health system
1.7.2	Individuals sharing health data with health workers
1.7.3	Individuals identifying location of health facilities/structures
1.7.4	Individuals receiving feedback from health workers

1.8	Individuals financial transactions for health
1.8.1	Expenses for over-the-counter health medicines and products that do not require prescription
1.8.2	Availability or management of vouchers to individuals(s) for health services
1.8.3	Expenses for prescription medicines
1.8.4	Access to health insurance and/or adequate health insurance coverage
1.8.5	Expenses for indirect health costs



2.0 ENABLING ACTIONS BY HEALTH WORKERS¹

2.1	Health worker support to people to develop strategies or access tools to manage their own health and well-being
2.1.1	Provide information according to protocol on self-care interventions
2.1.2	Demonstrate and provide instructions for correct use of self-care interventions
2.1.3	Facilitate understanding, use and uptake of self-care interventions as an additional choice to clinic-based care
2.1.4	Identify individuals in need of self-care interventions
2.2	Peer communication among health workers on self-care interventions
2.2.1	Communication between health worker(s) on self-care interventions
2.2.2	Task sharing between health worker(s) to promote client decision-making of self-care interventions
2.2.3	Peer group for health worker(s) to support understanding and use of self-care interventions
2.3	Referral coordination for access to and uptake of self-care interventions
2.3.1	Manage referrals between points of service within health sector
2.3.2	Manage referrals between health and other sectors
2.3.3	Rational delegation of tasks to lay persons
2.4	Health worker training to promote self-care interventions and collaborative decision-making
2.4.1	Provide training to health worker(s)
2.4.2	Provide training follow-up

2.4.3	Provide competency-based assessment
2.4.4	Provide training on identification and reduction of stigma and discrimination
2.4.5	Provide training on assessment of health risks and vulnerabilities of individuals
2.4.6	Training for rational delegation of tasks to lay people

2.5	Health worker use of individuals' home-based record
2.5.1	Capture home-based record data into individuals' clinical health record
2.5.2	Use individuals' home-based record to monitor their health status and identify potential health conditions
2.5.3	Use individuals' home-based record data to promote self-management of health
2.5.4	Use individuals' home-based record data to understand their health history and to ensure immunizations and screenings are up to date

2.6	Laboratory and diagnostics data management for self-care interventions
2.6.1	Transmit individuals' diagnostic result to the individual or caregiver
2.6.2	Transmit individuals' diagnostic result to their health worker
2.6.3	Transmit health information and guidance to an individual or caregiver about the diagnostic results
2.6.4	Capture diagnostic results from individuals' digital devices
2.6.5	Remote monitoring of individual diagnostic data by health worker

1. Health workers are people whose job it is to protect and improve the health of their communities. There are many cadres of health workers including doctors, nurses, midwives, pharmacists and community health workers.



3.0 ENABLING ACTIONS BY HEALTH PROGRAMME MANAGERS

3.1	Human resource management	3.4.2	Track testing, retesting and assessment of results of self-diagnosis
3.1.1	Identify all members of the health team, including lay people, and collect data on all members of the health team	3.4.3	Establish and promote systems for the safe and secure disposal of waste from self-care intervention products
3.1.2	Monitor health worker(s) performance in promoting self-care interventions	3.5	Health information systems, routine surveillance, and programme monitoring and evaluation
3.1.3	Identify training needs on self-care interventions and coordinate with pre-service and in-service training institutions on delivery	3.5.1	Incorporate self-care interventions into standard health information system tracking and reporting
3.1.4	Provide and track the training credentials of health worker(s) in promoting self-care interventions	3.5.2	Establish programme indicators for monitoring and evaluating self-care intervention use and deploy systems for measuring progress towards programme goals
3.2	Supply chain management of commodities for self-care interventions	3.6	Health planning and implementation of self-care interventions
3.2.1	Ensure sufficient stock levels of quality commodities for self-care interventions by managing the procurement, inventory and distribution of these goods	3.6.1	Create, deploy and monitor budgets, operational plans, care pathways and standard operating procedures for self-care interventions
3.2.2	Register licensed self-care drugs, devices, diagnostics and other interventions	3.6.2	Manage interagency and cross-government initiatives, public-private partnerships, and collaborations with multilateral and bilateral implementing partners and funders focused on self-care interventions
3.2.3	Develop and implement enforcement mechanisms and track and report data on counterfeit, substandard or unregulated drugs, devices and diagnostics by individuals	3.6.3	Develop and promote access points to self-care interventions for individuals and communities, including implementing, monitoring and enforcing policies and regulations that enable this access
3.3	Health financing for self-care interventions	3.6.4	Develop and promote self-care intervention modes of delivery, including digital tools and the accompanying infrastructure needed to deploy these delivery modes effectively and efficiently
3.3.1	Register and verify individuals' insurance membership	3.6.5	Institute and manage inclusive and equitable access to self-care interventions by empowering individuals, tailoring interventions and using community engagement approaches
3.3.2	Assess out-of-pocket expenses for individuals	3.6.6	Develop materials for supporting people with low literacy (e.g. via infographics) and to provide information/instructions in multiple languages (especially in humanitarian contexts and for migrants)
3.3.3	Assess cost-effectiveness of self-care intervention option(s)		
3.3.4	Assess availability of financial services/schemes to ensure affordability for all individuals, including those without health insurance		
3.4	Management of laboratory and health equipment and diagnostic data		
3.4.1	Monitor laboratory and health equipment and materials needed to process self-collected samples		



3.0 ENABLING ACTIONS BY HEALTH PROGRAMME MANAGERS (continued)

3.6.7	Develop programmes and implementation tools that tailor self-care intervention service delivery to individual's needs, values and preferences	3.6.9	Create and disseminate information materials and campaigns to promote self-care interventions and to educate people about them
3.6.8	Strengthen the infrastructure, programmes and financing mechanisms for the social support systems and enabling environment needed to support individuals using self-care interventions	3.6.10	Meaningfully involve communities in the design and implementation of self-care intervention programmes



4.0 ENABLING ACTIONS BY HEALTH POLICY-MAKERS, LEGISLATORS AND REGULATORS

4.1	Mapping needs for introduction and scale-up of self-care interventions to support achievement of universal health coverage	4.3.2	Global strategies and guidance on self-care interventions
4.1.1	Collect and document health needs and determinants	4.3.3	Public-private collaboration for implementing self-care interventions
4.1.2	Map existing health laws and policies	4.3.4	Sustainability and accountability in implementing self-care interventions
4.1.3	Determine factors that would allow introduction and sustainability of self-care interventions	4.4	Health policy to include self-care interventions
4.1.4	Engage communities in mapping needs of populations and existing access barriers	4.4.1	Develop and evolve health policy to incorporate self-care interventions, including within primary healthcare
4.1.5	Ensure data architecture at all levels enable interoperability to support robust policies on self-care interventions while maintaining appropriate safeguards for confidentiality	4.4.2	Disseminate and implement health policies on self-care interventions
4.2	Public financing for self-care interventions	4.4.3	Evaluate and monitor health policies for self-care interventions
4.2.1	Public financing for selected over-the-counter drugs	4.4.4	Review, revise, reformulate and adapt health policies to incorporate self-care interventions
4.2.2	Public financing for improving access to self-care interventions for marginalised and underserved populations	4.4.5	Formulate policies that support digital infrastructure for digital self-care interventions
4.3	Evidence-informed health strategies and guidance that include self-care interventions	4.4.6	Harmonize policies to incorporate self-care interventions
4.3.1	National and regional strategies and guidance on self-care interventions		

References

1. Self-care health interventions. Fact sheet. In: World Health Organization [website]. Geneva: World Health Organization; 2021. <https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions> (accessed 02 October 2021).
2. WHO consolidated guideline on self-care interventions for health and well-being. Geneva: World Health Organization; 2021. <https://www.who.int/publications/i/item/9789240030909> (accessed 03 October 2021).
3. Classification of digital health interventions v1.0: a shared language to describe the uses of digital technology for health. Geneva: World Health Organization; 2018. <https://www.who.int/reproductivehealth/publications/mhealth/classification-digital-health-interventions/en> (accessed 9 April 2021).
4. Family of International Classifications (FIC). In: World Health Organization [website]. Geneva: World Health Organization; no date. [https://www.who.int/standards/classifications/family-of-international-classifications-\(fic\)](https://www.who.int/standards/classifications/family-of-international-classifications-(fic)) (accessed 9 April 2021).
5. Self-care interventions for health. In: Health topics, World Health Organization [website]. Geneva: World Health Organization; no date. <https://www.who.int/health-topics/self-care#> (accessed 9 April 2021).

Department of Sexual and Reproductive Health and Research

UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme
of Research, Development and Research Training in Human
Reproduction (HRP)

World Health Organization

Avenue Appia 20
1211 Geneva 27 Switzerland

selfcare@who.int
who.int/teams/sexual-and-reproductive-health-and-research
www.who.int/health-topics/self-care

