

# WHO meeting on Ethical, legal, human rights and social accountability implications of self-care interventions for sexual and reproductive health

12–14 March 2018, Brocher Foundation, Hermance, Switzerland

## Summary report





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**World Health  
Organization**

human  
reproduction  
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## Acronyms and abbreviations

CIFF	Children's Investment Fund Foundation
CSO	civil society organization
HPV	human papillomavirus
HRP	UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction
mHealth	mobile health, use of mobile devices for health
SDG	Sustainable Development Goal
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UHC	universal health coverage
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

# 1 Background

In 2015, the world agreed to a bold set of Sustainable Development Goals (SDGs) (1). The foundation of WHO's work is SDG 3: Ensuring healthy lives and promoting well-being for all at all ages. In its 13th General Programme of Work, 2019–2023 (2), WHO pledged to monitor the world's progress and the WHO Secretariat's own contribution towards health for all in the SDGs with three ambitious SDG-based "triple billion" goals as shown in Box 1.

Historically, health-care providers delivered health care within primary, secondary or tertiary facilities. A well functioning health system that is staffed with trained and motivated health workers, supported by a well maintained infrastructure and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence-based policies, is a reality in very few countries. In addition, the estimated shortage of 12.9 million health workers which is anticipated by 2035, the expected reduction in international funding for health, and the estimated 1 in 5 of the world's population now affected by humanitarian crises, points to the urgent need to find innovative strategies that go beyond a conventional health sector response.

Among the most promising and exciting new approaches are self-care interventions. When accessible and affordable, these interventions have the potential to increase choice, as well as opportunities for individuals to make informed decisions regarding their health and health care. Approaches that facilitate user autonomy and peer support have the potential to advance health through

strategies that promote participation of individuals in their own health care. Such approaches recognize the strengths of individuals as active agents in their own health care, and not merely passive recipients of health services.

Supporting self-care interventions also has the potential to: strengthen national institutions to maximize efficient use of domestic resources for health; create health sector innovations, including by catalysing digital and mHealth approaches (mobile health; use of mobile devices for health); and improve access to medicines and interventions through optimal interfacing between health systems and sites of health-care delivery.

## 1.1 What do we mean by self-care interventions for sexual and reproductive health and rights (SRHR)?

### i. SRHR

The comprehensive approach to SRHR endorsed by WHO Member States in the 2004 Global Reproductive Health Strategy covers five key areas – maternal and perinatal health; family planning, infertility; abortion; sexually transmitted infections (STIs), including HIV; reproductive system cancers, gynaecological morbidities; and sexual health – as well as several cross-cutting areas such as gender-based violence (3).

Within the framework of WHO's definition of health, as a state of complete physical, mental and social well-being, and not merely the absence of disease

### Box 1: WHO's "triple billion" goals

#### WHO's Strategic Priorities (and goals)

##### Ensuring healthy lives and promoting well-being for all at all ages, by:

- Advancing universal health coverage (UHC) – 1 billion more people benefitting from UHC
- Addressing health emergencies – 1 billion more people better protected from health emergencies
- Promoting healthier populations – 1 billion more people enjoying better health and well-being

or infirmity, sexual and reproductive health (SRH) addresses sexuality and sexual relationships as well as the reproductive processes, functions and system at all stages of life. Ensuring the full implementation of human-rights-based laws and policies through SRH programmes is fundamental to health and rights. Implicit in this are a wide range of human rights relating to SRH including: the rights of men and women to have pleasurable and safe sexual experiences, free of coercion, discrimination and violence; the right to be informed of and have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice; and the right of access to appropriate health services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.<sup>1</sup>

## ii. Self-care

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-care provider” (5). The scope of self-care as described in this definition includes: health promotion; disease prevention and control; self-medication; providing care to dependent persons; seeking hospital/specialist care if necessary; and rehabilitation, including palliative care (6). Inherent in the concept is the recognition that whatever factors and processes may determine behaviour, and whether or not self-care is effective and interfaces appropriately with professional care, it is the individual person who acts (or does not act) to preserve health or respond to symptoms.

## iii. Examples of self-care for SRHR

The definitions outlined above provide a useful foundation that could be adapted for the development

- self-treatment and medication (e.g. contraception; self-management of abortion by taking oral misoprostol; or self-administered antibiotics made available without prescription through pharmacies to treat STIs).

Alongside these examples of services, supportive approaches to ensuring equity and quality of self-care are critical, including consideration of the following examples:

- providing care to dependents, such as taking care of differently abled people and infants or young children who are not able to access or use the intervention themselves (e.g. providing self-injection of depot medroxyprogesterone acetate [DMPA] to adult women with disabilities);
- seeking medical assistance, such as going to a health centre (e.g. to seek professional advice, counselling and treatment if the result of a self-sampling for human papillomavirus [HPV] is positive; or for confirmatory testing after HIV-positive self-test results); and
- rehabilitation (e.g. helping elderly people regain or maintain their intrinsic physical and mental abilities).

## iv. WHO's interest in self-care for SRHR

WHO periodically and systematically reviews evidence on clinical and service-delivery interventions to produce normative guidance for countries. The WHO Department of Reproductive Health and Research recognizes the importance of self-care within health systems, and the rapid advances being made in relation to self-care interventions including services, behaviours and information that can be initiated by individuals. This area is also an exciting and innovative approach that can help to accelerate attainment of universal health coverage (UHC; SDG

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