WHO Consolidated Guideline on Self-care Interventions for Health Sexual and Reproductive Health and Rights

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1 BACKGROUND

What is a WHO guideline?
What is a WHO guideline?

“A WHO guideline…
is any document, whatever its title, that contains WHO recommendations about health interventions, whether they be clinical, public health or policy interventions.”

“A recommendation…
provides information about what policy-makers, health-care providers or patients should do. It implies a choice between different interventions that have an impact on health and that have ramifications for the use of resources.”
### Types of WHO guidelines

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>COMPILED OR CONSOLIDATED</th>
<th>RAPID ADVICE</th>
<th>INTERIM</th>
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<tbody>
<tr>
<td>• Full systematic review and guideline development process</td>
<td>• Existing guideline review committee (GRC)-approved recommendations</td>
<td>• Compressed and abbreviated process in response to public health emergency</td>
<td>• Standard or rapid advice process prompted by new evidence or public health need</td>
</tr>
<tr>
<td>• 6 months to 2 years</td>
<td></td>
<td>• 1 to 3 months</td>
<td>• Often narrow scope</td>
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<td></td>
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<td>• Short shelf-life: follow with standard guideline</td>
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*This guideline is a consolidated guideline containing both existing and new recommendations and good practice statements.*
Attributes of WHO guidelines

- Meet the **highest quality standards** for evidence-based guidelines
- Focus on **United Nations Member States’ and end-users’ needs**
- Address the right questions
- Optimize usability
- **Diverse stakeholder input** into key development steps
- Based on high-quality **systematic reviews** of all relevant evidence

- Use **GRADE***, which provides an explicit approach to:
  - assessing the quality of the evidence across studies and outcomes
  - translating evidence to recommendations
- Incorporate **multiple processes** to minimize bias
- All judgements and decision-making are **transparent and explicit**

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*The **GRADE** approach (**Grading** of Recommendations, Assessment, Development and Evaluation) is a method of **grading** the quality of evidence and the strength of recommendations in **guidelines**
“Members of the working groups were selected so as to ensure a range of expertise and experience, including appropriate representation in terms of geography and gender.”
Development process

- **SCOPE OF THE GUIDELINE**
- **DOI & COI MANAGEMENT**
- **SET UP GUIDELINE DEVELOPMENT GROUP (GDG) AND EXTERNAL REVIEW GROUP (ERG)**
- **FORMULATE PICO OR OTHER QUESTIONS**
- **SELECT OUTCOMES**
- **EVIDENCE RETRIEVAL, ASSESSMENT, SYNTHESIS**
- **GRADE – CERTAINTY OF THE BODY OF EVIDENCE**
- **FORMULATE RECOMMENDATIONS**
- **INCLUDE EXPLICIT CONSIDERATION OF:**
  - BENEFITS & HARMs
  - RESOURCE USE
  - FEASIBILITY, EQUITY, ACCEPTABILITY
- **DISSEMINATE & IMPLEMENT**
- **EVALUATE IMPACT**

**GRC APPROVAL:**
- PROPOSAL
- PICO, GDG, DOI
- FINAL GUIDELINE
### Contributors to WHO guidelines

<table>
<thead>
<tr>
<th>WHO STEERING GROUP</th>
<th>GUIDELINE DEVELOPMENT GROUP (GDG)</th>
<th>GUIDELINE METHODOLOGIST &amp; SYSTEMATIC REVIEW TEAM</th>
<th>EXTERNAL REVIEW GROUP (ERG)</th>
<th>MEETING OBSERVERS</th>
</tr>
</thead>
</table>
| • Support development of recommendations by the GDG  
• Draft the guideline document  
• Subject to WHO staff regulations for Conflict of Interest (COI) and confidentiality | • Formulate recommendations; approve the final guideline  
• Complete Declaration of Interest (DOI); COI assessed and managed by WHO staff  
• Participate as individuals; do not represent institutions | • Help the GDG to develop recommendations informed by evidence using a transparent and explicit process  
• Provide technical expertise on systematic review (SR) and guideline development methods | • Peer review | • Technical consultants: provide information, opinions, guidance  
• Do not participate in deliberations on recommendations  
• Provide comments on request |
A broad, consultative process

EXPERT CONSULTATIONS
Intersectoral approach including:
• researchers
• policy-makers
• civil society
• programme managers
• donors

GLOBAL VALUES & PREFERENCES SURVEY
• 1000+ participants from 167 countries
• both online and focus group discussions

ADOLESCENTS & YOUNG PEOPLE
• 1300+ youth from 40+ countries
• vulnerable populations
• young health professionals

COLLABORATION ACROSS WHO
• 75+ colleagues
• from 30+ departments/units at headquarters, regional and country levels

WHO/HRP CO-SPONSORS & ADVISORY BODIES
• Gender and rights advisory panel (GAP)
• Scientific and technical advisory group (STAG)
• Policy and coordination committee (PCC)

Credits: Tooykrub/Shutterstock, Elmvh CC BY-SA 3, Image Point Fr/ Shutterstock, WHO/T. David, Flickr/Eric Bridiers
Consolidated, people-centred, evidence-based guideline

Includes

Evidence-based **recommendations** outlining key public health self-care interventions for SRHR, with a focus on vulnerable populations and settings with limited capacity and resources in the health system.

**Good practice statements** on key programmatic, operational and service-delivery issues that need to be addressed to promote and increase access, uptake and use of self-care interventions for advancing SRHR.
3 INTRODUCTION TO THE GUIDELINE

“This consolidated, people-centered and evidence-based guideline seeks to bring together both new and existing WHO recommendations and good practice statements, especially in relation to SRHR.”

Credit: Elmvh CC BY-SA 3
WHO’s strategic goals

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

1 billion more people benefiting from universal health coverage

1 billion more people enjoying better health and well-being

1 billion more people benefitting from universal health emergencies

Supports current global initiatives to advance Primary Health Care (PHC) and Universal Health Coverage (UHC)

- Meeting people’s needs through **comprehensive and integrated health services** (including promotive, protective, preventive, curative, rehabilitative and palliative) throughout the **entire life course**, prioritizing primary care and essential public health functions;

- Systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behaviours) through **evidence-informed policies and actions** across all sectors; and

- **Empowering individuals, families and communities** to optimize their health as 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**.
Focus of the guideline

**“LIVING GUIDELINE”**
- continues to build upon additional versions as new evidence becomes available

**CONSOLIDATED GUIDELINE**
- links to existing guidelines (e.g. HIV self-testing; self-management of abortion; and guideline on digital health interventions);
- not re-invent existing guidance (e.g. condoms)

**INTERVENTIONS IN TRANSITION**
- includes interventions in transition:
  - from provision by facility-based healthcare providers;
  - to delivery in the self care environment

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This guideline acknowledges that self-care is not new and many evidence-based interventions already exist.

Credit: Mila Supinskaya Glaschchenko/Shutterstock
Target audience

- **End-users of the guideline**, including the primary target audience (national and international policy-makers, researchers, programme managers, health workers, including pharmacists, donors, and civil societies responsible for making decisions or advising on delivery or promotion of self-care interventions) and secondary target audience (product developers)

- **Persons affected by the recommendations**, i.e. caregivers and persons who are taking care of themselves
WHO’s definition of self care

“Self-care is 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”.

Scope of self care

• health promotion
• disease prevention and control
• self-medication
• providing care to dependent persons
• seeking hospital/specialist care if necessary
• rehabilitation including palliative care

Credit: PATH/Gabe Bienczycki
Review of WHO definitions of self care

1400 DOCUMENTS IN WHO LIBRARY REVIEWED

922 MENTIONS OF SELF CARE IDENTIFIED

106 DEFINITIONS OF SELF CARE ANALYSED BY 3 REVIEWERS

5 TOP DEFINITIONS SELECTED

DISCUSSION & CONSENSUS

The definition of self care is based on a scoping review of WHO definitions of self care.
Terminology for self care

HEALTH SYSTEMS

SELF CARE

SELF-MANAGEMENT
Self-medication, self-treatment, self-examination, self-injection, self-administration, self-use.

SELF-TESTING

SELF-AWARENESS

EVERYDAY LIFE

Scope of self-care interventions for SRHR

- Improving antenatal, delivery, postpartum and newborn care
- Providing high-quality services for family planning, including infertility services
- Eliminating unsafe abortion
- Combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities
- Promoting sexual health
- Several cross-cutting issues

Vulnerable populations may require additional information or support to make informed decisions about uptake and use of self-care interventions for SRHR

WHO’s conceptual framework for self-care interventions

AN ENABLING ENVIRONMENT FOR SELF CARE

“It is important to ensure that self-care interventions reach users with all the necessary checks and balances in place to support their rights and needs.”

Credit: Ecuadorpostales/Shutterstock
A safe and supportive enabling environment...

is an essential key starting point to facilitate access to and uptake of products and interventions that can improve the health and well-being of vulnerable and marginalized populations.

Emphasis on:

• Links between health systems and communities
• Mechanisms to overcome any barriers to service uptake and use, and continued engagement with the health system
Characteristics of the enabling environment

ENABLING ENVIRONMENT

These factors determine individuals’ access to and use of health services and their health outcomes

- Protection from violence, coercion, and discrimination
- Economic empowerment
- Access to justice
- Supportive laws and policies
- Psychological support
- Commodity security
- Information
- Education
- Health financing
- Regulated quality products and interventions
- Trained health workforce
“In implementing these globally relevant recommendations, WHO regions and countries can adapt them to the local context, taking into account the economic conditions and the existing health services and health-care facilities.”
24 recommendations relating to SRHR

- Promoting Sexual Health
- Combating Sexually Transmitted Infections (STIs)
- Eliminating Unsafe Abortion
- Providing High Quality Services for Family Planning
- Improving Antenatal, Delivery, Postpartum and Newborn Care

Includes 5 new & 19 existing recommendations
New: self-administration of injectable contraception

Background
Injectable contraception is widely used globally and a new subcutaneous form (DMPA-SC) is available that can be injected relatively easily and is safe and efficacious.

Evidence reviewed:
- 6 studies
- 4000 participants

REC 10:
Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.
New: over-the-counter oral contraceptive pills

Background
Globally, an estimated 44% of pregnancies are unintended.

Evidence reviewed:
4 studies
5197 participants

REC 11:
Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs.
New: home-based ovulation predictor kits

**Background**
Global estimates indicate that 15–25% of women are unable to become pregnant despite attempting for at least five years.

**Evidence reviewed:**
- 4 studies
- 1500 participants

**REC 12:**
Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant.
New: self-sampling for HPV testing

Background
Globally, cervical cancer is one of the most common types of cancer among women, and in low- and middle-income countries, it is the leading cause of cancer deaths in women.

Evidence reviewed:

REC 21:
HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years.

33 studies
369,000 participants
New: self-collection of samples for STI testing

Background
Globally, every year, there are an estimated 357 million new infections of four curable sexually transmitted infections (STIs).

Evidence reviewed:

REC 22:

a. Self-collection of samples for Neisseria gonorrhoeae and Chlamydia trachomatis should be made available as an additional approach to deliver STI testing services.

b. Self-collection of samples for Treponema pallidum (syphilis) and Trichomonas vaginalis may be considered as an additional approach to deliver STI testing services.
## Existing: self-management of medical abortion process in first trimester

<table>
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<tr>
<th>REC 16:</th>
<th>REC 17:</th>
<th>REC 18:</th>
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<tr>
<td>Self-assessing eligibility [for medical abortion] is recommended in the context of rigorous research.</td>
<td>Managing the mifepristone and misoprostol medication without direct supervision of a health-care provider is recommended in specific circumstances.</td>
<td>Self-assessing completeness of the abortion process using pregnancy tests and checklists is recommended in specific circumstances.</td>
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**Self-management and self-assessment approaches can be empowering and also represent a way of optimizing available health workforce resources and sharing of tasks.**
**Existing: HIV self-testing**

**REC 23:**
HIV self-testing should be offered as an additional approach to HIV testing services.

HIV self-testing (HIVST) has been shown to be an empowering, discreet and highly acceptable option for many users, including key populations, men, young people, health workers, pregnant women and their male partners, couples and general population groups.
Other recommendations …

• Non-clinical interventions targeted at women to reduce unnecessary caesarean sections
• Antenatal care for a positive pregnancy experience
• Self-administered pain relief for prevention of delay in the first stage of labour

• Use of condoms
• Supply of progestogen-only pill (POP) and combined oral contraceptive (COC) pill packs
• Post-abortion hormonal contraception initiation
• Self-efficacy and empowerment for women living with HIV

Plus 8 existing recommendations for non-communicable diseases (NCDs): cardiovascular disease, diabetes and chronic respiratory disease
Requires a strategy:

- that is informed by evidence;
- appropriate to the local context;
- and responsive to the needs and rights of people;
- especially vulnerable populations
“Interventions that promote self-care and are promoted or used by the ‘professional’ sector must be implemented in a manner that respects people’s needs and rights.”
13 good practice statements (GPSs)

Includes 3 new, 6 adapted & 4 existing GPSs
GPS 1:
Safe and secure disposal of waste from self-care products should be promoted at all levels.

GPS 2:
Countries, donors and relevant stakeholders should work towards environmentally preferable purchasing (EPP) of self-care products by selecting supplies that are less wasteful, or can be recycled, or that produce less hazardous waste products, or by using smaller quantities.
New: life course approach

GPS 6:
Sensitization about self-care interventions, including for SRHR, should be tailored to people’s specific needs across the life course, and across different settings and circumstances, and should recognize their right to sexual and reproductive health across the life course.
New: self care in humanitarian settings

GPS 8:
Provision of tailored and timely support for self-care interventions, including for SRHR, in humanitarian settings should be in accordance with international guidance, form part of emergency preparedness plans and be provided as part of ongoing responses.

Credit: Paul Jeffrey/Flickr
"Effective implementation of the recommendations and good practice statements in this guideline will likely require reorganization of care and redistribution of health-care resources, particularly in low- and middle-income countries."

Credit: Jonathan Torgovnik/Getty Images
“Achieving health for all means empowering and educating people to become active decision-makers in their own health. That’s what self-care is all about”.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General

A video message from Dr Tedros: https://youtu.be/lPOaCZ1VwYA
Dissemination & communication activities

• Launch of WHO guideline on 24 June 2019
• Executive summaries and infographics in Arabic, Chinese, English, French, Russian and Spanish
• Evidence reviews: supplement in The BMJ http://www.bmj.com/selfcare-srhr)
• Dissemination events in all regions in collaboration with WHO Regional Offices and partners
• Self Care Month from 24 June to 24 July

Walk the talk for self care

Engagement of WHO staff
Over 6000 from all regions participating

Aims
• To raise awareness and profile of the work and goals of WHO
• Engage World Health Assembly delegates, and the United Nations family in a celebration of healthy lifestyles and ensuring all people can access the health services they need, including self-care interventions!
1. Establishing a community of practice around self-care interventions
2. Implementation research in selected countries
3. Developing next volume of the guideline
Acknowledgements

- Guideline Development Group
- External Review group
- External contributors and partners
- Representatives from United Nations agencies
- Participants of the global values & preferences survey and focus group discussions
- Systematic review team and methodologist
- WHO Guideline Steering Group
- Other WHO staff and consultants
- WHO Guidelines Review Committee
- WHO GRC Secretariat
Thank You


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https://www.who.int/reproductivehealth/about_us/en/

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