CLASSIFICATION OF SELF-CARE INTERVENTIONS FOR HEALTH

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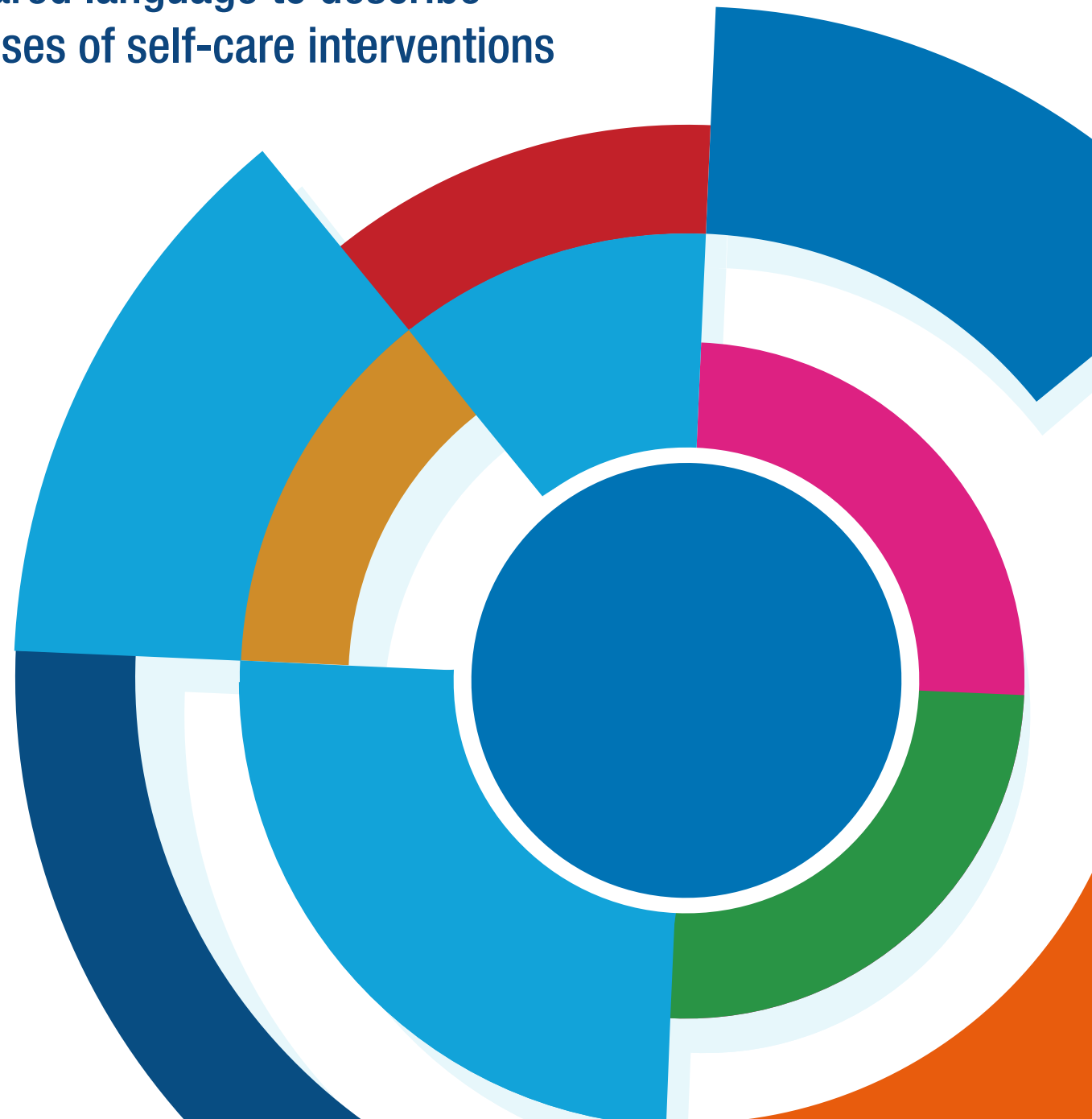
A shared language to describe the uses of self-care interventions



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

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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