WHO guideline on self-care interventions for health and well-being, 2022 revision:

executive summary

World Health Organization

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Recommendations and key considerations are identified throughout the Guideline by these icons:

New recommendations


Existing recommendations


Key considerations


Good practice statements


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EXECUTIVE SUMMARY

BACKGROUND

Self-care interventions are among the most promising and exciting approaches to improve health and well-being, both from a health systems perspective and for the users of these interventions. Self-care interventions hold the promise to be good for everyone and to move us closer to realizing universal health. Self-care interventions have the potential to increase choice and autonomy when they are accessible, acceptable and affordable. They represent a significant push towards greater self-determination, self-efficacy, autonomy and engagement in health for self-carers and caregivers. While risk and benefit calculations may be different in different settings and for different populations, with appropriate normative guidance and a safe and supportive enabling environment, self-care interventions promote the active participation of individuals in their healthcare and are an exciting way forward to reach improved health outcomes by addressing various aspects of healthcare, as seen in Fig. 1.

A global shortage of an estimated 18 million health workers is anticipated by 2030, a record 130 million people are in need of humanitarian assistance, and there is the global threat of pandemics such as COVID-19. At least 400 million people worldwide lack access to the most essential health services, and every year 100 million people are plunged into poverty because they have to pay for healthcare out of their own pockets. There is, therefore, an urgent need to find innovative strategies that go beyond the conventional health-sector response. These interventions are also relevant for all three areas of the Thirteenth General Programme of Work of the World Health Organization (WHO), as illustrated in Fig. 2. WHO recommends self-care interventions for every country and economic setting as critical components on the path to reaching universal health coverage (UHC), promoting health, keeping the world safe and serving the vulnerable.

Primary healthcare, universal health coverage and other global initiatives

Self-care interventions are increasingly being acknowledged in global initiatives, including for advancing primary healthcare. The three main elements of primary healthcare described in the 2018 Declaration of Astana are:

- 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 of policies that promote and protect health and well-being, as co-developers of health and social services and as self-carers and caregivers.

Primary healthcare is a fundamental component to achieving UHC, which will need a paradigm shift in health [illegible] self-care interventions can

FIG. 1. IMPROVED OUTCOMES ASSOCIATED WITH SELF-CARE INTERVENTIONS

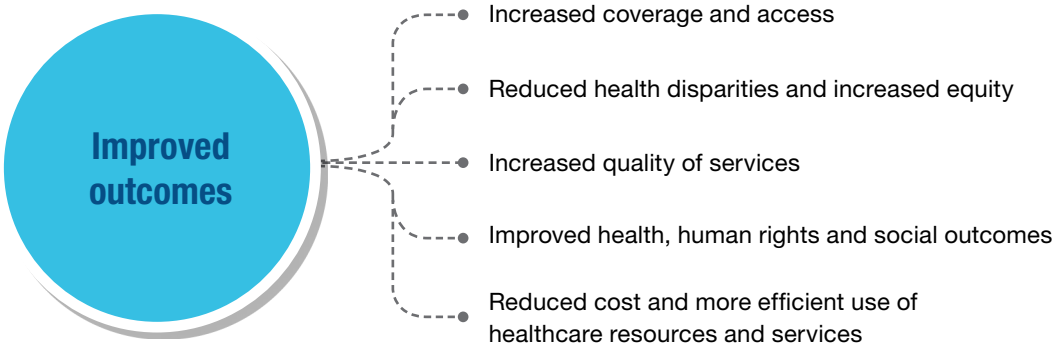
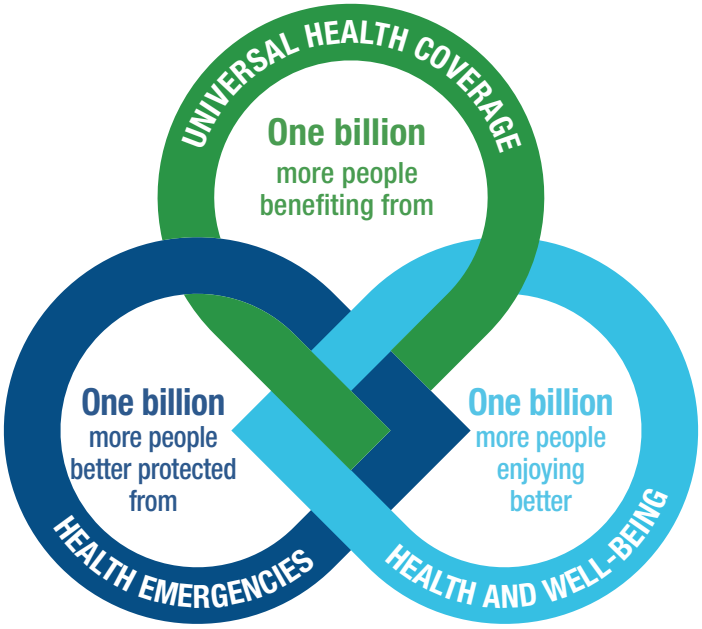


FIG. 2. STRATEGIC PRIORITIES AND TRIPLE-BILLION GOALS FROM THE WHO THIRTEENTH GENERAL PROGRAMME OF WORK



contribute substantially to making that shift. Self-care in support of UHC in turn supports target 3.8 of Sustainable Development Goal 3 (to ensure healthy lives and promote well-being for all at all ages).

Improving health and well-being

Health promotion enables people to increase their control over their own health. It covers a wide range of social and environmental interventions designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

WHO recommends a range of self-care interventions for health promotion (see Fig. 3), including better nutrition and physical activity – but also essential enablers such as health literacy that provide a basis for health promotion.

Pandemics and humanitarian settings

In settings affected by conflict and humanitarian crises, existing health systems can rapidly become overstretched and there is often an unprecedented demand on individuals and communities to manage their own health. When quality self-care interventions are provided within the recommended framework or "enabling environment" (as described in Chapter 2), individuals and communities can benefit. During pandemics like COVID-19, self-care measures such as physical distancing, wearing masks and good hygiene are recommended and practised globally as an essential part of the response. Self-care interventions are shifting the way healthcare is perceived, understood and accessed, and adding to the many medicines, diagnostics and other technologies available for people to use themselves.

Definition of self-care and self-care interventions

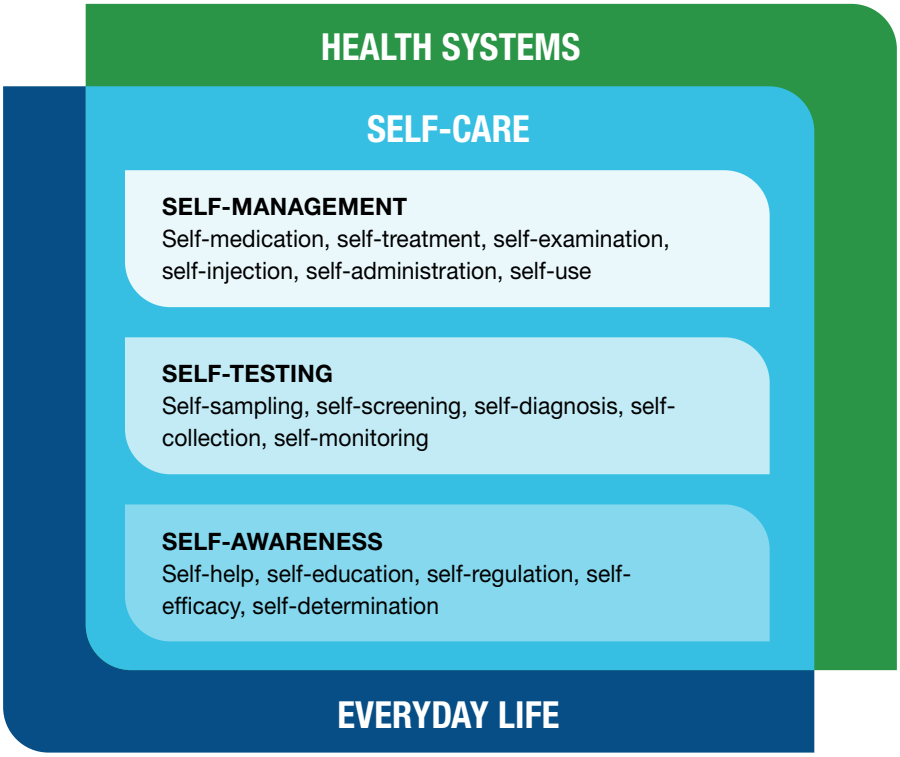
Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker. The scope of self-care in this definition includes health promotion, disease prevention and control, self-medication, giving care to dependent people, seeking hospital, specialist or primary care when needed, and rehabilitation, including palliative care.

Self-care interventions are tools that support self-care. These include evidence-based, high-quality drugs, devices, diagnostics and/or digital interventions that can be provided fully or partially outside formal health services and be used with or without a health worker.

Purpose and objectives of the guideline

The purpose of this guideline is to provide evidence-based normative guidance that will support individuals, communities and countries with quality health services

FIG. 3. SELF-CARE IN THE CONTEXT OF INTERVENTIONS LINKED TO HEALTH SYSTEMS



and self-care interventions based on primary healthcare strategies, comprehensive and essential service packages and people-centredness.

The specific objectives of this guideline are to provide:

- evidence-based **recommendations** on key public health self-care interventions, including for advancing sexual and reproductive health and rights (SRHR), with a focus on underserved 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 the safe and equitable access, uptake and use of self-care interventions, including for advancing SRHR; and
- **key considerations** on specific topics to guide future research and guidelines processes.

Conceptual framework for self-care interventions

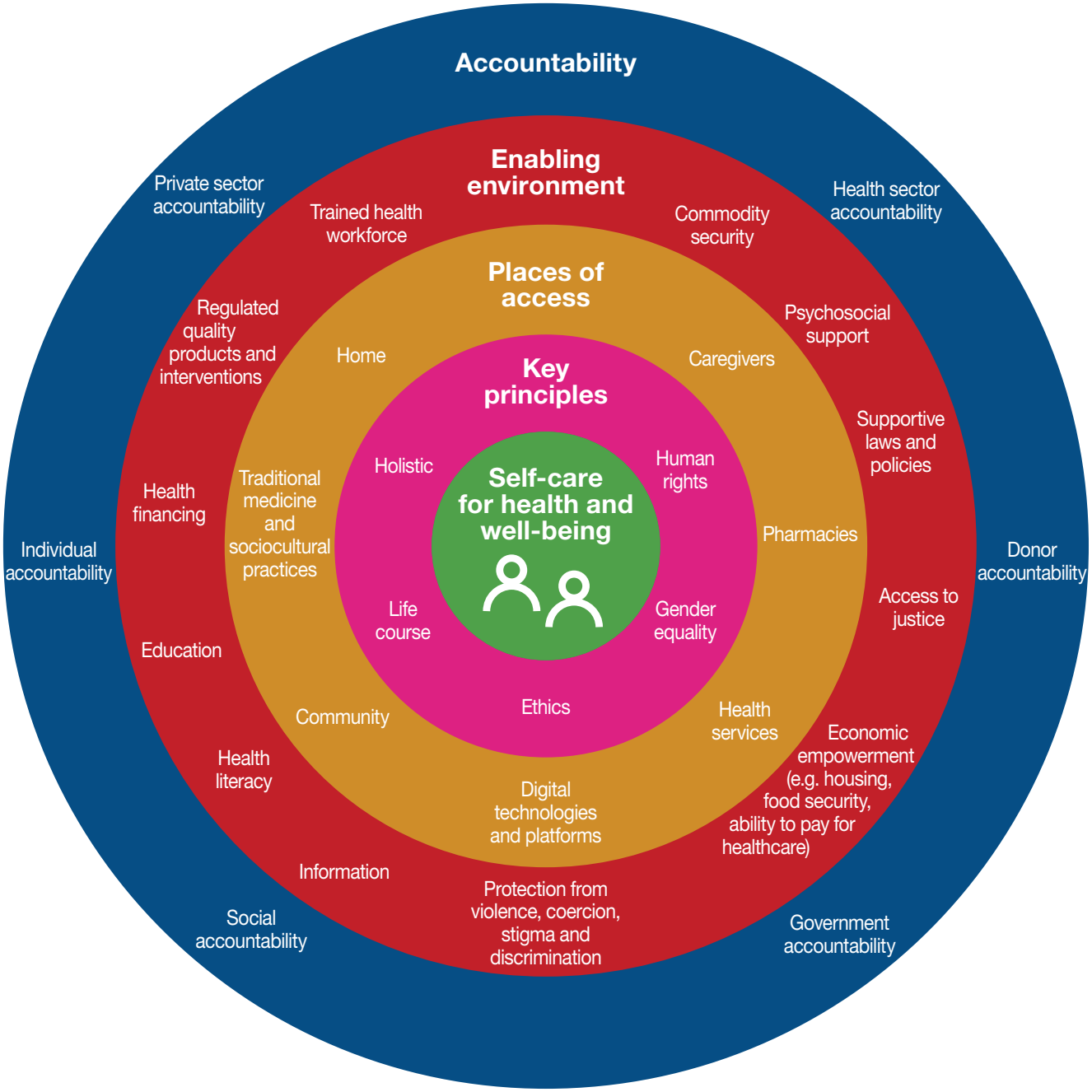
The conceptual framework provides a starting point for tackling the evolving field of self-care and identifying self-care interventions for future updates. The conceptual framework (see Fig. 4) illustrates core elements from both the "people-centred" and "health systems" approaches, which can support the introduction, uptake and scale-up of self-care interventions. The people-centred approach to health and well-being lies at the core of this framework.

This guideline is grounded in and advocates a strengthened, comprehensive, people-centred approach to health and well-being, including for SRHR. This approach is underpinned by the key principles of human rights, ethics and gender equality. People-centredness requires taking an holistic approach to the care of each person, taking account of their individual circumstances, needs and desires across their whole life course, and taking account of the environment within which they live.

Self-care interventions, if situated in an environment that is safe and supportive, are an opportunity to help to increase people's active participation in their own health, including patient engagement.

A safe and supportive enabling environment is essential to facilitate access to and the uptake of products and interventions that can improve the health and well-being of underserved and marginalized populations. Assessing and ensuring an enabling environment in which self-care interventions can be made available in safe and appropriate ways must be a key initial piece of any strategy to introduce or scale up these interventions. This should be informed by the profile of potential users, the services on offer to them, and the broader legal and policy environment, and structural supports and barriers.

FIG. 4. CONCEPTUAL FRAMEWORK FOR SELF-CARE INTERVENTIONS



Source: adapted with permission from Narasimhan et al. (doi:10.1136/bmj.l688).

Scope of this guideline

This guideline brings together new and existing WHO recommendations, good practice statements and key considerations on self-care interventions for health. The recommendations relate to specific health-related interventions (see Chapter 3) while the good practice statements relate to implementation considerations and more generally to creating and maintaining an enabling environment, particularly for underserved populations (see Chapter 4, which also contains two additional recommendations). This document builds on the 2019 guidance, which was the first such guideline published by WHO. The new recommendations in this guideline focus on self-care interventions that are considered to be in transition from provision by facility-based health workers to delivery using a self-care approach.

Where current WHO guidance exists, this document refers users to those other publications for further information, and to other relevant WHO tools and documents on programme activities.

Access, use and uptake of self-care interventions for underserved populations

Health inequities are endemic to every region of the world, with rates of disease significantly higher among the poorest and most marginalized individuals and communities.

The vulnerabilities of underserved individuals and communities might increase in many settings because of factors such as older age, which could lead to social isolation, or poverty, which could lead to people living in environments that are harmful to health. Not all individuals and communities, therefore, require the same level of support for access to and the uptake and use of self-care interventions. Safe and strong linkages between independent self-care and access to quality healthcare services for people who want or need them are critically important to avoid harm. Where self-care is not a positive choice but is prompted by fear or a lack of alternatives, it can increase vulnerabilities.

The use and uptake of self-care interventions is organic and the shift in responsibility – between full responsibility of the user and full responsibility of the health worker (or somewhere along that continuum) – can also change over time for each intervention and for different population groups. Ensuring the full implementation of human rights-based laws and policies through SRHR programmes is fundamental to health and human rights.

Target audience

The primary target audience for this guideline is national and international policy-makers, researchers, programme managers, health workers (including pharmacists), donors and civil society organizations responsible for making decisions or advising on the delivery or promotion of self-care interventions. The secondary target audience is product developers. This new guideline is also expected to support the people affected by the recommendations: those who are taking care of themselves, and caregivers.

Health services and programmes in low-resource settings will benefit most from the guidance presented here, as they face the greatest challenges in providing services tailored to the needs and rights of underserved populations. However, this guideline is relevant for all settings and should, therefore, be considered as global guidance. 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 healthcare facilities.

Guideline development process

This guideline has been developed according to WHO standards and requirements for guideline development, and with the oversight of the WHO Guidelines Review Committee. All of the recommendations in this guideline have been developed by the Guideline Development Group (GDG) and facilitated by the guideline methodologist using the GRADE approach (Grading of Recommendations Assessment, Development and Evaluation). Annex 2 of this document provides the full details of the methodology. In particular, section 2.4 of Annex 2 describes how the issues to be addressed and the specific recommendations and good practice statements to be included in this guideline were determined.

Developing the research agenda

Future research in self-care can be conceptualized under two broad areas: (i) the development of self-care interventions and (ii) the delivery of self-care interventions.

Underpinning the focus of research on efficacy, safety, implementation and delivery will be the perspectives of individuals, collectives, communities and health workers, and/or systems perspectives. As such, attention needs to be given to matching the selection of outcomes to be measured with the relevant perspective. The same is true for studies of costs and cost-effectiveness.

The increasing adoption of digital health and digital therapeutics in self-care offers new opportunities to generate real-world evidence in real time. However, it demands that privacy, security and identity management are integral to the conduct of ethical self-care research. Transparency, a culture of trust, and mutual benefit for the people who participate in research and those who conduct it are paramount to creating a sustainable research environment. During the guideline development process and in-person GDG meeting, the GDG members identified important knowledge gaps that needed to be addressed through further primary research.

Chapter 5 of the guideline discusses the limitations of the existing evidence base, presents illustrative research questions relevant to the enabling environment for self-care for SRHR, lists questions to address the identified research gaps related to the new recommendations in this guideline, and illustrative research questions on self-care interventions relevant to several outcome domains for measuring human rights and equity.

Implementation, applicability, and monitoring and evaluation of the guideline

The effective implementation of the recommendations, good practice statements and key considerations in this guideline is likely to need the reorganization of care and the redistribution of healthcare resources, particularly in low- and middle-income countries. The potential barriers are reviewed in Chapter 6. Various strategies will be applied to ensure that the people-centred approach and the key principles that underpin this guideline are operationalized, and to address barriers in a range of settings to facilitate the implementation of the guidance.

The implementation and impact of these recommendations will be monitored at the health-service, regional and country levels, based on existing indicators. Given the private space in which self-care is practised, though, alternative ways to assess the impact of the interventions need to be developed, with the engagement of the affected communities, and with a particular emphasis on the uptake and use by underserved populations.

Updating of the guideline

The recommendations, good practice statements, and key considerations published here represent a subset of prioritized self-care interventions for health. This guidance will be updated and expanded as new evidence becomes available and also depending on the progress in policies and programmes. This guideline is considered a "living guideline", which will allow the continual review of new evidence and information, so that appropriate guidance can be issued in a timely manner and adopted and implemented by countries and programmes.

Summary of the recommendations, good practice statements and key considerations

Table 1 presents the new and existing recommendations and the new key considerations on self-care interventions, covering the following topics: (i) improving antenatal, intrapartum and postnatal care; (ii) providing high-quality services for family planning, including infertility services; (iii) eliminating unsafe abortion; (iv) combating sexually transmitted infections (including HIV), reproductive tract infections, cervical cancer and other gynaecological morbidities; (v) promoting sexual health; and (vi) noncommunicable diseases, including cardiovascular disease and diabetes.

Table 2 presents the new and existing good practice statements and two new recommendations on self-care interventions, covering the following topics: (i) human rights, gender equality and equity considerations; (ii) financing and economic considerations; (iii) the training needs of health workers; (iv) population-specific implementation considerations; (v) digital health interventions; and (vi) environmental considerations.

Where the recommendations, good practice statements or key considerations are new, this is noted.

TABLE 1. RECOMMENDATIONS AND KEY CONSIDERATIONS FOR SELF-CARE INTERVENTIONS

Interventions	Recommendations and key considerations[a]
Improving antenatal, intrapartum and postnatal care	
Non-clinical interventions targeted at women to reduce caesarean sections	
Recommendation 1	Health education for women is an essential component of antenatal care. The following educational interventions and support programmes are recommended to reduce caesarean births only with targeted monitoring and evaluation. *(Context-specific recommendation; low certainty evidence)*
Recommendation 1a	Childbirth training workshops (content includes sessions about childbirth fear and pain, pharmacological pain-relief techniques and their effects, non-pharmacological pain-relief methods, advantages and disadvantages of caesarean sections and vaginal delivery, indications and contraindications of caesarean sections, among others). *(Low to moderate certainty evidence)*

Interventions	Recommendations and key considerations[a]
Recommendation 1b	Nurse-led applied relaxation training programme (content includes group discussion of anxiety and stress-related issues in pregnancy and purpose of applied relaxation, deep breathing techniques, among other relaxation techniques). *(Low to moderate certainty evidence)*
Recommendation 1c	Psychosocial couple-based prevention programme (content includes emotional self-management, conflict management, problem-solving, communication and mutual support strategies that foster positive joint parenting of an infant). "Couple" in this recommendation includes couples, people in a primary relationship or other close people. *(Low to moderate certainty evidence)*
Recommendation 1d	Psychoeducation (for women with fear of pain; comprising information about fear and anxiety, fear of childbirth, normalization of individual reactions, stages of labour, hospital routines, birth process, and pain relief [led by a therapist and midwife], among other topics). *(Low to moderate certainty evidence)*
Self-administered interventions for common physiological symptoms	
Recommendation 2	When considering the educational interventions and support programmes, no specific format (e.g. pamphlet, videos, role play education) is recommended as more effective.
Interventions for nausea and vomiting	
Recommendation 3	Ginger, chamomile, vitamin B6 and/or acupuncture are recommended for the relief of nausea in early pregnancy, based on a woman's preferences and available options.
Interventions for heartburn	
Recommendation 4	Advice on diet and lifestyle is recommended to prevent and relieve heartburn in pregnancy. Antacid preparations can be offered to women with troublesome symptoms that are not relieved by lifestyle modification.
Interventions for leg cramps	
Recommendation 5	Magnesium, calcium or non-pharmacological treatment options can be used for the relief of leg cramps in pregnancy, based on a woman's preferences and available options.
Interventions for low back and pelvic pain	
Recommendation 6	Regular exercise throughout pregnancy is recommended to prevent low back and pelvic pain. There are a number of different treatment options that can be used, such as physiotherapy, support belts and acupuncture, based on a woman's preferences and available options.
Interventions for constipation	
Recommendation 7	Wheat bran or other fibre supplements can be used to relieve constipation in pregnancy if the condition fails to respond to dietary modification, based on a woman's preferences and available options.
Interventions for varicose veins and oedema	
Recommendation 8	Non-pharmacological options, such as compression stockings, leg elevation and water immersion, can be used for the management of varicose veins and oedema in pregnancy, based on a woman's preferences and available options.

Interventions	Recommendations and key considerations[a]
Self-administered pain relief for prevention of delay in the first stage of labour	
Recommendation 9	Pain relief for preventing delay and reducing the use of augmentation in labour is not recommended. *(Conditional recommendation; very low certainty evidence)*
Iron and folic acid supplements	
Recommendation 10a (new)	WHO recommends making the self-management of folic acid supplements available as an additional option to health worker-led provision of folic acid supplements for individuals who are planning pregnancy within the next three months. *(Strong recommendation; very low certainty evidence)*
Recommendation 10b (new)	WHO recommends making the self-management of iron and folic acid supplements available as an additional option to health worker-led provision of folic acid supplements for individuals during pregnancy. *(Strong recommendation; very low certainty evidence)*
Recommendation 10c (new)	WHO recommends making the self-management of iron and folic acid supplements available as an additional option to health worker-led provision of iron and folic acid supplements for individuals during the postnatal period. *(Strong recommendation; very low certainty evidence)*
Self-monitoring of blood pressure during pregnancy	
Recommendation 11 (new)	WHO suggests making the self-monitoring of blood pressure during pregnancy available as an additional option to clinic blood pressure monitoring by health workers during antenatal contacts only, for individuals with hypertensive disorders of pregnancy. *(Conditional recommendation; very low certainty evidence)*
Self-testing for proteinuria during pregnancy	
Key consideration 1 (new)	For pregnant individuals with non-proteinuric hypertension, there may be some benefit of home-based urine self-testing compared with inpatient care to detect proteinuria, but clinicians need to balance this with the additional burden placed on the individual.
Self-monitoring of blood glucose during pregnancy	
Recommendation 12 (new)	WHO recommends making self-monitoring of glucose during pregnancy available as an additional option to clinic blood glucose monitoring by health workers during antenatal contacts, for individuals diagnosed with gestational diabetes. *(Strong recommendation; very low certainty evidence)*
Women-held case notes to improve the utilization and quality of antenatal care	
Recommendation 13	WHO recommends that each pregnant woman carries their own case notes during pregnancy to improve the continuity and quality of care and their pregnancy experience.
Providing high-quality services for family planning, including infertility services	
Self-administration of injectable contraception	
Recommendation 14	Self-administered injectable contraception should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age. *(Strong recommendation; moderate certainty evidence)*

Interventions	Recommendations and key considerations[a]
Self-management of contraceptive use with over-the-counter oral contraceptive pills	
Recommendation 15	Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs. *(Strong recommendation; very low certainty evidence)*
Over-the-counter availability of emergency contraception	
Recommendation 16 (new)	WHO recommends making over-the-counter emergency contraceptive pills available without a prescription to individuals who wish to use emergency contraception. *(Strong recommendation; moderate certainty evidence)*
Self-screening with ovulation predictor kits for fertility regulation	
Recommendation 17	Home-based ovulation predictor kits should be made available as an additional approach to fertility management for individuals attempting to become pregnant. *(Strong recommendation; low certainty evidence)*
Condom use	
Recommendation 18	The consistent and correct use of male and female condoms is highly effective in preventing the sexual transmission of HIV; reducing the risk of HIV transmission both from men to women and women to men in serodiscordant couples; reducing the risk of acquiring other STIs and associated conditions, including genital warts and cervical cancer; and preventing unintended pregnancy.
Recommendation 19	The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and STIs. *(Strong recommendation; moderate certainty evidence)*
Recommendation 20a	Provide up to one year's supply of pills, depending on the woman's preference and anticipated use.
Recommendation 20b	Programmes must balance the desirability of giving women maximum access to pills with concerns regarding contraceptive supply and logistics.
Recommendation 20c	The resupply system should be flexible, so that the woman can obtain pills easily in the amount and at the time she requires them.
Pregnancy self-testing	
Recommendation 21 (new)	WHO recommends making self-testing for pregnancy available as an additional option to health worker-led testing for pregnancy, for individuals seeking pregnancy testing. *(Strong recommendation; very low certainty evidence)*
Eliminating unsafe abortion	
Self-management of the medical abortion process in the first trimester	
Recommendation 22	Self-assessing eligibility for medical abortion is recommended within the context of rigorous research.

Interventions	Recommendations and key considerations[a]
Recommendation 23	Managing the mifepristone and misoprostol medication without the direct supervision of a health worker is recommended in specific circumstances. We recommend this option in circumstances where women have a source of accurate information and access to a health worker should they need or want it at any stage of the process.
Recommendation 24	Self-assessing the completeness of the abortion process using pregnancy tests and checklists is recommended in specific circumstances. We recommend this option in circumstances where both mifepristone and misoprostol are being used and where women have a source of accurate information and access to a health worker should they need or want it at any stage of the process.
Post-abortion hormonal contraception initiation	
Recommendation 25	Self-administering injectable contraceptives is recommended in specific circumstances. We recommend this option in contexts where mechanisms to provide the woman with appropriate information and training exist, referral linkages to a health worker are strong, and where monitoring and follow-up can be ensured.
Recommendation 26	For individuals undergoing medical abortion with the combination mifepristone and misoprostol regimen or the misoprostol-only regimen who desire hormonal contraception (oral contraceptive pills, contraceptive patch, contraceptive ring, contraceptive implant or contraceptive injections), we suggest that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen.
Combating sexually transmitted infections (including HIV), reproductive tract infections, cervical cancer and other gynaecological morbidities	
Human papillomavirus (HPV) self-sampling	
Recommendation 27	HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years. *(Strong recommendation; moderate certainty evidence)*
Self-collection of samples for STI testing	
Recommendation 28	Self-collection of samples for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* should be made available as an additional approach to deliver STI testing services. *(Strong recommendation; moderate certainty evidence)*
Recommendation 29	Self-collection of samples for *Treponema pallidum* (syphilis) and *Trichomonas vaginalis* may be considered as an additional approach to deliver STI testing services. *(Conditional recommendation; low certainty evidence)*
HIV self-testing	
Recommendation 30	HIV self-testing should be offered as an additional approach to HIV testing services. *(Strong recommendation; moderate certainty evidence)*
Self-efficacy and empowerment for women living with HIV	
Recommendation 31	For women living with HIV, interventions on self-efficacy and empowerment around sexual and reproductive health and rights should be provided to maximize their health and fulfil their rights. *(Strong recommendation; low certainty evidence)*

Interventions	Recommendations and key considerations[a]
Pharmacy access to pre-exposure prophylaxis (PrEP) for HIV prevention	
Key consideration 2 (new)	Pharmacy initiation and continuation of PrEP: • WHO recommends offering oral PrEP and the dapivirine vaginal ring to individuals at substantial risk of HIV infection. • Equitable access to and the availability of PrEP, plus information about its use are imperative to ensure increased uptake. • Providing PrEP through pharmacies may present a unique opportunity for expanding access to PrEP in the community setting. • Any model of PrEP delivery through pharmacies should ensure adherence to WHO suggested procedures for initiating and maintaining PrEP, including HIV testing, creatinine testing and other tests and counselling as appropriate. • The decision to offer PrEP in pharmacies will require alignment with local laws and regulations, appropriate health system linkages and community engagement.
Promoting sexual health	
Lubricant use for sexual health	
Recommendation 32 (new)	WHO recommends making lubricants available for optional use during sexual activity, among sexually active individuals. *(Strong recommendation; moderate certainty evidence)*
Self-administration of gender-affirming hormones for transgender and gender-diverse individuals	
Key consideration 3 (new)	• The principles of gender equality and human rights in the delivery of quality gender-affirming hormones are critical to expanding access to this important intervention and reducing discrimination based on gender identity. • Transgender and gender-diverse people live within social, legal, economic and political systems that place them at high risk of discrimination, exclusion, poverty and violence. • Research is urgently needed to support evidence-driven guidance.
Noncommunicable diseases, including cardiovascular disease and diabetes	
Cardiovascular disease	
Self-measurement to monitor blood pressure	
Recommendation 33	Self-measurement to monitor blood pressure is recommended for the management of hypertension in appropriate patients where the affordability of the technology has been established. *(Strong recommendation; low certainty evidence)*
Self-monitoring of blood coagulation	
Recommendation 34	Self-monitoring of blood coagulation is recommended for appropriate patients treated with oral anticoagulation agents, where the affordability of the technology has been established. *(Weak recommendation; moderate certainty evidence)*
Recommendation 35	Self-monitoring of blood coagulation and self-augmentation of dosage in patients receiving oral anticoagulation agents is recommended if affordable, and according to an agreed action plan with a health professional. *(Conditional recommendation; moderate certainty evidence)*

Interventions	Recommendations and key considerations[a]
Diabetes	
Self-monitoring of blood glucose	
Recommendation 36	The use of self-monitoring of blood glucose in the management of patients with type 2 diabetes not on insulin is not recommended at the present time because there is insufficient evidence to support such a recommendation. *(Conditional recommendation; moderate certainty evidence)*
Recommendation 37	People with type 1 and type 2 diabetes on insulin should be offered self-monitoring of blood glucose based on individual clinical need. *(Conditional recommendation; low certainty evidence)*

[a] The strength of the recommendation and/or the certainty of the evidence are not specified for some of the existing recommendations because they were developed prior to the systematic use of GRADE methodology. When respective guidelines are updated using the GRADE framework, we will update the wording accordingly.

TABLE 2. RECOMMENDATIONS AND GOOD PRACTICE STATEMENTS ON THE IMPLEMENTATION AND PROGRAMMATIC CONSIDERATIONS OF SELF-CARE INTERVENTIONS

Interventions	Recommendations and good practice statements
Human rights, gender equality and equity considerations	
Good practice statement 1 (new)	All self-care interventions for health must be accompanied by accurate, understandable and actionable information, in accessible formats and languages, about the intervention itself and how to link to relevant community- or facility-based healthcare services, and the opportunity to interact with a health worker or a trained peer supporter to support decisions around, and the use of, the intervention.
Good practice statement 2 (new)	The provision of self-care interventions for health should increase clients' options about when and how they seek healthcare, including offering flexibility in the choice of interventions and in the degree and manner of the engagement with health services.
Good practice statement 3 (new)	Self-care interventions for health and their delivery mechanisms should be designed to accommodate the needs of all people across the gender spectrum, recognizing that there may be differences in the barriers that individuals and communities face accessing quality interventions, in their needs and priorities, in the nature of support they need, and in their preferred points of access.
Good practice statement 4 (new)	Countries should review and, where necessary, revise laws, policies and regulations to ensure that quality self-care interventions are made widely available in the community, that they are accessible to all without discrimination, through public, private and community-based health workers, and that they are acceptable to users.

Interventions	Recommendations and good practice statements
Financing and economic considerations	
Good practice statement 5	Good-quality health services and self-care interventions should be made available, accessible, affordable and acceptable to underserved and marginalized populations, based on the principles of medical ethics; the avoidance of stigma, coercion and violence; non-discrimination; and the right to health.
Training needs of health workers	
Good practice statement 6 (adapted)	Health workers should receive appropriate recurrent education to ensure that they have the competencies, underpinned by the required knowledge, skills and attitudes, to provide self-care interventions based on the right to health, confidentiality and non-discrimination.
Rational delegation of tasks and task sharing	
Good practice statement 7	Countries, in collaboration with relevant stakeholders, including patient groups and the community, should consider implementing and/or extending and strengthening the rational delegation of tasks to individuals, carers and communities, as members of the health team, in effective ways that lead to equitable health outcomes.
Good practice statement 8	Self-carers and caregivers who are not trained health workers can be empowered to manage certain aspects of healthcare under the responsibility of a health worker, particularly in relation to self-care and the use of self-care interventions, where appropriate and within the context of safe, supportive health systems.
Competency-based training of health workers	
Good practice statement 9 (adapted)	Countries should adopt a systematic approach to harmonized, standardized and competency-based training that is needs-driven and accredited so that health workers are equipped with the appropriate competencies for: • engaging in and supporting self-care practices that promote emotional resilience, health and well-being; • determining the extent to which an individual wishes to, and is able to, self-monitor and self-manage healthcare; • promoting access to and the correct use and uptake of self-care interventions; and • educating individuals for preparing and self-administering medications or therapeutics.
Population-specific implementation considerations	
Implementation considerations during humanitarian and pandemic crises	
Recommendation 38	WHO recommends prioritizing digital health services, self-care interventions, task sharing and outreach to ensure access to medicines, diagnostics, devices, information and counselling when facility-based provision of sexual and reproductive health services is disrupted.
Recommendation 39	WHO recommends maximizing occupational health and staff safety measures, including providing mental healthcare and psychosocial support and promoting self-care strategies.
Life-course approach	
Good practice statement 10	Sensitization about self-care interventions 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.

Interventions	Recommendations and good practice statements
Implementation considerations of underserved and marginalized populations	
Good practice statement 11 (adapted)	People from underserved and marginalized populations should be able to experience full, pleasurable sex lives and have access to a range and choice of reproductive health options.
Good practice statement 12 (adapted)	Countries should work towards implementing and enforcing anti-discrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against underserved and marginalized populations.
Good practice statement 13 (new)	Transgender and gender-diverse individuals who self-administer gender-affirming hormones require access to evidence-based information, quality products and sterile injection equipment.
Digital health interventions	
Good practice statement 14 (adapted)	Digital health interventions offer opportunities to promote, offer information about and provide discussion forums for self-care interventions.
Good practice statement 15 (adapted)	Client-to-provider telemedicine to support self-care interventions can be offered to complement face-to-face health services.
Good practice statement 16 (adapted)	Digital targeted client communication by health workers on the use of self-care interventions can help to implement monitor and evaluate health outcomes.
Environmental considerations	
Good practice statement 17	Safe and secure disposal of waste from self-care products should be promoted at all levels.
Good practice statement 18	Countries, donors and relevant stakeholders should work towards environmentally preferable purchasing of self-care products by selecting supplies that are less wasteful, can be recycled or produce less-hazardous waste products, or by using smaller quantities.

A LIVING GUIDELINE

This living guideline is also available in one user-friendly and easy-to-navigate online platform, which will allow for continual review of new evidence and information. The interactive web-based version of this living guideline is available at https://app.magicapp.org/#/guideline/Lr21gL.

SMART Guidelines (Standards-based, Machine-readable, Adaptive, Requirements-based, and Testable) on self-care interventions for antenatal care, family planning, HIV and other topics is available under: https://www.who.int/teams/digital-health-and-innovation/smart-guidelines.

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