

Value of self-care for advancing sexual and reproductive health and rights



World Health Organization



Understanding self-care

Self-care refers to the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness, with or without the support of a health or care worker. Self-care does not replace health and care workers but it provides complementary, additional, acceptable and evidence-based options.

In the context of sexual and reproductive health and rights (SRHR), self-care actions and self-care interventions can empower people to manage their SRH autonomously. Self-care can support advancing primary health care and universal health coverage, including in settings and for communities where access to good-quality and affordable health services is limited or inequitable. The benefits of self-care for SRHR are wide-ranging.

Conceptual framework for self-care interventions (7)

Commodity security, psychosocial support, supportive laws and policies, access to justice, economic empowerment, protection from violence/coercion/stigma & discrimination, information, health literacy, education, health financing, regulated products and interventions, trained health workforce



Health sector, donor, government, social, individual, private sector

Human rights, gender equality, ethics, life course, holistic

Caregivers, pharmacies, health services, digital technologies and platforms, community, traditional medicine and sociocultural practices, home

More than 4.5 billion people lack access to essential health services, including for SRHR (1). Some of the self-care interventions and actions that can help expand access to SRH services include:

- ovulation predictor kits
- pregnancy tests
- HIV self-testing
- STI self-sampling or self-testing
- self-sampling to screen for human papillomavirus (HPV)
- self-management of medical abortion in the first trimester
- self-administered injectable contraception (DMPA-SC)
- over-the-counter access to contraception, including emergency contraception
- medical devices to monitor blood pressure and blood glucose during pregnancy.

More than half of the global population lacks access to essential health services (1). Health worker shortages are projected to reach 11 million by 2030 (2). Every day in 2023, over 700 women died from preventable causes related to pregnancy and childbirth (3), and 164 million have an unmet need for contraception (4). In this context, self-care potentially offers a scalable, cost-effective solution. Between 2019 and 2024, more than 50 countries reported having a national policy or guideline on self-care interventions for SRHR (5-6).

As self-care is scaled up, it is important to ensure the quality and safety of self-care products, address digital and health literacy gaps, and integrate self-care into national health policies, programmes and systems. Effective implementation requires supportive legal frameworks, community engagement, and investment in health education.





In the efforts to achieve goals and targets for national, regional and global health and well-being, self-care stands out as a transformative approach to advancing rights-based, people-centred SRHR.



While self-care interventions can improve access to SRHR, they must be carefully designed and integrated into rights-based, people-centred health systems. If they are poorly designed or implemented, self-care interventions risk reinforcing existing inequalities, especially among marginalized groups (8).

Mapping progress

This map shows the countries that have adopted policies or guidelines supporting self-care interventions for SRHR, along with some examples of interventions that have been implemented.

-  Countries with a national policy and/or guideline on self-care interventions for SRHR (7,9)
-  Countries with a WHO Case Study on self-care interventions for SRHR
-  Data not available
-  Not applicable

Peru: Rapidly scaled up HPV self-sampling, nearly doubling participation rates. Provided women with self-sampling kits through community health workers and local health posts.

Morocco: Integrated self-care interventions into the national SRH strategy, and introduced self-administered injectable contraception.

Jamaica: Adopted HIV self-testing using oral swabs. Operating Teen Hubs for adolescent SRH self-care.

Ghana: Scaled up self-injection of DMPA-SC for family planning after national implementation research and regulatory approval.

Uruguay: Implemented self-managed medical abortion supported by professional counselling under a national law.

Germany: Introduced a telemedicine project to support the safe self-management of medical abortion at home, improving access to care through remote consultations and guidance in line with WHO recommendations.

India: Providing “Self-care kits” containing condoms, emergency contraceptive pills and pregnancy tests at 150 000 primary care health and wellness centres.

Kenya: Developed a national SRHR self-care guideline, integrated self-care into policies, training and humanitarian settings, with active DMPA-SC scale-up.

Zimbabwe: Implemented self-care via HIV self-testing, DMPA-SC self-injection, oral contraceptives, and HPV self-sampling, with community health workers playing a key role.

Timor-Leste: Included HPV self-sampling in national cervical cancer screening programmes. Providing contraceptive self-care interventions (condoms and contraceptive pills) to every health outpost for an outreach initiative. Launched a pilot programme in 2023 for HIV self-testing and pre-exposure prophylaxis (PrEP) targeting key populations.

Advancing SRHR with self-care interventions

Women and girls



Self-care advances SRHR of women and girls, especially in contexts where access to health services is limited, inequitable or stigmatized. SRH self-care interventions – such as self-administered contraception, self-managed

medical abortion, and self-sampling for HPV testing – can significantly enhance autonomy, privacy and access to care for women and girls across diverse settings. Integrating self-care into health systems can help address gender and power imbalances, reduce stigma and promote more equitable health outcomes (7).

Men and boys



Self-care interventions are also essential for addressing the SRH needs of men and boys, who tend to have limited engagement with “formal” services, such as HIV testing, STI screening and fertility care (7). Self-care tools – such as HIV self-testing, digital

health platforms and over-the-counter access to condoms and STI treatments – offer discreet, accessible options that can help overcome time constraints, stigma and reluctance among men and boys to engage with the formal health system. Men also have an important role to play as partners and fathers in the sphere of self-care. For example, the World Health Organization’s (WHO’s) antenatal care recommendations highlight the value of men supporting their female partner’s self-care to manage anxiety during pregnancy (10).

Key and underserved populations



Self-care interventions are a vital strategy for improving SRHR among underserved populations, particularly when they are situated in challenging contexts such as humanitarian settings, remote areas, or where they are subject to legal or social exclusion. These populations include people living with HIV, racially minoritized communities, transgender and gender-diverse individuals, people with disabilities, older adults, young people, people experiencing homelessness, refugees and migrants, and Indigenous people. The intersection of identity and context often compounds barriers to care – such as when isolation from the local population limits access to services for refugees, or when fear of criminalization or deportation deters migrants from disclosing their health needs. Similarly, stigma and discrimination – often originating within health systems – can deter individuals from seeking care altogether. Self-care can help mitigate these barriers by offering discreet, accessible and person-centred options that individuals can use independently or with minimal support – such as HIV self-testing and self-managed contraception (7). In this context, self-care interventions not only offer practical solutions but also represent a rights-based approach to health that affirms dignity, autonomy and equity.

Timeline and key resources

2019

First WHO guideline on self-care interventions: WHO published its first consolidated guideline on self-care interventions for health and well-being, focusing on SRHR. <https://iris.who.int/handle/10665/325480>

Self-care interventions for SRHR – special issue of BMJ: Where self-care and health care intersect there is potential to amplify their beneficial impacts on the health of individuals and populations. This collection of peer-reviewed articles from The BMJ and BMJ Global Health focuses on self-care interventions for SRHR. <https://www.bmj.com/selfcare-srhr>

2021



Classification of self-care interventions for health: A shared language to describe the uses of self-care interventions. <https://www.who.int/publications/i/item/9789240039469>

Sexual and reproductive health and rights: infographic snapshots: Produced for 194 WHO Member States, these snapshots highlight the national SRHR situation, including for self-care interventions. <https://www.who.int/publications/i/item/WHO-SRH-21.21>



2022

WHO guideline on self-care interventions for health and well-being, 2022 revision: The guideline was expanded to include additional interventions, such as self-injection of contraception, self-management of medical abortion, and digital health tools. <https://www.who.int/publications/i/item/9789240052192>



2023



Self-care competency framework: volumes 1–3: Materials were produced to train health and care workers to support self-care in their clinical practices; three volumes include global competency standards, knowledge guide and curriculum guide. <https://www.who.int/publications/i/item/9789240077423>

Self-care interventions for SRHR to advance universal health coverage: A joint statement by HRP, WHO, UNDP, UNFPA and the World Bank was launched on the sidelines of the World Health Summit. <https://www.who.int/publications/i/item/9789240081727>



Self-Care Wheel: A combined paper and digital tool that illustrates the evidence-based recommendations in the self-care guideline in a straightforward and easy-to-understand way. <https://www.who.int/news/item/04-04-2024-the-self-care-wheel-an-award-winning-innovation-to-advance-sexual-and-reproductive-health-and-rights>

2024



Self-care interventions for SRHR: country cases: Country case studies on how self-care interventions for SRHR are being implemented in Burkina Faso, Ethiopia, India, Kenya, Nigeria and Uganda. <https://www.who.int/publications/i/item/B09126>

Implementation of self-care interventions for health and well-being: Normative guidance for health systems. <https://www.who.int/publications/i/item/9789240094888>



Online course on contraceptive counselling and prescribing: A training course for pharmacists and pharmacy staff available online in Arabic, Chinese, English, French, Russian and Spanish. <https://www.who.int/news/item/25-09-2024-who-launches-online-learning-programme-to-increase-access-to-contraception-via-pharmacies>

2025

Accelerating SRHR self-care interventions among underserved populations: Published a brief providing a generic protocol for implementation research. <https://cdn.who.int/media/docs/default-source/reproductive-health/accelerating-sexual-and-reproductive-health-and-rights-self-care-interventions-among-underserved-populations.pdf>

Digital adaptation kit for self-monitoring of blood pressure (SMBP) during pregnancy: Provides operational requirements for implementing WHO recommendations for SMBP within digital systems. <https://iris.who.int/handle/10665/381616>



Call to action

To achieve universal health coverage and uphold the right to health, countries must invest in scaling up self-care and self-care interventions for SRHR. Expanding access to high-quality, evidence-based self-care tools empowers individuals, strengthens health systems, and ensures that no one is left behind.

References*

1. Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2023 (<https://iris.who.int/handle/10665/374059>).
2. Health workforce. In: World Health Organization [website]; 2025 (<https://www.who.int/health-topics/health-workforce>).
3. World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank, United Nations Department of Economic and Social Affairs (UNDESA), Population Division. Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2025 (<https://iris.who.int/handle/10665/381012>).
4. Family planning/contraception methods fact sheet. Geneva: World Health Organization; 2025 (<https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>); World Family Planning 2022: Meeting the changing needs for family planning: Contraceptive use by age and method. United Nations Department of Economic and Social Affairs, Population Division; 2022.
5. Sexual, reproductive, maternal, newborn, child and adolescent health: report on the 2023 policy survey. Geneva: World Health Organization; 2024 (<https://iris.who.int/handle/10665/379517>).
6. Summit on self-care interventions for SRHR in the Africa region. Addis Ababa, Ethiopia 27–29 November 2024. Geneva: World Health Organization.
7. WHO guideline on self-care interventions for health and well-being, 2022 revision. Geneva: World Health Organization; 2022 (<https://iris.who.int/handle/10665/357828>).
8. Self-care interventions for sexual and reproductive health and rights to advance universal health coverage: 2023 Joint statement by HRP, WHO, UNDP, UNFPA and the World Bank. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/373301>).
9. Sexual, reproductive, maternal, newborn, child and adolescent health policy survey data. World Health Organization; 2023 (<https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies>).
10. Digital adaptation kit for self-monitoring of blood pressure during pregnancy: Operational requirements for implementing WHO recommendations in digital systems. Geneva: World Health Organization, 2025. <https://iris.who.int/handle/10665/381616>

* All references were accessed 3 July 2025.

For more information:

Self-care interventions for sexual and reproductive health:

<https://www.who.int/health-topics/self-care>



Self-care interventions for health and well-being: communications toolkit:

<https://cdn.who.int/media/docs/default-source/reproductive-health/who-self-care-communications-toolkit-2025.pdf>

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