

Advancing self-care interventions for sexual and reproductive health and rights in the WHO African Region



Regional roadmap



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Abbreviations

CSO	civil society organization
MMR	maternal mortality ratio
NGO	nongovernmental organization
SDG	Sustainable Development Goal
SRH	sexual and reproductive health
SRHR	sexual and reproductive health and rights
WHO	World Health Organization

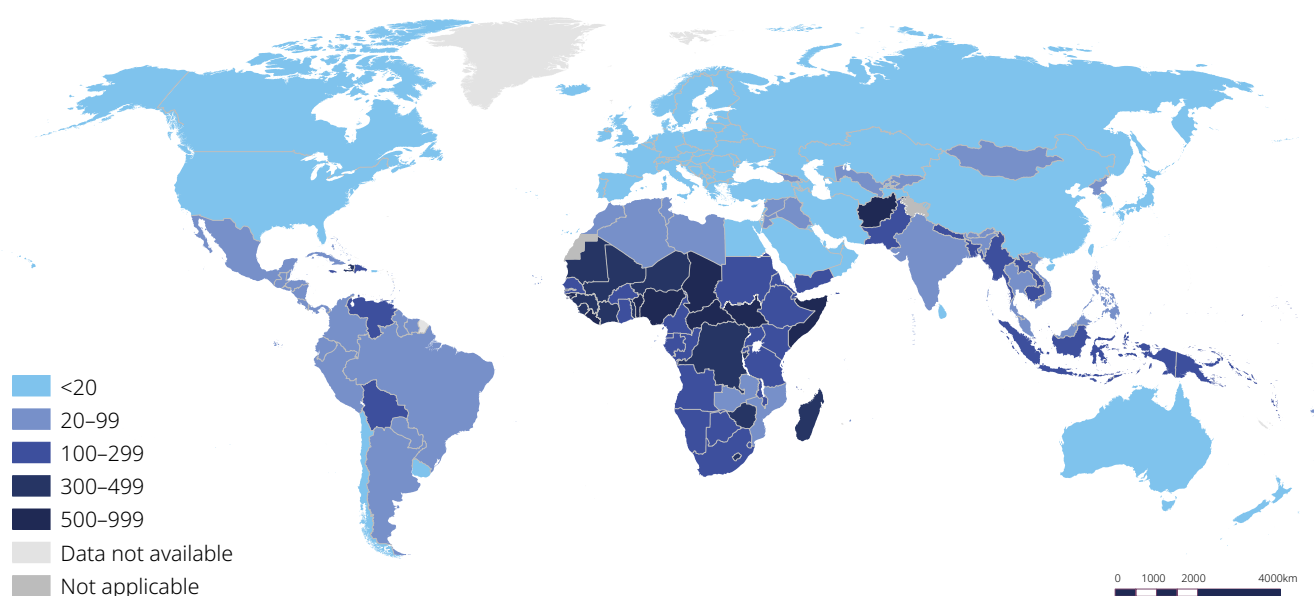
Introduction

Self-care is the ability of individuals, families and communities to promote and maintain their own health, prevent disease and cope with illness – with or without the support of a health or care worker. Self-care interventions are emerging as powerful tools to support self-care and increase choice for accessible, affordable, available, acceptable and good-quality health care. By empowering individuals to manage their health – through actions like self-testing for pregnancy or self-monitoring blood pressure – self-care complements formal health care, strengthening primary health care and offering a more comprehensive and holistic approach to health care (1). Self-care interventions can expand health-care options without burdening health systems or individuals financially, while also addressing equity concerns that disproportionately impact underserved communities (2).

The urgent need for innovative solutions in the arena of sexual and reproductive health and rights (SRHR) is underscored by critical health system challenges in the World Health Organization (WHO)

African Region, including a persistent shortage of health and care workers and the increasing number and intensity of humanitarian crises, all within a context of declining amounts of aid funding for development and emergencies (3, 4). According to the latest estimates (for the year 2023), the maternal mortality ratio (MMR) in the WHO African Region was 442 maternal deaths per 100 000 live births – the only region where the level was classified as “high”. The latest global estimate of MMR is 197 (see map in Fig.1 for latest MMR data by country) (5). These levels are still far above Sustainable Development Goal (SDG) target 3.1: “Reduce the global MMR to less than 70 per 100 000 live births”. While sub-Saharan Africa achieved a 22.2% reduction in the MMR between 2016 and 2023, the region still accounted for approximately 70% of all global maternal deaths in 2023, and the lifetime risk of maternal mortality remained alarmingly high at 1 in 55 for a 15-year-old girl – nearly 400 times the risk faced by a girl in Australia and New Zealand, where the risk was lowest (5).

Fig. 1. Maternal deaths per 100 000 live births (MMR), 2023



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Data Source: United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG). Map Creation Date: 11 March 2025. Map Production: WHO GIS Centre for Health, DNA/DDI © WHO 2025. All rights reserved.

Meanwhile, in 2024, 58.1% of women of reproductive age in the WHO African Region had their family planning needs met by modern methods (SDG indicator 3.7.1), up from 52.7% in 2015, signalling progress but also highlighting persistent gaps in access (6). In the WHO African Region, adolescents continue to face disproportionate risks, with an estimated adolescent birth rate of 2.99 per 1000 adolescent girls aged 10–14 in 2024 (or 90.46 for those aged 15–19), compared with 0.09 per 1000 girls aged 10–14 in the WHO European Region (or 11.33 for those aged 15–19) (7). There is also widespread early marriage (20% of girls in sub-Saharan Africa married or in union before age 18 [8]) and female genital mutilation (in approximately 30 countries, mainly in the western, eastern and north-eastern regions of Africa) (9). Cervical cancer remains common in the WHO African Region, with over 80 000 deaths in 2024 (10). Health financing challenges also persist in the region, with out-of-pocket expenditures for health exceeding 20% of total income in 34 out of 47 countries (11).

In this context, self-care actions and self-care interventions offer a transformative and cost-effective strategy for supporting SRHR, including in humanitarian settings. They can help overcome geographic, financial and social barriers to care – especially for underserved women, adolescents and displaced persons – and are essential to accelerating progress towards universal health coverage and many of the Sustainable Development Goals (SDGs). In 2019, WHO published *WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights* (12), and in 2022 WHO published an updated edition: *WHO guideline on self-care interventions for health and well-being, 2022 revision* (13). This WHO guideline provides evidence-based recommendations for safe and effective interventions, including medicines, devices and diagnostics, many of which can be provided through digital tools and platforms, that can be used independently or with the support of a health or care worker.

There are varying levels of implementation of self-care interventions for SRHR in the African Region. The findings presented in *Sexual, reproductive, maternal, newborn, child and adolescent health: report on the 2023 policy survey* showed that

within five years of the publication of WHO's first self-care guideline in 2019, 20 countries (45% of African countries) had adopted national policies or guidelines on self-care interventions for sexual and reproductive health (SRH) in line with the global average (42% of all countries) (14). Of these, 14 countries have adopted at least four of the following five high-impact self-care interventions:

- self-use of contraceptives, including over-the-counter, self-administered and emergency contraception;
- self-monitoring of blood pressure and blood glucose levels during pregnancy;
- over-the-counter access to SRH counselling and services at pharmacies;
- self-testing and/or self-collection of samples for STI and HPV screening;
- self-management of medical abortion in the first trimester of pregnancy.

The number of countries that have adopted recommended self-care interventions targeted at pregnancy is even higher, with 82% of countries in the African Region reporting the adoption of such measures (14).

Against this backdrop, WHO convened the landmark Regional Summit on Self-Care for Sexual and Reproductive Health and Rights in Africa (Addis Ababa, Ethiopia, 27–29 November 2024). The aim of the summit was to formulate a consensus-based “Regional roadmap” reflecting the urgent need to scale up to extend access to self-care interventions for SRHR across the region.

This summit brought together 160 participants from 19 Member States, including policy-makers, legislators, programme managers, representatives from United Nations agencies, donors, implementing partners, professional associations, civil society organizations (CSOs) and nongovernmental organizations (NGOs).

The summit showcased country experiences from Africa, highlighting innovations and policy shifts that support self-care for SRHR. The presentations and discussions explored strategies being used to strengthen health systems for equitable access to health care, and the summit participants also identified priorities for further research.

Preamble

We, the participants attending the landmark Regional Summit on Self-Care for SRHR in Africa from 27 to 29 November 2024, in Addis Ababa, Ethiopia:

Acknowledge WHO's efforts in convening participants from countries, donors, United Nations partners, CSOs and NGOs to discuss self-care implementation in Africa, focusing on improving access to quality SRHR services by embedding self-care interventions in national health policies, developing sustainable strategies, and facilitating stakeholder coordination.

Appreciate the Government and people of Ethiopia for hosting the summit, particularly the Minister of Health of Ethiopia, Her Excellency Dr Mekdes Daba, for her leadership and support during preparation for the summit, and her opening remarks when declaring the summit open.

Affirm self-care as a critical pathway to reduce health inequalities and address barriers – whether geographic, economic or social – that hinder access to care and achieving universal SRHR coverage. Self-care interventions have become even more vital at times of disruption of the provision of conventional health services during health emergencies, such as the COVID-19 lockdowns. A model of care that includes self-care interventions is imperative to

ensure that no one is left behind, especially women, adolescents, displaced individuals and other vulnerable groups.

Recognize self-care as a transformative and key aspect of the primary health care approach, which empowers individuals and communities to increase their knowledge and confidence in managing their health, thereby complementing other health system initiatives aimed at improving access to SRHR services. We further recognize the progress made at the regional level with 20 African countries now having national policies and guidelines for self-care in SRHR.

Applaud the successes of governments and various stakeholders in promoting self-care initiatives to enhance health and well-being, bringing us nearer to achieving the SDGs by 2030, including universal health coverage.

Learning from the experience of the COVID-19 pandemic, we **reaffirm** that in resource-constrained settings with limited or disrupted SRH service coverage and access, such as during humanitarian crises, self-care for SRHR can play a critical role. Building resilience to future health shocks can be achieved through investments in self-care interventions and the training of health workers to support the delivery of essential self-care services.

Regional roadmap on self-care interventions for SRHR

As we conclude the landmark Regional Summit on Self-Care for SRHR in Africa, we **call** for immediate actions to support collective and coherent action that is coordinated between policy-makers, legislators, programme managers, representatives from United Nations agencies, donors, implementing partners, professional associations, CSOs and NGOs, with the aim of promoting, enabling and sustaining the paradigm shift to ensure equitable, evidence-based action on self-care interventions for SRHR and to drive forward the recommendations that will transform SRHR across the African continent across six thematic areas:





1. Financing

Implement health financing strategies that assess, strengthen and diversify funding sources to ensure the sustainable, universal coverage of evidence-based self-care interventions. These strategies must prioritize affordability, equity and the reduction of financial barriers for underserved populations.

Evaluate the cost-effectiveness of self-care interventions

- Perform cost-effectiveness analyses, cost-benefit evaluations and health technology assessments for self-care interventions.
- Implement results-based financing approaches to improve outcomes.
- Conduct regular evaluations of individuals' out-of-pocket health-care costs to understand the financial burden on the population.

Strengthen public investment in self-care interventions

- Secure sufficient funding for self-care interventions through fully activating the “pledge to set a target of allocating at least 15% of our annual budget to the improvement of the health sector”, as committed to by the heads of state and government of the Organisation of African Unity as part of the Abuja Declaration on HIV/AIDS, tuberculosis and other related infectious diseases, in Abuja, Nigeria, at the African Summit on this topic in 2001 (15).
- Promote equity-based resource allocation to address the needs of vulnerable communities and decentralize services to reach underserved areas, leveraging mobile and outreach services to achieve this.
- Allocate public funds for essential over-the-counter medicines, and establish robust oversight mechanisms to ensure transparency

and accountability and to prevent the misuse of medicines.

- Expand health insurance benefits packages and reimbursement modalities to ensure adequate coverage of self-care interventions.
- Implement affordable contribution models and establish coordinated oversight to prevent over-servicing and collusion within insurance systems.
- Support resource mobilization to support research and collaboration with academic institutions.

Diversify financing of self-care interventions

- Introduce innovative funding models to finance the implementation of self-care interventions. These may include but are not limited to subsidies, grants, donor-matching funds, vouchers, medical schemes or taxation mechanisms.
- Expand service availability by partnering with private health facilities and introduce mobile health services and courier-based delivery for medicines and other supplies.
- Encourage technology transfer and promote local or regional production of self-care technologies to reduce costs and strengthen supply chain management, in line with WHO resolution WHA74.6 on “Strengthening local production of medicines and other health technologies to improve access” (16).



2. Workforce

Build a competent, equitably accessible health and care workforce to promote and support the use of evidence-based self-care interventions.

Train the health and care workforce on self-care interventions using competency-based education

- Integrate competency-based education on self-care into existing training programmes and curricula at the pre-service level as well as during in-service training.
- Train diverse cadres of health and care workers – including pharmacists, informal medicine vendors, community health workers, lay workers, caregivers and community members – using competency-based education on self-care.
- Leverage mentorship programmes, peer-to-peer learning, coaching and continuous professional development to reinforce self-care competencies.

Empower and support health and care workers to enable the use of self-care interventions

- Provide incentives for health and care workers in rural and deprived communities to empower individual families and communities to access and safely use self-care interventions.
- Recognize and address negative attitudes towards self-care among health and care workers through sensitization, training and showcasing benefits. Identify and utilize champions within the health workforce (e.g. within professional associations) to promote self-care and address potential resistance.

- Develop clear job descriptions that include the scope of practice for self-care interventions and integrate self-care competencies into performance reviews and assessments for diverse cadres of health and care workers.
- Strengthen task sharing to involve lay people as a catalytic approach for scaling up self-care interventions. Leverage the performance review/assessment/appraisal system to strengthen accountability among health and care workers in relation to quality self-care interventions, and use supportive supervision to ensure quality of care.

Improve coordination of the health and care workforce to enable the use of self-care interventions

- Improve the coordination of the health and care workforce at all levels – from the national level down to sub-district and community levels.
- Map the coverage of health and care workers supporting underserved groups, such as women and girls, to use self-care interventions, and ensure self-care interventions reach underserved populations.
- Involve traditional medicine sellers/healers, faith-based organizations, traditional leaders and the private sector in supporting self-care interventions.



3. Regulation of quality

Support policy and legal frameworks to facilitate regulated, quality self-care interventions by implementing robust quality assurance frameworks and standardized regulatory systems for self-care tools.

Assess and strengthen policy and legal frameworks

- Conduct a situation analysis of existing laws, legal frameworks, national policies and guidelines and their implications for self-care interventions to establish what exists and identify gaps.
- Develop national and regional strategies and guidance on self-care interventions to guide the integration of self-care interventions into formal structures, routine models and platforms for service delivery.
- Ensure that evidence-informed interventions are included in the policies and that self-care interventions are made available for underserved populations.

Engage and coordinate with regulatory bodies and stakeholders

- Systematically orient and engage regulatory bodies on self-care, emphasizing their roles in ensuring the quality of self-care products in the country context.
- Establish governance structures, such as a high-level committee to provide strategic direction, a technical committee, and focal points to mainstream self-care at all levels of the health system.

- Ensure the representation of the private sector and local communities within established governance mechanisms.

Improve the availability of quality assured and standardized products

- Establish measurement and accountability mechanisms for quality self-care across all levels of the health system and reinforce monitoring, evaluation and learning. This includes developing appropriate indicators and data-collection tools and integrating self-care into health management information systems, such as the District Health Information System (version 2) (DHIS2).
- Ensure strict regulation of the environmental impact of self-care interventions.
- Establish a regulatory structure for community health workers and develop guidelines or adapt WHO's *Self-care competency framework* to ensure the quality of the implementation of self-care interventions (17).



4. Partnership

Establish broad-based political will and coordination through a multi-pronged, country-specific approach, which should involve consistent engagement with political leaders, foster collaboration across various sectors, establish clear governance structures, and implement robust accountability mechanisms.

When developing self-care programmes, cultivate political support from the outset at the country and regional levels by mapping and engaging with political bodies and policy-makers, including the ministry of health, parliamentarians, inter-ministerial platforms and regional economic blocs.

Improve coordination and accountability

- Identify a focal point or unit for self-care within the ministry of health to lead the coordination of the self-care work.
- Establish a broad range of national expert groups comprising a number of thematic subgroups to take the lead on different areas, such as advocacy, finance and integration. Have clear terms of reference to ensure accountability and regular reporting of progress by the expert groups.
- Foster intra- and inter-ministerial collaboration on self-care interventions by engaging with different departments within the ministry of health and also with other ministries, such as those responsible for education, finance, gender/women's affairs, justice, environment, nutrition, youth, HIV and disability.
- Engage CSOs, NGOs, youth representatives, the private sector, self-care networks, professional societies, partners, regulatory bodies and the ministry of health in partnership groups to facilitate information sharing and coordination of actors involved in self-care interventions.

- Ensure that a monitoring and evaluation framework and dashboards are established, and that self-care indicators are integrated into the health management information system used to enable measurement of the quality, usage, uptake and impact of self-care interventions and associated services.

Strengthening supply chains and last-mile delivery of self-care commodities

- Ensure the availability of essential medicines and tools needed by health and care workers to support self-care.
- Maintain and expand the oversight of self-care commodity supply chains through a supply chain and logistics subcommittee. Prioritize identification of bottlenecks and gaps in last-mile delivery.
- Coordinate with implementing partners to facilitate the direct pickup and delivery of stock to their target communities.
- Develop additional subregional storage hubs to shorten the delivery distance and reduce the risk of stock-outs at the community level.
- Engage stakeholders and donors to secure dedicated funding streams for last-mile distribution; this includes resources for transportation, logistics coordination and personnel support.



5. Research

Strengthen efforts to build evidence on the health, economic and social impacts of self-care, and to promote interdisciplinary studies and local capacity-building.

Generate interdisciplinary research on the health, economic and social benefits that can be achieved through the introduction of self-care interventions

- Mobilize regional forums and health agencies to define a cohesive research agenda on self-care, identify key research gaps, and establish priorities to guide policy and programmatic action.
- Develop a regional research agenda to identify research knowledge gaps and prioritize them.
- Establish a research repository for Africa to avoid duplication of research efforts, promote evidence-based knowledge sharing and enhance efficiency.

Key research themes on self-care for the region

- A situation analysis in the African context, including economic and social issues, development priorities, and the perspectives of clients, marginalized and vulnerable populations, communities and gatekeepers on self-care interventions.
- Research on the financing and cost-effectiveness of self-care interventions, including implementation modalities and the costs of inaction.
- Research on strategies to sustain and scale up self-care interventions over time.
- Research on health and care workers' perspectives on self-care, to address concerns and improve their ability to enable clients to self-care.

- Research on the role of partnerships (e.g. among CSOs, ministries of health and representatives from United Nations agencies) in promoting and implementing self-care interventions.
- Research on leveraging Indigenous knowledge systems related to self-care practices and studies on safe and effective traditional and complementary medicine that is supportive of self care.
- Research focused on underserved populations and contexts, such as people with disabilities or youth/adolescents (including knowledge, attitudes and practices), as well as on populations in humanitarian and emergency settings.
- Research on the feasibility and scalability of digital technologies, including artificial intelligence (AI) and telemedicine, to support and enhance the delivery of self-care interventions.

Ensure quality and relevance in research methods used to gather evidence on self-care

- Promote qualitative approaches to capture user satisfaction and perceptions and lived experiences of using self-care interventions.
- Leverage existing data systems, such as national health accounts, to assess costs and impacts.
- Encourage interdisciplinary research to explore the health, economic and social benefits of self-care, engaging experts across multiple fields to build holistic understanding.



6. Environment

Promote environmentally responsible self-care that considers environmental factors as an integral part of self-care implementation across all health domains and throughout the life course. The growing use of some self-care products, such as pregnancy self-tests, ovulation test kits and self-injection kits, generates significant medical waste. Action is required to prevent environmental pollution in the WHO African Region where many countries have fragile waste management systems.

Develop and enforce policies and regulations regarding the management of waste from self-care products

- Address specific waste streams associated with self-care products, such as the disposal of sharps which require safe and secure disposal at the household and/or community level. Places where self-care products are accessed should also be encouraged to develop waste-collection infrastructure for their clients to use for subsequent disposal.
- Emphasize the importance of correctly disposing of different types of medical waste generated by self-care products as part of institutional training for health and care workers. The instructions on/in the packaging of self-care products need to include proper waste-disposal information.
- Include information on proper waste management in capacity-building modules for health and care workers. Also implement public education to improve public awareness of the environmental impacts of the waste generated by self-care products and the importance of proper disposal of medical waste.
- Encourage sustainable product design by engaging with manufacturers and regulatory bodies on the development and use of eco-friendly materials in self-care products and effective circular waste management solutions to reduce the need for raw materials and minimize waste and environmental harm.
- Support the overall waste management infrastructure within the health system by investing in and supporting the development of robust waste management infrastructure to effectively handle the disposal of self-care products and support recycling where possible.

We **urge** policy-makers, legislators, programme managers, representatives from United Nations agencies, donors, implementing partners, professional associations, CSOs and NGOs to adopt and implement these commitments.

Together, we can create a world where everyone has the power to achieve optimal sexual and reproductive health.

The time to act is now. Let us unite in purpose, take bold steps, and ensure that self-care becomes a central pillar in advancing sexual and reproductive health and rights for all in the WHO African Region.



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The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

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