

Self-care for Health for All - An Utopian Vision or a Pragmatic Plan?

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Abstract

The World Health Organization (WHO) identified the importance of self-care interventions in achieving Universal Health Coverage in 2019. It urges every country to include self-care interventions in their policies and guidelines. To guide the countries in this process, it released guidelines in 2019 and revised them in 2022. However, implementation of new interventions is not a path free of thorns. These guidelines have their own set of strengths and limitations that will differ from country to country.

Keywords: Alma-ata, self-care, non-communicable diseases (NCDs), universal health coverage (UHC), World Health Organization (WHO)

It has been 75 years since the conception of the World Health Organization (WHO) and 45 years since the advent of the Alma-Ata Declaration on Health, which identified primary health care as the key component for achieving “Health for all by 2000.”^[1,2] Yet, the “Health for all” goal has not been achieved. To accelerate the process, in 2019, the WHO identified self-care interventions as the key to achieving universal health coverage.^[3] 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 WHO recognized the role of self-care interventions as an extension of the health system. In 2019, using the principles of task sharing and task shifting, it put together a set of guidelines titled “WHO consolidated guideline on self-care interventions for Health.”^[3] With the continued addition of new evidence, these guidelines were revised in 2022 and renamed as “WHO Guideline on self-care interventions for Health and Well-being.”^[4]

A global shortage of 18 million healthcare workers is anticipated by 2030. Besides the shortage, the threat of pandemics looms. If the current scenario continues, the health system will not be able to sustain the increasing disease burden. Hence this is the critical time to implement these guidelines.

The main objectives of the guideline consist of providing evidence-based recommendations on key self-care interventions, good practice statements for easy service

delivery, and key considerations to guide further research. These guidelines comprise 37 recommendations, 3 key considerations, and 18 good practice statements promoting self-care. If used judiciously, these recommendations and good practice statements will pave the way for universal health coverage (UHC) and also contribute to achieve the three billion goals.

Most of the recommendations were already parts of other guidelines released by the WHO, except for a few new ones. The three key considerations are a novel concept added to the 2022 revised guidelines. These are areas of utmost importance but also areas that lack evidence. Hence future research is needed in these areas. Good practice statements guide easy service delivery.

If executed effectively, these guidelines will place the individual’s health in their own hands and increase their autonomy and decision-making power. It will also increase the health literacy of individuals and empower them to choose to be healthy. These guideline deviates from the client-server model and takes the path of “people-centeredness,” which

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implies that all the self-care interventions will be tailored to the individual's health, not based on the disease. This aims to fulfill the complete definition of health and not only restrict to the component of physical health. If implemented promptly, these interventions can reduce the burden on the health systems. Also, most of the recommendations are being universally followed, so the feasibility and rollout of the implementations will not be a hassle. The 2022 revised guidelines have included recommendations for promoting sexual and reproductive rights, an asset of these guidelines. The recognition of the entire gender spectrum and inclusion of gender-sensitive self-care interventions provide an edge to these guidelines. Another favorable aspect of these guidelines is the inclusion and a particular focus on vulnerable and marginalized individuals.

If implemented effectively, it can act as an opportunity and help achieve universal health coverage and thereby reduce the burden on health workers. Those individuals, who accept these interventions quickly, may act as a bridge between the community and health care. They can increase the uptake of these interventions. Implementing these guidelines will provide opportunities to train healthcare workers on self-care and also on effective counseling strategies, which will help increase the acceptance and uptake of these interventions. These recommendations can bridge the gap between science and technology.

However, a few challenges and limitations are associated with effective implementation. Even though the objective of the guideline is to provide evidence-based recommendations, most of them lack strong evidence, and a few do not have any evidence supporting their implementation. Such interventions are recommended solely based on subjective factors such as feasibility, acceptance, and universal use. Among those recommendations which have strong evidence, most of the evidence generated is from high-income countries. So, the effectiveness of such interventions in countries like India is uncertain. Some recommendations need initial and repeated guidance and training from the health system, like the self-injectable contraceptives. This can increase the burden on the health system. Also, if the interventions are not used correctly in the prescribed format, there can be several harmful consequences. For example, if the individual is not informed rightly about how to read the blood pressure readings, it can lead to a lot of apprehensions among the individual and family members. Similarly, if the high blood pressure readings are

interpreted as normal or low, there can be a delay in seeking health care, which inadvertently leads to adverse events. The guidelines recommend using over-the-counter drugs, such as oral contraceptive pills, which the pharmacies can misuse.

The guideline aims to increase accessibility and decrease the out-of-pocket expenditure of individuals. But in a country like India, where more than 60% of the population resides in rural areas, one of the most significant challenges will be ensuring the accessibility and affordability of these interventions. Also, some of the interventions used for self-diagnosing include diseases that remain under the population stigma. In such cases, reporting and surveillance of cases can be a challenge, with attrition of few cases. Similarly, self-treatment can also lead to loss of follow-up. For effective implementation, acceptance should be there from the healthcare workers and the individuals in need of it. Few healthcare workers may be apprehensive about the side effects or the correct use of a few interventions; hence, acceptance might be low initially. Similarly, not all individuals will be motivated enough for these interventions.

CONCLUSION

These recommendations, if implemented carefully, can be a blessing in disguise for countries wherein the burden on health care is unbalanced. However, these can also act as poisoned chalices. Hence, these guidelines should be used carefully and only implemented after modifications according to the different settings.

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Conflicts of interest

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