

It's time to recognise self care as an integral component of health systems

Empowering and supporting people to manage their own health benefits everyone

The space given to self care in health policies and national healthcare does not acknowledge how people take care of their health or the potential self care has for improving health and wellbeing. Although so much of public health messaging is about self care, the benign neglect in healthcare policies stems, at least in part, from an evidence base that is patchy at best. However, in recent years, interest has been growing in the production of evidence reviews and guidelines for self care.

Complexity

A single definition of self care is not straightforward given the range of health problems, diagnoses, and treatments that it covers and the varying degrees of complexity involved that require different skills, understanding, and health literacy. Most self care happens outside the formal health system and should not be medicalised. However, when self care and healthcare intersect there is potential to amplify their benefits for the health of individuals and populations. For example, HIV self testing could increase coverage and self management of abortion could improve maternal health outcomes.

Although it is tempting to focus on new digital or physical innovations that facilitate self care, it is important to remember that the needs of individuals, and communities, are at its heart. Self care is not new. Many women can now accurately recall the time since their last period with a tap of their phone screen. But it was health needs that led to women tracking their menstrual cycles long before the invention of the smartphone.¹

Non-communicable diseases such as hypertension, heart failure, stroke, and coronary heart disease are perhaps where most progress has been made in reviewing the evidence and producing guidelines for self care.² In mental and neurological health, evidence has been reviewed and normative guidance developed for the effectiveness of self care for depression, psychosis, anxiety disorders, drug and alcohol use, stress management, migraine, and identifying what triggers seizures.³

The deeply personal nature of sexual and reproductive health, which is often affected by social, cultural, and legal barriers to accessing support or services, means that self care can empower and enable people to manage their health in ways that are often beyond the reach of the health system. Self care also has an important role in advancing sexual and reproductive rights. This may range from increasing women's agency over contraception and unintended pregnancies to enabling testing for sexually transmitted infections in populations that do not come into contact with healthcare, or providing self care information when healthcare is limited in humanitarian emergencies.

Strengthening the evidence base

This week *The BMJ* and *BMJ Global Health* launch a series of articles focused on self care interventions for sexual and reproductive health and rights that aim to add to the evidence base in this important area (<https://www.bmj.com/selfcare-srhr>).

This work informs upcoming normative guidance from the World Health Organization that will cover people centred, evidence based recommendations for key self care interventions for sexual and reproductive health and rights, with a focus on vulnerable populations and settings with health systems that have limited capacity and resources. The guideline is expected to be published later this year.

One thing that is clear is that self care should not be seen as a replacement for sustainable and high quality health services. It is not a shortcut to universal health coverage but a complementary component of healthcare. Even though self care may be the only care available in some circumstances, such as humanitarian crises, a tangible difference exists between empowering and supporting individuals to manage their own health, and simply passing on the healthcare burdens of cost and service delivery to individuals. As with all healthcare interventions, the way in which self care initiatives are financed and managed is key to their success.

WHO's general programme of work (GPW13) is focused on achieving triple billion goals by 2023—a billion more people benefiting from universal health coverage, a billion more people having better protection from health emergencies, and a billion more people enjoying better health and wellbeing. Whether it's relating to the adoption of new technologies or as a guiding principle, few healthcare approaches sit as comfortably across these three goals as self care.

We believe that self care has a crucial part in achieving these aims, but much work remains to be done. A crucial step will be to reorient health systems so that responsibility for supporting self care is integral to the role of health systems and healthcare is co-produced with individuals and communities. This can be achieved by raising the profile of self care through creating a stronger evidence base and by working with communities to increase demand for safe, effective, and acceptable self care strategies. Unhelpful or harmful self care practices should be identified and people using them supported with safer alternatives. It is on this foundation that guidance can be built and the profile of self care raised in health policy debate and in national health plans.

It is time to recognise the importance of self care as an integral component of the health system that can support people and help achieve the triple billion goals. With this new *BMJ* series we hope to stimulate debate, contribute to evidence informed policies, and raise the profile of this important area.

Competing interests: We have read and understood *BMJ* policy on declaration of interests and have no interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

Manjulaa Narasimhan¹, scientist

Anya de longh², patient editor

Ian Askew¹, director

Paul J Simpson², international editor

¹World Health Organization, Geneva, Switzerland

²*The BMJ*, London, UK

Correspondence to: P Simpson
psimpson@bmj.com



OPEN ACCESS

This is an Open Access article distributed under the terms of the Creative Commons Attribution IGO License (<https://creativecommons.org/licenses/by-nc/3.0/igo/>), which permits use, distribution, and reproduction for non-commercial purposes in any medium, provided the original work is properly cited.



- 1 Toksvig S. And woman created. *Guardian* 2004 Jan 23. <https://www.theguardian.com/world/2004/jan/23/gender.uk>
- 2 Steverink N, Lindenberg S, Slaets JPJ. How to understand and improve older people's self-management of wellbeing. *Eur J Ageing* 2005;2:235-44. doi:10.1007/s10433-005-0012-y

- 3 Patel V, Chisholm D, Parikh R, et al, DCP MNS Author Group. Addressing the burden of mental, neurological, and substance use disorders: key messages from Disease Control Priorities, 3rd edition. *Lancet* 2016;387:1672-85. doi:10.1016/S0140-6736(15)00390-6

Cite this as: *BMJ* 2019;365:l1403
<http://dx.doi.org/10.1136/bmj.l1403>