

Summary report on the

Informal consultative meeting on adopting self-care interventions for sexual and reproductive health in the Eastern Mediterranean Region

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Beirut, Lebanon
16–18 April 2019



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

An informal consultative meeting on adopting self-care interventions for sexual and reproductive health in the Eastern Mediterranean Region was held in Beirut, Lebanon, from 16 to 18 April 2019. The meeting was organized by the WHO Regional Office for the Eastern Mediterranean and headquarters.

The objectives of the meeting were to:

- update the processes and timelines of development of the WHO guideline on self-care interventions for sexual and reproductive health and rights;
- examine the current situation of self-care interventions for sexual and reproductive health in participating countries;
- determine the main factors and underlying causes facilitating and preventing adoption of self-care interventions at the country level, and suggest actions to address these; and
- outline a standardized approach and methodology of work to adapt the guideline's evidence-based interventions in the Eastern Mediterranean Region.

The meeting was attended by 30 participants from five countries (Egypt, Islamic Republic of Iran, Lebanon, Morocco and Syrian Arab Republic), in addition to representatives from the United Nations Population Fund (UNFPA), United Nations High Commission for Refugees (UNHCR), International Planned Parenthood Federation (IPPF) and WHO.

The meeting was inaugurated by Ms Wafaa Kanaan, Coordinator of Reproductive and Maternal Health, Ministry of Public Health, Lebanon. Ms Kanaan highlighted the crucial role of self-care of sexual reproductive health and rights in contexts in which migrants and displaced people lacked access to core sexual and reproductive health

services and had limited access to information regarding sexual and reproductive health care.

Ms Maguy Ghanem Al Kallab, Programme Specialist, UNFPA country office, Lebanon, noted the importance of adopting sexual and reproductive health self-care evidence-based interventions that increased women's empowerment, improved provision of sexual and reproductive health care in humanitarian settings, ensured the adoption of a continuum of care approach, helped prevent sexual and reproductive health risk behaviours, and promoted equitable access to sexual and reproductive health care services.

Dr Manjulaa Narasimhan, Specialist, Reproductive Health Research Department, WHO headquarters, explained the concept behind the development of the guideline on self-care interventions for sexual and reproductive health and rights and said that self-care had the potential to contribute to realization of WHO's strategic priorities and the "triple billion" goals of the Organization's Thirteenth General Programme of Work.

Dr Ramez Mahaini, Coordinator of Maternal and Child Health, WHO Regional Office for the Eastern Mediterranean, said that the development of the WHO consolidated guideline on self-care interventions was the first step in a process which would be followed by adaptation at country level according to country context, with the involvement of policy-makers and implementers.

2. Summary of discussions

The WHO consolidated guideline on self-care interventions for sexual and reproductive health and rights was developed with political and cultural sensitivities as key considerations. The guideline is based on

scientific evidence and can be adapted for use at national level. A country will not necessarily implement all of the interventions proposed in the guideline but can focus on the most impactful interventions according to national context. The guideline took into account humanitarian and conflict settings which represent a critical challenge. Self-care has great potential to deliver health care in post-conflict settings, particularly when implementation is tailored to overcome existing obstacles. The guideline is interactive. Whenever new evidence is generated, revision of the guideline will be considered. It was suggested that the WHO digital health guideline could be consolidated with the guideline on sexual and reproductive health.

Five key new topics were discussed for inclusion in the recommendations of the consolidated guideline:

- Self-administered injectable contraception, or depo-medroxyprogesterone acetate (DMPA, Depo-Provera), should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.
- Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs.
- Human papillomavirus self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years.
- Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant.
- Self-collection of samples for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* should be made available as an additional approach to deliver STI testing services; and Self-collection of samples for *Treponema pallidum* (syphilis) and *Trichomonas vaginalis* may be considered as an additional approach to deliver STI testing services.

Principles, approaches and enabling factors for sexual and reproductive health self-care interventions are based on shared accountability at the level of the individual, health system, donor, community and private sector and on guaranteeing quality to adequate and appropriate sexual and reproductive health information. Women and families need to be empowered not only within the health care sector, but also in other aspects of their life to enable them to easily adopt the self-care interventions.

In some settings, self-care is not very common in the family and community, especially for women. Often, women are not well informed about their sexual and reproductive health status or their health care. Hence raising women's awareness on their health issues by non-profit organizations or communities is crucial to promote health literacy and to make medical information simplified to be easily distributed to rural areas and people without a formal education. Education also plays an important role in improving people's health literacy to implement self-care interventions, as well as the use of social media channels to inform and communicate with all concerned targets groups of the population.

The principles of self-care should not only be taught at university level but at all levels of the education system. WHO should develop implementation tools to provide education in schools. Building the capacity of sexual and reproductive health care providers could facilitate communication with women about their sexual and reproductive health care, ensure timely follow up and allow for the provision of treatment, when required. Therefore, there is a continuum between self-care at the community level and the services provided at the health facility level.

For self-administration of injectable contraception, it was agreed that it is essential to: consider adopting a multisectoral approach; adopt evidence-based interventions to improve the quality of care; maintain up-to-date rigorous evidence-based national guidelines; sustain a comprehensive awareness-raising campaign; and direct research to address unanswered questions. It was also agreed that feasible, appropriate and acceptable family planning methods were needed and adoption and continuity should be enhanced for sustainability.

For human papillomavirus self-sampling, participants discussed the importance of: raising the awareness of the population for screening and vaccination; consolidating the screening programme; introducing self-care; and involving the private sector in the sexual and reproductive health national programme. There are three dimensions to eliminating cervical cancer: vaccination, screening, and prevention and management of cervical precancerous lesions. If the focus is only on one dimension, efforts to eliminate cervical cancer are undermined and that is why human papillomavirus self-sampling is an essential self-care intervention in cervical cancer prevention.

For contraception care and self-care, it was agreed that as for all sexual and reproductive health self-care interventions there is a need to analyse the readiness of implementation of self-care at different levels and to understand barriers and facilitators in the pre-implementation phase for improved implementation; and develop activities for implementing self-care interventions for sexual and reproductive health at community level, primary health care, in universities and during the post-partum period. It is crucial to consider innovative approaches to: deliver family planning counselling; think about how guidance about family planning and contraceptive methods can be better tailored and integrated within youth reproductive health programmes; improve quality of services through regular training

workshops for health care providers on family planning counselling; conduct studies and research to provide updated data about family planning and investigate challenges and gaps in family planning practices; and raise awareness of existing services among target populations. The importance of providing information was stressed in order that women are empowered to choose their preferred method of contraception to avoid unplanned pregnancies.

In terms of fertility regulation and home-based ovulation prediction, it was agreed that conducting research to assess the acceptability and applicability of a home-based ovulation prediction test remain essential, as well as enriching sensitization programmes to promote early medical consultation; and ensuring the availability and accessibility of infertility care, including assisted reproductive technologies; and reducing their cost. Home-based ovulation prediction is a simple reliable test which can be applicable as a self-care intervention for fertility regulation. Nonetheless, its applicability and suitability should be tested in a well-designed research and round table discussion.

For self-testing of HIV, it was acknowledged that HIV self-testing programmes should evaluate existing HIV testing approaches and determine where and how to implement self-testing so that it is complementary and addresses gaps in current coverage, and integrates both public and private sectors. It was also emphasized the need to develop the information system; strengthen surveillance and research (investigating people's perception of HIV self-testing); create supportive legal and policy environments; educate and train health care professionals; integrate self-testing awareness programmes in the current framework; and screen high-risk populations (those with human papillomavirus, sex workers, etc.) in clinical settings.

For sexual and reproductive health self-care interventions, it was agreed that self-care interventions needed to be implemented within a holistic, integrated approach for adolescents (10–19) and youth (15–24) in an all-in-one package of sexual and reproductive health self-care, including conception/contraception counselling, sexually transmitted diseases, and human papillomavirus. All self-care documents in sexual and reproductive health needed to be integrated in all skills training on sexual and reproductive health interventions in premarital, preconception and maternal health training packages.

Working groups discussed enabling factors for implementation of sexual and reproductive health self-care interventions as follows:

- Ensuring adequate financing through governmental and sustainable sources;
- Ensuring adequate governance and accountability;
- Maintaining workforce training and ensuring equitable distribution for improved service delivery;
- Strengthening the health information system and integrating it within the existing district health information system;
- Considering environmental factors and waste management policies.

There was also a debate on main activities for strengthening self-care for sexual and reproductive health in the context of primary health care (PHC) which highlighted the following:

- Raise awareness and train health care providers at PHC level, for example, about kits and tools, how to provide consultations to people and on knowledge transmission skills.
- Place self-care kits inside centres as a necessary supply and provide specific educational materials and instructions regarding their use.
- Establish mobile medical units to reach out to rural and remote areas.

- Establish a health information system to collect data on utilization of self-care services, to assess how services are used and what are women's sexual and reproductive health real needs; then tailor self-care services differently based on people's feedback and data.
- Implement policies to encourage the management of waste at health care facilities to protect the environment.
- Encourage PHC providers to promote self-care and if they are committed to this label them as self-care promoting PHC facilities.

Group work was also conducted to discuss the main activities for strengthening self-care for sexual and reproductive health in emergency settings and it was concluded that during acute emergency, greater difficulties could be encountered due to the fact that target populations in acute emergencies are not easy to reach in spite of the use of mobile clinics. The importance of assessing needs, as well as conducting rapid risk analysis, to explore the feasibility component of implementation was highlighted. Focusing on an outreach approach with adoption of tailored sexual and reproductive health self-care interventions based on defined priorities remained critical in emergency settings.

Research and self-care interventions for sexual and reproductive health was debated through a panel discussion with emphasis on prioritization of research areas, focus on country specific context and research documentation process at the country level. It was noted that there is an urgent need for further research using qualitative studies targeting women's and communities' real needs, focusing on the types of information required, identifying self-care interventions already adopted, and analysing their relationships with their health providers at primary health care level. Other subjects to be explored for research included people's perceptions of self-care, the perspective of the

health workforce on self-care at different levels and in different settings, and the main barriers to implementing self-care.

3. Recommendations and next steps

To Member States

1. Initiate self-care for sexual and reproductive health at policy and regulation, programmatic and service delivery levels.
2. Adopt self-care for sexual and reproductive health interventions within a continuum of care approach.
3. Strengthen existing sexual and reproductive health programmes through adoption of self-care interventions.
4. Consider the five self-care sexual and reproductive health interventions as recommended by WHO to be published in the consolidated guideline on self-care interventions for sexual and reproductive health and rights in June 2019.
 - Self-administered injectable contraception, or depot-medroxyprogesterone acetate (DMPA, Depo-Provera), should be made available as an additional approach to deliver injectable contraception for individuals of reproductive age.
 - Over-the-counter oral contraceptive pills (OCPs) should be made available without a prescription for individuals using OCPs.
 - HPV self-sampling should be made available as an additional approach to sampling in cervical cancer screening services for individuals aged 30–60 years.
 - Home-based ovulation predictor kits (OPKs) should be made available as an additional approach to fertility management for individuals attempting to become pregnant.
 - Self-collection of samples for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* should be made available as an

additional approach to deliver STI testing services; and Self-collection of samples for *Treponema pallidum* (syphilis) and *Trichomonas vaginalis* may be considered as an additional approach to deliver STI testing services.

5. Consider context specificities to adapt and adopt sexual and reproductive health self-care interventions.
6. Ensure linkages, integration and multisectoral approaches during the adaptation phase of self-care interventions at country level.
7. Consider monitoring, evaluation, documentation and research to assess the impact of self-care interventions and adjust the care according to women's and communities needs and priorities.

The WHO consolidated guideline on self-care interventions for sexual and reproductive health and rights will be finalized and published in July–August 2019, and then translated into Arabic by WHO headquarters/WHO Regional Office for the Eastern Mediterranean by September 2019.

WHO headquarters/WHO Regional Office for the Eastern Mediterranean will advocate to introduce self-care for sexual and reproductive health at the World health Assembly in May 2019.

Egypt, Islamic Republic of Iran, Lebanon, Morocco and the Syrian Arab Republic will initiate, pilot and document sexual and reproductive health self-care interventions at country level into different models according to the country context in September 2019.

WHO headquarters/WHO Regional Office for the Eastern Mediterranean will include a session on sexual and reproductive health self-care in the regional consultation on the strengthening of policies and practices on sexual and reproductive health in August 2019.

4. Conclusions

Self-care interventions for sexual and reproductive health remain crucial to ensure continuity and linkages of health care services between primary health care services and communities. Initiating self-care for sexual and reproductive health and rights at policy/regulation, programmatic and service delivery levels will build a strong platform for adaptation of the WHO consolidated guideline on self-care interventions for sexual and reproductive health and rights. Building on existing sexual and reproductive health packages at health delivery along the continuum of care will facilitate the adoption of the five new key sexual and reproductive health/self-care interventions in line with context specificities, with emphasis on linkages, integration and multisectoral approaches. Monitoring, evaluation, documentation and research are crucial to assess the impact of self-care interventions and adjust the care according to women's and communities needs and priorities.



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