

Summary report on a WHO online consultation in response to the COVID-19 pandemic

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Planning for rapid dissemination and implementation of the WHO consolidated guideline on self-care interventions to strengthen sexual and reproductive health in the Eastern Mediterranean Region

Virtual meeting
30 April 2020



REGIONAL OFFICE FOR THE

World Health
Organization

Eastern Mediterranean

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1. Introduction

The WHO Regional Office for the Eastern Mediterranean in collaboration with WHO headquarters held a virtual meeting on 30 April 2020 to plan the rapid dissemination and implementation of the WHO consolidated guideline on self-care interventions for sexual and reproductive health in the WHO Eastern Mediterranean Region. The purpose was to build national capacity in the planning and implementation of self-care interventions to respond to sexual and reproductive health needs during and after the COVID-19 pandemic.

The specific objectives of the meeting were to:

- share the key messages and recommendations of the 2019 WHO *Consolidated guideline on self-care interventions for health: sexual and reproductive health and rights* and on the need for rapid implementation to respond to COVID-19;
- discuss approaches and tools to influence timely policy and regulatory change to support the rapid introduction and scale-up of self-care interventions for sexual and reproductive health at country level; and
- support orientation activities to improve access and uptake of self-care interventions, products and information through empowering individuals and communities.

The meeting was attended by 35 participants from Jordan, Lebanon Morocco and Pakistan, including policy-makers, programme managers, nongovernmental organizations and representatives from the International Pharmaceutical Federation, Pan African Organization Against AIDS (OPALS), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees and United Nations Relief and Works Agency for Palestine Refugees in the Near East. Participants from Egypt and Tunisia were also invited, but neither ministries of health, nor WHO country offices, were able to attend.

The meeting was inaugurated by Dr Ramez Mahaini, Coordinator of Maternal and Child Health, WHO Regional Office for the Eastern Mediterranean. Dr Mahaini highlighted the importance of self-care for ensuring the continuity of sexual and reproductive health services during the COVID-19 pandemic and access to services, information and products.

Dr Lale Say, Head of Sexual Reproductive Health Integration in Health Systems, WHO headquarters, welcomed participants, noted the importance of self-care in the context of the COVID-19 pandemic and encouraged active participation from countries in sharing their experiences in implementing self-care interventions.

2. Summary of discussions

WHO consolidated guideline

The discussion started with an in-depth explanation of the concept behind the WHO consolidated guideline on self-care interventions for sexual and reproductive health and rights. WHO's definition of self-care is "the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health care provider". Self-care encompasses different areas, including self-management, self-testing and self-awareness. WHO's conceptual framework focuses on a people-centred approach and improvement of health, rather than a focus on disease, and self-care offers an opportunity for people to improve their ability to manage, control and contribute to their health and well-being. It is also a huge opportunity to reduce the burden on the health care system.

The WHO consolidated guideline was developed with political and cultural sensitivities as key considerations. It includes evidence-based recommendations and good practice statements on programmatic, operational and service delivery issues that need to be addressed to

promote and increase access, uptake and use of self-care interventions for advancing sexual and reproductive health and rights.

A safe and supportive enabling environment was recognized by participants as an essential element in facilitating access to and uptake of products and interventions, especially for vulnerable and marginalized populations.

It was also noted that self-care interventions should not be limited to responding to crises or pandemics but should be adopted as an extension of health system delivery and as fundamental for health and well-being.

Self-care interventions for sexual and reproductive health and rights

The scope of self-care interventions for sexual and reproductive health and rights includes: improving antenatal, delivery, postpartum and newborn care; family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections (STIs), including HIV; reproductive tract infections, cervical cancer and other gynecological morbidities; and promoting sexual health. Vulnerable populations may require additional information or support to make informed decisions about the uptake and use of self-care interventions for sexual and reproductive health and rights.

During the discussion, five self-care interventions for sexual and reproductive health were presented by WHO:

- Self-administration of DMPA-SC, a self-administered injectable contraception. This should be available as an additional approach to delivering injectable contraception for individuals of reproductive age.
- Over-the-counter availability of oral contraceptive pills (OCPs) without a prescription for individuals.

- Human papilloma virus (HPV) self-sampling. This should be available as an additional approach to sampling through cervical cancer screening for individuals aged 30–60 years.
- Fertility regulation home-based ovulation prediction. Home-based ovulation predictor kits should be available as an additional approach to fertility management for individuals attempting to become pregnant.
- Self-testing for STIs. HIV self-testing should be offered as an additional approach to HIV testing and self-collection of samples for *Treponema pallidum* (syphilis) and *Trichomonas vaginalis* should be considered as an additional approach for individuals using STI testing services.

It was acknowledged by participants that self-care interventions offer strategies to promote the active participation of individuals in their health and offer the chance to increase coverage and access, reduce health disparities, and improve health, human rights, social outcomes and the cost–benefit.

Country experiences

Countries experiences on self-care for sexual and reproductive health interventions were shared.

A self-care intervention on HIV self-testing in Lebanon was presented that promoted the intervention through nongovernmental organizations, social media, awareness campaigns, and events (such as World AIDS Day). Nongovernmental organizations also coordinate the delivery of HIV self-testing. During the COVID-19 pandemic, the national AIDS programme plans to assess the activities of nongovernmental organizations during the lockdown and encourage them to advertise and distribute HIV self-tests. The programme will hold virtual meetings

with them for guidance in order to identify challenges and solutions, and will support them with their information, education and communication (IEC) materials, including a video tutorial on HIV self-testing. Active surveillance data is to be collected from them via emails and ongoing liaison.

A self-care initiative for women's sexual and reproductive health was presented from Morocco. The initiative includes:

- Injectable DMPA-SC as a long-acting reversible contraception method and combined OCP for three months to ensure commodity security for women.
- HIV self-care screening for pregnant women. HIV screening is currently low among pregnant women in Morocco.
- A training guide for assisted reproductive technology self-care to provide information on product storage, transportation, solution preparation and use of syringes, needles and injection pens.
- HPV testing among women living with HIV to measure HPV prevalence in this group.

It was noted that the introduction of self-care interventions in Morocco is the result of high-level commitment to invest in health and achieve universal health coverage in the country. Several opportunities were identified as having helped with the implementation and scale-up of self-care interventions, including the primary health care-based health system with good health coverage and several free services, a growing pharmaceutical industry, the alignment of civil society and other partners with the country's health priorities, and the expansion and diversification of HIV and syphilis screening programmes.

During the COVID-19 pandemic, Morocco has provided counselling for women on infection prevention measures, COVID-19 SALAMA protection kits (that include thermometers, antiseptics, masks, gloves

and hygiene products for women) and an online and telephone sexual and reproductive health consultation programme. Implementing self-care is seen as an opportunity to promote sexual and reproductive health and rights both during the COVID-19 pandemic and after. The interventions are being implemented in collaboration with OPALS, UNFPA and WHO. OPALS has also been providing psychosocial support for female victims of violence, antiretroviral medicines for people living with HIV, IEC materials for young people on sexual and reproductive health via social media, and awareness and information sessions through the media.

A presentation on self-care in Pakistan focused on the promotion and adoption of self-care guidelines on sexual and reproductive health services, maximizing the use of technology such as telemedicine and mHealth, creating synergies between the public and private sectors, and ensuring the continuity of essential sexual and reproductive health services in line with approved guidelines. Interventions include:

- media messaging through radio, television and social media;
- public and private sector helplines on sexual and reproductive health;
- community outreach for prevention measures and distribution of hygiene kits;
- over-the-counter availability of family planning commodities, especially the emergency contraceptive pill;
- capacity-building of lady health workers and lady health visitors on DMPA-SC to promote self-injection by communities; and
- IEC in national languages on self-use of misoprostol for post-abortion care and pregnancy self-testing with rapid testing kits.

During the discussion, it was highlighted that implementation of self-care interventions is vital for ensuring the continuity of sexual and reproductive health services during the COVID-19 pandemic and afterwards. It was felt

that showcasing good practices from countries in the Region can help other countries to address challenges and learn from successful implementation strategies that can then be tailored for implementation in their country context. Self-care will also need to be piloted, giving special attention to vulnerable groups such as survivors of violence. Additionally, proper training and capacity-building needs to be ensured, as well as utilizing available resources to monitor and research the implemented interventions.

Sexual and reproductive health services during the COVID-19 pandemic

Three key mechanisms were identified for sexual and reproductive health services delivery during the COVID-19 pandemic. These were:

- leveraging digital health technologies and platforms so that people can receive information on their telephones, order products online or connect to health providers for consultation, follow-up and referral for self-care services;
- ensuring availability of over-the-counter devices, medicines, information and diagnostics, and that good quality products are available and affordable such as OCPs, menstrual hygiene products and post-exposure prophylaxis; and
- providing access to referrals and health facilities for non-COVID-19 related sexual and reproductive health conditions, including antenatal care visits, delivery and postpartum care, retesting and HIV treatment if an individual's HIV self-test is positive, STI diagnosis and treatment, and crisis centres, shelters, legal aid and protection services.

The participants noted that COVID-19 communication platforms can be used to deliver messages to the community on self-care using IEC materials, infographics, media and social media. Self-care interventions, including services and commodities, need to be informed by evidence, prioritize vulnerable populations and adapted to different needs.

Implementation and scale-up of self-care interventions

Several considerations were identified when planning for self-care interventions. These include:

- acceptability of the specific self-care intervention;
- adoption or uptake from the perspective of the user or provider;
- appropriateness for a given setting or population;
- cost of delivering the intervention and resources (such as commodities);
- feasibility, particularly in overstretched health care systems during the COVID-19 pandemic;
- penetration and extent to which policies/programmes reach the end user; and
- sustainability and the ability to be integrated into the health care system during the pandemic and after.

There was a consensus on the essential role of partnerships for implementation and scale-up. Partnerships can help with: advocacy on needs, challenges and opportunities; introducing and integrating self-care into practice; building the health care system's capacity; and ensuring the sustainability of interventions. Pharmacists will be the first to be approached for many self-care interventions and therefore need to be provided with the right training and support.

Institutionalizing self-care interventions

The requirements for institutionalizing self-care interventions within the health care system were presented. These include:

- recognizing self-care as an integral component of the health system at the highest political level via its integration at the level of policy, programmes and services;
- adopting self-care interventions along the continuum of care;

- setting up steering and coordination committees and involving stakeholders;
- establishing a scale-up plan for sexual and reproductive health self-care interventions adapted to the local context;
- establishing training materials for health providers of self-care services for sexual and reproductive health; and
- developing a communication package for self-care in sexual and reproductive health.

3. Conclusions

Self-care interventions for sexual and reproductive health are vital to the continuity of reproductive and maternal health services during and after the COVID-19 pandemic to ensure that people have access to services, information and products and to reduce disparities. Self-care offers an opportunity for people to improve their ability to manage, control and contribute to their well-being. It is also a huge opportunity to reduce the burden on the health care system.

Countries are requested to implement the five recommended self-care interventions. These interventions need to be adapted to the local context, including health system capacity, availability of commodities and resources, and level of political support. The implementation of self-care interventions largely depends on advocacy, planning and working with local partners, utilizing the available resources and prioritizing vulnerable populations.

4. Recommendations

To Member States

1. Advocate for implementing self-care interventions using successful examples from other countries in the Region, consider the five self-care interventions recommended by WHO and work with partners and stakeholders to plan self-care interventions, taking into consideration feasibility, local context and needs, and utilizing the available resources, with a special focus on vulnerable populations.
2. Strengthen sexual and reproductive health services during the COVID-19 pandemic through the adoption of self-care interventions.
3. Leverage digital health technologies and platforms to inform people about services and deliver messages to the community on self-care using IEC materials, infographics, media and social media.
4. Document successful practices for sexual and reproductive health self-care interventions to showcase country efforts in a regional strategy on self-care (including in Jordan, Lebanon, Morocco and Pakistan).

To WHO

5. Maintain technical support to Member States for implementation of self-care interventions for sexual and reproductive health during and after the COVID-19 pandemic, and to document and share successful practices.
6. Share with Member States up-to-date guidance and recommendations to support national efforts to adopt self-care interventions for improving sexual and reproductive health during and after the COVID-19 pandemic.



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