

Contraceptive Self-Care: The ability of individuals to space, time, and limit pregnancies in alignment with their preferences, with or without the support of a healthcare provider

September 24, 2025



Nandita Thatte, Moderator WHO/IBP Network

Nandita Thatte leads the IBP Network in the Department of Sexual and Reproductive Health and Research at WHO in Geneva. She is passionate about using the WHO/IBP platform to disseminate and support the use of evidence-based interventions and guidelines, inform implementation research and program priorities and amplify local partners and experiences on a global scale. Prior to joining WHO, Nandita was a Senior Advisor in the Office of Population & Reproductive Health at USAID. She has a MPH from Johns Hopkins Bloomberg School of Public Health and a DrPH from the George Washington University. Nandita is a member of the HIPs Co-sponsor Group.



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Today's Agenda

- Welcome
- Overview of WHO normative guidance and tools on self-care interventions
- High Impact Practice in FP: Contraceptive Self-care Enhancement
- Regional Perspective
- National Perspective
- Questions & Answers
- Closing

Nandita Thatte, Moderator

Manjulaa Narasimhan, WHO
Carl Massonneau, WHO

Megan Christofield, HIPs TEG

Sarah Onyango, Self-Care Trailblazer Group

Nadia Beza, OPALS, Morocco

Moderator

Nandita Thatte, Moderator



Before we Begin



Webinar will be recorded



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fphighimpactpractices.org



Download the handouts shared in the chat

Today's Panelists



**Manjulaa
Narasimhan**
WHO



**Carl
Massonneau**
WHO



**Megan
Christofield**
HIP TEG
Jhpiego



**Sarah
Onyango**
SCTG



**Nadia
Beza**
OPALS Morocco



Manjulaa Narasimhan - WHO

Manjulaa leads WHO's work on self-care to advance sexual and reproductive health and rights and is the recipient of the WHO Director-General award for excellence in innovation. Manjulaa is a strong proponent of innovative, people-centered approaches in health policy. She believes that sustainable health solutions must be rooted in the lived experiences of the communities they aim to serve. She has championed the use of participatory research methods that actively involve community members in policy development, ensuring that policies are evidence-based and culturally acceptable to those they impact. Manjulaa has also identified and managed strategic planning and oversight of prevention technologies and built bridges between stakeholders to positively influence public policy and practice.



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Carl Massonneau - WHO

Carl is a Technical Officer in the Sexual and Reproductive Health Department at WHO. His responsibilities include supporting WHO's guideline on self-care interventions for health and well-being, and conducting implementation research to introduce and scale up self-care interventions for sexual and reproductive health and rights (SRHR) globally. With a background in economics and political science, Carl has worked with various countries and regions, including the Lao People's Democratic Republic and the WHO Representative Office in the South Pacific based in Fiji. In 2023, Carl and the team at HQ were awarded the WHO Director-General's Staff Excellence Award for Innovation for their work on self-care, in collaboration with the WHO India Country Office.



Overview of WHO normative guidance and tools on self-care interventions



HIP Webinar Contraceptive Self-Care

Overview of WHO normative guidance and tools on self-care interventions

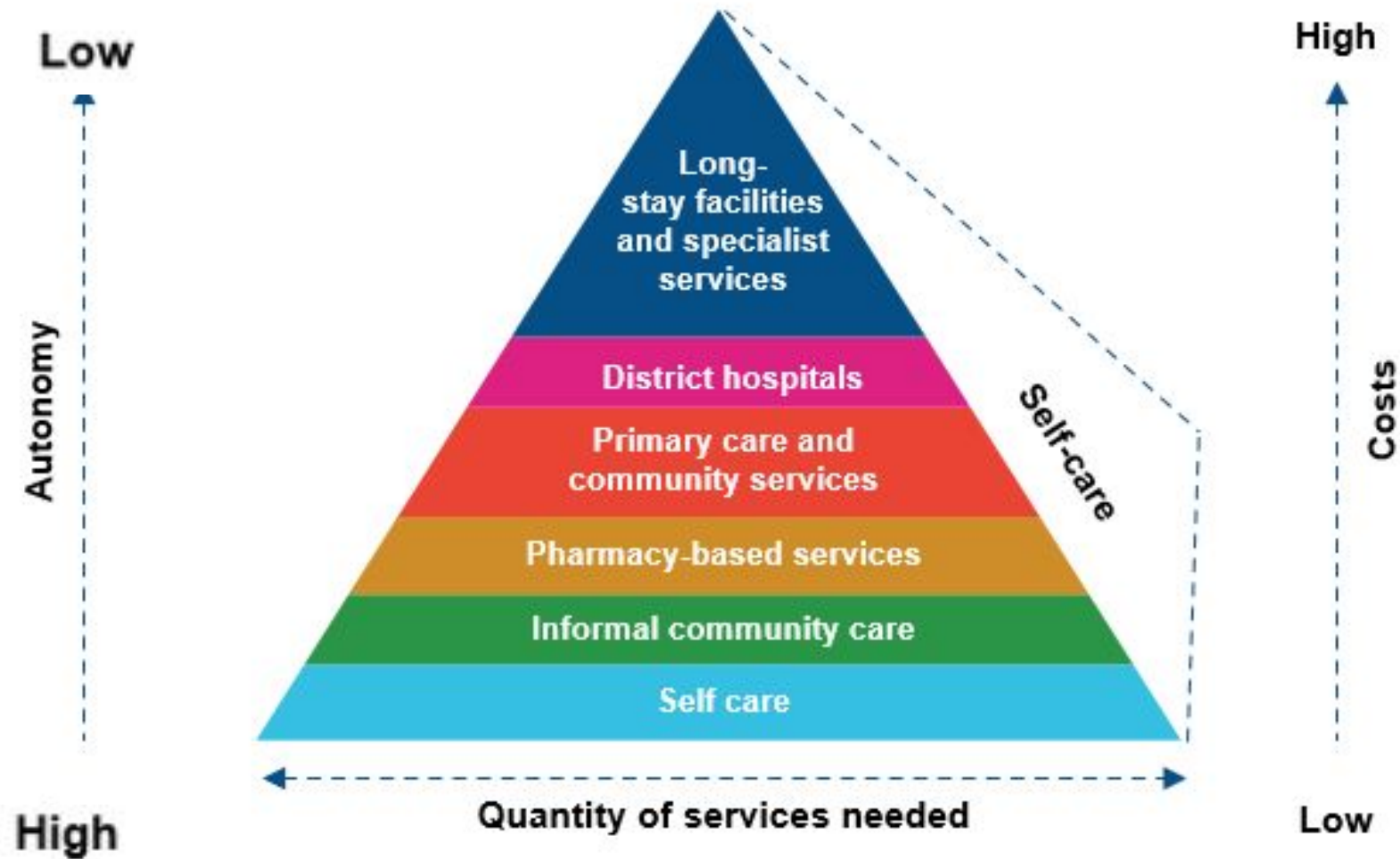
Dr Manjulaa Narasimhan, Carl Massonneau
Department of Sexual, Reproductive, Maternal, Newborn, Child, Adolescent, Aging Health and Research

World Health Organization

24 September 2025



Self-care is an essential component of health care delivery



WHO recommends self-care interventions for every country and economic setting, as a critical path to reach universal health coverage, promote health, keep the world safe, and serve the vulnerable.

Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness with or without the support of a health or care worker.

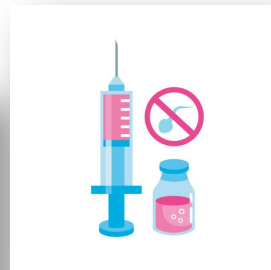
Self-care interventions Self-care interventions encompass tools and actions that support self-care including medical devices, diagnostics and drugs which can be used with or without the support of a health or care worker.



Self-care to improve women's health: Self-injectable contraception & HPV self-sampling

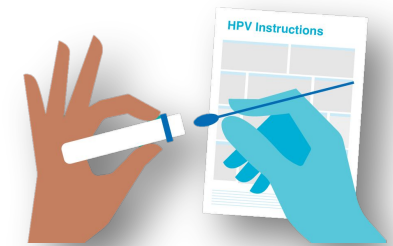
Self-injectable DMPA-SC contraception

- Women self-inject contraceptives at home
- Saves clinic visits
- Better fertility management & improves contraceptive adherence

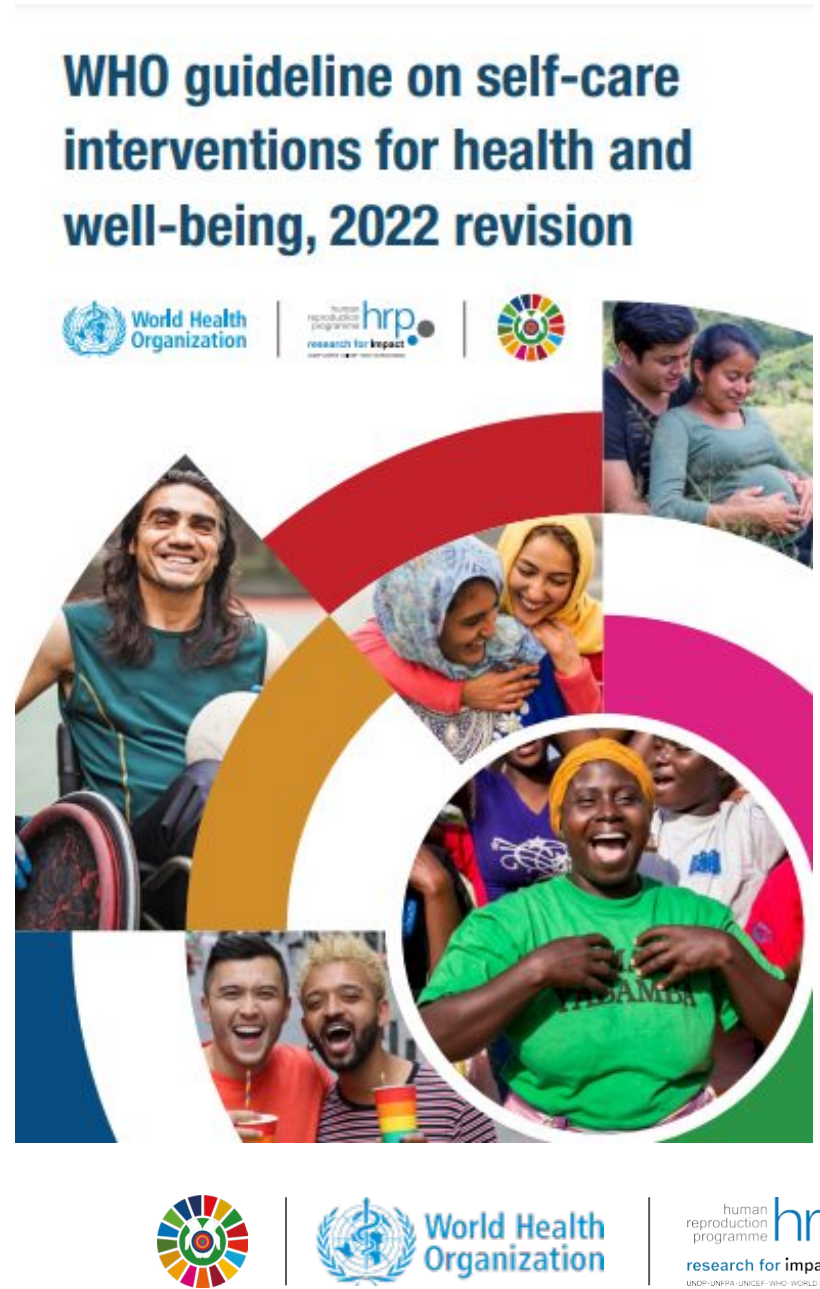


HPV Self-Sampling

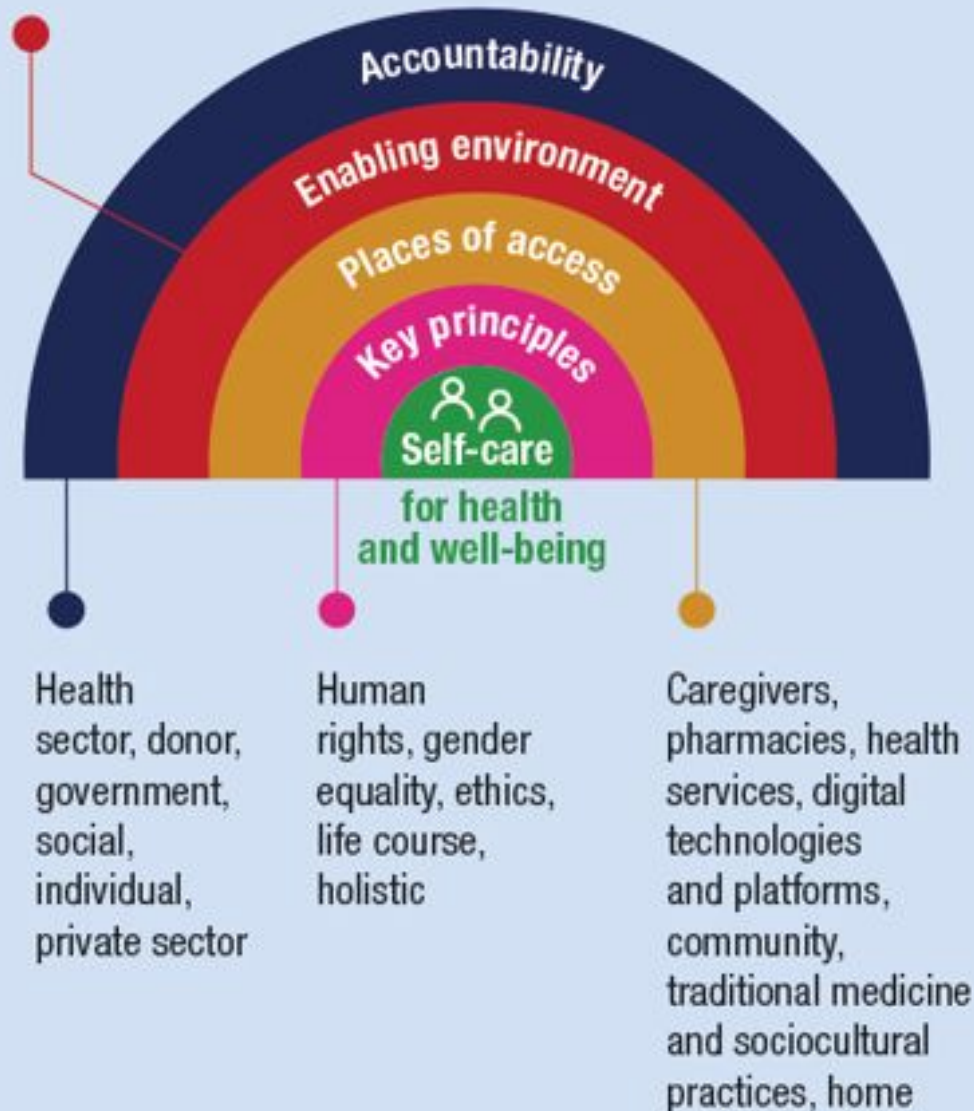
- Women collect their own cervical samples
- Increases screening rates, especially in rural areas
- Supports early detection of cervical cancer



- **Antenatal, delivery, postpartum care:** self-monitoring of blood pressure and blood glucose during pregnancy; nutritional supplements during pregnancy;
- **Contraception and infertility:** self-injectable contraception, over-the-counter availability of contraception, pregnancy self-testing, use of ovulation predictor kits;
- **Safe abortion:** self-management of medical abortion;
- **STI/HIV:** Self-collection of samples for STIs, HIV self-testing, HPV self-sampling for cervical cancer screening;
- **Sexual health:** Use of lubricants for sexual health, self-administration of gender-affirming hormones.



Commodity security, psychosocial support, supportive laws and policies, access to justice, economic empowerment, protection from violence/coercion/stigma & discrimination, information, health literacy, education, health financing, regulated products and interventions, trained health workforce



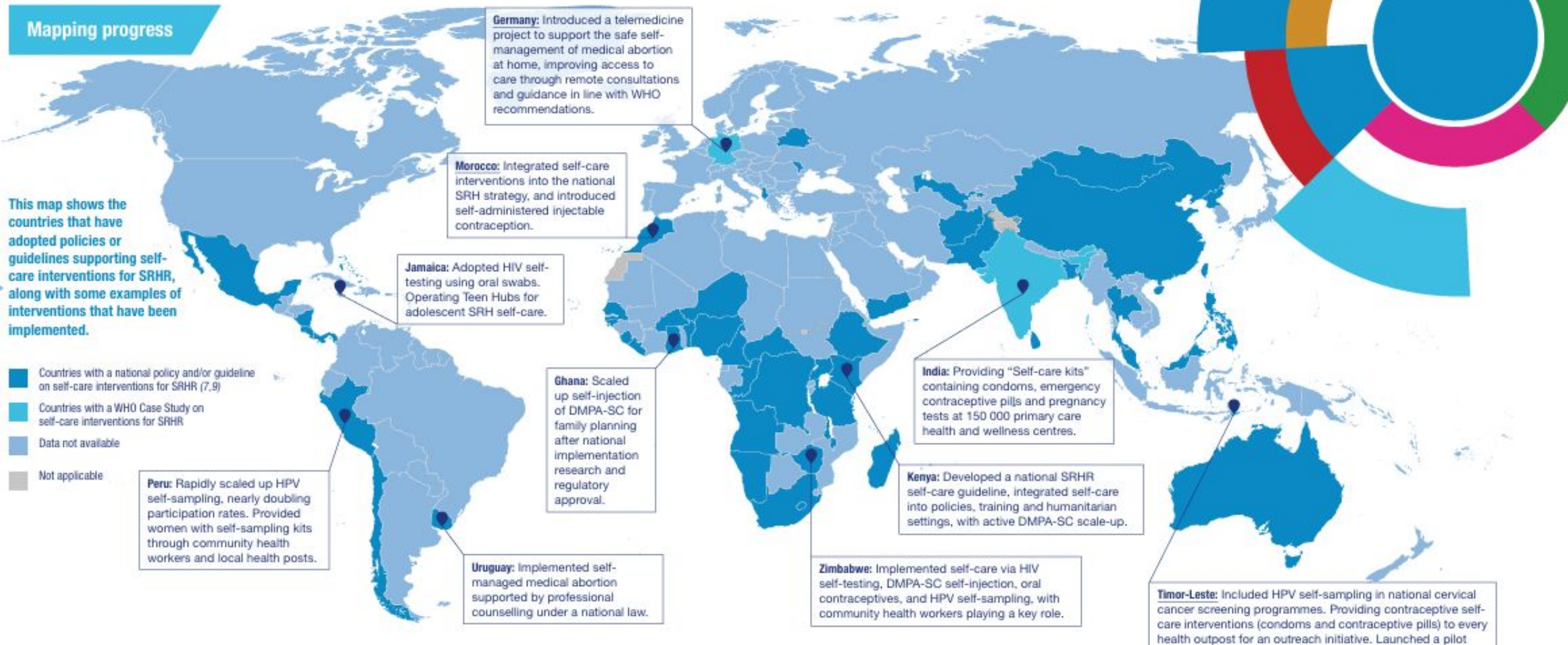
Conceptual framework

As new evidence-based self-care options are introduced and scaled up at national level, it is important to ensure the quality and safety of products, address digital and health literacy gaps, and integrate self-care into national health policies, programmes and systems.

Narasimhan M, Allotey P, Hardon A. Self-care interventions to advance health and well-being: a conceptual framework to inform normative guidance. BMJ. 2019;365:l688. doi:10.1136/bmj.l688.



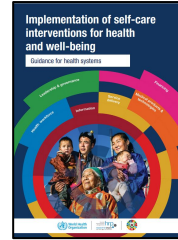
National policy change in 50+ countries within 5 years of WHO's self-care guideline



Guidance

Implementation of self-care interventions for health and well-being: guidance for health systems

This publication is also available in Spanish. [➤](#)



Self-care competency framework

Volume 1 - Global competency standards for health and care workers to support people's self-care.



Counselling and prescribing of contraception in pharmacies

Implementation research protocol

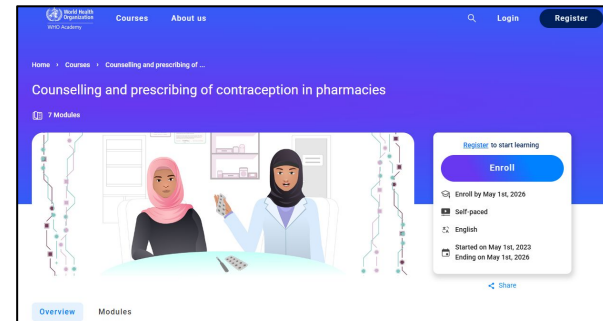
This generic research protocol has been developed to build the evidence base on how self-care interventions for SRHR can be effectively introduced, scaled, and sustained among underserved individuals and communities.

UHC compendium on self-care



Digital adaptation kit for self-monitoring of blood pressure during pregnancy

This Digital adaptation kit translates the WHO guidance on self-monitoring of blood pressure during pregnancy into an accessible digital format to help countries and individuals accurately adopt, and benefit from, best evidence-based clinical and data practices.



SELF-CARE WHEEL



[More information](#)

Self-care Competency Framework

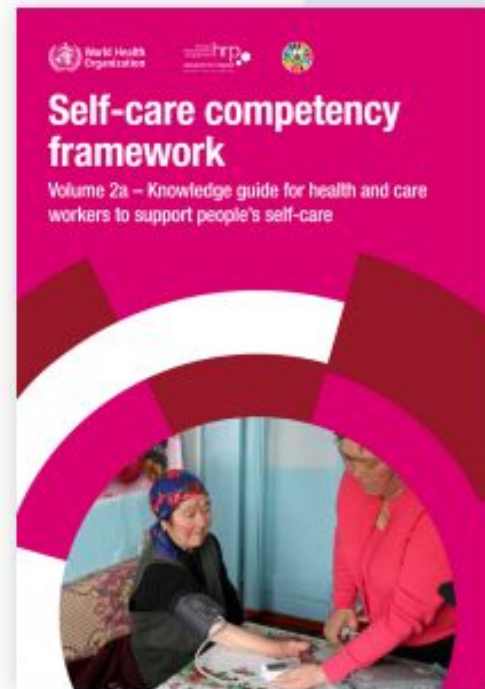
Self-care competency framework

Volume 1 - Global competency standards for health and care workers to support people's self-care



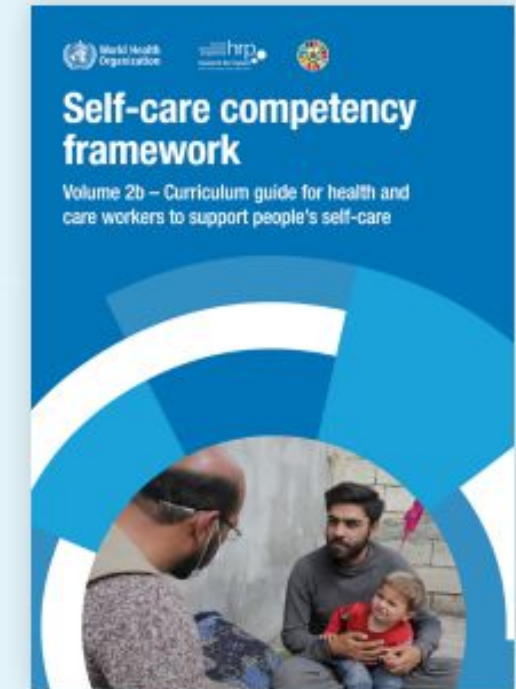
Self-care competency framework

Volume 2a - Knowledge guide for health and care workers to support people's self-care



Self-care competency framework

Volume 2b - Curriculum guide for health and care workers to support people's self-care



<https://www.who.int/publications/i/item/9789240077423>

<https://www.who.int/publications/i/item/9789240077447>

<https://www.who.int/publications/i/item/9789240077461>



Vol. 1 – Competency standards

10 key competencies needed for HCW to enable self-care

Domain I: People-centredness

Domain II: Decision-making

Domain III: Communication

Domain IV: Collaboration

Domain V: Evidence-informed practice

Domain VI: Personal conduct

- Promotes self-care by individuals, caregivers, families and their communities
- Supports people-centred support for self-care
- Takes an adaptive and collaborative approach to decision making about self-care by individual
- Communicates effectively with individuals, caregivers and families
- Collaborates with other health and care workers and community workers to support self-care
- Promotes trust, agency and collaboration with people
- Supports evidence-informed self-care practice by individuals, caregivers and families
- Demonstrates high standards of ethical conduct
- Undertakes reflective learning about self-care
- Manages own health and well-being



Vol. 2 – Knowledge guide

Knowledge skills and attitude associated with each behavior

- **Problem:** Different understanding of what competency standards entail
- **Goal:** Ensure harmonized and standardized definition of competencies
- **Method:** defined for each competency, the corresponding behaviors with associated, knowledge skills and attitudes

Example: →



Domain I: People-centredness



Competency standard 1:

Promotes self-care by individuals, caregivers, families and their communities



Behaviours

1.1 – Supports the individual to adapt options for self-care interventions, taking into account their personal situation, community, environment, gender, age, life stage and the health system



Knowledge, skills and attitudes

Knowledge

- Outlines a range of self-care interventions relevant to individuals' specific health needs
- Describes the physical and cognitive capabilities required for individuals to use different self-care interventions
- Identifies a range of illnesses and conditions which can be managed through particular self-care interventions

Skills

- Practices a variety of approaches to adapt self-care interventions to suit individual needs and characteristics

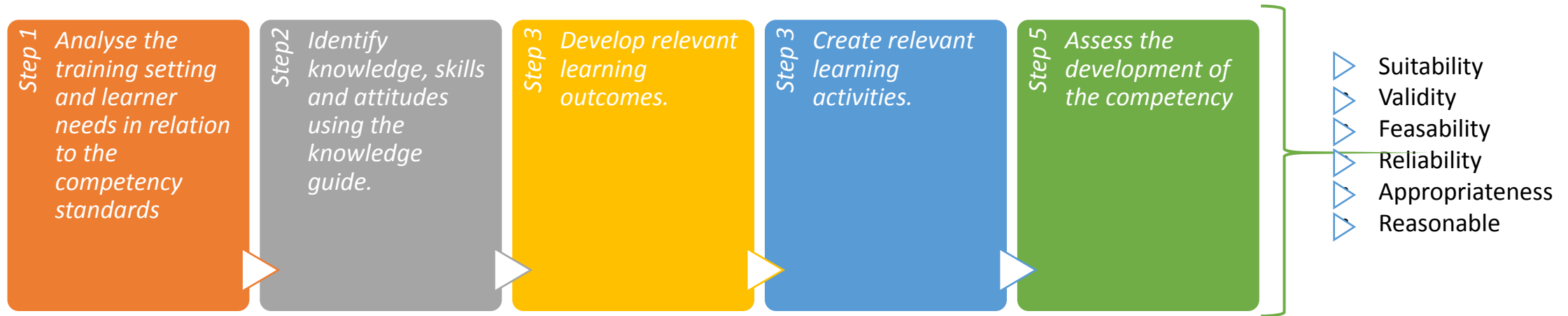
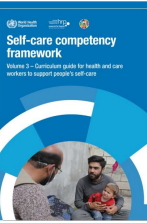
Attitudes

- Respectfully acknowledges the uniqueness of each individual when supporting self-care



Vol. 3 – Curriculum guide

Steps for adapting existing curriculum to the competency framework

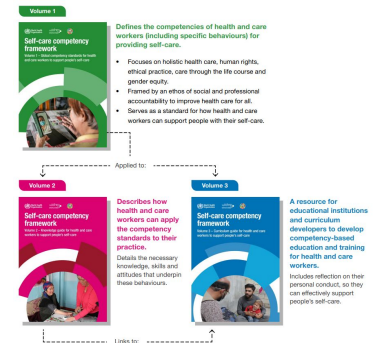


- ▷ What cadres of health workers is the curriculum for?
- ▷ What type of self-care interventions are likely to be sought or used?
- ▷ What are the characteristics of the health settings ?

- ▷ Is this Knowledge, Skills and Attitudes (KSA) already covered in existing curriculum?
 - Does related KSAs need to be adjusted
 - E.g. include self-care in existing curriculum on professional conduct.

- ▷ Are my current learning outcomes covering all knowledge skills and attitude of target on specific aspect?

- ▷ What activities would user friendly and sustainable?
- ▷ e.g. Audit, clinical simulation, concept mapping (annex 1).



Self-care interventions for health and well-being Communications Toolkit 2025



- 1 Introduction to this toolkit
- 2 Overview
- 3 Technical resources
- 4 Communications resources



[WHO-self-care-communications-toolkit-2025.pdf](#)



THANK YOU



For further information
contact: selfcare@who.int



World Health
Organization



human
reproduction
programme **hrp.**
research for impact
UNDP · UNFPA · UNICEF · WHO · WORLD BANK

Megan Christofield – HIP TEG

Megan's work centers on closing gaps in contraceptive access and choice. As Jhpiego's global technical lead for family planning and self-care, she supports teams to introduce and scale reproductive health products, strengthen enabling environments, and design service delivery models that put products, information, and care within easier reach of the people who use them. She was an inaugural Steering Committee member of the Self-Care Trailblazer Group and a member of the Technical Expert Group for this HIP Enhancement. Megan holds an MPH in Women's and Reproductive Health from Johns Hopkins University.



Contraceptive Self-Care HIP Enhancement Overview

Megan Christofield, Technical Expert Group Member (Jhpiego)



HIP

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Outline

- What are the HIPs?
- What is *this* HIP?
- Why adopt this HIP?
- What changes would be needed?
- How are other HIPs impacted?
- What content might you find in this HIP?



What are the High Impact Practices (HIPs)?



Evidence-based
family planning
practices



Vetted by experts
against specific
criteria



Documented in
an easy-to-use
format

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HIP Categories

HIP briefs are grouped into three primary categories:

Enabling Environment

Address systemic barriers that affect an individual's ability to access family planning information & services.

Service Delivery

Improve the availability, accessibility, acceptability, and quality of family planning services.

Social and Behavioral Change

Influence knowledge, beliefs, behaviors, and social norms associated with family planning.

Enhancements

Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.



HIP Briefs

HIP briefs define the *practice* and summarize evidence of *impact* and experiential learning from implementing.

What is *this* HIP?

Integrate **contraceptive self-care** into family planning and reproductive health services and systems.

Contraceptive self-care is the ability of individuals to freely and effectively space their pregnancies, time their pregnancies, and prevent pregnancies in alignment with their fertility preferences, with or without the support of a healthcare provider.

Why enhance efforts with this HIP?

There are several barriers to achieving one's contraceptive intention, including (but not limited to):

Limited agency amongst individuals to act on their contraceptive intentions

Providers are overburdened and health systems can be inefficient in their delivery

Client control over contraceptive choices, decisions, and use is restricted

Limited access to contraceptive information, services and products

When integrated into services and systems, contraceptive self-care can result in:

Increased use, continuation, satisfaction, and coverage of and access to contraceptive self-care information, services and products

Individual decision making, autonomy, and empowerment to manage fertility that is in alignment with individual preferences

Greater health system efficiencies

Improved enabling environment for self-care

How so? Evidence demonstrates that...

- Contraceptive self-care **increases demand for contraception.**
- Contraceptive self-care **improves method satisfaction.**
- Contraceptive self-care **supports contraceptive method continuation.**
- Contraceptive self-care **increases privacy** and **empowers women** to avoid provider bias and reduce coercion.
- Contraceptive self-care **saves time and money.**



PATH/Will Boase

Multiple changes are needed to advance contraceptive self-care in FP/RH



At the **individual** and **social** levels:

- People need knowledge, confidence, and skills to manage contraceptive use.
- Social norms and relationships need to shift to support self-care and its accountability.

Within **health systems**:

- Expanded, affordable channels through which to access quality self-care options and support are needed.
- The health workforce, information systems, financing, and regulation must enable self-care.

How might this practice enhance other HIPs?


Pharmacies and Drug Shops

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Pharmacies and Drug Shops:
Expanding contraceptive choice and access in the private sector

What is the promising high-impact practice in family planning service delivery?

Train and support pharmacies and drug shops to provide family planning information and a broad range of quality contraceptive methods.




Community Health Workers

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Community Health Workers:
Bringing Contraceptive Information and Services to People Where They Live and Work

What is the High Impact Practice in Family Planning?

Integrate trained, equipped, and supported community health workers into the health system.



Background

Community health workers (CHWs) are health care providers who have less formal education than professionals such as nurses and doctors and offer an increasingly broad range of health services to communities, often their own.¹ CHWs frequently serve as people's first point of contact with health systems; as such, they are essential actors in local, national, and global efforts to expand knowledge of, access to, and use of modern contraceptives. By bringing relevant information, services, and supplies to people where they live and work, CHWs play particularly important roles in extending the reach of public sector family planning services in areas where unmet need is high, access is low, and there are geographic or social barriers to use of family planning services.² As evidenced during the COVID-19 pandemic, CHWs are a first line of defense in times of crisis, given their increased access to and embeddedness in communities.^{3,4}

By systematically selecting and training CHWs and providing them with sustainable financial, administrative, and regulatory support, national health systems can extend benefits of CHWs to large populations and improve overall equity in knowledge of and access to health care, including family planning.^{5,6,7}

This brief focuses on benefits and impacts of well-managed, large-scale, public sector CHW initiatives in family planning. Integrating CHWs into the health system is one of several proven High Impact Practices in Family Planning (HIPs) identified by a technical advisory group of international experts. For more information about other HIPs, see www.familyplanning.org.

Service Delivery HIP

Proven Practice



Contraceptive Self-Care

HIP FAMILY PLANNING HIGH IMPACT PRACTICES

Contraceptive Self-Care:
The ability of individuals to space, time, and limit pregnancies in alignment with their preferences, with or without the support of a healthcare provider



What is the program enhancement that can intensify the impact of High Impact Practices in Family Planning?

Integrate contraceptive self-care into family planning and reproductive health services and systems.

Background

Self-care is defined as the ability of individuals, families, and communities to promote and maintain health, prevent disease, and cope with illness and disability with or without the support of a healthcare provider.^{1,2} Ranging from access to preventive and curative products over the counter to education around preventive health behaviors and treatment, to the development of self-care technologies that put control in the user's hands, self-care has evolved into an important approach to support health and wellness.

Self-care expands access to healthcare services and supports health systems. Self-care increases choice and access, leading to better health outcomes. With growing healthcare worker shortages, disruptions from conflict and climate emergencies, and rising use of digital tools, evidence-based self-care is now more essential than ever.³ Recognized by the World Health Organization (WHO), self-care plays a critical role across a range of health areas including mental health, HIV, and reproductive health.^{4,5} Self-care also supports management of diabetes, hypertension, cardiovascular disease, and other chronic conditions.^{6,7,8}

Contraceptive self-care is the ability of individuals to freely and effectively space their pregnancies, time their pregnancies, and prevent pregnancies in alignment with their fertility preferences, with or without the support of a healthcare provider. This is facilitated by the integration of contraceptive self-care interventions into policies, programs, and delivery channels across health systems.

Contraceptive self-care is a key component in improving access to contraceptive care and promoting client empowerment.⁹ It also can help women who are subjected to intimate partner violence and reproductive coercion in using contraceptives discreetly and safely.^{10,11} At least 18 low- and middle-income countries have integrated a form of contraceptive self-care into their sexual and reproductive health policy.^{12,13} Evidence supports the positive influence of contraceptive self-care bolstering the impact of family planning programming by improving implementation or reach with improvement in method uptake and continuation, increased service delivery, and access by clients.

HIP Enhancement



This combination reduces burden on the health system by freeing up clinic-based providers' ability to serve more clients. Clients get increased access to FP methods, self-care behavioral support, and a robust referral system in *client-preferred* settings, which improves contraceptive uptake, satisfaction, and continuation.

What else might you find in the HIP?

- **Tips** from implementation
- **Examples** of how contraceptive self-care has moved forward in multiple settings
- Suggested **indicators** to measure contraceptive self-care
- Priority **research questions**
- **Tools** and **resources**



With gratitude to Technical Expert Group members and others:

- Holly Burke (FHI 360)
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- Jane Cover (PATH)
- Andrea Ferrand (PSI)
- Josselyn Neukom (SwipeRx)
- Gertrude Odezugo (USAID)
- Funmilola OlaOlorun (University of Ibadan, Nigeria)
- Sarah Onyango (PSI)
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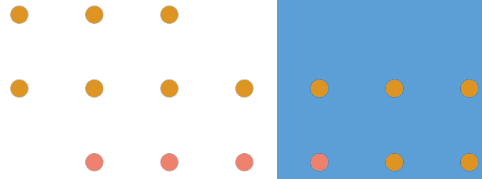
Sarah Onyango – SCTG

Dr Sarah Onyango is Technical Advisor, Self-Care, PSI, and Project Director, Self-Care Trailblazer Group, a coalition of over 1,000 individuals and 450+ organizations dedicated to advancing self-care in sexual & reproductive health and rights (SRHR). Sarah has over 20 years' experience leading advocacy and programming for SRHR. She has worked with international SRHR organizations and programmes with industry leaders such as Ipas, Planned Parenthood Global, USAID and IPPF. Early in her career, she worked with the Kenya Ministry of Health, and has served as a technical representative at WHO, UNFPA, FIGO, and the IBP Network. Sarah is a medical doctor with Master's degrees in Public Health and Health Research.



Regional Perspective & Experience





A regional perspective on how the HIP enhancement and the WHO self-care tools support the work of the SCTG at national/regional/global levels

Dr Sarah Onyango

Wednesday, 24 September 2025



Brief Background

2018

CIFF and the Hewlett Foundation funded the formation of the Self-Care Trailblazer Group (SCTG) with PSI as the Secretariat



A global multistakeholder coalition, dedicated to expanding the safe and effective practice of self-care so that individuals can better manage their own health, health outcomes are improved, and health systems are better equipped to achieve universal health coverage

Vision

A world where the practice of self-care leads to a more inclusive, equitable, and people-centered approach to optimizing health and well-being across the globe

Mission

The SCTG is a global coalition dedicated to expanding the safe and effective practice of self-care so that individuals can better manage their own health, health outcomes are improved, and health systems are better equipped to achieve universal health coverage

- **485** Member Organizations
- **1,070** Individual members
- **65** countries represented
- **62%** members from the global south
- **277 organizations** affiliated with the private sector, healthcare provider, feminist movement, youth, and other different health interest groups

SCTG GOVERNANCE AND WORKSTREAMS

SCTG Membership

Coalition Steering Committee (CSC)

Evidence and Learning Working Group (ELWG)

Learning Lab

Advocacy Working Group (AWG)

SCTG Secretariat
@PSI

National Self-Care Networks
(NSNs)

Ethiopia

Kenya

Nigeria

Senegal

Uganda

Zambia

ELWG generates and promotes evidence to accelerate the adoption of self-care policies and programs at national and subnational levels. ELWG fills evidence gaps prioritized by implementers, advocates, and policymakers.

Coalition Steering Committee
Executive oversight body for the SCTG, providing guidance, recommendations, long-term vision, policy, project prioritization and review.
4 subcommittees: Governance, strategy, and scope; Member engagement; Mitigating the opposition; Funding and sustainability

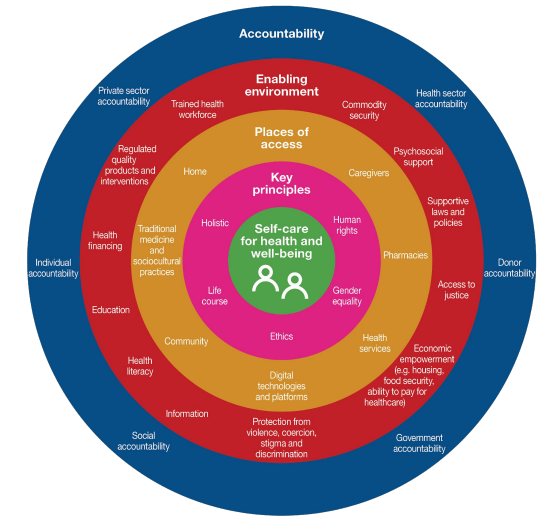
AWG leads a coordinated advocacy, outreach, and communications effort at country and global levels to strategize and support the integration and scale-up of self-care interventions within national health systems

The Secretariat Supports all SCTG functions; oversees program deliverables

How the HIP enhancement and WHO self-care tools support the work of the SCTG

Country Level

- SCTG partners with MOH-led national self-care networks (NSNs) in focus countries – Ethiopia, Kenya, Nigeria, Senegal and Uganda
- Through these partnerships, SCTG provides technical support to countries to:
 - adapt WHO and SCTG self-care tools – guidelines, frameworks etc
 - develop and/or review key national documents/policies aimed at integrating self-care into the national health system
- Examples include:
 - Development of National Self-Care Guidelines
 - Review of national policies to integrate self-care and increase e.g. task sharing policies, Essential Medicines Lists, over the counter medicines etc
 - Integrate self-care into national implementation guidelines e.g. FP/RH guidelines, comprehensive abortion care guidelines, HIV-ST guidelines etc



WHO Conceptual Framework



Quality of Care in Self-Care

Measurement of self care: support integration of self care into national

How the HIP enhancement and WHO self-care tools support the work of the

Regional Level

- SCTG partners with various regional organizations/bodies e.g., WHO, UNFPA, ODAS, ECSA-HC, Network of African Parliamentary Committees of Health (NEAPACOH)
- Through these partnerships, the SCTG supports learning exchanges and advocacy for integration of self-care into regional documents and commitments
- Examples include:
 - Webinar series targeting ECSA-HC membership to create awareness and build support for self-care
 - Self-care included in commitments of NEAPACOH in 2025, and endorsed by 23 countries
 - Support ODAS Community of Practice to advance self-managed abortion
 - Share learnings and best practices at WHO and UNFPA Regional SRHR meetings



How the HIP enhancement and WHO self-care tools support the work of the SCTG

Global Level

- SCTG partners with various organizations at the global level e.g., organizational members, WHO, United for Self-Care Coalition, Global Self-Care Federation, International Federation of Medical Students Association
- Through these partnerships, the SCTG supports global advocacy for integration of self-care into key global commitments :
 - World Health Assembly – aim to develop a self-care resolution, or other platform to fast track implementation of national self-care guidelines
 - Global Commitments e.g., @UNGA, HLM on NCDs, World Health Summit – to advocate for inclusion of self-care in key global commitments e.g., FP2030 Commitment, towards UHC 2030 Political Declaration
- Learning opportunities e.g., SCTG’s bi-annual self-care learning and discovery series (SCLADs), Annual Member Summit, ICFP and other relevant conferences



For questions or
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Nadia Bezad – OPALS Morocco

Dr. Bezad is a physician specializing in public health. She is the President of the Organisation Panafricaine de Lutte contre le Sida (OPALS) Morocco and Vice-President of OPALS International. For more than three decades, she has been a leading advocate for HIV/AIDS prevention, sexual and reproductive health, and the promotion of self-care interventions in Morocco and across Africa. Nadia has been recognized internationally for her contributions, receiving prestigious honors such as the Ordre de mérite from the French Red Cross (2006) and the Légion d'Honneur of France (2015). She also collaborates closely with WHO as an expert on self-care in sexual and reproductive health and has led the national adoption of WHO self-care guidelines in Morocco.



National Perspective & Experience



A close-up photograph of a person's hands holding a white condom. The person is wearing a dark garment with a colorful, intricate pattern. The background is blurred, showing what appears to be a banner with some text and a logo.

Self-care interventions for Sexual and Reproductive Health Rights

Implementation Progress in Morocco

Dr Nadia BEZAD

President of the Pan African Organization against AIDS (OPALS) Morocco

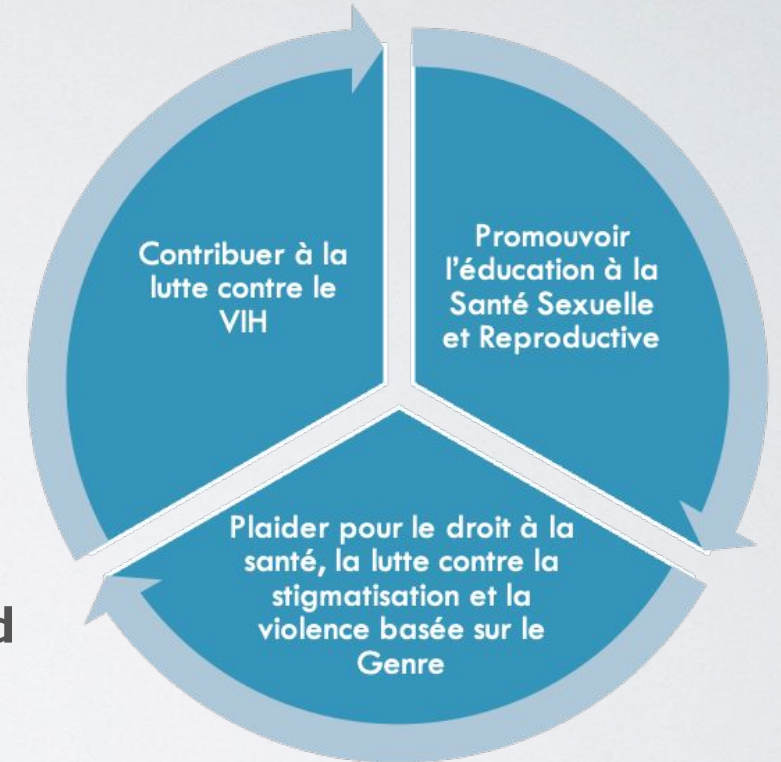


OPALS identity

- Recognized as a Public Utility Organization
- 30 Years of Experience
- First NGO to Offer HIV Testing Outside Hospital Settings
- Strategic Partnership with the Ministry of Health and Social Protection
- Presence in 8 Regions
- Targeting Key Populations Who Do Not Access Health Centers

Strategy

- **Prevention and Early Screening**
- **Advocacy to Facilitate Access to Healthcare for Vulnerable Populations**
- **Improving Community Capacities**
- **Studies – Research – Action**
- **Promotion of Education and Services in Sexual and Reproductive Health (SRH)**



Introduction des interventions Self-care en SSR au Maroc



March 2019
Partenariat SSR
OPALS, MSPS



Sept 2019
Official launch by
the Ministry of
Health and Social
Protection



2024
Adaptation disque
Self-care OMS au
Maroc

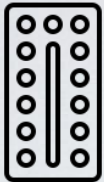
2025
Traduction disque
Self-care OMS
en Arabe

May 2019
Side event at the
72nd World Health
Assembly, Geneva

2019
OPALS CTA
First Community
Center for
Self-Care Services

2022
DMPA
Trainings for
the private
sector

Self-care interventions adopted in Morocco



Self-administration DMPA-SC

- Pilot project in partnership between MOH, WHO, UNFPA, OPALS Capacity Building Program for healthcare professionals

Over-the-counter availability of oral contraception

- Available in Pharmacies

Fertility regulation

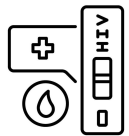
- Self-administration of infertility medications set up in infertility care reference centers

Self-testing for sexually transmitted infections

- Community use of HIV self-testing introduced (2023)

Self-testing for HPV

- HPV self-test pilot project

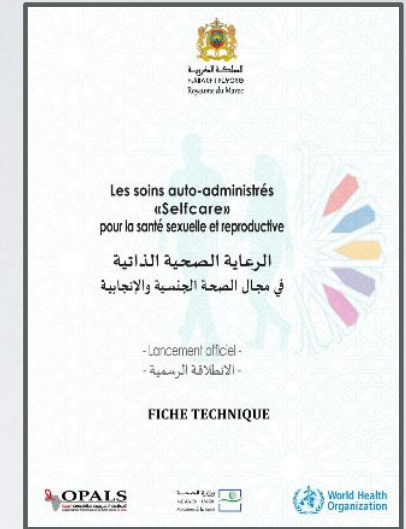


HIV Test



Establishment and Tools Guides

- **Development of National Frameworks and Reference Guides**
- **Integration of the "Self-Care" Component into the National Strategy for Sexual and Reproductive Health (SRH) 2021–2030**
- **Creation of a national self-care monitoring committee**
- **Community testing conducted (readability, acceptability, usefulness)**
- **DMPA Official validation by the Ministry of Health**



Framework Law on Social Protection No. 09.21 (April 5, 2021)

Normative Guidelines for Healthcare Professionals on DMPA-SC

Training Stage

- **Training of professionals on DMPA-SC injectable contraception**
- **Deployment of the self-care wheel as a teaching aid**
- **Community workshops with youth, women, migrants, people living with HIV, etc.**
- **Focus on user ownership and skills transfer**
- **Involvement of the private sector**
- **Awareness-raising among pharmacists on SRH self-care**

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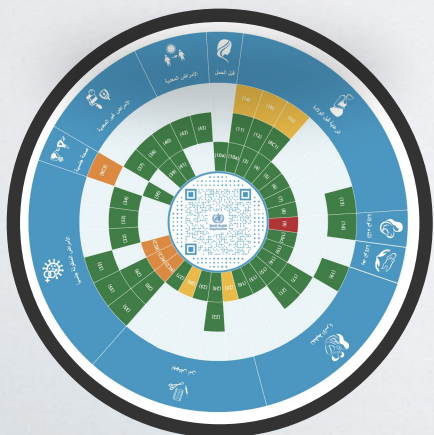
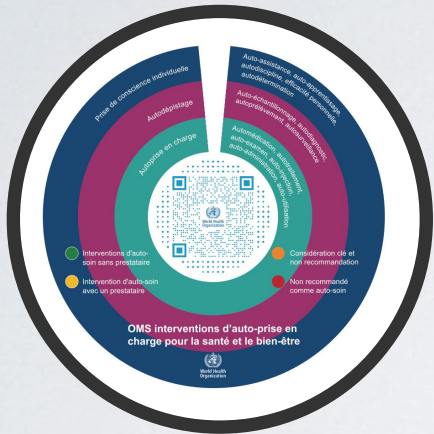
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Adaptation of the WHO Self-Care Wheel in Morocco

Empowering people of reproductive age to make informed decisions regarding SRH, based on comprehensive, evidence-based information delivered in a discreet manner.



Impact et lessons learned

- Reduction of barriers to accessing essential SRH services
- Empowerment of women and young people
- Easing the burden on the strained health system
- Strong community buy-in: “We understand, we like it, we want to use it”



Perspectives



- **Integration of self-care into comprehensive SRH packages**
- **Strengthening continuous training for frontline actors**
- **Ongoing advocacy: self-care as a lever for equity and empowerment**

Thank you



@OPALS MAROC

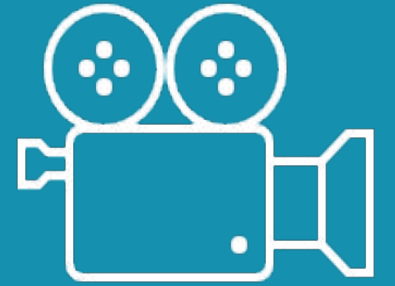
Questions & Answers



Before we close

Presentation and Recording will be available here:

<https://www.fphighimpactpractices.org/high-impact-practice-webinars/>



For more information, please visit:

High Impact Practices: www.fphighimpactpractices.org

Contraceptive Self-Care HIP Enhancement:

<https://www.fphighimpactpractices.org/briefs/contraceptive-self-care/>



Resources:

Self-care competency framework volume 1:

<https://www.who.int/publications/i/item/9789240077423>

Self-care competency framework volume 2

<https://www.who.int/publications/i/item/9789240077447>

Self-care competency framework volume 3

<https://www.who.int/publications/i/item/9789240077461>

Self-care Communications Toolkit

[WHO-self-care-communications-toolkit-2025.pdf](#)

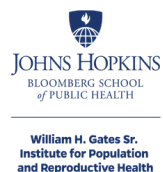


ICFP 2025



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Core Organizing Group // Groupe principal d'organisation // Grupo Organizador Central



Program Implementation & Self-Care at ICFP



ICFP Program Implementation Community

- Self-care Sessions and content throughout the conference
- Pre-conference (in Spanish) November 2nd
- 10 Sessions dedicated to Program Implementation
- Implementation Session at Youth Summit
- Webinar on Indigenous Populations& SRHR October 6th

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Have more questions? Check out our [Frequently Asked Questions](#) or email us at info@theicfp.org

Thank you for your participation today!

This webinar was organized and hosted by the WHO/IBP Network

