ECONOMIST ENTERPRISE

Making self-care work:

integrating self-care into health systems

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About the report

Making self-care work: integrating self-care into health systems, a report produced by Economist Enterprise and supported by Bayer, explores why self-care is increasingly recognised as a route to improve health outcomes, expand access, reduce pressure on overstretched health systems, and support progress toward universal health coverage. Drawing on desk research and expert interviews, the report examines how self-care can be defined, governed, financed, measured, and integrated into health systems so that it functions as a safe, equitable, and supported entry point to care, in partnership with formal health services.

The editorial team at Economist Enterprise would like to thank the following individuals, listed alphabetically, for generously contributing their time and insights, which have been critical to the creation of this report.

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Making self-care work: integrating self-care into health systems

Expanding access to self-care can improve health outcomes, widen access to health services and ease pressure on overstretched health systems.[1,2] Self-care practices can deliver around US$179bn in annual economic benefits and help countries move towards universal health coverage (UHC).[3] Yet, countries vary widely in how self-care is integrated into health systems. In some, it is embedded in formal policy, financing, and delivery structures; in others, it remains decentralised, fragmented, or only loosely connected to formal care.[4,5,6] Although policymakers increasingly recognise self-care, uneven adoption limits its ability to improve access, equity and the efficiency of health systems.

This gap between what self-care could achieve and what countries have delivered raises two questions: why do commitments stall at implementation, and what would make self-care a safe, fair and integrated route into care?

The answers begin with how self-care is defined, because that framing shapes how it is governed, financed, measured and woven into health systems.

The complexity of defining self-care

Self-care is widely endorsed, but no single definition exists. Academics have identified as many as 139 definitions, reflecting different views across research, clinical practice, policy and industry.[7,8] The World Health Organization (WHO) describes it as "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."[9] WHO's definition is intentionally broad. It reflects both its global public health mandate and the need for guidance that can apply across countries, health systems and levels of access to formal care. That breadth has practical implications for health systems because it brings very different activities under one term. In practice, self-care can include everyday health behaviours, preventative care, the use of over-the-counter (OTC) medicines, diagnostics or digital tools, chronic disease management, and decisions about when to seek professional care.[10]

Cultural context adds another layer of variation because views of self-care differ across countries, communities and health traditions. As Ami Kunimura, founder of the Self-Care Institute, notes, "Across the world, the term 'self-care' can mean very different things from one country or culture to another. Communication can break down when cultural values, norms, or practices around health conflict with Western models of care."

A practical way to understand self-care is through three broad functions: maintenance, monitoring and management.[11] Less clear, however, are the boundaries of self-care. Symptom monitoring, for

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example, can help people identify changes in their health and seek care earlier, but unsupported self-diagnosis can delay care or misdirect treatment.[12,13] Self-management of conditions can support daily care, but some require clinical oversight. The use of digital tools and consumer health products can expand access, but they also raise questions about evidence, standards, regulation, liability, and accountability (see also Table 1).[14,15]

Self-care works best not as a substitute for health systems, but as part of a supported path through them. Its success depends on systems that provide reliable information, affordable access, referral routes and appropriate oversight.[16,17] This is the central tension in self-care. Its broad scope makes it adaptable across health systems, but also harder to define, govern and integrate in a consistent way.

Why integrate self-care into health systems

For many, self-care is already a first point of contact with health care, particularly where access to essential services is limited.[18,19] In this case, the implementation challenge is integrating and supporting self-care effectively within existing health systems.

Table 1: How is self-care defined? Consensus and boundary cases[20,21,22,23]

Illustrative, not exhaustive. Some practices move between categories depending on evidence, safety, affordability, information quality and links to formal care.

Self-care	Boundary cases	Not considered self-care
CRITERIA		
Actions people take to maintain health, prevent disease, manage self-treatable conditions, or seek care when needed, with or without support from a health worker.	Actions, tools, or products that sit at the boundary of self-care: they may be self-care when evidence-based and used appropriately, but may fall outside self-care when they are unsafe, misleading, poorly understood, or delay needed care.	Actions that are unsafe, uninformed, coercive, harmful, or disconnected from health and wellbeing.
EXAMPLES		
Health promotion; disease prevention; appropriate self-medication; caregiving; seeking care when needed; rehabilitation or palliative support; self-testing, self-monitoring, and self-management.	AI symptom checkers; direct-to-consumer tests; wearables and wellness apps; supplements or wellness products marketed as self-care; social-media health advice; unsupported self-diagnosis; OTC medicines used without understanding risks or interactions.	Incorrect self-diagnosis that delays treatment; misuse of medicines or unsafe products; dangerous or unproven interventions; actions driven by lack of choice rather than informed agency; isolated self-management of serious illness without access to formal care.
IN REAL LIFE		
Managing a mild respiratory illness at home by resting, drinking fluids, using an appropriate over-the-counter medicine according to the label, and seeking care if symptoms worsen.	Using an AI symptom checker to interpret symptoms before deciding whether to seek care.	Using unproven “detox” regimens or herbal supplements for cancer, diabetes or chronic pain instead of seeking medical care for worsening symptoms.

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Without adequate integration and support, some types of self-care place greater financial, informational and care-management responsibilities on individuals.[24] For example, where OTC treatments, diagnostics, or digital tools are not reimbursed, patients may face higher out-of-pocket costs.[25] Similarly, people with complex health needs, including those with comorbidities or limited access to regular care, may be left to make decisions without adequate, evidence-based guidance.[26] This can widen inequalities linked to income, gender, health literacy and digital access.[27,28]

Misinformation adds to these risks.[29] As Dr Austen El Osta, director of the Self-Care Academic Research Unit (SCARU) at the School of Public Health, Imperial College London, argues, health systems "need a middle ground where quality-assured evidence-based information from trusted sources including clinicians, academics, industry experts, educators, and policymakers outweighs misinformation without restricting access to alternative viewpoints entirely."

How self-care fits into health-care systems: Practical examples[30]

Germany: Integrated self-care into routine clinical practice through "green prescriptions", a system in which doctors formally recommend over-the-counter (OTC) medicines on a separate prescription form to support guided self-treatment within the health-care system.

Indonesia: Integrated self-care through GERMAS, a national movement promoting healthy living, hygiene, and responsible medicine use across schools, workplaces and communities.

Singapore: Integrated self-care through Healthier SG, a national population-health strategy that combines digital tools, incentives, and community support to help people prevent illness and manage everyday health needs.

Poorly integrated self-care can fragment care pathways, delay treatment, increase avoidable complications, and erode trust in health systems—particularly for people with complex needs.[31,32] Table 2 shows how self-care exists along a continuum, with outcomes shaped by the degree of integration, the level of support and continuity of care. "Self-care is a practical, accessible, and people-centred approach that complements health system strengthening, especially where access remains limited or fragmented," says Greg Perry, director general of the Global Self-Care Federation. "Self-care does not seek to shift responsibility away from health systems. On the contrary, evidence-based self-care products, services, and non-prescription medicines, combined with trusted information, create headroom for referral pathways that connect people to timely facility-based care when needed."

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Table 2: Integration and support across the self-care continuum

Type of self-care implementation	Key characteristics	Implications for health systems	Illustrative example
Integrated and supported	Evidence-based guidance, regulation, affordability and referral pathway to support safe and effective self-care.	Can improve access, strengthen prevention, support patient agency, and reduce pressure on overstretched health systems.	A person with hypertension checks their blood pressure at home using a validated device, has clear guidance on how and when to measure, and can share readings with a clinician who links them to treatment advice and follow-up care.
Fragmented or unevenly supported	Outcomes depend on health literacy, affordability, continuity of care, and access to reliable information and support.	Can expose or reinforce gaps in regulation, trust, affordability, continuity of care, and integration with formal health services.	A person checks their blood pressure at home, in a pharmacy, or through a screening programme, but receives limited explanation of what the readings mean, conflicting advice on what to do next, or faces delays and costs in accessing follow-up care.
Unsupported or inequitable	Limited safeguards, unreliable information, or inaccessible formal care increase the risk of harm, delayed treatment, or inequitable outcomes.	Without adequate safeguards and accessible formal care, self-care approaches may unintentionally increase individual burden and widen existing gaps in health outcomes.	A person diagnosed with hypertension can only self-monitor and has limited or no continuity of care because formal services are inaccessible, unaffordable, unavailable or mistrusted.

From policy recognition to system integration: why implementation is challenging

Many countries have started formalising self-care commitments: WHO guidelines have informed self-care policies and frameworks in more than 50 countries.[33] The debate has now shifted from whether self-care belongs in health policy to how to turn commitments into practice.[34,35]

Because self-care takes place outside traditional clinical settings and depends on financing, regulation, service delivery, health literacy, and data systems, implementation requires coordination across parts of the health system that are usually managed separately. Decisions in one area shape outcomes in another: financing affects equity, regulation shapes access and safety, service design determines continuity of care, and measurement influences what is funded, scaled or corrected.[36,37,38]

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Dr Manjulaa Narasimhan, scientist, Department of Sexual, Reproductive, Maternal, Child, Adolescent Health and Ageing, WHO

Three linked challenges stand out: responsibility, equity and accountability.

1. From policy to practice: who is responsible for what?

The problem: Self-care is increasingly recognised in policy, but this alone does not determine how it will be implemented and managed in practice. Because self-care happens across homes, pharmacies, communities, workplaces, digital platforms, and formal health services, responsibility is typically spread among many actors and settings. For different interventions, this raises practical questions about who sets priorities, provides information, assures quality, supports safe use, pays, refers, and follows up.

If these responsibilities are not clearly defined, a gap can open between policy and implementation.[39] Self-care may be encouraged in principle, but remains unevenly reflected in national health plans, medicines policy, clinical guidance, financing arrangements, and service-delivery pathways.[40] This can have broad impacts. People could experience delays in seeking support, use products or tools without sufficient safeguards, or struggle to reconnect with formal care when needed.[41,42] Health systems, in turn, may miss opportunities for prevention, early intervention, continuity of care, and patient support.[43] At the same time, the burdens, risks, and responsibilities associated with self-care may fall unevenly across populations, particularly for individuals with limited access to resources, information or formal care.[44,45]

What makes integration work: Effective integration depends on governance arrangements that reflect self-care's distributed nature. This means clarifying where self-care sits within the health system and who is responsible for each part of the care pathway— including prevention, management, referral, treatment and follow-up. It also requires defining how different actors coordinate across care settings.[46,47] Depending on the context, this may require stronger links between national health plans, noncommunicable diseases strategies and the UHC agenda. It also calls for a designated lead or cross-sector coordination mechanism to align policy, regulation, financing and delivery of self-care.[48,49]

"Self-care is the first line of action for all health care," says Dr Manjulaa Narasimhan, scientist at the department of sexual, reproductive, maternal, child, adolescent health and ageing, WHO. "With the evidence, supportive policy and trained health and care workers, self-care can contribute to improving health and wellbeing for all."

The same governance questions apply to specific self-care interventions. For example, OTC medicines and self-testing tools can widen access, but also raise questions about who provides information, what safeguards are needed, and when people should be referred to professional care.[50] One approach is to match access with the level of support required. In Australia, some OTC medicines are available in general retail settings, while others are pharmacy-only or require pharmacist consultation. This widens access while retaining professional advice where safe use and interactions may require support or referral back to the health system.[51]

Thoughtful governance also means adapting national commitments to local delivery settings to reflect capacity and public trust. Ethiopia, Uganda and Senegal are already developing government-led, multi-stakeholder approaches to self-care implementation.[52,53] Dr Peter Smith, president of

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"Self-care should not mean people are left alone and should be supported in ways that respect culture and identity."

Dr Ami Kunimura, founder, The Self-Care Institute

the UK's Self-Care Forum and former chair of the National Association of Primary Care, notes that without localisation "no plan survives first contact with the people we're trying to help… what's needed is something that is locally driven."

Questions that shape self-care governance:

Scope: Which forms of self-care should be formally integrated into health systems?

Responsibility: Who should coordinate self-care across ministries, providers, pharmacies, regulatory bodies, community health workers, private-sector actors, and others?

Pathways: When should people be referred back to professional care, and through which referral pathway?

2. From access to equity: who is supported and who is burdened?

The problem: Self-care has the potential to improve access and reduce pressure on health systems, but without appropriate support and integration into formal care systems, it can also deepen inequities. Inadequate financing, limited guidance and weak referral pathways can leave some people struggling to navigate care. Poor safeguards may also place heavier financial and care-management burdens on groups that already face barriers to care.[54]

When people must pay out of pocket for self-care products and services, access often depends on what they can afford. Over-the-counter medicines, diagnostics, digital tools and self-care services may help some groups, while remaining out of reach for others.[55,56,57,58] In low- and middle-income countries, limited public financing and reliance on donor funding can further constrain scale-up and sustainability.[59]

Affordability is only part of the equity challenge. Uptake also depends on trust in health systems, access to reliable information, the ability to act on guidance, and confidence that formal care will be available when needed.[60,61] Stigma, language, cultural expectations, health literacy, and digital exclusion can all hinder or enable self-care's usefulness, effectiveness, acceptability and safety.[62,63,64] In some settings, self-care has been viewed as more accessible to affluent populations or as a matter of individual responsibility, rather than as part of an integrated continuum of care.[65,66]

What makes integration work: Financing models can influence both access to self-care and uptake, while also specifically promoting equitable access. Governments should determine which interventions are publicly funded, included in insurance schemes, or covered under UHC benefit packages, while ensuring products remain affordable through appropriate pricing and reimbursement policies.[67] In settings where UHC or insurance systems are still developing, targeted subsidies, public procurement, price regulation, or integration into primary-care services may help prevent widening inequities.[68]

To secure long-term investment in self-care, policymakers and funders will likely need evidence of how global estimates of economic value translate into outcomes for their own health systems, budgets and populations. "You need to demonstrate the social and financial return-on-investment potential of self-care," says Dr El Osta. Mr Perry also notes that small public investments, such as health literacy campaigns during covid, may generate large population-level benefits and free up resources for prevention and care.

Trust, culture, and the relationship between individuals and formal services also shape whether self-care is used safely and sustainably. Dr Kunimura cautions, "self-care should not mean people are left alone and should be supported in ways that respect culture and identity." In practice, this means designing self-care support around the communities it is meant to serve: using trusted messengers, culturally relevant guidance, community-based support, and clear referral routes that help people act early and seek care with confidence.

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"The digital space is expanding rapidly, and we need a safe and enabling environment. That includes ensuring products are regulated and not substandard, while still allowing innovation."

Dr Manjulaa Narasimhan, scientist, Department of Sexual, Reproductive, Maternal, Child, Adolescent Health and Ageing, WHO

Questions that shape access and equity:

Financing: Which self-care interventions should be publicly financed, subsidised, reimbursed, and/or included in UHC benefits packages?

Support: What guidance, community-based support, trusted information, or non-digital access routes should be used to promote and deliver self-care interventions?

Equity: Which populations are most at risk of being excluded or overburdened, and how should implementation be adapted for them?

3. From uptake to accountability: what counts as safe and effective?

The problem: As self-care spreads across homes, pharmacies, digital platforms and through community interventions, tracking its use becomes harder. It is often unclear whether self-care is safe, effective or helping to narrow or widen gaps in access and care.[69]

Fragmented data systems make this difficult. "Because measurement is the heart of science, the single biggest R&D priority is developing tools to help measure an individual's self-care capability," says Dr El Osta. Without better visibility into usage patterns, policymakers and commissioners of health and wellbeing initiatives may struggle to monitor uptake or identify access gaps. Limited outcomes data can also make it difficult to assess effectiveness, guide financing decisions, and understand self-care's impact on individuals and health systems.[70]

What makes integration work: Ensuring accountability for safety, quality and equity is an important aspect of self-care implementation and integration. In practice, this means tracking outcomes across populations and settings, clarifying how results are reported and acted on, and using evidence to inform financing, regulation and scale-up.[71,72]

Some countries are already embedding measurable forms of self-care into formal care pathways. In Germany, blood glucose self-monitoring is embedded in chronic disease management and clinical guidance, with data accessible to clinicians through electronic medical records, enabling closer tracking of outcomes and supporting behaviour change.[73]

Digital tools, including mobile applications, can support treatment adherence, health literacy, and continuity of care, but they can also create new challenges around data quality, regulation and oversight. "The digital space is expanding rapidly, and we need a safe and enabling environment. That includes ensuring products are regulated and not substandard, while still allowing innovation," says Dr Narasimhan.

Questions that shape accountability:

Outcomes: Which metrics need to be measured to monitor progress (e.g., uptake, clinical outcomes, cost savings, equity, safety, continuity of care)?

Accountability: Who is responsible for safety and quality across self-care stakeholders (e.g., governments, health systems, manufacturers, product developers and digital platforms)?

Evidence: What evidence should guide financing, regulation, oversight and scale-up?

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Looking ahead: shaping the future of self-care

Self-care is expanding both as a routine part of health management and as a response to pressure on health systems from ageing populations, chronic disease, workforce shortages, and uneven access to care. Its value will depend on whether that expansion is integrated into existing health systems to make self-care safe, equitable, affordable, and connected to formal care when needed.

"The cost of inaction is stagnation," says Barbara Riegel, professor emerita of nursing of the University of Pennsylvania, and who is also a senior research scientist at the Center for Home Care Policy & Research at VNS Health.

For policymakers, the next step will depend on where self-care sits within their health system:

- In countries where self-care remains weakly defined, the priority is to clarify which activities and interventions fall within its scope and which require stronger safeguards or links to professional care.
- Where self-care is already common but fragmented, governments can assess how people are using it and where gaps remain. They can then identify problems with information, affordability, referral and follow-up, and prioritise proven interventions for primary care or UHC benefit packages.
- Where self-care is already embedded in policy, the focus should shift to strengthening accountability mechanisms, including measuring uptake, safety, equity, outcomes and continuity of care, and using that evidence to inform financing, regulation and delivery models.

For governments and health systems, the next phase of self-care policy involves moving from recognition to practical support: helping people use self-care safely and affordably, with clear routes to support when needed. The 2027 UN High-Level Meeting on UHC will provide an important test of whether countries can turn policy ambition into supported practice through financing, accountability, evidence and delivery. Done well, self-care can become a cost-effective and complementary entry point into more preventive and proactive health systems, rather than a parallel route that widens gaps in access and support.

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