



BUSINESS COUNCIL for  
INTERNATIONAL UNDERSTANDING

# Unlocking Self-Care for Global Health Progress

## 2025 Update

Integrating Self-Care into Universal Health Coverage, Non-Communicable Disease Prevention, and Health System Resilience.

This 2025 update builds on the inaugural report, *Untapped Potential: Unlocking Self-Care for Global Health Progress* (launched on Universal Health Coverage Day, 12 December 2024). [Read the 2024 report here<sup>1</sup>](#).

One year later, we revisit the evidence and highlight the urgent need to embed self-care into health policy and practice as a driver of universal health coverage, noncommunicable disease prevention, and health system resilience.

This update offers fresh insights, data, and recommendations to help policymakers, partners, and the private sector translate global commitments into measurable action ahead of the United Nations High-Level Meeting on Universal Health Coverage in 2027 and the Sustainable Development Goals deadline in 2030.

# Foreword

2025 has been a turning point for self-care. Around the world, policymakers are looking for ways to keep health systems strong despite workforce shortages, rising costs, and the growing impact of ageing and noncommunicable diseases (NCDs). Empowering people to care for their own health is no longer optional; it is one of the smartest, most practical solutions we have.

This update builds on last year's inaugural report <sup>1</sup> and captures the momentum of a year that brought renewed focus on prevention, primary care, and digital health innovation.

These shifts open new opportunities to make self-care measurable, scalable, and integral to health systems.

**“ Self-care does not replace the health system — it complements it. It enables us to expand access, reduce barriers, improve efficiency, and promote equity. <sup>33</sup> ”**

James Fitzgerald, Director, Department of Health Systems & Services, PAHO/WHO, Self-Care Month Virtual Seminar, 7 August 2025.

At **Bayer**, we are committed to helping everyone live healthier lives. Our vision is to enhance the everyday health of billions of people by delivering accessible, safe health solutions that empower individuals to take charge of their well-being.

At **GSCF**, we advocate for sustainable global health by spotlighting the benefits of self-care integration into health systems globally, promoting evidence-based solutions that improve health outcomes and increase health system optimization.

At **BCIU**, we create results-focused opportunities for governments, multilateral institutions, businesses, and other stakeholders to learn from one another and work together toward common goals.

Together, we offer this 2025 update as both a reflection of progress and a call to action. As we approach the 2027 United Nations High-Level Meeting on Universal Health Coverage (UHC) and the 2030 Sustainable Development Goal (SDG) deadline, we invite policymakers, development partners, and the private sector to make self-care central to health policy, so that everyone, everywhere can live not just longer, but healthier lives.



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# Abbreviations

## GLOBAL ABBREVIATIONS

AI	Artificial Intelligence
BCIU	Business Council for International Understanding
BIAC	Business at OECD (Business and Industry Advisory Committee)
CVD	Cardiovascular Disease
G20	Group of Twenty
G7	Group of Seven
GSCF	Global Self-Care Federation
H20	Health 20 Summit
HLM	High-Level Meeting
HLM4	Fourth UN High-Level Meeting on NCDs and Mental Health (2025)
LMICs	Low- and Middle-Income Countries
MMS	Multiple Micronutrient Supplementation
MoH	Ministry of Health
NCDs	Noncommunicable Diseases
OECD	Organisation for Economic Co-operation and Development
PPP	Public-Private Partnership
SDG(s)	Sustainable Development Goal(s)
SRH	Sexual and Reproductive Health
UHC	Universal Health Coverage
UHC2030	International partnership to accelerate progress on UHC
UN	United Nations
UNIMMAP	United Nations International Multiple Micronutrient Antenatal Preparation
WHO	World Health Organization
WHO Foundation	World Health Organization Foundation

## WHO PLATFORMS AND TOOLS

IMPACT	Integrated Management in Primary & Acute Care Tool
SPDI	UHC Service Planning, Delivery and Implementation Platform

## MEASURES AND INDICES

SCORE2	Systematic Coronary Risk Evaluation 2 (cardiovascular risk score)
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## INDONESIA-SPECIFIC TERMS (USED IN THE MMS CASE STUDY)

ANC	Antenatal Care
Posyandu	Integrated community health post (Indonesia)
Puskesmas	Public primary health center (Indonesia)



## Executive Summary and Call to Action

The 2025 review of the original white paper confirms that, even as the global health landscape faces unprecedented pressures and rapid change, the relevance of self-care not only endures but becomes even more prominent.

Fiscal constraints, demographic shifts, and workforce shortages are reshaping health systems, while digital innovation is creating new possibilities for prevention and self-management.

These shifts create a unique opportunity to embed self-care as a cornerstone of health policy and practice — making people active participants, not passive recipients, in their health journey.

### The Global Context in 2025

The global health system is recalibrating. Donor funding is tightening, driving a stronger focus on efficiency, value for money, and measurable impact.

WHO Member States have approved a 20% increase in assessed contributions for 2026–2027 — signalling both renewed commitment to global solidarity and added pressure to deliver tangible results.

At the same time, aging populations, the rising burden of NCDs, and growing inequalities are increasing demand for services.

Women continue to experience longer but less healthy lives, often shouldering unpaid caregiving and facing barriers to timely care.

Health worker shortages, compounded by migration from lower- to higher-income countries, threaten the ability of systems to provide equitable and continuous care.

Digital transformation is another defining trend of 2025. Artificial intelligence, telehealth, wearables, and health literacy platforms are expanding rapidly, creating new opportunities for people to monitor, prevent, and manage their health.

Together, these trends make the case for self-care as a practical, cost-effective solution to extend coverage, relieve overstretched systems, and advance UHC.

### Why Self-Care Remains Underutilized

Despite its potential, self-care remains underprioritized within health systems. Policies and financing frameworks often overlook its value, leading to fragmentation and inconsistent implementation. As a result, the gap between global commitments, including those reaffirmed at the 2025 UN High-Level Meeting on NCDs and Mental Health, and country-level action persists.

To bridge this gap, sustained advocacy, credible data, and accountability mechanisms are needed to translate declarations into action, leading to measurable outcomes for people and communities.

## Recommendations for Action

Building on the 2024 white paper and new insights from 2025, we urge stakeholders to act on four priorities:

### **1. Integrate self-care into health systems and policies.**

Define clear implementation pathways within national health strategies, positioning self-care as a driver of resilience, prevention, and chronic disease management.

### **2. Mobilize and equip health professionals and community health workers.**

Provide training to promote health literacy, guide individuals in practicing self-care, and embed self-care within prevention and treatment protocols.

### **3. Leverage digital transformation.**

Harness telehealth, AI, and digital self-monitoring tools to expand equitable access and empower individuals, especially those with limited contact with formal healthcare systems.

### **4. Expand access to quality self-care products and services.**

Harmonize regulatory frameworks, integrate self-care solutions into reimbursement schemes, and incentivize innovation to address unmet needs safely and effectively.

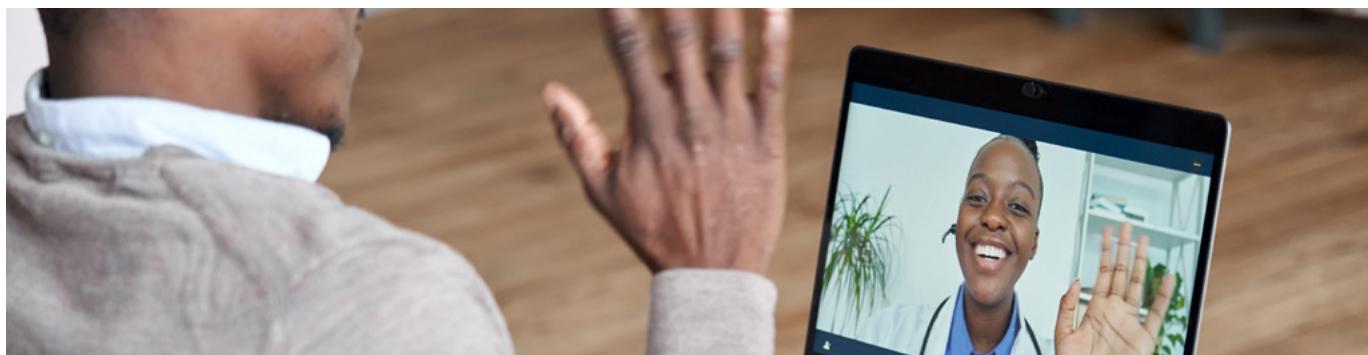
The benefits of self-care integration are also underpinned by economic evidence, which continues to show that investing in self-care creates measurable returns, reduces healthcare costs, strengthens system efficiency, and improves the productivity and well-being of individuals.

## The Way Forward

As the world moves closer to the 2027 High-Level Meeting on UHC and the 2030 Sustainable Development Goals, there is no time to waste. By making self-care measurable, financed, and scalable, governments and partners can help billions of people live not only longer, but also healthier, more empowered, and more fulfilling lives.

Self-care can no longer be seen as a peripheral idea but must instead be embraced as a foundation of a sustainable, people-centred health system for the next decade.





# Global Trends Shaping the Future of Self-Care – New in 2025

The global health landscape continues to evolve, driven by fiscal, political, demographic, and technological forces. Building on longer-term trends, such as aging populations, rising NCDs burden, digital health, and growing attention to women's health, 2025 brings new dynamics that are reshaping the policy environment for self-care.

These shifts suggest that now is a window for embedding self-care more systematically into health strategies, especially under UHC.

## 1. Funding Shifts and Evolving Donor Landscapes

In 2025 several major donors adjusted their funding priorities. Many governments, faced with inflation, economic headwinds, and domestic fiscal constraints, are also tightening or restructuring their global health commitments. Programs that were once comfortably financed are now under review, while funder expectations increasingly focus on efficiency, impact per dollar, and sustainability.

### IMPLICATIONS FOR SELF-CARE:

When donor funding is reduced or earmarked, self-care becomes more attractive because it can extend service reach, reduce reliance on more expensive facility-based care, and help sustain essential health outcomes even when traditional funding is under pressure. Self-care frameworks may be viewed as "value-for-money" investments in strained health budgets.

## 2. Governance Reforms and Institutional Resilience

Among the most significant developments in 2025 is the decision by WHO Member States to approve a 20% increase in assessed contributions for its 2026-27 programme budget. This move reflects a push toward more stable, predictable, and flexible financing for WHO's core activities<sup>2</sup>.

Other organizations are also recalibrating. Multilaterals like Gavi, the Global Fund, and the World Bank are reforming their governance, financial, and operational structures to adapt to growing pressures from donors, rising costs, and changing priorities.

### IMPLICATIONS FOR SELF-CARE:

These reforms create policy space to integrate self-care into national health strategies. As institutions push for cost-effectiveness and resilience, self-care fits into agendas for system strengthening. More stable base funding also means that tools and frameworks supporting self-care (guidelines, digital platforms, workforce roles) can be financed more sustainably rather than as temporary pilot projects.

### 3. Demographic and Equity Pressures

Aging populations and increasing prevalence of NCDs continue to pose burdens to health systems globally. Older adults often face multiple chronic conditions and face disability, frailty, and heightened healthcare needs.

Women tend to live longer but spend more of those years in poor health and often absorb disproportionate caregiving burdens, both for children and elderly family members.

#### IMPLICATIONS FOR SELF-CARE:

These demographic shifts increase the potential return on investments in self-care, especially for older adults and women.

Enabling self-care can relieve pressure on health systems, reduce demand on inpatient and clinic services, and offer more equitable empowerment to groups with caregiving responsibilities. Policies that support self-care tools, training, and support for family caregivers become increasingly relevant.



### 4. A Policy Window on NCDs, UHC, and Mental Health

The 2025 UN High-Level Meeting (HLM4) on NCDs and Mental Health (25 September 2025) was a critical opportunity for countries to recognise the NCD response as a global priority. Its political declaration emphasized equity, multisectoral collaboration, integrated service delivery, and exhibited strong linkages with universal health coverage.

At the same time, the process leading up to the next HLM on UHC in 2027 is gaining momentum. The 2027 meeting will be the decisive moment to refresh global UHC commitments before the 2030 deadline.

It is an opportunity to ensure that self-care is explicitly included as an enabler and strategy to meet UHC service coverage, financial protection, and equity targets.

#### IMPLICATIONS FOR SELF-CARE:

This policy window means that with strategic advocacy and evidence, self-care can be written into global UHC agendas, including declarations, financing commitments, and monitoring frameworks, and be recognised as a key enabler in formal strategies to meet 2030 goals.

## 5. Digital Evolution and Innovation

Digital health is accelerating rapidly in 2025. Artificial intelligence (AI) tools, telehealth, wearable health monitors, apps for remote monitoring of chronic illness, and digital health literacy resources are becoming more common. WHO recommends evidence-based self-care interventions to promote autonomy and well-being of individuals.

At the 78<sup>th</sup> World Health Assembly, a side event on “Digital Self-Care for NCDs: Empowering Self-Care: Digital Innovations for NCD Prevention and Management” highlighted the importance of self-care as a tool for NCD control and raised awareness for how digital technologies are supporting people in managing their own wellbeing. It also highlighted the role of digital tools in unlocking innovation, building supportive policy, and driving cross-sector collaboration.

**“NCDs are the crisis of our century. Digital health has a part to play, but these scale-ups must be equitable, ethical, and safe. ,”**

Statement from Director-General’s Office, WHO. WHA 78 Side Event on Digital Innovation for Self-Care.\*

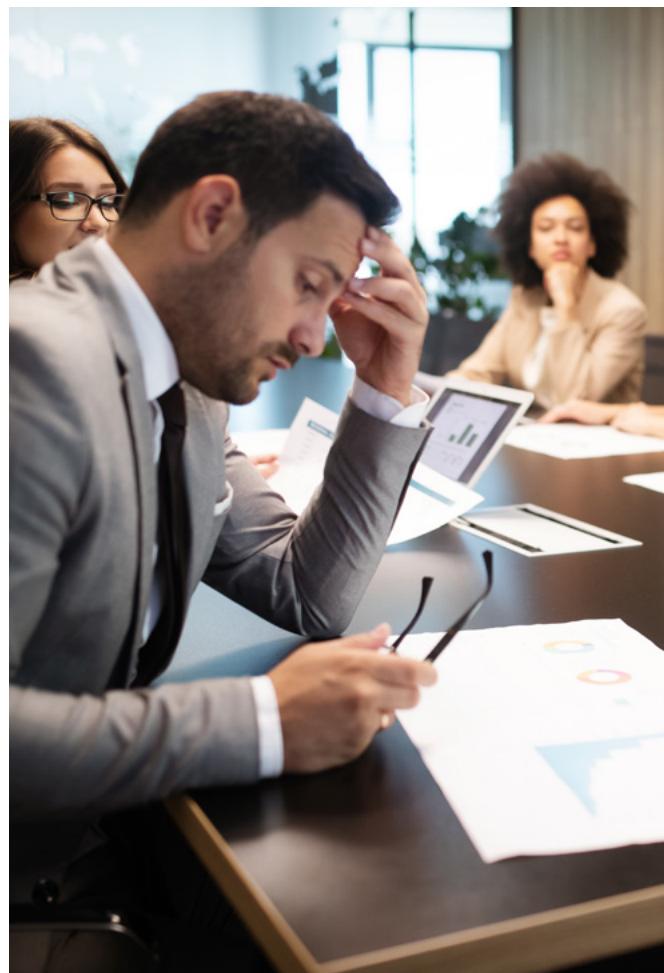
The Business at OECD (BIAC) published a report in 2025, *Health as an Economic Imperative*, that frames digital health and prevention-based systems (including self-care) as essential to economic resilience, urging development of public-private partnerships and stronger health literacy<sup>3</sup>.

### IMPLICATIONS FOR SELF-CARE:

Digital tools can reduce barriers to access, provide information, enable self-monitoring, and help integrate self-care into everyday health behaviors. Supportive regulation, quality standards, privacy protections, and equitable access are essential to avoid digital divides.

**“Digital health platforms demystify health solutions, allowing everyone, in all languages, to understand the self-care tools they need. ,”**

2025 webinar on self-care and digital health innovation, No Tobacco Unit, WHO.\*



**“In Tuvalu, digital health and self-care are turning challenges into opportunities for change. ,”**

Statement from the 2025 World Health Assembly side event on self-care innovation, Ministry of Health and Social Welfare, Tuvalu.\*

\*For references see Appendix 1 and Appendix 2.

## 6. Other Emerging Trends: Sustainability, Accountability, and Individual Empowerment

Several additional trends emerging in 2025 will also shape self-care policy:

### HEALTH FINANCING SUSTAINABILITY:

An OECD report *Fiscal Sustainability of Health Systems* (2024) argues that to avoid unsustainable health spending trajectories, countries must reduce inefficiencies, prevent disease early, and shift more responsibility towards healthy practice and prevention<sup>4</sup>.

### CITIZEN PARTICIPATION AND TRUST:

A recent OECD Trust Survey shows that individuals are calling for more voice in health policy, expecting governments to engage them meaningfully. Self-care aligns with these demands because it shifts more agency to individuals and communities. Policy frameworks that allow for participatory governance will likely see stronger acceptance and sustainability of self-care interventions<sup>5</sup>.

### HEALTH WORKFORCE CONSTRAINTS AND COST PRESSURES:

Health workers remain in short supply globally, with WHO projecting a shortage of over 10 million health and care workers by 2030, mostly in low- and middle-income countries<sup>6</sup>. Rising input costs, including wages, energy, and medical supplies, are further straining health budgets.

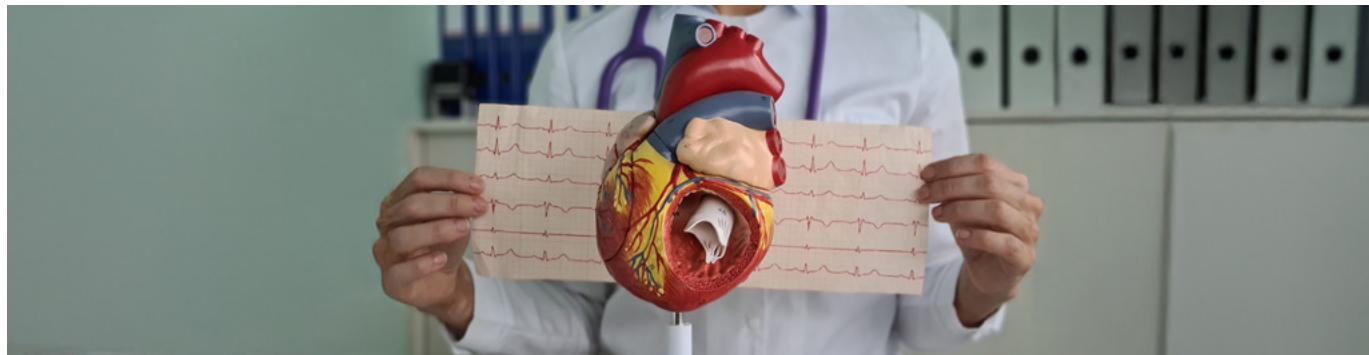
A growing trend in 2025 is the **migration of healthcare professionals** from developing countries to high-income countries<sup>7</sup>. This movement exacerbates the shortage in countries of origin, creating a vicious cycle where those with the fewest resources lose skilled personnel, further weakening their health systems and compromising UHC progress.



The 2025 trends indicate a crucial moment for self-care. Financial pressures, demographic shifts, workforce shortages, and new technologies are transforming health systems, which must adapt to the new landscape.

The shifts create an opportunity for policymakers to embed self-care as a central part of national health strategies, expanding access, improving equity, and reducing pressure on health services.

Acting now will help ensure that by 2030, people everywhere live not just longer but also healthier and more active lives.



# Unlocking the Potential of Self-Care for Noncommunicable Diseases (NCDs)

In today's health landscape, the focus has shifted from simply prolonging the life course to maximizing healthy, active years. Both individuals and societies aspire not just to live longer, but to live better while maintaining vitality, autonomy, and good well-being.

At the same time, NCDs remain the leading cause of mortality and morbidity worldwide, responsible for approximately 74% of global deaths<sup>8</sup>.

Self-care, defined by WHO as the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness with or without healthcare provider support, offers an underutilized but powerful tool to address this challenge.

## NCDs and the Case for Self-Care

The burden of NCDs such as hypertension, diabetes, cancer, and cardiovascular disease continues to rise, particularly in low- and middle-income countries (LMICs), where 85% of premature NCD-related deaths occur<sup>8</sup>. Managing this burden requires not only stronger

**“ Every day self-care is invisible work, but its lifetime impact is unmistakable. ”**

Statement from a 2025 global webinar on self-care and noncommunicable diseases, Africa CDC.\*

**“ Self-care isn't a luxury, it's a necessity — a powerful tool in preventing and managing all NCDs. ”**

Statement from a 2025 WHO-affiliated policy dialogue on self-care, Department of Health, Ireland.\*

Self-care practices, ranging from nutrition, physical activity, and stress management to tobacco cessation, management and treatment of health conditions, as well as health monitoring can:

**Prevent disease onset by reducing modifiable risk factors.**



**Support better management of existing conditions, preventing progression and complications.**



**Reduce pressure on health systems, freeing up scarce resources and enabling providers to focus on complex cases.**



\*For references see [Appendix 1](#) and [Appendix 2](#).

## Global Policy Context

This year has been especially active, with major global events creating opportunities to recognize and highlight the role that self-care plays in addressing pressing health priorities. From advancing SDGs to strengthening health systems and tackling chronic conditions, self-care has increasingly been acknowledged as a vital tool for enabling better prevention, as well as improving resilience, and equity.

The H20 Summit on Health and Development, held in Geneva in June 2025, brought together policymakers, civil society, industry representatives, and health leaders to accelerate progress on SDG 3: *Ensure healthy lives and promote well-being for all at all ages*. Participants emphasized that empowering people to manage their own health is critical to reducing premature deaths, strengthening person-centered care models, and improving health equity<sup>9</sup>.

The summit also made a strong economic case for self-care. By easing pressure on health systems, supporting better management of chronic conditions, and leveraging digital tools, self-care emerged as both sustainable and cost-effective solution for supporting SDG3.

A major outcome was the launch of the Health Taxonomy investment toolkit,<sup>10</sup> developed under the G20 and G7 Health and Development Partnership. This toolkit made explicit reference to self-care as a strategic investment. Its inclusion in the taxonomy's investment logic is particularly significant because taxonomies are used by governments, development banks, and private investors to define priority areas for funding. Recognizing self-care in this way elevates it from a supplementary activity to a legitimate public health strategy. This recognition not only strengthens the case for integrating self-care into national health plans and UHC strategies but also creates opportunities for dedicated financing for self-care, including performance monitoring, and increased accountability.

The Fourth UN High-Level Meeting (HLM4) on NCDs and Mental Health, convened in September 2025 in New York, was the last opportunity before 2030 to reset the trajectory on global NCD commitments. Member States reviewed progress toward the targets set under the 2011 Political Declaration on NCDs, the 2018 High-Level Meeting outcomes, and the Sustainable Development Goals (SDGs).

With NCDs being responsible for nearly three-quarters of global mortality, the stakes could not have been higher.

While the 2025 Political Declaration did not explicitly include the word "self-care," its spirit was embedded throughout the commitments. The text emphasized prevention, stronger primary care, health promotion, equitable access to medicines and technologies, and the empowerment of individuals and communities. These are all foundational pillars of a self-care approach. In effect, self-care became a cross-cutting enabler present within the global framework for NCD and mental health action<sup>11</sup>.

Despite these advances, a gap remains between high-level commitments and real-world implementation. Self-care is still too often absent from financial frameworks, workforce planning, and national health strategies, which slows down the progress.

Turning this momentum into action will require consistent advocacy, investment, and accountability to ensure that self-care becomes a measurable, scaled, and impactful part of health systems globally.

## Barriers to Scale

Despite the promise, several barriers limit widespread adoption:

**Lack of awareness and low levels of health literacy.**



**Financial constraints limiting access to affordable, quality self-care tools.**



**Insufficient supportive environments and peer networks.**



**Limited policy integration of self-care into financing and workforce strategies.<sup>12</sup>**



## A Call to Policymakers

For self-care to move from principle to practice, governments and health systems must:

### **INVEST IN EDUCATION AND DIGITAL HEALTH TOOLS TO IMPROVE HEALTH LITERACY:**

Policymakers must treat health literacy as a system-strengthening priority. The 2025 WHO *Integrative Review of National Health Literacy Policy Blueprints* identifies health literacy as a modifiable social determinant of health and a proven driver of better outcomes, lower costs, and stronger system resilience. Raising health literacy empowers people to prevent disease, adhere to treatment, and make informed choices — turning self-care into measurable health gains and supporting universal health coverage<sup>32</sup>.

### **INTEGRATE SELF-CARE INTO FINANCING AND WORKFORCE PLANNING, RECOGNIZING ITS COST-SAVING POTENTIAL**

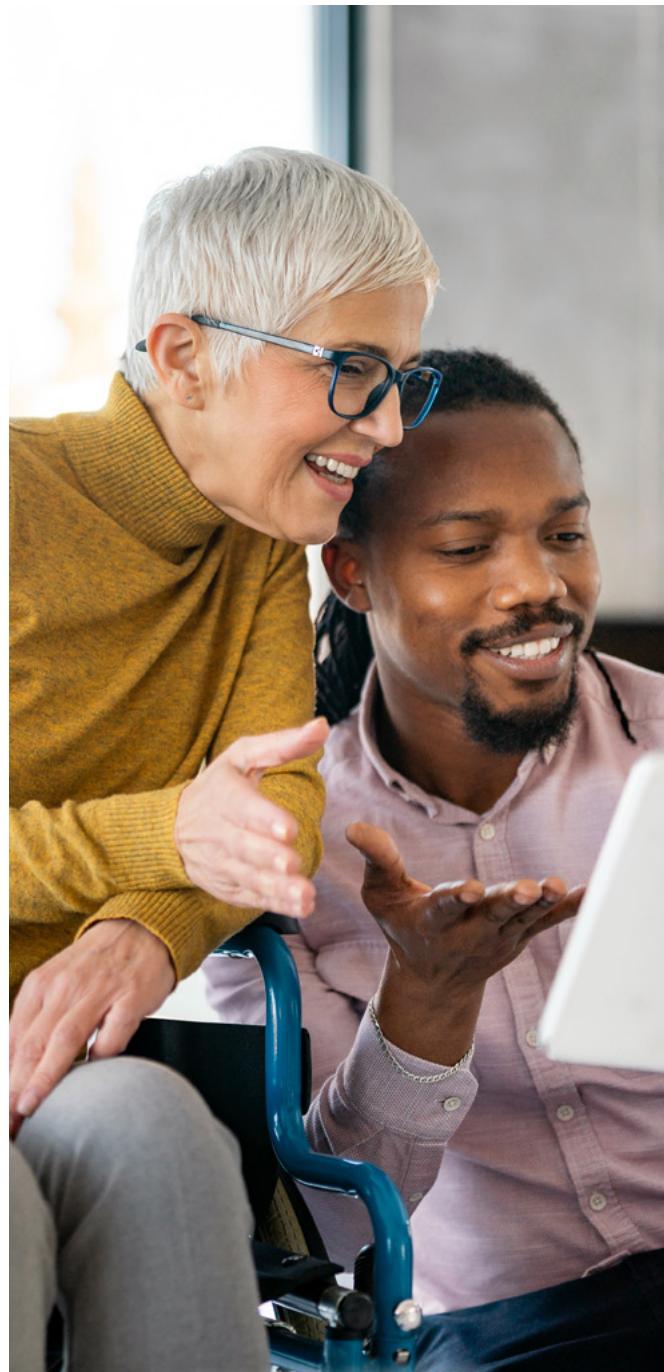
Evidence shows that embedding self-care interventions into reimbursement schemes and benefit packages improves access and reduces long-term system costs. Workforce strategies that train and incentivize providers to promote self-care, free up clinical time for complex cases and strengthen system efficiency, a crucial step as health worker shortages deepen globally.

### **ENSURE EQUITABLE ACCESS TO SELF-CARE PRODUCTS AND SERVICES**

Policymakers must guarantee that safe, quality-assured self-care products — such as diagnostics, OTC medicines, and digital tools — are affordable and available across geographies. Equitable access closes health gaps, empowers underserved populations, and prevents minor conditions from escalating into costly emergencies.

### **EMBED SELF-CARE WITHIN NATIONAL NCD STRATEGIES TO ACCELERATE PROGRESS TOWARD SDG AND UHC GOALS:**

Positioning self-care as a formal component of NCD prevention and control plans aligns with WHO recommendations and global SDG commitments. This ensures self-care is measured, funded, and monitored as part of national efforts to reduce premature NCD mortality and achieve universal health coverage.



Self-care is not a passing trend — it is a global health strategy. For individuals, it represents autonomy and empowerment; for health systems, it offers efficiency and resilience; for policymakers, it is a lever to translate political commitments into practical outcomes.

As the world moves toward 2030, unlocking the potential of self-care will be essential to turning the tide on NCDs and ensuring healthier, more active years of life for all.

# Case Study: PreventiPlaque – Empowering Self-Care in Cardiovascular Prevention (2025)<sup>13</sup>

## Background

NCDs, particularly cardiovascular disease (CVD), remain the leading cause of death worldwide. Primary prevention relies heavily on lifestyle changes — diet, exercise, smoking cessation, and medication adherence — but motivating individuals to sustain these changes is a persistent challenge.

## Intervention

The PreventiPlaque trial (Germany, 2025)<sup>13</sup> tested a novel way to strengthen self-care: giving patients real-time images of their own arteries. Participants (n=240, with atherosclerotic risk but no prior major CVD event) were randomized to usual care or access to the PreventiPlaque mobile app, which:

- Displayed personal carotid ultrasound images, making arterial plaque visible.
- Allowed users to track lifestyle goals (physical activity, diet, smoking, medication use).
- Used gamified feedback (progress indicators turning from red to green) to reinforce positive behavior.

## Benefits Observed After 12 Months:

- Patients using the app had a significant reduction in cardiovascular risk scores compared to controls.
- They improved adherence to lifestyle goals, showing that visualizing their own arteries made risk “real” and actionable.
- The approach fostered greater engagement in preventive behaviors without relying solely on clinical visits.

## Why This Matters for Self-Care

This case illustrates how educational technology can transform abstract risk into tangible self-knowledge. When people see their own arterial health in real time, they better understand the stakes and feel more empowered to act.

This bridges the gap between medical advice and daily self-management.

## Integration into Standards of Care

This case study is not about promoting one tool, but about showing how self-care can be embedded into standard care for NCD prevention:

- Education: turning complex risk into accessible, personalized information.
- Motivation: visual and gamified tools sustain healthy habits outside the clinic.
- Efficiency: supports health systems by reducing reliance on in-person counseling alone.

### KEY MESSAGE:

Self-care in cardiovascular prevention works best when individuals clearly see and understand their own risk.

By integrating simple technologies that educate and engage patients, health systems can strengthen primary prevention and fight NCDs more effectively.





# Health for All, by All: The Self-Care Manifesto<sup>14</sup>

The **United for Self-Care Coalition** is a global coalition of like-minded organisations unified by one common goal – to achieve Universal Health Coverage through codifying self-care as a critical

component of the self-care continuum, particularly in the context of managing the burden of NCDs globally. It brings together partners from civil society, academia, industry, and global health.

## Turning the Tide on NCDs Through Self-Care

### Self-Care at the Heart of Health Systems

Self-care is more than a personal choice — it is a global health strategy that is proven, practical, and scalable. It empowers individuals, strengthens overstretched healthcare systems, and advances Universal Health Coverage (UHC).

### Five Core Benefits of Self-Care

- Builds Resilience:** Makes health systems more adaptable and sustainable.
- Empowers People:** Helps individuals take informed action for their own health and well-being.
- Expands Access:** Increases availability of affordable care and essential products.
- Improves Prevention:** Promotes early detection and better management of diseases.
- Strengthens Health Systems:** Reduces the burden on healthcare providers and services and frees up valuable resources.

### Why It Matters (2025 Context)

- 74% of global deaths are linked to NCDs.
- \$119 billion in annual healthcare savings projected.
- 1.8 billion physician hours could be freed each year.
- By 2030, these savings could grow to \$179 billion per year, with potential gains of \$230 billion in Low and Middle-Income Countries (LMICs) alone.

### Call to Action

The Manifesto's message is clear: self-care is not a trend; it's a global health solution that is ready, relevant, and realizable. By working together, we can turn the tide on NCDs and build healthier, more resilient communities globally.

Join the movement to make self-care an integral part of every health system worldwide.



SCAN FOR FULL MANIFESTO



# Self-Care and Universal Health Coverage (UHC) in 2025: From Principle to Practice

## Why Self-Care Matters for UHC

Universal health coverage means that everyone receives the health services they need, of sufficient quality to be effective, without financial hardship. The SDGs monitor UHC through two indicators:

**Indicator 3.8.1** tracks coverage of essential health services across tracer areas such as reproductive, maternal, newborn and child health, infectious diseases, NCDs, and health service capacity.

**Indicator 3.8.2** measures financial protection, focusing on catastrophic and impoverishing out-of-pocket spending.

Together, these indicators reflect the dual promise of UHC: effective access and financial risk protection.

Self-care strengthens both sides of that promise.

When people have the information, tools, and support to manage their own health, they are more likely to prevent disease, detect problems earlier, and co-manage chronic conditions in partnership with primary care. That improves effective service coverage.

When safe, evidence-based self-care options are accessible and affordable, people can resolve minor conditions without unnecessary clinic visits and can adhere better to long-term treatments, which reduces avoidable costs for families and systems.

Although WHO's 2024 implementation guidance focuses primarily on sexual and reproductive health, it provides a strong example of how self-care can be integrated into health systems, with clear roles for policymakers, regulators, program managers, and the health workforce<sup>15</sup>.

**“ Self-care cannot be seen as a stand-alone option; it must be integrated into health systems with a rights-based, equitable, and quality approach. <sup>33</sup> ”**

Statement from Women's, Maternal, Newborn & Reproductive Health, PAHO/WHO, 7 August 2025.

## UHC in 2025: Status and Trajectory<sup>16</sup>

Progress toward UHC has slowed in recent years.

Although the UHC service coverage index improved steadily from 45 in 2000 to 68 in 2021, but since 2019 progress has largely stalled. As of 2021, an estimated 4.5 billion people still lacked full access to essential health services.

Financial protection is also deteriorating. In 2019, around 2 billion people faced financial hardship due to health costs. Of these, about 1 billion experienced catastrophic health spending, and 344 million were pushed into extreme poverty.

The 2023 UHC Global Monitoring Report by WHO and the World Bank underscored these concerns. It estimated that roughly half the world's population still lacked access to essential services, while financial hardship from out-of-pocket spending continued to rise. UHC2030 has echoed these warnings in 2025 communications, calling for urgent reforms to close the gap between political commitments and real-world results<sup>17</sup>.

Against this backdrop, political momentum has started to emphasize prevention, health promotion, and primary care as cornerstones of UHC.

While self-care has not yet been consistently named in declarations, its principles are increasingly embedded in discussions about equity, resilience, and system efficiency.

This creates an opening to bring self-care explicitly into the global UHC agenda in the coming 2 years.

## A Reminder of the UHC Objective

SDG target 3.8 commits all countries to ensure that everyone can access quality health services without financial hardship.

The definition covers a comprehensive package of essential services and financial protection mechanisms such as prepayment and pooling that minimize reliance on out-of-pocket payments.

By 2030, the objective is that access will be universal, equitable, and sustainable.

Progress is tracked not only through service coverage but also through household-level measures of financial security.

**“ Prevention must be at the heart of universal health coverage, not just treatment. ”**

Officer, Department of Health, Ireland (WHA 78 Side Event on Digital Innovation for Self-Care, May 2025).\*

## When Health Systems Are Under Strain, Self-Care Becomes Vital

### FINANCIAL CONSTRAINTS:

Governments are grappling with reduced fiscal space as debt burdens and competing priorities limit public health budgets. Recent analyses of government health spending show that expenditure growth is slowing compared with the pandemic period and the two decades prior<sup>18</sup>.

### HEALTH WORKFORCE SHORTAGES:

Health workforce shortages: WHO projects a continuing shortfall of health workers through 2030, particularly in low- and lower-middle income countries<sup>19</sup>. OECD publications in 2024 also highlight retention challenges in high-income countries, which contribute to cross-border migration<sup>20</sup>.

### CLIMATE AND ENVIRONMENTAL HEALTH RISKS:

The 2024 Lancet Countdown reported record health threats from climate change, including heat exposure and air quality degradation<sup>21</sup>.

### DIGITAL EXPANSION WITH UNEVEN BENEFITS:

Many countries scaled up digital health tools after the pandemic, including telehealth and self-care apps, but gaps in regulation, quality, and equity persist.



\*For references see [Appendix 1](#) and [Appendix 2](#).

## Looking Ahead: the 2027 High-Level Meeting (HLM) on UHC

The next UN HLM on UHC, scheduled for 2027, will be the final political checkpoint before the 2030 SDG deadline. By then, Member States will have only three years left to demonstrate measurable progress toward SDG target 3.8.

For the 2027 HLM to be transformative, it must address structural gaps that keep health systems off track. Self-care can be positioned as a central part of the solution. Explicitly naming self-care in the 2027 Political Declaration would elevate it from principle to practice, guide financing and workforce planning, and encourage integration into UHC benefit packages.

If included, self-care would gain legitimacy as a policy lever, attract dedicated financing, and secure a place in long-term accountability frameworks.

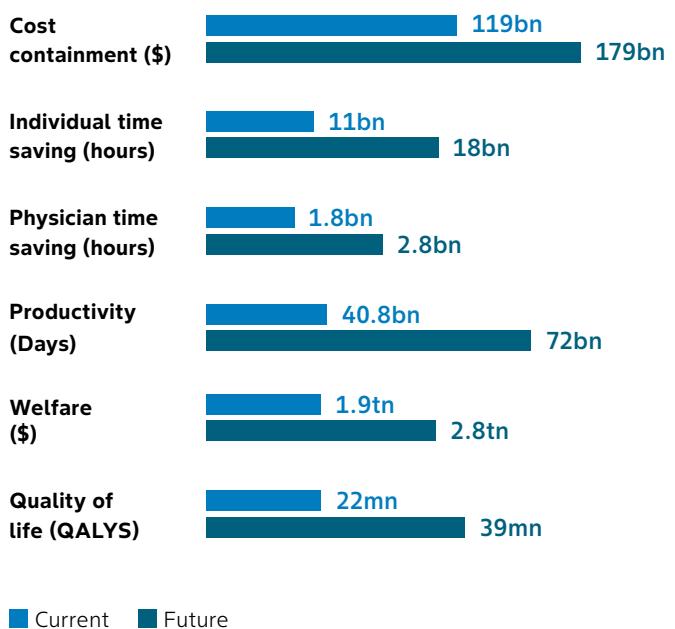
By the time leaders meet in 2027, evidence and country experiences should make clear that self-care is not a peripheral trend but a necessary component of universal health coverage.



## The Evolving Value of Self-Care: New Data Ahead in 2026<sup>22</sup>

In 2022, GSCF released The Global Social and Economic Value of Self-Care report, a landmark study showing that self-care contributes an estimated **\$119 billion in annual health system savings** and frees **1.8 billion physician hours** globally —time that can be redirected toward more severe conditions. The study also found that self-care enables individuals to save **11 billion hours** of personal time each year and improves productivity, welfare, and quality of life.

### Yearly Savings Through Self-Care<sup>22</sup>



■ Current ■ Future

Self-care could generate an estimated **\$179 billion** in value and save **72 billion productivity days** annually by 2030.

Source: GSCF, *The Global Social and Economic Value of Self Care*, 2022

A **follow-up study in 2026** will expand on these findings, updating the global evidence-base with new data on access, equity, and the economic impact of self-care across regions.



# Case Study: Maternal Multiple Micronutrient Supplementation (MMS) in Indonesia — 2025 Update

## Background

For many years, pregnant women in Indonesia received iron–folic acid (IFA) supplements during antenatal care to help prevent anemia.

Despite these efforts, anemia remained common, and many babies were still born too small or with other health complications.

In October 2024, the Ministry of Health adopted multiple micronutrient supplements (MMS) as the new national standard. MMS are daily tablets that contain a carefully balanced mix of essential vitamins and minerals recommended by the United Nations to support healthy pregnancies.

Studies in Indonesia have shown that MMS reduce early infant deaths and increase babies' birth weights compared to IFA.

The nationwide rollout of MMS began in 2025, making this improved standard of care available to pregnant women across the country<sup>23</sup>.



## How Self-Care is Enabled and Integrated Into Care?

- Policy & supply:** The Ministry of Health now includes MMS as part of routine antenatal care. Partners such as UNICEF, Vitamin Angels, and Kirk Humanitarian are working with the government to secure a steady supply, plan distribution, and ensure quality so that MMS reach every health facility.
- Service delivery:** MMS are provided during regular antenatal care visits at health centers, through midwives, and at community health posts (Posyandu). Women also receive counseling to help them take the supplements every day at home, turning this simple pill into a daily act of self-care<sup>24</sup>.
- Encouraging use and adherence:** Ongoing studies in 2025 are looking at how well women take MMS and what motivates or prevents them from sticking with the daily routine. The findings are being used to improve counseling, create simple reminders, and involve family members to support mothers in continuing their supplementation<sup>25</sup>.
- Ecosystem alignment:** The MMS transition complements broader 2025 nutrition efforts and aligns with initiatives such as the national Free Nutritious Meal program for children and pregnant women, helping to build a culture of prevention and better nutrition across all stages of life<sup>26</sup>.

## Integration Into Standards of Care and UHC

Introducing MMS into antenatal care does not “medicalize” pregnancy — it supports women to take charge of their own health<sup>27</sup>.

Just as salt iodization or fortified flour have successfully improved population nutrition, MMS provides an easy, proven way to address maternal micronutrient needs at scale.

As part of Indonesia’s 2025 maternal health agenda, MMS:

- **Follows global guidance:** Aligns with WHO and UN recommendations on improving maternal nutrition<sup>28</sup>.
- **Strengthens routine counseling:** Complements advice on healthy eating, iron-rich foods, and deworming where needed.
- **Promotes equity:** Ensures every pregnant woman, regardless of location or income, receives both the supplement and the knowledge to manage her own daily intake through midwives, health centers, and community posts.

This approach is a powerful example of how self-care can be integrated into health systems. The government ensures access, quality, and guidance, while women turn the intervention into action at home through a daily habit.

This shared responsibility model improves health outcomes without requiring extra clinic visits, making the system more efficient and more person-centered.

### KEY MESSAGE:

Indonesia’s MMS rollout demonstrates how self-care can translate into measurable progress toward the SDG targets for UHC.

By improving service coverage (SDG indicator 3.8.1) through routine access to MMS and protecting families from additional costs (SDG indicator 3.8.2) by avoiding extra clinic visits or complications, this program shows how empowering individuals is also strengthening health systems<sup>23</sup>.

It proves that self-care is not separate from UHC, but essential to making health services more inclusive, sustainable, and effective.





## Expanding the Role of Self-Care in UHC

### New WHO Resources: Self-care Accelerator

#### Supporting countries in making progress towards UHC: Scaling self-care interventions for health and well-being

In 2025, WHO and Bayer, through the WHO Foundation, entered into a new partnership to support countries in optimizing and scaling self-care interventions within UHC<sup>29</sup>.

***“Bayer’s long-term engagement shows the role industry can play in global health. Through the WHO Foundation, this partnership will expand into new models of funding and action. ”***

Anil Soni, CEO, WHO Foundation.

The collaboration is focused on creating technical guidance and digital resources to help governments embed self-care into health systems. By doing so, it aims to empower individuals, strengthen system resilience, and reduce inequities through evidence-based tools and stakeholder engagement.

Two WHO platforms provide important foundations for this work:

The **UHC Service Planning, Delivery & Implementation (SPDI) Platform** is already used by more than 30 countries to design and update integrated health service packages. Developed with contributions from over 75 WHO programs, the platform enables governments to co-design UHC benefit packages in a structured, transparent way. Currently, self-care is not explicitly included in SPDI, but its integration would help countries recognize and finance self-care interventions as part of national UHC strategies<sup>30</sup>.

Complementing SPDI, WHO is also developing the **Integrated Management in Primary & Acute Care Tool (IMPACT)**. This digital tool synthesizes WHO clinical guidance into real-time decision support for frontline health workers, using standardized, symptom-based algorithms for managing acute and chronic conditions in primary care. By making guidance more accessible, IMPACT can also strengthen health literacy and support communities in taking a more active role in their health<sup>31</sup>.

With the new partnership in place, WHO is well positioned to accelerate the integration of self-care into national health packages, and frontline service delivery across all contexts.



# Conclusion

The year 2025 confirmed that embedding self-care into health systems is no longer optional but essential for achieving UHC, preventing NCDs, and strengthening health system resilience.

Fiscal pressures, aging populations, workforce shortages, and rapid digital transformation are converging, creating both urgency and opportunity.

Empowering individuals through self-care is one of the most effective ways to meet rising health needs while managing limited resources.

Momentum is growing. The 2025 UN High-Level Meeting on NCDs and Mental Health, the H20 Summit, and new WHO initiatives opened space to integrate self-care into national strategies and financing frameworks.

Yet a gap remains between global commitments and implementation — and without action, self-care risks staying underutilized at the very moment it is most needed.

The next two years are decisive. As countries prepare for the 2027 High-Level Meeting on UHC — the final checkpoint before the 2030 SDG deadline — self-care must be elevated from principle to practice.



## Call to Action:

To unlock the full potential of self-care, governments, development partners, and the private sector should:

**Integrate self-care into health systems and policies** by embedding it in national strategies and recognizing its role in prevention, resilience, and chronic disease management.

**Mobilize and equip health professionals and community health workers** to promote health literacy and guide individuals in practicing self-care.

**Leverage digital transformation** through telehealth, AI, and self-monitoring tools that expand reach and empower individuals.

**Expand equitable access to quality self-care products and services** by harmonizing regulation, including products in reimbursement schemes, and incentivizing innovation.

If we act now, self-care can transform health systems, relieve overburdened services, and ensure that by 2030, people everywhere live not just longer, but healthier and more fulfilling lives.

# Appendix 1 – Key Global Meetings and Statements on Self-Care, 2025

This appendix lists the principal high-level events, roundtables, and policy statements from 2025 that advanced the global self-care agenda within the frameworks of Universal Health Coverage (UHC), Noncommunicable Disease (NCD) prevention, and health-system strengthening.

## 1. Roundtable: Empowering Individuals, Strengthening Health Systems – Advancing UHC Through Self-Care.

**Date/Venue:** 2 February 2025 | Intercontinental Hotel, Geneva.

**Organizers:** Global Self-Care Federation (GSCF) & United for Self-Care Coalition.

**Focus:** Integrating self-care within UHC policies.

## 2. Webinar: How Self-Care Interventions Can Help Prevent and Manage NCDs.

**Date:** 17 April 2025 | Virtual event (GSCF & United for Self-Care Coalition).

**Focus:** Prevention and management of NCDs through self-care and digital health tools.

## 3. Panel at the 78<sup>th</sup> World Health Assembly: Empowering Self-Care – Digital Innovation for NCD Prevention and Management.

**Date/Venue:** 19 May 2025 | Geneva Press Club, Pregny-Chambés.

**Co-hosts:** World Health Organization (WHO), International Telecommunication Union (ITU) & GSCF.

**Focus:** Equitable and ethical digital innovation for scaling self-care solutions.

## 4. Roundtable at UNGA 80: Unlocking the Potential of Self-Care in the Fight Against NCDs.

**Date/Venue:** 22 September 2025 | Sidley Austin LLP Offices, New York.

**Organizers:** GSCF, Business Council for International Understanding (BCIU) & United for Self-Care Coalition.

**Focus:** Integrating self-care within national NCD and UHC 2030 commitments.

## 5. WHO / PAHO Self-Care Month Virtual Seminar.

**Date:** 7 August 2025 | Virtual event hosted by PAHO and WHO.

**Focus:** Equity-based integration of self-care into health system design and governance.

## 6. GSCF & Partner Statements (2025).

- GSCF Statement For The UN High Level Meeting On Noncommunicable Diseases and Mental Health ([link](#)).
- GSCF Statement To The 75<sup>th</sup> Session of The WHO Regional Committee For Africa, 25-27 August 2025 ([link](#)).
- Joint Constituency Statement To The World Health Assembly Delegates On Harnessing Digital Health To Deliver SDG Goals and UHC ([link](#)).
- GSCF Statement To The World Health Assembly Delegates On Noncommunicable Diseases ([link](#)).
- GSCF Statement To The World Health Assembly Delegates On Health Care Workforce ([link](#)).
- GSCF Statement To The World Health Assembly Delegates On Antimicrobial Resistance (AMR) ([link](#)).
- GSCF Statement To The World Health Assembly Delegates On Traditional and Complementary Medicine ([link](#)).
- 156<sup>th</sup> WHO Executive Board (EB156): Constituency Statement On Health Emergencies ([link](#)).
- 156<sup>th</sup> WHO Executive Board (EB156): Constituency Statement On Climate Change and Health ([link](#)).
- 156<sup>th</sup> WHO Executive Board (EB156): Individual Statement On Universal Health Coverage ([link](#)).
- 156<sup>th</sup> WHO Executive Board (EB156): Draft Global Traditional Medicine Strategy (2025-2034) ([link](#)).

# Appendix 2 – Organizations Participating in 2025 Global Self-Care Dialogues and Events

The following institutions, multilateral agencies, foundations, universities, and private-sector partners participated in the 2025 global self-care roundtables, webinars, and policy dialogues described in Appendix 1. Their engagement reflects the broad, multisectoral coalition driving progress toward self-care, Universal Health Coverage (UHC), and the prevention and management of noncommunicable diseases (NCDs).

## 1. Multilateral and International Organizations:

- World Health Organization (WHO).
- WHO Foundation.
- WHO Regional Office for the Eastern Mediterranean (WHO EMRO).
- The United Nations Children's Fund (UNICEF).
- Joint United Nations Programme on HIV/AIDS (UNAIDS).
- The Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Unitaid.
- International Finance Corporation (IFC).
- European Investment Bank (EIB).
- World Economic Forum (WEF).
- International Federation of Pharmaceutical Manufacturers & Associations (IFPMA).
- International Pharmaceutical Federation (FIP).
- International Federation on Ageing (IFA).

## 2. Governmental and Intergovernmental Bodies:

- Federal Ministry of Health and Social Welfare, Federal Republic of Nigeria.

- Ministry of Health and Population, Arab Republic of Egypt.
- Ministry of Health, Ethiopia.
- Ministry of Health, Ghana.
- Parliament of the Republic of Uganda.
- Embassy of the Federal Democratic Republic of Ethiopia to Germany.
- Embassy of the Republic of Malawi in Germany.
- United States Department of Health and Human Services (HHS).
- United States International Development Finance Corporation (DFC).
- Agence Française de Développement (AFD).
- G20 Health and Development Partnership.

## 3. Academic and Research Institutions:

- Imperial College London.
- Johns Hopkins University.
- London School of Hygiene & Tropical Medicine (LSHTM).
- The London School of Economics and Political Science (LSE).
- Peking University.
- BRAC University.
- University of Toronto.
- University of Edinburgh.
- University of Auckland.
- The University of British Columbia (UBC).

- Universidad Peruana Cayetano Heredia.
- National University of Singapore.
- Guttmacher Institute.
- Centre for the AIDS Programme of Research in South Africa (CPRISA).
- Centre for Sexual Health and HIV/AIDS.

**4. Development, Policy, and Thought-Leadership Institutions:**

- Chatham House.
- Copenhagen Institute for Futures Studies.
- German Society for International Cooperation (GIZ).
- Journal of Health Communication.

**5. Foundations and Philanthropic Organizations:**

- Bill & Melinda Gates Foundation.
- Gates Foundation (as implementing partner).
- Bloomberg / Vital Strategies Group.
- Children's Investment Fund Foundation (CIFF).
- The Wellbeing Foundation Africa.

**6. Civil Society, NGOs, and Professional Associations:**

- Amref Health Africa.
- Arogya World.
- Population Services International (PSI).
- Family Planning 2030 (FP2030).
- Self-Care Trailblazers Group.
- Latin-American Association of Responsible Self-Care (ILAR).
- Osteopathic International Alliance (OIA).
- FDI World Dental Federation.
- World Patients Alliance.
- Disability Rights India Foundation.
- African Alliance of Digital Health Networks.

**7. Industry Partners:**

- Huma Therapeutics.
- Sidley Austin LLP.
- Health Finance Institute.
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