GLOBAL SELF-CARE FEDERATION

POSITION PAPER



STRENGTHENING PANDEMIC PREVENTION AND PREPAREDNESS THROUGH SELF-CARE AND ACCESS TO NON-PRESCRIPTION PRODUCTS

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Contents

3 Executive Summary

4 Self-Care as a First Line of Defence

5 Enabling Prevention and Preparedness Through Self-Care

6 Self-Care Tools that Interrupt Pandemic Dynamics

8 Securing Access to Self-Care Tools During Crises

10 Self-Care and Continuity of Care

11 Self-Care Economic and System-Level Value

12 Self-Care Policy Implications

13 Conclusion

14 Call to Action

15 Bibliography

18 Appendix: Evidence-Strength Notes



Executive Summary

Pandemics emerge and escalate when transmission accelerates, detection is delayed, trusted risk communication is weak, and health systems become overwhelmed. COVID-19 demonstrated that a large share of mild and moderate illness is managed outside hospitals and formal clinical settings, while WHO guidance also emphasised safe home care for appropriate cases and clear referral pathways when symptoms worsen.[3,4]

Self-care should therefore be treated as a core component of pandemic prevention, preparedness and response (PPPR), not as a peripheral consumer-health issue. WHO defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability, with or without the support of a health worker. WHO further recommends self-care interventions as important components of universal health coverage and resilient health systems.[1]

When supported by trusted information, accessible community-based health workers, pharmacists, digital tools, and access to safe, quality-assured non-prescription medicines (NPM), individuals can act earlier: recognising symptoms, testing, isolating when appropriate, managing self-limiting symptoms safely at home, and seeking clinical care when warning signs appear.[4,5,10,11]

The 2026 United Nations High-Level Meeting on PPPR provides a timely opportunity to embed self-care and regulated NPM access within national and global preparedness strategies. This integration directly aligns with the 2023 UN Political Declaration, which highlighted the critical need for sustained political leadership, equity, and health-system resilience; embracing self-care as a practical, whole-of-society approach to operationalising those very commitments at the community level.[2]

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1 Self-Care as a First Line of Defence

Self-care influences three practical drivers of pandemic risk: transmission opportunities, speed of response, and pressure on health services. Hygiene, respiratory etiquette, masking where appropriate, staying home when symptomatic, testing, and isolation all reduce opportunities for onward spread. Evidence for specific measures varies by context and intervention, but WHO infection prevention and control guidance, observational studies on masking and distancing, and systematic reviews of physical interventions support the central principle that layered individual and community measures can reduce respiratory-virus transmission.[6-8]

Early detection is equally important. WHO COVID-19 testing guidance emphasises that testing strategies should support timely detection and management of cases, particularly during surges or when new variants threaten health-system capacity. Self-testing can shorten the time between symptom onset, detection and behavior change, provided that people receive clear guidance on what to do after a positive or negative result.[5]

Home management also matters. WHO home-care guidance for suspected or confirmed COVID-19 described conditions under which home care may be appropriate and emphasised monitoring, infection prevention, and referral where clinical deterioration occurs. This supports a balanced model: enable safe home-based care for mild illness while maintaining rapid escalation pathways for severe disease or vulnerable patients.[4]



Transmission opportunities can be reduced through hand hygiene, respiratory etiquette, appropriate masking, ventilation, staying home when ill, and isolation after positive tests.[6-8]



Speed of response can be improved through symptom recognition, access to rapid testing, and trusted instructions on isolation, treatment and referral.[5]



Health-system pressure can be reduced when people with self-limiting illness are safely supported at home and directed to care only when clinically indicated.[4]

2 Enabling Prevention and Preparedness Through Self-Care

Preparedness cannot be limited to hospitals, laboratories, vaccines and emergency stockpiles. It must also strengthen the capacity of individuals and communities to take informed, proportionate action before and during outbreaks. WHO self-care guidance frames self-care as a health-system function that can extend reach, support equity, and contribute to universal health coverage when integrated with regulated products, quality services, and clear referral pathways.[1]

COVID-19 exposed both the value and the fragility of community-level action. Reduced access to in-person care led governments and providers to expand telemedicine and remote care, while WHO documented widespread disruption of essential health services.[15,18] At the same time, misinformation and disinformation undermined public trust; WHO and partners described infodemic management as a critical part of pandemic control.[9]

Health literacy is a fundamental enabler of effective self-care. Its impact is strengthened when individuals are supported by trusted intermediaries who can translate public health advice into practical, culturally relevant and clinically appropriate guidance. Community pharmacists are among the most accessible health professionals in many settings and, during COVID-19, provided advice, maintained access to medicines, supported infection-control measures, and in some jurisdictions contributed to testing, vaccination, and continuity of treatment.[10,11] Community health workers also have an evidence-based role in extending the reach of health systems, particularly where formal services are limited or hard to access.[12] For that reason, pandemic preparedness frameworks should recognise pharmacists, pharmacy teams, manufacturers, distributors and community health workers as part of the formal preparedness infrastructure, rather than merely as downstream service providers. Their role should include triage advice, guidance on appropriate NPM use, referral for danger signs, support for adherence to public-health measures, and assistance in countering misinformation.[10-12]. True health system resilience comes from strategic supply diversification and deep institutional coordination, rather than fragmented market duplication or strict localisation.

3 Self-Care Tools that Interrupt Pandemic Dynamics



3.1 Early Detection and Self-Testing

Self-testing can help individuals identify infection earlier and adjust behavior rapidly, including isolation, masking, avoiding high-risk contacts, and seeking care where needed. WHO policy guidance on COVID-19 testing stresses the need to maintain capacity to scale testing during surges and integrate testing into broader prevention and control programmes.[5]

3.2 Hygiene and Infection Control

Hand hygiene, WASH interventions, respiratory etiquette, cleaning of high-touch surfaces, staying home when symptomatic, and appropriate masking are low-cost measures that can be deployed rapidly. Evidence from IPC guidance and reviews supports hand hygiene as a core measure for reducing transmission of infectious agents, while mask effectiveness depends on fit, quality, adherence, setting and pathogen transmission dynamics.[6-8]





3.3 Symptom Management with Non-Prescription Medicines

Access to safe, quality-assured NPM can support appropriate home management of mild, self-limiting symptoms such as fever, pain, cough or congestion. Maintaining supply continuity of these essential products relies heavily on an explicitly coordinated response among manufacturers, distributors, and pharmacy networks.

This should be presented as supportive care rather than as disease-specific treatment unless a product has been specifically authorised for that indication. NPM access is most valuable when paired with clear labelling, pharmacist advice, referral criteria, and warnings against inappropriate antibiotic use. WHO home-care guidance for COVID-19, for example, advised against antibiotic prophylaxis or treatment for mild COVID-19 unless bacterial infection was clinically suspected.[4]



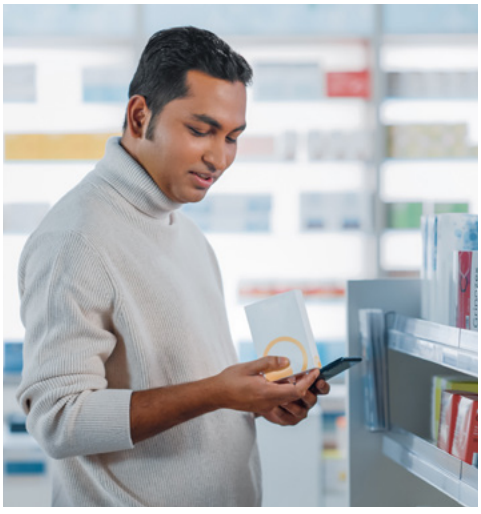
3.4 Digital Self-Care Tools and Telehealth

Digital symptom checkers, telemedicine, remote consultations and trusted online guidance can help people make decisions without unnecessary movement or exposure. OECD analysis found that teleconsultations expanded sharply during COVID-19 and played a role in maintaining access to care, although they only partly offset reductions in in-person services. WHO digital-health strategy also emphasises that digital health must be integrated into national health strategies and governed appropriately.[15,16]

3.5 Preventive Behaviours and Health Resilience

Preventive self-care behaviours remain central to reducing transmission and improving outcomes. These include vaccination uptake, staying home when symptomatic, adherence to hygiene and infection-control measures, and maintaining general health. Nutrition and micronutrient adequacy support normal immune function, and deficiencies can increase vulnerability in some populations. WHO guidance on micronutrients emphasises the importance of assessing and addressing micronutrient deficiencies, particularly in emergencies and food-insecure settings.[17]





Vitamin D should be treated carefully in policy messaging. A 2017 individual participant data meta-analysis in the BMJ found that vitamin D supplementation reduced the risk of acute respiratory tract infection overall, with stronger benefit among people with profound deficiency and among those receiving daily or weekly dosing rather than bolus dosing.[13] However, later evidence has been more mixed; accordingly, vitamin D and other supplements should be positioned as measures to correct deficiency and support baseline health, not as substitutes for vaccination, testing, treatment, ventilation, masking or other established public-health interventions.

4 Securing Access to Self-Care Tools During Crises

COVID-19 exposed profound vulnerabilities in the supply chains for medicines, diagnostics, protective equipment and other health products. Crucially, a clear lesson from the pandemic is that these disruptions were severely amplified by uncoordinated global responses, such as export restrictions, as well as ad hoc procurement and uncoordinated stockpiling that artificially exacerbated baseline shortages, rather than just raw underlying product scarcity.

WHO assessed the COVID-19 Supply Chain System, while OECD analysis has highlighted the risks and vulnerabilities of medical supply chains and the need for policies to anticipate and mitigate shortages in routine conditions and severe crises.[19,20]

Self-care tools should therefore be explicitly included in preparedness planning. This includes NPM, diagnostics and self-tests where appropriate, hand hygiene products, basic protective equipment, thermometers, oral rehydration products, and reliable patient information. Planning should cover manufacturing, importation, distribution, retail access, responsible e-commerce, and continuity of community pharmacy services during lockdowns or movement restrictions.[19,20]



Regulatory preparedness is also central. During COVID-19, medicines regulators used collaborative and agile approaches to expedite and streamline development, authorisation and availability of vaccines and treatments, while international regulators also reflected on the use of remote approaches to GCP and GMP regulatory oversight.[21,22] Similar principles can support continuity for quality-assured self-care products, provided that safety, quality and pharmacovigilance standards are maintained.

- ☑ Include NPM and other self-care tools in national PPPR plans and essential-supply monitoring systems.[19,20]
- ☑ Strengthen regulator-industry coordination to anticipate shortages and manage demand surges.[20-22]
- ☑ Maintain access through community pharmacies, responsible digital channels and proportionate regulatory flexibilities during emergencies.[10,21,22]
- ☑ Ensure public communication distinguishes supportive self-care from unproven treatments and directs patients to formal care when danger signs appear.[4,9]



5 Self-Care and Continuity of Care

Pandemics disrupt routine healthcare services, including chronic disease management, screening, immunization, mental health care and rehabilitation. WHO pulse surveys documented repeated disruption of essential health services during COVID-19, and WHO specifically reported severe disruption to prevention and treatment services for noncommunicable diseases in many countries.[18,23]

These disruptions have direct and indirect consequences. Delayed diagnosis, missed monitoring, interrupted treatment, reduced access to medicines and fear of attending health facilities can worsen outcomes for people living with chronic conditions. Reviews of the impact of COVID-19 on noncommunicable diseases have warned that service disruption can increase avoidable morbidity and mortality, particularly among those requiring regular or long-term care.[24]

Self-care cannot replace clinical care for chronic disease, but it can help preserve continuity when properly integrated. Examples include home monitoring where appropriate, access to repeat supplies of medicines, pharmacist-supported medication advice, teleconsultations, digital reminders, and clear referral criteria. The objective is not to shift responsibility from health systems to patients, but to equip people and communities with safe tools while reserving scarce clinical capacity for those who need it most.[1,10,15,18]







6 Self-Care Economic and System-Level Value

The economic case for self-care should be stated in evidence-based but measured terms. Global modelling commissioned by the Global Self-Care Federation estimates substantial welfare, productivity and health-system gains from self-care across 155 countries, including reported welfare effects valued at approximately USD 1.879 trillion and gains expressed in quality-adjusted life years.[14] These figures should be used transparently as modelled estimates rather than as direct budget savings.



The strongest defensible policy argument is that appropriate self-care can reduce avoidable health-service use, support productivity, preserve clinical capacity and contribute to universal health coverage when embedded in regulated, equitable and evidence-based systems.[1,14] During pandemics, these benefits become especially relevant because health-system capacity is constrained and unnecessary contacts can also create additional transmission risk.[4,18]

Preparedness investments in self-care should therefore be framed as structural resilience. They complement, rather than replace, investments in surveillance, laboratories, vaccines, therapeutics, hospitals, primary care and health workers. The objective is a better-distributed system in which individuals, communities, pharmacies, primary care, public-health agencies and hospitals each perform the functions for which they are best placed.[1,2,18]

7 Self-Care Policy Implications

To operationalise self-care within pandemic frameworks, governments and international partners should adopt the following actions:



Recognize self-care as part of PPPR infrastructure. Integrate self-care, health literacy, pharmacist-supported advice, and access to regulated NPM into national preparedness and response plans.[1,2,10]



Ensure equitable access. Guarantee availability, affordability and distribution of essential self-care tools, including in underserved, rural and emergency-affected populations.[1,19,20]



Strengthen supply chains. Monitor and protect manufacturing, importation and distribution of NPM, diagnostics and basic infection-control products, focusing on international coordination.[19,20]



Invest in trusted information. Support evidence-based communication through public-health agencies, pharmacists, community health workers and digital platforms.[9-12,16]



Enable proportionate regulation. Use agile, science-based regulatory approaches during crises while preserving quality, safety, pharmacovigilance and market oversight.[21,22]



Integrate community pharmacies. Recognize pharmacists, pharmacy networks, manufacturers, and distributors as frontline actors in triage, medicines advice, continuity of care, vaccination support where authorized, testing support where appropriate, and referral.[10,11]



Use digital tools responsibly. Develop trusted symptom guidance, telehealth and digital self-care tools with safeguards for equity, privacy, clinical safety and integration into health systems.[15,16]

Conclusion



Pandemic resilience depends not only on hospitals, laboratories, vaccines and therapeutics, but also on the ability of individuals and communities to act early, responsibly and with trustworthy support. Self-care, when integrated into health systems and supported by accessible pharmacists, community health workers, digital tools, evidence-based communication and reliable access to quality-assured NPM, can contribute to earlier detection, reduced transmission, continuity of care and preservation of health-system capacity.[1,4,5,10,18]



The 2026 UN High-Level Meeting on PPPR offers a practical opportunity to formalise this approach. Embedding self-care into pandemic governance and anchoring it within the emerging Pandemic Agreement global framework would help move PPPR from a predominantly institutional response model toward a whole-of-society model in which households and communities are equipped, informed and connected to formal care when needed.[2]

Call to Action

As Member States prepare for the 2026 UN High-Level Meeting, we suggest the following points for consideration:



Integrate self-care into national PPPR plans and implementation frameworks.[1,2]



Ensure reliable access to safe, quality-assured NPM and other essential self-care tools.[1,19,20]



Strengthen regulatory cooperation and supply-chain monitoring to maintain continuity of access during crises, moving away from ad hoc procurement and uncoordinated stockpiling toward a model of resilient diversification.[20-22]



Leverage community pharmacies, distributors, manufacturers, and community health workers as trusted frontline actors.[10-12]



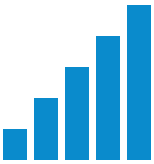
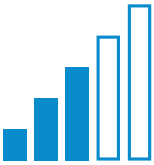
Invest in public communication that counters misinformation and gives citizens clear instructions on testing, isolation, symptom management and referral. [5,9]



Use economic evidence on self-care transparently, presenting modelled benefits as part of a broader resilience case rather than as a substitute for health-system investment.[14]

Pandemics will reoccur. The difference between containment and crisis will depend partly on how effectively individuals are equipped to manage health at the front line and how well those front-line actions are connected to trusted public-health and healthcare systems.

Appendix: Evidence-Strength Notes

Evidence strength	Application in this paper
 **Strong**	WHO definition of self-care; COVID-19 home care; essential service disruption; pharmacists' pandemic role; supply-chain vulnerability.
 **Moderate**	Impact of layered self-care behaviours on transmission; telehealth role in continuity of care; community health worker contribution to trusted guidance.
 **Needs careful wording**	Economic impact estimates should be described as modelled estimates; vitamin D should be framed as deficiency correction/ supportive health rather than pandemic prevention or treatment.

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About GSCF

GLOBAL SELF-CARE FEDERATION

The Global Self-Care Federation represents associations and manufacturers in the self-care industry, **promoting sustainable and better global health outcomes for all**.

We serve as the global voice of the self-care life sciences industry, investing in, innovating, and supplying key self-care management interventions for the diagnosis, prevention and treatment of numerous diseases and conditions.

Our focus is **on evidence-based solutions** that improve health outcomes and increase healthcare system optimization.

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