The INTERNATIONAL SELF-CARE FOUNDATION (ISF)

PROSPECTUS FOR SELF-CARE AND FOR ISF
2018

SUMMARY

Self-care is a practical, person-centred set of activities that we should all be doing to maintain our health, wellness and wellbeing. Through self-care people can be healthier and remain so into old age, managing minor ailments themselves. They can also better manage, delay or even prevent the appearance of lifestyle diseases such as heart attacks, strokes, diabetes and many cancers.

Self-care also presents enormous opportunities for all other stakeholders in health, including healthcare professionals, health services, industry and governments. However, self-care as a concept and in practice needs development and support in order to realise its full potential.

The International Self-Care Foundation (ISF) has a unique position in health by virtue of its specific focus on self-care, international orientation and charitable status. ISF’s core strategies are to help develop evidence-based self-care concepts and practices, and to promote the role of self-care in health.

ISF’s promotional activities include International Self-Care Day (ISD), the ISF World Healthy City Award, the ISF/SelfCare Journal Prize Essay, and social media programmes.

ISF has a well-established Academic Advisory Board and global academic network, a strategic partnership with the peer-reviewed journal SelfCare and original publications progressing self-care as an academic subject.

Having shown the potential for ISF through these activities ISF can now be scaled up and further developed to help drive the self-care agenda, for the benefit of all stakeholders.

This prospectus describes the opportunities and challenges of self-care and invites interested parties to take up and further develop ISF, to meet its full potential and make a difference to human health worldwide. Discussions may include financing, management and control of ISF. Expressions of interest should be made to ISF President Dr David Webber (davidwebber@isfglobal.org).
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The International Self-Care Foundation (ISF) is a UK-based registered charity with a global focus (UK Charity Registration number 1158114). See: [www.isfglobal.org](http://www.isfglobal.org). An independent sister organisation, ISF Hong Kong, was established in 2011 as an officially registered charity with a focus on China. See: [www.isf-foundation.org](http://www.isf-foundation.org)
KEY MESSAGES OF SELF-CARE

Self-care describes in a practical, person-centred way what we should all be doing to maintain our health, wellness and wellbeing. Through self-care people can be healthier and better manage minor conditions. They can also better manage, delay, or even prevent “lifestyle” diseases such as heart attacks, strokes, diabetes and many cancers.

Lifestyle diseases are in fact substantially preventable – up to 80% of heart disease, stroke and type-2 diabetes, and over a third of cancers could be prevented by people themselves addressing their risk factors, particularly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol – that is, through self-care.

Self-care is a potential win-win opportunity for all stakeholders in health. It can be a win for governments through healthier, more productive populations and reduced pressure on healthcare system services and budgets. It can be a win for healthcare professionals – doctors and nurses will have more time to focus on keeping people well and on more serious cases, and pharmacists will be able to offer a greater range of health and wellness services. It can be a win for the commercial sector – better self-care will expand the rational use of products and services, and offer opportunities for the development of new products and services.

There are many personal, environmental and systemic barriers to self-care, and it can be difficult for people to change unhealthy behaviours and sustain good self-care practices.

Being substantially outside the remit of current health and social systems, self-care has not in the past received the R&D attention or public health support from governments or academia that is needed.

All stakeholders would benefit from the unified strategic global development of a commonly-understood and accepted self-care, starting with a clear articulation of its nature and purpose.

The International Self-Care Foundation (ISF) was created as a charity in 2011 to champion self-care around the world. ISF is unique in the health space by virtue of its charitable status, international orientation, and specific focus on self-care promotion and R&D.
TODAY’S BIGGEST GLOBAL HEALTH CHALLENGE

Achievements and advances in health and healthcare are a major success story of the past two centuries. However, these successes have exposed new and costly challenges. Prevention and successful treatment of infectious diseases has led to longer lives, but also opened the way to higher rates of chronic, noncommunicable disease, (NCDs or ‘lifestyle’ diseases).

Lifestyle diseases – heart attack and stroke, cancer, chronic respiratory disease and diabetes – represent 70% of all annual deaths worldwide, causing an estimated 38 million deaths every year (WHO 2015). In industrialised countries, this proportion is much higher – close to 90% of deaths in the case of the USA and UK, for example. And the trend is worsening, with deaths from lifestyle diseases projected to increase by 15% globally to 2020.

NCDs require long-term treatment and care. As a result, healthcare costs have increased sharply. Over the past 50 years, total healthcare expenditure in OECD countries has climbed faster than GDP, at an average annual rate of 2%. This has yielded great dividends in terms of longer and healthier lifespans and higher economic productivity. However, as NCDs rise globally, and as many populations age, funding of health systems will become increasingly impossible to sustain. Without reforms that would affect the fundamental drivers of expenditure some estimates suggest that by 2040 total healthcare expenditure would have to grow by another 50 percent.

Total global health expenditure amounts to about 10% of global GDP (World Bank), and this would therefore increase unsustainably if the lifestyle disease epidemic proceeds at current rates. The challenge is not only the cost of millions of premature deaths and extended disability, but means deaths of people at their prime in economic terms (prior to age 60). Half of those who die of lifestyle diseases are in their prime, representing a huge financial cost to society in lost productivity. The World Economic Forum predicts that NCDs will result in a cumulative loss in global economic output of US$47 trillion, or 5% of gross domestic product, by 2030.

On the supply side, the cost of care continues to rise, driven by the advent of new therapies and technologies, together with innovative strategies that achieve better outcomes rather than lower costs. And while the pursuit of efficiencies in healthcare system delivery is a worthy objective, the simple truth is that efficiencies alone will not deliver a sustainable future. The fundamental need is for the growing demand for healthcare to be slowed.

In sum, as non-communicable diseases rise globally, and as many populations age, financial sustainability of the current healthcare delivery model will increasingly become impracticable. Thus, the biggest healthcare challenge the world faces in the coming decades is in fact not improved access to care, as necessary as that remains. The biggest challenge is that healthcare systems are financially unsustainable in the future. Ageing populations, combined with the rising incidence of lifestyle diseases, are placing unprecedented financial pressures and burdensome demands on healthcare systems around the world.
More attention needs to be given to the root causes of lifestyle diseases, which includes both social and environmental considerations but also, particularly, unhealthy lifestyles.

Lifestyle diseases are in fact substantially preventable – up to 80% of heart disease, stroke and type-2 diabetes, and over a third of cancers could be prevented by people themselves addressing their risk factors, particularly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol – that is, through self-care. Through self-care people can better manage their minor ailments. They can also better manage, delay or even prevent chronic ‘lifestyle’ diseases such as heart attack, stroke, diabetes and cancers.

Easing the disease burden caused by unhealthy lifestyles, and encouraging people to self-care, is therefore a vital way to relieve the pressure on health systems. A specific focus on promoting healthy lifestyles through self-care is essential. Sustainable future health systems will in fact depend upon health at home and in communities, well before the healthcare system is called upon. Cultural norms, urban planning, the environment, choices in food and drink, how children are parented and educated, personal development throughout our lives, and many other factors must all evolve in a mutually supporting web to create a new age of healthy behaviours.

There is little alternative to societies building healthier living environments and encouraging people to engage in self-care. Only if nations reshape demand for health services, reducing the disease burden by helping people remain healthy and empowering them to manage their health, will health systems become sustainable. Governments can encourage people to develop healthier habits, incentivize healthier consumption and develop an environment and infrastructure that promote population health.

All stakeholders would benefit from the unified strategic global development of a commonly-understood and accepted self-care, starting with a clear articulation of its nature and purpose. While self-care should be making a much greater contribution to healthcare today, the case still needs to be clearly made. The International Self-Care Foundation is doing this to some degree, but better resourced could be making a much greater contribution.
GLOBAL POLITICAL DRIVERS FOR SELF-CARE

The United Nations in 2011 held meetings in Moscow and in New York to discuss the challenge of lifestyle diseases. Normally the responsibility of the World Health Organization, this was only the second time in history that a high-level U.N. meeting was dedicated to a health topic, the first being HIV/AIDS in 2001. ISF President David Webber attended these meetings.

The U.N. meetings recognised that focusing solely on treating lifestyle diseases would not be a sufficient or desirable approach, but that disease prevention is also essential. The “Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases”, September 2011 fully recognises the necessity for prevention, e.g. in article 34:

“Recognize that prevention must be the cornerstone of the global response to non-communicable diseases.”

Following on from this, in May 2013 the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. The Global Action Plan provides countries, international partners and the WHO with a road map and menu of policy options to tackle NCDs. Nine global targets were set for 2025, including an overall reduction of 25% in the mortality from NCDs. Specific targets include a 10% reduction in prevalence of insufficient physical activity, a 30% reduction of salt intake and of tobacco use, and a halt in the rise of obesity.

In September 2015 world leaders at another historic UN Summit agreed 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development, which came into force on 1 January 2016. Health Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”) has a number of important targets. Targets include a one third reduction by 2030 of premature mortality from non-communicable diseases through prevention and treatment, plus promotion of mental health and well-being.

These are ambitious targets but the SDGs do not provide details of how to achieve the targets, or how to “deliver” prevention. In practice self-care and healthy lifestyles can contribute significantly to achieving these targets, but there remains a substantial gap between the targets and the practical challenges of people changing their lifestyles. The complexities of delivering prevention are well illustrated by article 36 of the UN Political Declaration which emphasizes ‘health in all policies’:

“Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development.”
Achieving “health in all policies” is a major challenge – but also a golden opportunity to integrate the principles of self-care into public health policies around the world. The case for developing, organising and promoting self-care is compelling.

The 2013-2020 World Health Organization Global Action Plan for the prevention and Control of Non-Communicable Diseases (NCDs) targets seven major risk factors, comprising current tobacco use, insufficient physical activity, raised blood pressure, intake of salt or sodium, diabetes, obesity, and the harmful use of alcohol. These are referred to as the 25×25 risk factors, with the aim of reducing premature mortality from noncommunicable diseases by 25% by 2025.

Similarly, the Global Burden of Diseases, Injuries, and Risk Factors Study 2015, the largest study monitoring health changes globally, performs an annual risk assessment of the burden of disease attributable to 79 risk factors in 195 countries. This study lists the top 10 global risk factors as being:

1. High blood pressure
2. Smoking
3. High body-mass index (overweight & obesity)
4. Childhood undernutrition
5. High fasting plasma glucose (diabetes)
6. Alcohol use
7. Household air pollution
8. Unsafe water
9. Unsafe sex
10. Low fruit consumption

It may be noted that addressing many of these risk factors evidently requires people to do more for themselves, but neither the UN nor the WHO uses the term self-care. Nevertheless, these high-level political drivers are important and unarguably relevant to self-care.
INTRODUCING SELF-CARE

Self-care is a practical, person-centred set of activities that we should all be undertaking to maintain our health, wellness and wellbeing, and manage our minor ailments and chronic conditions. There are many perspectives on self-care – a 2011 study identified 139 different definitions! Definitions can be unhelpful and potentially distracting if they become the main focus of attention. ISF has reviewed the various definitions and has brought all the elements together under a ‘7 pillars of self-care’ framework, which is a middle-range description of self-care.¹

1. Knowledge & health literacy – includes: the capacity of individuals to obtain, process and understand basic health information and services needed to make appropriate health decisions
2. Mental wellbeing, self-awareness & agency – includes: knowing your body mass index (BMI), cholesterol level, blood pressure; engaging in health screening, internalising and acting on knowledge.
3. Physical activity – practicing moderate intensity physical activity such as walking, cycling, or participating in sports at a desirable frequency.
4. Healthy eating – includes: having a nutritious, balanced diet with appropriate levels of calorie intake.
5. Risk avoidance or mitigation – includes: quitting tobacco, limiting alcohol use, getting vaccinated, practicing safe sex, using sunscreens.
6. Good hygiene – includes: washing hands regularly, brushing teeth, washing food.
7. Rational and responsible use of products, services, diagnostics and medicines – includes: being aware of dangers and using responsibly.

¹ David Webber, Zhenyu Guo, Stephen Mann. Self-Care in Health: We can define it, but should we also measure it? SelfCare 2013;4(5):101-106. See also http://isfglobal.org/practise-self-care/the-seven-pillars-of-self-care
Over the last few years the 7 pillars framework has proved to be comprehensive, robust, practical and useful. Each pillar describes in middle-range terms a set of activities that every individual should undertake; collectively the 7 pillars describes the entirety of self-care from the perspective of the self-carer. Fundamentally, the 7 pillars represent a “demand-side” perspective distinct from a “supply-side” approach of governments, health professionals and health services.

Through self-care people can be healthier, and remain so into old age. They can better manage their minor ailments and positively address many different conditions, ranging from mental well-being and dementia, to gum disease, to diseases of ageing such as osteoporosis.

Further, in many cases it is also possible to delay and even prevent the appearance of ‘lifestyle’ diseases such as heart attacks, strokes, diabetes and many cancers. And when faced with a chronic disease, individuals who are familiar with self-caring will likely be more adept and active under medical supervision in the self-management of their condition. Self-care is therefore relevant for both the healthy and the unwell.

Through self-care people can become more involved and empowered in an active way in their own health, and that of their families and friends. They are likely to be more interested in and use effectively the full range of self-care assets – information, insurance, nutritional, dietary supplements, physical exercise gear, smartphone apps, personal diagnostics, non-prescription medicines, help with quitting smoking and much else.

It is important to note that self-care does not mean no care, nor does it imply that people are simply left to look after themselves. Rather, an overarching aim of self-care is to move away from an unnecessary dependence on overburdened doctors and health systems and toward enabling people—with the appropriate support, tools and knowledge—to take better care of themselves.

Approaching self-care holistically is actually natural, and helps provide a logical overall framework for individuals to make sense of all the elements and their interconnections. The holistic approach of self-care provides individuals with multiple entry points for engagement, plus the prospect of health synergies and the targeting of multiple conditions.

Equally importantly, self-care as a concept can provide a needed and necessary tool – a common currency and framework – to align all stakeholders in helping people lead healthy lifestyles and prevent or delay chronic noncommunicable diseases. At the moment, there is a multiplicity of approaches to tackling NCDs but self-care R&D, and dialogue between stakeholders, would be strongly facilitated by an agreed common, standard framework for assessment, action and measurement.

Importantly, the self-care framework is internationally relevant and applicable across socioeconomic strata. Self-care is equally important in developed countries and in resource-poor settings, although the nature of the health challenges and the priorities for self-care varies considerably.
The Seven Pillars approach is more than just illustrative, but provides an operational framework. For example, the White Ribbon Alliance for safe motherhood, a US charity, has listed common maternal, new-born and child (MNCH) self-care behaviours (for developing countries) as follows:

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<th>PILLAR</th>
<th>Example of MNCH Self-Care</th>
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<td>1. Knowledge &amp; health literacy</td>
<td>Understanding basic health information, such as the menstrual cycle, fertility, basic reproductive anatomy, signs of pregnancy complications, symptoms of serious illness in children</td>
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<td>2. Mental wellbeing, self-awareness &amp; agency</td>
<td>Awareness of fertility cycle, awareness of pregnancy, knowing HIV status, awareness of symptoms of labor, awareness of symptoms of post-partum depression. Understanding, internalizing, and speaking up for right to respectful maternity care; having freedom to seek health care when one chooses; having freedom to use a contraceptive method; asking questions or expressing preferences in ante-natal care visits, during labor, and during child health visits; providing feedback on MNCH quality-of-care.</td>
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<td>3. Physical activity</td>
<td>Engaging in moderate exercise, limiting heavy lifting during pregnancy, resting during postpartum period.</td>
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<td>4. Healthy eating</td>
<td>Consume diverse, nutrient-dense foods; breastfeeding</td>
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<td>5. Risk avoidance</td>
<td>Using bed nets for malaria prevention, spacing births, visiting health provider for ante-natal care, using condoms to prevent HIV transmission, developing a birth plan, arranging for a skilled birth attendant, using safe drinking water, keeping sick children away from newborns</td>
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<tr>
<td>6. Good hygiene</td>
<td>Washing food and hands using safe water source, using menstrual hygiene products</td>
</tr>
<tr>
<td>7. Rational use of products &amp; services</td>
<td>Properly using iron supplements, oral rehydration salts, zinc; awareness of contraindications of over-the-counter medicines</td>
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The framework can be used to summarise the activities that a healthy person should undertake, measurements and targets, the desirable self-management practices of a person with a serious condition, actions for healthcare professionals, policy suggestions or recommendations, and other considerations.

Overall, self-care is a win-win opportunity for all stakeholders in health:

- A win for people because they can lead healthier, more productive lives and can prevent or delay the onset of lifestyle diseases.
- A win for Governments – a healthier, more productive population and reduced pressure on healthcare system services and budgets.
- A win for all healthcare professionals, e.g. doctors and nurses will have more time to focus on keeping people well, and will have more time for more serious cases. Pharmacists will be able to offer a greater range of health and wellness services. Where interactions with healthcare professionals are needed, providers will encounter a more knowledgeable and engaged patient.
• A win for self-care product and services companies. Self-care can increase the rational use of products and services, and offer opportunities for the development of new products and services.
THE CHALLENGES OF SELF-CARE

Given the compelling case for self-care outlined above, why is it not more prominent and prioritised by governments? Firstly, there are many differing definitions and consequent lack of clarity about self-care. ‘Self-care’ is arguably a domain on a par with ‘primary care’, but the term is little used by governments, the WHO or the UN. For example, as noted above, the term ‘disease prevention’ is often preferred, as if this can somehow be achieved without people themselves leading healthier lives.

Part of the reason for this neglect of self-care is that it exists substantially outside the remit of current health and social systems and has in the past received less attention from academics, policy makers and the health professions. While some excellent work has been undertaken it exists in separate silos – for example by city planners in the ‘healthy city’ movement, in public health programmes, in the health psychology community, and in the academic nursing community.

Further, there are many personal, environmental and systemic barriers to self-care:

Systemic challenges to self-care

1. Today’s healthcare systems are effectively ‘sickness services’ oriented more towards treating the sick than preventing disease. Worst of all, health systems can encourage reliance and complacency towards one’s own health.
2. Self-care occurs largely outside formal health and social systems, making it harder for governments to use familiar levers to engage and support.
3. Self-care can be supported at many different levels – individuals, in the family, in the community and in cities, but currently there is little connection or integration.
4. The community environment may make self-care difficult – for example if there are few places (such as parks) in which to exercise, or an excess of ‘junk food’ shops over healthy food suppliers. An unfortunate but significant consideration is that junk food can be cheaper than healthy choices.
5. The individual elements of self-care are simple in concept and some reflect common-sense, but they can usefully be approached in an integrated and holistic manner. By contrast, Western approaches tend to target one health issue at a time.
6. There is much interest and support in the individual elements of self-care, but prior to ISF’s formation, no natural champion integrating the whole self-care space.

Individual challenges to self-care

In addition to system-based externalities, of at least equal significance is the fact that it is difficult for individuals to adopt and sustain good self-care practices. Examples of the reasons advanced for not undertaking lifestyle changes include:

- I’m confused by all the information put out/look at how advice on what is healthy or unhealthy has changed
- It (lifestyle disease) won’t happen to me /‘they’ exaggerate the risk
• I’ll start tomorrow, I have bigger problems today; anyway we’ve all got to die from something
• Lifestyle change is hard to maintain; I don’t have time/money/energy for it
• If I get sick I go to the doctor – that’s what I pay my taxes for

In reality the responsibility for our own health lies first and foremost with each of us individually. ISF has addressed the central issue of the responsibilities we each have as individuals to lead healthy lifestyles and self-care. Aside from simple self-interest we each have a moral imperative to keep healthy through self-care. This is based on responsibility towards other users of scarce public health resources, and towards future generations, including our own children. It is right to focus attention on unhealthy environments (for example), but not to the point of treating people as incapable victims of their circumstances.

Self-care places appropriate responsibility for managing our own wellness and preventing disease where it belongs - with each of us individually. There is an important societal balance to be struck between rights to health and healthcare, and responsibilities towards one’s own health and to the consequences of poor lifestyle choices.

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WHAT NEEDS TO BE DONE? THE OPPORTUNITY

Self-care promotion

Many countries have incorporated aspects of self-care into policies, and promoted some innovation and notable practices. However, all countries are a long way from implementing robust and meaningful policy prescriptions designed to promote individual and population self-care capabilities, shift professional practices, or reorient healthcare systems towards a preventative ethos. While the importance of achieving a salutogenic health model has been acknowledged in theory and in some global policy rhetoric from the UN and the WHO, we are a very long way from real transformation.

Self-care needs to have a much higher profile as a necessary element of every country’s future approach to the health of the population and the health of individuals. There is a great opportunity for self-care promotion – to articulate and promote the practice of self-care to healthy individuals, patients and indeed to all stakeholders around the world.

Stakeholders include healthy individuals and patients, government departments, the healthcare professions, community organisations, NGOs, charities, consumer organisations and intergovernmental organisations. All businesses have an interest in the health and wellbeing of their employees and many have direct commercial interest in self-care – life assurance, telecoms, fitness and nutrition, pharma and others.

There is a major opportunity and need to help align all these stakeholders, who currently view self-care in substantially different ways. A key objective is for all stakeholders to share a common understanding of self-care even where they use alternative terms such as healthy lifestyles, self-management or disease prevention.

All stakeholders would benefit from the unified strategic global development of a commonly-understood and accepted self-care, starting with a clear articulation of its nature and purpose. While self-care should be making a much greater contribution to healthcare today, the case still needs to be clearly made.

Ultimately, the objective is to articulate a consistent narrative which frames the subject of self-care in a way that all stakeholders accept, and which becomes embedded in society.

Self-care research and policy development

Developing self-care requires systematic development of the evidence, theory and practice. Until now, being substantially outside the remit of current health and social systems, self-care has not received the R&D attention or support from academia that is needed.

Although self-care is an age-old practice, the specific study of self-care as an academic subject is quite recent. A simple illustration of the increasing interest in self-care is the use of the term in the title of academic papers listed in PubMed:
There are in fact many research activities around the world that are relevant to self-care. These include the ‘healthy city’ movement, the academic nursing community, lifestyle medicine societies and country self-care forums, behavioural health psychology groups, and new technologies (eHealth, mHealth, apps, internet, diagnostics, monitors, etc). Supporting such initiatives and helping to form connections under the mantle of self-care presents a golden opportunity.

However, the academic understanding self-care as a broad concept has not as yet resulted in a definitive canon of evidence that makes the absolute case for self-care and its realised benefits in the real-world setting. It is therefore necessary to move away from self-care as a purist academic pursuit to an applied field of research.

Research into self-care necessarily requires a mixed methods approach that takes into account the study of contextual factors and microdata using a combination of qualitative and quantitative research methods, whereas the multidisciplinary nature of self-care illustrates many levers that could be used to affect change. However, pilot initiatives proposing a change in more than one variable at a time are not recommended because this confounds real scientific study, thereby resulting in weak or non-generalizable conclusions. How then can we consolidate these challenges between theory and practice to advance our understanding and application of self-care in the contemporary setting?

This paradox coupled to existing gaps in our knowledge illustrates some R&D priorities for self-care in four broad categories:

1. Applied research that makes the absolute case for self-care. Research should advance our understanding of how self-care can benefit the wider health economy, to include health economic modelling and cost-benefit analysis as well as a means to improve tangible and intangible benefits (i.e. health spending; Quality Adjusted Life Year (QALY); improved quality of life; improved health and wellbeing overall etc.). Because self-care is a complex area of study, the body of evidence should draw from various example and initiatives across a range of different settings (i.e. community care, primary care setting etc.,) involving self-care for patients with long term conditions and otherwise healthy individuals through the life span of an individual as opposed to studying one disease category for one age group in only one setting.
2. Development of a pragmatic framework to support the evaluation of Self Care interventions. There is currently no validated framework that supports the objective evaluation of self-care pilots and interventions. Because self-care is multidisciplinary, a suitable framework should enable the evaluation of various categories and dimensions, including PESTLE, econometric analysis and quality of life indicators. A suitable evaluation framework could also support commissioners in the early design stages of self-care interventions by highlighting a clear requirement for meaningful data collection using suitable data collection instruments to enable objective evaluation of outcomes following implementation.

3. Identification of existing barriers and drivers to the widespread adoption of evidence-based self-care praxis. This could be done by investigating the role of digital health, eHealth and mobile health interventions on individual lifestyle choices and behaviours to improve health literacy, and the practice of self-care for improved mental health and wellbeing for example. Dissolving barriers will support the folding of self-care into the culture and fabric of society such that its application becomes a legitimate and conscious lifestyle choice we feel empowered to make as active and cognizant members of the community.

4. Policy research and realignment of incentives to support self-care initiatives that are considered from the perspective of funding of outcomes as opposed to activities. Research streams could potentially focus on how best to consider self-care holistically to promote a ‘health in all policies’ approach by configuring and investing in the right infrastructure, including urban design factors that promote effective self-care.

Addressing these research priorities will ensure that self-care can shift away from purist academic thinking to a translational research model where it is tested as an applied concept. However, for this to happen the prevailing attitude and conceptions of health commissioners and policy makers needs to shift to enable a sustained investment into complex self-care interventions and proof of concept pilots to determine how best theoretical self-care approaches could posit in the real-world setting.

There are many self-care areas with rich research potential:

- Future roles and activities for healthcare professionals in supporting self-care;
- New roles in self-care – community-based, health champions, carers, others;
- How to integrate self-care into healthcare systems (implementation research);
- Self-care in resource-poor and disadvantaged settings;
- What are the most relevant measurements and metrics for self-care? How should self-care be measured, at an individual, population and programme level?
- How should self-care be introduced into country programmes and public policy?
- Barriers and incentives to self-care. What encourages a person to self-care, and what inhibits?
- Self-care and the life course. What does it mean at different ages? How do the health-related decisions an individual makes evolve throughout life?
• How may nudges, carrots and sticks be best deployed?
• What environmental and urban design factors, in cities and communities, are most effective in helping people to self-care?
• How is messaging in self-care most likely to have impact?
• How effective are mHealth and eHealth initiatives in self-care?
• The economics of self-care e.g. what are the societal and individual costs and benefits due to NCDs of prevention and wellbeing, and morbidity and mortality?
• Why self-care should be approached holistically;
• What does the UN’s concept of ‘health in all policies’ actually mean in self-care terms, in infrastructure, the built environment, green spaces, and so on?
THE INTERNATIONAL SELF-CARE FOUNDATION – STRATEGIC ARCHITECTURE

The International Self-Care Foundation is a UK-based registered charity with a global focus. An independent sister organisation, ISF Hong Kong, was established in 2011 as an officially registered charity with a focus on China.

Since 2011 ISF has progressed the cause of self-care by advancing evidence-based research, practices and policies, and by helping to promote the role of self-care in health. Having established ‘proof of principle’ ISF can now be scaled up and further developed to help drive the self-care agenda, for the benefit of all stakeholders and in a manner consistent with charity status.

**ISF Vision**
is of a world in which people live long healthy lives, taking personal responsibility for their own wellness by adopting healthy lifestyle and self-care behaviours. ISF envisages self-care as a realm or discipline on a par with primary care.

**ISF Mission**
is to work with all stakeholders in health, to support countries, communities and individuals in the adoption of evidence-based self-care practices.

**ISF Core Strategies**
Self-care needs to be an integral part of people’s lives, and integrated into families, communities, organisations and society. To help achieve this, ISF’s core strategies are to develop evidence-based self-care concepts and practices, and to promote the role of self-care in health. ISF’s activities are illustrated in the next section.

**ISF Organization and governance**
ISF’s governance structure is described in official Articles of Association. The work of the ISF is led by ISF Trustees supported by a Secretariat, and advised by a Corporate Advisory Board and an Academic Advisory Board.

**ISF Principal officers**
ISF was established by Zhenyu Guo and David Webber who act as the charity’s Trustees. The ISF Trustees provide leadership to ISF and have funding, legal and reporting responsibility. Neither benefits financially from the charity.

Zhenyu Guo Ph.D. is Chairman of the International Self-Care Foundation; he was previously a tenured professor of medical electronics in Canada before returning to China and establishing himself as a leading Chinese entrepreneur. As Chairman of the World Self-Medication Industry between 2011-2014 he was the first Chinese head of an international NGO. David E Webber Ph.D is President of the International Self-Care Foundation. David worked as a scientist in industry and was Director-General of the World Self-Medication Industry between 2002 – 2013.
Academic Advisory Board
ISF’s Academic Advisory Board (AAB) is composed of senior university academics from around the world. The Academic Advisory Board has the task of helping to guide the systematic development of self-care theory and practice. Academic Advisory Board advice is in particular sought on the ISF R&D Agenda, including the funding and placement of studies. The Academic Advisory Board is accountable to the ISF Trustees.

The Academic Advisory Board does not have voting rights or any legal or financial fiduciary responsibility with respect to the Foundation. Academic Advisory Board associates are voluntary and unpaid apart from reasonable expenses. The membership of the AAB may be viewed here: [http://isfglobal.org/about-isf/academic-advisory-board/](http://isfglobal.org/about-isf/academic-advisory-board/)

Corporate Advisory Board
The Corporate Advisory Board (CAB) is intended to help guide the development of self-care and the International Self-Care Foundation. Corporate Advisory Board support and advice will be sought on the development, funding and operation of the Foundation.

The Corporate Advisory Board is open to senior corporate leaders of companies with interest in the self-care sector and the founding group of CAB associates is limited to 20 in number. The Corporate Advisory Board is accountable to the ISF Trustees. The Corporate Advisory Board would not have voting rights or any legal or financial fiduciary responsibility with respect to the Foundation. Corporate Advisory Board associates would be voluntary and unpaid.

ISF Funding
ISF has been funded by unencumbered donations from companies. There is the potential to increase this source of funding, and to pursue other avenues to create a mixed funding model for the charity. There is the potential to build membership structures reflecting the interests of all stakeholders in health.

ISF and SelfCare Journal
ISF has a strategic relationship with the peer-reviewed online academic journal SelfCare ([http://selfcarejournal.com](http://selfcarejournal.com)) and have had discussions on deepening the relationship. At the moment, too few of the many self-care initiatives around the world are scientifically designed, evaluated and published. Developing self-care programme design and assessments, coupled with the potential to publish case studies in SelfCare journal, represents a major opportunity for the future.
ISF SELF-CARE PROMOTION PROGRAMMES

ISF has created several programmes to promote self-care, illustrated in this section. These programmes have been very successful but there is great opportunity and need to further expand such activities around the world.

International Self-Care Day

International Self-Care Day (ISD), 24 July each year has been created by ISF. It provides a media-friendly forum and a focus for individuals and groups to *(independently)* promote self-care in their organisation or community. ISF is delighted to note that International Self-Care Day continues to expand around the world, involving thousands of people in many different countries.

Since 2011 self-care activities linked to ISD have been organised around the world, in countries as far apart as Brazil, Canada, China, Mexico, Nepal, South Africa, South Korea, Switzerland, the UK, USA and Vietnam. ISD-related activities have been focused on youth (e.g. a poster design competition, mob flash dance, and concerts), seniors (community involvement programmes, physical examination programmes), the general public (public lectures, expert advice, sponsored public walks, football and golf matches, tai chi classes, dance classes and competitions), occupational health, pharmacy (poster campaign, pharmacy manager training), research (on self-care habits and behaviour), and the media (media events, newspaper and journal articles).

Highlights include Canada ISD 2016 which was celebrated with a series of events organised by CHP Canada and which received the support of the Canadian Prime Minister (pictured) and Minister of Health. In 2014 the US Senate designated July 24 as International Self-Care Day, in Senate Resolution 515 (pictured). This level of country support helps advance ISF’s future goal of having the U.N. approve ISD as an international commemorative day.

...I encourage all Canadians to take advantage of International Self-Care Day...

...Designating July 24, 2014, as “International Self-Care Day”.

[Image of Prime Minister's message]

[Image of Senate Resolution 515]

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For ISD 2017 we were delighted to see for the first time organisations in Brazil being involved – see https://abimip.org.br/arquivos/autocuidado. ISF’s seven pillars of self-care – “autocuidado” are also presented here. Also for the first time an event in Nepal was held, organized by US charity the White Ribbon Alliance (WRA), a US-based charity dedicated to maternal, newborn and child health. The meeting included the Prime Minister and Minister of Health discussing the importance of self-care to Nepal:

As in previous years many organisations in Canada have found it useful to use ISD 2017 to responsibly promote their self-care agendas. Government organisations, charities, health centres, associations, enterprises and other types of organization have all used this device, as illustrated:

Organisations using International Self-Care Day and the Seven Pillars of Self-Care

...and CHPA; Health Canada; Best Doctors; Roma Palmer Counselling; Quizlet; emaze; Mandalas; Canada Border Services Agency.

Such broad-based adoption of ISD and the “7 Pillars” framework of self-care is a good sign for the general acceptance and penetration of self-care within a country.
In 2017 ISF itself organised a programme of events in Kunming, Yunnan Province, China. Activities included videos, presentations from expert lecturers, and the presentation of the 2017 ISF World Healthy City Award to the city of Kunming.

**ISF World Healthy City Award**

The ISF World Healthy City Award is designed to focus attention on, and provide examples of, how city authorities can specifically encourage self-care at the community level in their cities. The inaugural award was made in 2016 to Yangzhou City, Jiangsu Province, China, based on an assessment visit by an ISF team with professors from the University of Liverpool, England and the University of Kentucky, USA. A book chapter and an article in Urban Design Journal based on the visit were published in 2017.

In July 2017 the ISF Healthy City Award was awarded to Kunming City, Yunnan Province, China for progress and achievements in developing a living environment supportive of self-care and healthy lifestyles. In the opinion of the ISF survey team, Kunming was a worthy winner of this award. The team particularly noted:

- The clear strategic vision and prioritisation of health shown in the “Kunming Health Development Plan (2016 – 2025)” , with its 6 centres of focus.
- The focus on developing the “green” environment through the planting of millions of trees and the construction of parks. We noted in particular the creation of 11 health theme parks and the use of small areas as mini-parks and corner-parks.
- The priority for improving sanitation systems and the water quality in the Dianchi Lake system. Further progress is needed, but it is important to acknowledge that important steps have been taken, and that further improvements are underway.
- The priority given to physical activity in schools, in parks and in the city squares. Physical exercise is essential and highly beneficial to health and we noted the strong public health promotion of exercise in line with China’s Ministry of Health and WHO guidelines.
- The development and promotion of health screening, the family doctor signing service, the healthy cells project and various innovations designed to provide grass root-level support and promotion of healthy lifestyles.
- The team also particularly noted the focus on health industry development, creating Kunming as a national health industry zone. The historical strength of Kunming as a horticultural city are a strong foundation for further developing herbal and Traditional Chinese Medicines and a great base for a national planning herbal museum.

Many other details positive for encouraging the healthy lifestyles of citizens were noted. On behalf of the International Self-Care Foundation, ISF President David Webber presented the 2017 ISF World Healthy City Award to Kunming City Deputy Mayor Li Maozhong (pictured).
ISF/SelfCare Prize Essay Competition
ISF, together with partner organisation the on-line peer-reviewed Journal SelfCare, run an annual prize competition for the best original essay that furthers the practice or understanding of self-care. The objective of the prize essay is to encourage the development and raise the profile of self-care as a subject.

In 2016 the winning essay was by Mr Alexander Kusher (USA), entitled: Impact of Community Pharmacist Intervention on Self-Care and Behavior Change of Patients with Diabetes and/or Hypertension. The essay was published in SelfCare journal. Mr Kusher received a prize certificate and the first prize of £1500. The two runners up were Kathrine Gibson Smith from the UK with an essay entitled: Self-care behaviour change: reaching the unreached; and Aneesa Bodiat from South Africa with an essay entitled: How should healthcare systems encourage people to adopt healthier lifestyles? Each runner up received a prize certificate and £750.

Details of the 2017 Prize Essay Competition may be found on the ISF website.

The Seven Pillars of Self-Care Framework
Over the last few years the ISF 7 pillars framework has proved to be comprehensive, robust, practical and useful. The 7 pillars framework is more than just a visual diagram; it can be used to list specific activities for self-carers, self-care support tasks for healthcare professionals, barriers, policies and much else. The framework has been widely adopted around the world; the Brazilian example from 2017 is illustrated:

The Seven Pillars of Self-Care (Brazil)
Building self-care into public policy
Globally, most countries have implemented policies and programmes which are directed towards or relevant to many aspects of self-care, addressing issues such as health literacy, physical activity, obesity and managing everyday conditions. For some interventions the policy levers which can help are well known – a good example being for smoking, where the Framework Convention on Tobacco Control (FCTC), has provided countries with a range of policy prescriptions to reduce the demand for tobacco and help people to quit.

Many countries have thereby incorporated aspects of self-care into policies, and promoted some innovation and notable practices. However, all countries are a long way from implementing robust and meaningful policy prescriptions designed to promote individual and population self-care capabilities, shift professional practices, or reorient healthcare systems towards a preventative ethos. While the importance of achieving a salutogenic health care model has been acknowledged in theory and in some global policy rhetoric from the UN and the WHO, we are a very long way from real transformation.

During 2017 ISF has been involved in discussions with other parties on how to achieve this objective. A meeting has been held with a representative from the Australian Health Policy Collaboration (based in Victoria University, Australia) to discuss the ways in which self-care can be built into official policies in Australia. The White Ribbon Alliance has sought ISF’s input into a proposed policy development document for maternal, newborn and child health. In the UK, the Self-Care Forum has initiated discussions with the organisations responsible for self-care in the health system – NHS Right Care, and NHS personalized care and support planning.

Raising standards in self-care professional support – Chinese nutritionist training
ISF is open to working with other parties to help improve professional standards and reinforce the practice of self-care. In a current example, in China there are 550,000 state-certified ‘nutritionists’, of whom 80% work as catering staff. There is an opportunity and need to develop continuing professional development (CPD) to raise professional standards. ISF China commends the work of a Chinese business school whose purpose is “to professionally reorganize and train nutritionists, to help them improve and enrich their professional knowledge and guide them to transferring the way of self-care to more people.” On successfully completing the course and in agreeing to a set of professional principles, nutritionists are awarded a Certificate of Completion and given the status of “International Ambassadors”. There is huge scope and potential for the development of such awards and commemorative certificates, which are particularly appreciated in some country cultures.
ISF’s SELF-CARE R&D PROGRAMMES

Although self-care is an age-old practice, the study of self-care as an academic subject is quite recent. Along with the promotion of self-care worldwide, ISF has the objective of contributing to and supporting the development of the research evidence for self-care – the concepts, best practices and policies.

There are many research programmes around the world that are relevant to self-care, but they exist largely separately as ‘silos’. These include the ‘healthy city’ movement, the academic nursing community, lifestyle medicine societies and country self-care forums, behavioural health psychology studies, and new technologies (eHealth, mHealth, apps, internet, diagnostics, monitors, etc). Supporting such initiatives and helping to form connections under the mantle of self-care presents a golden opportunity. ISF’s Academic Advisory Board has been further strengthened during 2017 and the potential exists to extend the network of university-linked academics with an interest in self-care.

Short summaries of ISF’s self-care research collaborations and contributions are given on the ISF website3; some examples are illustrated here.

Self-care for the Prevention and Management of Cardiovascular Disease
ISF Partners: Professor Barbara Riegel (University of Pennsylvania, USA) and Professor Debra Moser (University of Kentucky, USA)
Programme: Production of an updated ‘State of the Science’ report for the American Heart Association (AHA) on self-care for the prevention and management of cardiovascular disease. The overall purpose of the paper is to synthesize the evidence for the effectiveness of self-care in preventing, delaying, and managing CVD and stroke. ISF’s David Webber was a contributing author; ISF’s contributions include the use of technologies in self-care and environment/community-level interventions. The paper was published in September 2017 and the full citation is as follows:


The paper may be viewed here: http://jaha.ahajournals.org/content/6/9/e006997

Self-care and urban planning and design
ISF Partners: Professor Rhiannon Corcoran and Mr Graham Marshall (Heseltine Institute for Public Policy and Practice, University of Liverpool, UK)

3 isfglobal.org/isf-self-care-research/
Programme: The identification and characterisation of city features which help or hinder self-care and healthy lifestyles. This is a new area in the ‘healthy cities’ movement. Urban design can have a major impact on the ability of citizens to lead healthy lifestyles. This programme is commencing with observational studies of cities which have focused on urban design and self-care, and includes the annual awarding of the ISF World Healthy City Award. In 2016 this Award was won by Yangzhou City, Jiangsu Province China, following an assessment visit led by ISF and Prof. Corcoran, Mr Marshall and Prof. Moser (Kentucky University). An initial publication making reference to Yangzhou City’s achievements has been published along with a short article in Urban Design Journal.

Establishing a Self-Care Academic Research Unit (SCARU)
ISF Partner: Dr Austen El-Osta, Imperial College London University.
Programme: Imperial College London University is one of the top 5 universities in the UK. The Department of Primary Care and Public Health is the leading department in this speciality in Europe and is a WHO Collaborating Centre for Public Health Education & Training. A Self-Care Academic Research Unit (SCARU) was formally launched at the 19th Annual Self-Care Conference in London on 26 September 2017. SCARU is the first university academic unit dedicated specifically to self-care in the UK and is a three-way collaboration between Imperial College London (School of Public Health), ISF, and the UK Self-Care Forum.

SCARU’s Vision is to be the leading academic base for self-care in England, focused on the contributions that individuals, networks and communities can make in helping people to prevent disease, improve their wellbeing and self-manage their condition. The overall planned programme of activity is illustrated in the following slide:

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The initial outputs of SCARU are threefold:

- to produce a framework for self-care that harmonizes existing definitions and models of self-care (incorporating ISF’s 7 Pillars of Self-Care, and the Self-Care Continuum);
- to produce a self-care intervention design toolkit which supports the design of robust self-care intervention programmes;
- to produce a self-care intervention evaluation framework to support objective evaluation of self-care interventions.

Self-Care for Maternal, Newborn & Child Health
ISF Partner: The White Ribbon Alliance (WRA).⁵
**Programme:** The White Ribbon Alliance is a major US charity dedicated to safe motherhood worldwide, especially in emerging and developing countries. ISF has supported the WRA in the development of self-care as a cost-effective solution for maternal, newborn and child health, through teleconferences and Twitter. The WRA has used the ISF framework for self-care, the “7 pillars of self-care”⁶, in their self-care paper.⁷ A webinar with contributions from ISF, the WHO and the Maternal Health Task Force was held on 2 March 2017.

Publishing the evidence base for self-care
ISF Partners: Professor R W Soller, Dr S G Mann, SelfCare Journal
**Programme:** ISF has a strategic development partnership with the leading peer-reviewed journal focusing on developing the evidence base for self-care, SelfCare Journal (see: http://selfcarejournal.com). This partnership includes the promotion of self-care through

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⁵ See: http://whiteribbonalliance.org/
⁶ See: http://isfglobal.org/1110-2/
the ISF SelfCare Prize Essay Competition and the publication of opinion pieces exploring particular aspects of self-care:

David Webber, Zhenyu Guo, Stephen Mann. *Self-Care in Health: We can define it, but should we also measure it?* SelfCare 2013;4(5):101-106.


A paper currently in preparation examines the importance of approaching self-care holistically, with the working title “*Integrated Personal Self-Care: More than a Sum of its Parts*”.

**Self-care for offshore workers**

**ISF Partner:** Institute for Health and Wellbeing Research, Robert Gordon University, Aberdeen Scotland.

Programme: ISF provided input to a questionnaire looking at self-care in offshore (oil) workers, being part of the work undertaken by Kathrine Gibson Smith for her Ph.D. Katherine subsequently entered the ISF/SelfCare Prize Essay competition for 2015/2016, receiving a runner-up prize for her essay entitled: “Self care behaviour change: reaching the unreached”. A full paper has now been published in SelfCare:

SUMMARY – EXPRESSIONS OF INTEREST INVITED

Self-care presents enormous opportunities for all stakeholders in health – individuals and their families, healthcare professionals, healthcare services, industry and governments. However, self-care as a concept and in practice needs much further development and support in order to realise its full potential in health, wellness and wellbeing.

The International Self-Care Foundation (ISF) has a unique position in health by virtue of its specific focus on self-care, international orientation and charitable status. ISF has focused on developing evidence-based self-care concepts and practices, and promoting the role of self-care in health.

Over the last few years ISF has made the case for self-care globally and has created a range of programmes – including International Self-Care Day on July 24 each year, the ISF World Healthy City Award, and the ISF/SelfCare Journal Prize Essay Competition. ISF has also been helping to drive the development of self-care as an academic subject, working with universities around the world. ISF’s “Seven Pillars of Self-Care” provides a common foundation for all stakeholders and is proving a robust and widely used framework.

Having demonstrated the potential of these approaches, this should now be further developed and scaled up to help drive the self-care agenda, for the benefit of all stakeholders worldwide.

The ISF Trustees invite interested parties to take up and further develop ISF, to help develop self-care to its full potential and make a difference to human health worldwide. Discussions may include financing, management and control of ISF. Expressions of interest should be made to ISF President David Webber (davidwebber@isfglobal.org).