DEVELOPING NATIONAL SELF-CARE GUIDELINES IN UGANDA AND NIGERIA SUPPORTING ACHIEVEMENT OF UNIVERSAL HEALTH COVERAGE IN PARTNERSHIP WITH EMPOWERED CONSUMERS
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EXECUTIVE SUMMARY

Self-care, while not a new concept or term, has received greater attention and relevance during the COVID-19 pandemic as an innovative approach to reduce pressure on strained health systems, empower individuals, and improve health outcomes, particularly for the most vulnerable. Several ministries of health (MOHs) have expressed interest and commitment to scaling up self-care in light of the pandemic and in response to the World Health Organization (WHO) consolidated guideline on self-care interventions for health: sexual and reproductive health and rights (June 2019). This case study summarizes how the Federal Ministry of Health (FMOH) in Nigeria and the MOH in Uganda pioneered national guidelines for self-care in 2020 – among the first national self-care guidelines in the world – as the first step toward adopting self-care as an approach to achieve universal health coverage (UHC).

To accomplish this, both countries established national self-care technical working groups (TWGs) within the MOH to galvanize stakeholder buy-in and commitment across multiple health areas, collaboratively defined a package of self-care interventions, and oversaw the development of national self-care guidelines. These national TWGs held significant debate around the scope of self-care interventions, the purpose of the guideline itself, to what extent self-care required systems integration, aligning the WHO recommendations with existing national policies or laws, appropriate safeguards for vulnerable populations, and the role of digital health as a part of self-care. While not all of these issues were resolved by the TWGs, both countries adopted all of the WHO’s self-care recommendations, with the exception of self-assessing eligibility and self-management of medical abortion. Furthermore, both countries added several self-care interventions to the guidelines beyond those included in the WHO consolidated guideline based on local evidence and priorities.

Going forward, the MOHs in Uganda and Nigeria have committed to implementing the guidelines and developing learning mechanisms focused on the extent to which the guidelines promote scale-up of high-quality, affordable self-care, particularly for the most vulnerable. These top-down efforts of the national TWGs will be complemented by bottom-up efforts by recently established national self-care advocacy networks. These networks are led by Center for Health, Human Rights and Development in Uganda and White Ribbon Alliance in Nigeria, both of which were formed under a global coalition called the Self-Care Trailblazer Group. Furthermore, additional evidence is needed to evolve the living guidelines, including in the areas of cost, measurement, quality assurance, and health literacy. There is a rapidly growing movement of stakeholders working to achieve a shared goal of self-care for all at the national, regional, and global levels. The experiences outlined in this case study are examples of how countries are pursuing that goal.
INTRODUCTION

Healthcare systems around the world are generally overstretched and overburdened. Even before the COVID-19 pandemic, the World Health Organization (WHO) estimated that half of the world’s population lacked access to basic health services. Self-care, while not a new concept or term, has received greater attention and relevance during the COVID-19 pandemic as an innovative approach to reduce pressure on strained health systems, improve health outcomes particularly for the most vulnerable, and empower individuals. Self-care interventions – which includes information, medicine, diagnostics, products and technologies that can be self-directed or self-managed – have the potential to transform healthcare by increasing consumer choice, improving convenience and access to health services, and supporting efficiencies in service delivery. For example, self-injection of DMPA-SC provides women of reproductive age the choice of three additional months of contraceptive coverage while removing the barriers associated with facility-based care such as cost, access and stigma. HIV self-testing increases access to testing for individuals at risk of HIV who may not otherwise test, including sex workers and men. Furthermore, evidence suggests that self-care interventions for sexual and reproductive health and rights (SRHR) have the potential to reduce costs to the user as well as the health system through gained efficiencies. Consequently, when made accessible and affordable, self-care can support achievement of universal health coverage (UHC) through less burdened health systems and empowered health care consumers.

In June 2019, the WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights was released, providing the first global, normative guidance for a collection of self-care interventions from a systems lens, complementing existing product and intervention-specific guidance. It is a living guideline that will evolve as new evidence becomes available. The guideline calls for national adaptation based on local contexts, but it leaves the process of doing so to national stakeholders. Several MOHs have expressed interest and commitment to scaling up self-care in response to the global guideline and as an avenue in meeting the health needs of populations during the COVID-19 pandemic. While self-care interventions already exist in some capacity in all national health systems, self-care has been approached from a policy perspective in siloes with respect to regulatory guidance, implementation, governance, and learning. Thus, the question remains: how might a policymaker define clear guidelines around a broad, horizontal intervention like self-care while retaining the importance and utility of vertical guidelines around specific health areas and interventions like maternal and child health, HIV, and reproductive health?

This case study summarizes how the FMOH in Nigeria and the MOH in Uganda pioneered national guidelines for self-care in 2020 – among the first national self-care guidelines in the world – as the first step toward adopting self-care as an approach to making UHC more achievable through partnership with empowered consumers. The paper articulates key insights from the process of guideline development in order to help other countries that may be considering similar work. This case study concludes with a set of next steps and recommendations to institutionalize self-care into policy and health systems.

WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights

- Released June 2019
- 24 recommendations (REC) on self-care interventions for SRHR for antenatal, delivery, postpartum, and newborn care; family planning and infertility services; safe abortion; and sexually transmitted infections (STIs)
- 13 good practices statements addressing environmental considerations, financing, training, and implementation considerations for vulnerable populations.
APPREACH

Uganda’s and Nigeria’s approach to developing national self-care guidelines can be summarized in a three-step process: (1) Inception Phase to generate buy-in from decision-making stakeholders and to gather relevant information to inform the guideline, (2) Development Phase to organize, draft, and revise the guideline and seek consensus across partners and approval within the MOH, and (3) Implementation Phase to coordinate implementation at national and subnational levels with feedback loops for learning and iteration (see Figure 1).

FIGURE 1. NATIONAL SELF-CARE GUIDELINE DEVELOPMENT OVERVIEW.
National self-care guideline development overview. This figure summarizes the process undertaken by the FMOH in Nigeria and the MOH in Uganda to develop national self-care guidelines.

<table>
<thead>
<tr>
<th>INCEPTION PHASE</th>
<th>DEVELOPMENT PHASE</th>
<th>IMPLEMENTATION PHASE</th>
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<tbody>
<tr>
<td>Governance and Stakeholder Buy-In: Identify and convene appropriate, diverse stakeholders with relevant decision making authority in order to initiate a guideline development process.</td>
<td>Guideline Development and Approval: Write the national guideline to complement existing intervention-specific guidance. Seek approval from relevant vertical intervention areas within the MOH (e.g. HIV, Reproductive Health, and Maternal and Child Health), and request endorsement from appropriate level (e.g. Director of Clinical Services or Minister of Health).</td>
<td>Dissemination, Trainings, and Orientation: Disseminate guideline to relevant cadres and regulatory bodies and lead applicable trainings/orientations with health workers at national and sub-national</td>
</tr>
<tr>
<td>Landscape Assessment: Understand the extent to which WHO Recommendations (REC) for self-care interventions are already implemented in policy and practice in the national context.</td>
<td>Costed Implementation Plan: Develop a costed implementation plan to ensure activities are integrated into government budgeting and planning cycles.</td>
<td>Integration: Integrate guideline into existing systems and processes, such as quality assurance (QA) systems and monitoring and evaluation (M&amp;E) systems.</td>
</tr>
</tbody>
</table>
| Intervention Prioritization: Prioritize and justify which self-care interventions will be included in the national self-care guideline. | Learning and Adaptation: Develop systems for measurement, learning, guideline review, and adaptations. | }
INCEPTION PHASE
Generate stakeholder buy-in and conduct landscape assessment to prioritize a package of self-care interventions.

GOVERNANCE AND STAKEHOLDER BUY-IN
Self-care, similar to primary care or task sharing, is an approach that cuts across multiple health areas. Consequently, both countries were faced with the challenge to generate stakeholder buy-in and technical oversight for guidelines that would impact multiple health departments and priorities. Both countries developed TWGs within the MOH with representation across maternal and child health, HIV, reproductive health, and in the case of Nigeria, cancer control. Participants included national and subnational MOH representatives, WHO leadership, implementing partners, research partners, private sector, professional associations, and donors. Furthermore, both national TWGs identified national self-care consultants to oversee the development of national self-care guidelines, including leading relevant assessments.

LANDSCAPE ASSESSMENT
Once established, the self-care TWGs were faced with the fundamental question: self-care for what and for whom? To develop a meaningful guideline to expand access to quality services for vulnerable populations, the TWGs first had to determine which self-care interventions would be included in the national guidelines and which populations those self-care interventions would serve. Both countries conducted a mapping of existing national self-care policies and practices against the WHO guideline to identify which self-care interventions and approaches would be included in the national guidelines. The mapping included a desk review, key informant interviews, and in the case of Nigeria, two stakeholder workshops.

INTERVENTION PRIORITIZATION
Both countries adopted all of the WHO’s self-care recommendations, with the exception of self-assessing eligibility and self-management of medical abortion. Seven of these recommendations were new for Uganda, five were new for Nigeria, and the rest were existing practices or services. Furthermore, both countries added several self-care solutions beyond those included in WHO’s consolidated guideline based on local evidence and priorities. In both countries, this included community distribution of misoprostol for prevention and treatment of postpartum hemorrhage. Nigeria modified the WHO REC 15a that states to “provide up to one year’s supply of [oral contraception] pills” to just three month’s supply in public outlets, while private outlets can provide up to one year’s supply over-the-counter. Nigeria also modified the WHO REC 3 on the use of ginger and chamomile for nausea to “an array of recommended relief … in early pregnancy based on medical advice and woman’s preference.” See Table 2 for a complete list of recommendations included by each MOH in its guideline.

Uganda Self-Care TWG
- Called Self-Care Expert Group
- Formed July 2020
- Chaired by Director, Clinical Services, MOH

Nigeria Self-Care TWG
- Called Self-Care Think Tank
- Formed in February 2020
- Chaired by the Director and Head, Reproductive Health Division, FMOH
TABLE 1. SUMMARY OF SELF-CARE INTERVENTIONS INCLUDED IN NIGERIA’S AND UGANDA’S NATIONAL SELF-CARE GUIDELINES.

This table maps which of the WHO’s 24 self-care intervention recommendations were included, modified, or excluded from Nigeria’s and Uganda’s national self-care guidelines. Furthermore, it articulates which recommendations are new for the particular country context (and thus will be implemented for the very first time following the approval of these guidelines) versus an existing practice. It also identifies which self-care interventions were added by the national MOH. It should be noted that RECs 1–9 are part of Uganda’s "specific information package" for antenatal care (ANC), delivery, postpartum and delivery self-awareness but are not described in detail in the guideline.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>SELF-CARE INTERVENTIONS</th>
<th>NIGERIA</th>
<th>UGANDA</th>
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<tbody>
<tr>
<td>ANC, delivery, postnatal care</td>
<td>REC 1: Non-clinical health education to reduce unnecessary caesarean sections</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>REC 2: No specific format for health education</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>REC 3: Ginger, chamomile, vitamin B6 and/or acupuncture for nausea and vomiting prevention and treatment</td>
<td>Modified</td>
<td>Yes</td>
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<td></td>
<td>REC 4: Diet, lifestyle advice, and antacid for heartburn prevention and relief</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>REC 5: Magnesium, calcium or non-pharmacological treatment for leg cramps</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td></td>
<td>REC 6: Regular exercise and physiotherapy, support belts, and acupuncture for low back and pelvic pain prevention and treatment</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>REC 7: Wheat bran or other fiber supplements to relieve constipation in pregnancy</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>REC 8: Non-pharmacological options for varicose veins and edema</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>REC 9: Pain relief for prevention of delay in the first stage of labor is not recommended</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td><strong>Added by MOH Uganda:</strong> Self-testing during ANC (pregnancy test, random blood sugar test, malaria rapid diagnostics and sexual and gender-based violence self-sampling kits)</td>
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<td></td>
<td><strong>Added by MOH Uganda:</strong> Self-management during ANC (iron and folic acid, expanded delivery kit including misoprostol, magnesium trisilicate, and treated mosquito nets)</td>
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<td></td>
<td><strong>Added by FMOH Nigeria:</strong> Self-application of terramycin eye ointment at birth</td>
<td></td>
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<td></td>
<td><strong>Added by FMOH Nigeria:</strong> Community level distribution of misoprostol for prevention and treatment of postpartum hemorrhage</td>
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<td></td>
<td><strong>Added by FMOH Nigeria:</strong> Home monitoring devices for ANC (such as fetal doppler monitoring, pulse oximeter, blood pressure, and glucometer)</td>
<td></td>
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<tr>
<td></td>
<td><strong>Added by FMOH Nigeria:</strong> Health education on early initiation of breastfeeding and immunization</td>
<td></td>
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</table>
### TABLE 1. SUMMARY OF SELF-CARE INTERVENTIONS INCLUDED IN NIGERIA’S AND UGANDA’S NATIONAL SELF-CARE GUIDELINES. (CONT.)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>SELF-CARE INTERVENTIONS</th>
<th>NIGERIA</th>
<th>UGANDA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Planning</strong></td>
<td><strong>REC 10</strong>: Self-injection</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>– NEW</td>
<td>(NEW)</td>
<td>(NEW)</td>
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<tr>
<td></td>
<td><strong>REC 11</strong>: Oral contraception pills made available without prescription</td>
<td>Yes</td>
<td>Yes: NEW</td>
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<td></td>
<td>– NEW</td>
<td>(NEW)</td>
<td>(NEW)</td>
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<td></td>
<td><strong>REC 12</strong>: Ovulation predictor kits</td>
<td>Yes: NEW</td>
<td>Yes: NEW</td>
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<td></td>
<td>– NEW</td>
<td>(NEW)</td>
<td>(NEW)</td>
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<tr>
<td></td>
<td><strong>REC 13 &amp; 14</strong>: Consistent and correct use of male and female condoms and lubricants</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td><strong>REC 15</strong>: Provide up to one year’s supply of oral contraceptive pills, with flexible re-supply</td>
<td>Modified</td>
<td>Yes: NEW</td>
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<tr>
<td><strong>Added by MOH Uganda</strong>:</td>
<td><strong>Natural family planning methods (cycle beads and calendar method).</strong></td>
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<tr>
<td><strong>Abortion</strong></td>
<td><strong>REC 16</strong>: Self-assessing eligibility for medical abortion</td>
<td>No</td>
<td>No</td>
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<td></td>
<td><strong>REC 17</strong>: Self-management of mifepristone and misoprostol</td>
<td>No</td>
<td>No</td>
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<td></td>
<td><strong>REC 18</strong>: Self-assessing completion of abortion</td>
<td>Yes: NEW</td>
<td>Yes: NEW</td>
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<td></td>
<td><strong>REC 19-20</strong>: Self-initiation of hormonal contraception post-abortion</td>
<td>Yes: NEW</td>
<td>Yes: NEW</td>
</tr>
<tr>
<td><strong>Sexually Transmitted Infections (STIs)</strong></td>
<td><strong>REC 21</strong>: HPV self-sampling</td>
<td>Yes: NEW</td>
<td>Yes: NEW</td>
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<td></td>
<td>– NEW</td>
<td>(NEW)</td>
<td>(NEW)</td>
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<tr>
<td></td>
<td><strong>REC 22</strong>: Self-collection of samples for STIs</td>
<td>Yes: NEW</td>
<td>Yes: NEW</td>
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<td></td>
<td>– NEW</td>
<td>(NEW)</td>
<td>(NEW)</td>
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<tr>
<td></td>
<td><strong>REC 23</strong>: HIV self-testing</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td><strong>REC 24</strong>: Self-efficacy and empowerment for women living with HIV</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td><strong>Added by FMOH Nigeria</strong>: Self-screening for early detection of breast cancer</td>
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</table>
DEVELOPMENT PHASE
Organize, draft, refine, and endorse the guidelines.

GUIDELINE DEVELOPMENT AND APPROVAL
Over a period of 4–6 months, national consultants led the writing of the self-care guidelines under the leadership of the national TWGs with oversight from the WHO and MOH. In Uganda, the national consultant engaged the Self-Care Expert Group in a series of half-day meetings; in Nigeria, the national consultant led two multi-day workshops with the Self-Care Think Tank to inform and approve the guidelines. In Uganda, the MOH Director of Clinical Services will soon determine which office has final approval of the guidelines. In Nigeria, the guidelines will be approved by the Office of the Minister for Health.

COSTED IMPLEMENTATION PLANS
Nigeria developed a costed implementation plan as a part of its guideline, while Uganda will explore its implementation approach for the guideline in the first half of 2021. Both implementation plans will propose how to generate demand for quality-assured self-care while strengthening relevant supply and improving the broader enabling environment.

IMPLEMENTATION PHASE
Coordinate implementation and design feedback loops to inform guideline reviews and updates.

Both countries are launching the implementation of the guidelines in 2021, and the mechanisms to support coordinated implementation, learning, and feedback loops are still in development.

KEY INSIGHTS
Several interrelated key observations emerged through the process of nationalizing self-care guidelines, which may help inform the guideline development processes underway or planned in other countries.

WHAT IS THE SCOPE OF SELF-CARE INTERVENTIONS?
Both countries held significant debates over the scope of interventions to be included in the self-care guidelines: exclusive family planning focus; SRHR focus, which, as per the WHO Consolidated Guideline, includes components of maternal health and HIV; or multiple health areas. This decision is critical because it influences governance, financing, quality assurance (QA), monitoring and evaluation, and other supportive systems to scale up self-care. Both countries agreed to anchor the self-care guidelines on the WHO’s Consolidated Guideline. Given the focus on maternal health interventions, Nigeria titled its guidelines: National guideline on self-care for sexual reproductive and maternal health. Uganda aligned the title with WHO’s National guidelines on self-care for SRHR. Like the global guideline, the national versions are living guidelines that are intended to expand to other health areas as additional evidence is available and as the systems to support self-care interventions are developed and used (e.g., QA, financing, and monitoring and evaluation).

WHAT IS THE PURPOSE OF THE SELF-CARE GUIDELINE?
Both countries debated the level of detail the guideline should offer, mainly because self-care complements but does not replace intervention-specific guidance. Ultimately, both countries decided to use the national self-care guideline to (a) articulate how self-care can ultimately strengthen health systems; (b) prioritize a set of self-care interventions, while referring to intervention-specific guidance for standard operating procedure-level detail; and (c) identify key supportive systems for self-care, such as health literacy, QA, and procurement of commodities.
HOW CAN NATIONAL SELF-CARE GUIDELINES PROMOTE SCALE UP OF SELF-CARE INTERVENTIONS WITHOUT OVERCOMMITTING TO COMPLEX SYSTEM INTEGRATION?

The national self-care guidelines promote two different types of integration: service delivery integration (i.e., multiple self-care interventions in the same channels) and health systems integration (i.e., the integration of self-care into national health information systems, QA systems, procurement and distribution systems, national financing mechanisms, and other support systems). Both types of integration are as important as they are complex, and the exact mechanisms for doing so are still being established. There is a need to better understand what self-care interventions need to be integrated and why based on a clearer analysis of who wants self-care for what services across the life cycle. Similarly, there is a need to document the process of integrating self-care into discrete elements of a health system. These issues will be a focus of the national self-care TWGs’ work in the coming years.

HOW CAN NATIONAL STAKEHOLDERS RESOLVE ISSUES WITH WHO RECOMMENDATIONS THAT ARE NOT IN LINE WITH EXISTING POLICIES, LAWS, OR GUIDANCE?

Neither country adopted the WHO’s recommendation on self-assessing eligibility nor its recommendation on self-management of self-abortion because this contradicted national laws. This issue spurred important dialogue around the extent to which national laws and policies may need to be revisited in light of the WHO consolidated guideline. These national self-care TWGs provide a useful forum for these conversations to continue over the coming years.

WHAT SAFEGUARDS SHOULD THE NATIONAL SELF-CARE GUIDELINES PROVIDE TO PROTECT VULNERABLE POPULATIONS?

Self-care can address barriers to access for the most stigmatized and vulnerable, such as sex workers and adolescents, who are unwilling or unable to access services from traditional providers. At the same time, there is potential for self-care to exacerbate vulnerabilities – such as affordability or low literacy – if appropriate safeguards are not put in place. The Uganda and Nigeria national self-care TWGs deliberated the needs of vulnerable populations at length to ensure that self-care interventions are accessible by these populations while not aggravating vulnerabilities in any population. For example, Nigeria’s guidelines propose a range of financing models, including government/donor subsidies at the product manufacturer level, expanding the Basic Health Care Provision Fund to include self-care interventions, and inclusion of self-care interventions in insurance schemes. In Uganda, the national guidelines articulate a graduated assistance approach so that very young adolescents and those who are unable to read or understand instructions are initially provided with instructions or care by someone else (i.e., assisted self-care) but can eventually take on this responsibility independently.

WHAT IS THE ROLE OF DIGITAL HEALTH AS A PART OF SELF-CARE?

Digital technologies can advance self-care by offering access to personalized, on-demand, client-centered information. It can be a standalone intervention, such as a mobile app for risk assessment during pregnancy, or can complement self-care products, such as instructional videos for more effective use of HIV self-testing. The challenge from the health systems perspective is the need to assure quality and accessibility of digital health content and applications across a range of digital solutions. The national self-care guideline in Uganda used the Digital Self-Care Framework developed by the Self-Care Trailblazer Group to inform the digital self-care guidance, which aims to ensure that all digital interventions meet minimum standards for accountability and responsibility, user experience, QA, privacy, and confidentiality.
CONCLUSION

The development of national self-care guidelines is a significant milestone in the journey to more formally recognize self-care practices in health systems. It is a clear way to (1) signal MOH endorsement of self-care as a key approach to reach UHC, and (2) draw attention among health system actors to the many policies and guidelines that are already aligned with global self-care guidance and can be harnessed immediately to achieve gains. The guidelines provide a foundation for policy reform, intervention scale-up, and continued investment in learning and advocacy to ensure self-care can realize its transformative potential.

In 2021 and 2022, the national self-care TWGs in Uganda and Nigeria will test the guidelines through real-world implementation, with a keen eye on understanding the extent to which the guidelines support scale-up of high-quality, affordable self-care, particularly for the most vulnerable. The Uganda Self-Care Expert Group is organizing a series of task teams to define discrete implementation approaches for specific parts of the guideline, such as social and behavior change, QA, procurement, measurement, and financing. These top-down efforts of the national TWGs will be complemented by bottom-up efforts by recently established national self-care advocacy networks led by Center for Health, Human Rights and Development in Uganda and White Ribbon Alliance in Nigeria, both of which were formed under a global coalition called the Self-Care Trailblazer Group. These bottom-up national self-care advocacy efforts may include increasing awareness and demand for self-care as well as piloting social accountability mechanisms to track who is benefitting from self-care across the system.

Finally, if the national living guidelines are to continue to evolve, there are several areas where greater evidence and information is needed. For example, what is the cost of self-care (both to the user and the health system)? Who will pay, and for what services, to ensure that all individuals and communities receive interventions they need without suffering financial hardship? What needs to be measured, at what level of the health system, and by whom to ensure that the implementation of self-care guidelines achieves the intended results? How can the quality of self-care be assured, measured, and reported? What investments in health literacy will be needed to increase overall self-care capabilities? The Evidence and Learning Working Group under the Self-Care Trailblazer Group aims to work in partnership with the national self-care networks in Nigeria and Uganda to pursue these questions.

There is a rapidly growing movement of stakeholders working to achieve a shared goal of self-care for all at the national, regional, and global levels. The ability for self-care to achieve its transformative potential, particularly for the most vulnerable, relies on new ways of working and a willingness to learn, adapt, and share experiences at scale. The experiences outlined in this paper are examples of how countries are pursuing that goal.
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