SELF-CARE TRAILBLAZER GROUP
2021–2025 STRATEGIC PLAN
JANUARY 2021
VISION
A world where the practice of self-care leads to a more inclusive, equitable, and people-centered approach to optimizing health and well-being across the globe.

MISSION
The SCTG is a global coalition dedicated to expanding the safe and effective practice of self-care so that individuals can better manage their own health, health outcomes are improved, and health systems are better equipped to achieve universal health coverage.
INTRODUCTION

Self-care is defined by the World Health Organization (WHO) as “the ability for individuals, families and communities to promote, maintain health, prevent disease and cope with illness with or without the support of a healthcare provider.” Self-care has the potential to transform healthcare, especially for vulnerable populations, including women and transgender individuals, adolescents, and people who face barriers to healthcare access, such as rural populations. Self-care is an essential part of the efforts to achieve universal health coverage (UHC).

The Self-Care Trailblazer Group (SCTG) is a membership coalition established in November 2018 to advance the evidence, practice, learning, and policy landscape of self-care. Since that time, self-care has advanced as a concept, practice, policy, and — particularly during the time of COVID-19 — a necessity to meeting the health needs of people across the globe.

This document outlines the first strategy of the SCTG and covers the five-year period from January 2021 through December 2025. It reflects a new phase for the SCTG, when evidence, policies, and practices to advance self-care are poised to be increasingly localized and its potential increasingly broadened.

BACKGROUND

Since its inception in 2018, the SCTG has worked to increase self-care issue salience by coordinating its members and partners in evidence generation, global communications, advocacy, and shared learning.

There are currently over 50 organizational members of the SCTG, including donors, implementers, advocates, and researchers from around the world. As the awareness of and demand for self-care continues to increase, SCTG members and partners are increasingly focusing on the adaptation and adoption of global self-care frameworks and guidance at national levels. At a time when health systems are increasingly overstretched trying to meet the demands of COVID-19, there is also a desire for the SCTG to expand beyond its initial focus on sexual and reproductive health and rights to other health areas.

STAKEHOLDER CONSULTATIONS

The 2021–2025 SCTG strategy was informed by a series of stakeholder interviews, consultations, and strategy sessions conducted with members and partners, the results of which are summarized in the report SCTG Stakeholder Perspectives and Recommendations, September 2020. Some key stakeholder priorities from the consultations that are reflected in the strategy include:

- **Expanded focus** beyond SRHR products to include the people, communities, and systems that support a holistic approach to the use of products and practices across health areas
- **Greater diversity and inclusion** of members and partners working in other geographies and sectors, particularly those in the Global South and healthcare provider associations
- **Improved member value proposition** by providing more opportunities to share with and learn from other members and self-care experts
- **Strategy, goals, and metrics** upon which to plan, implement, measure, and revise approaches
- **Elevation of self-care** as a key component of UHC and a critical element of the COVID-19 response
- **More evidence** on the effective practice and impact of self-care, particularly on cost, safety, and user experience
- **Greater coordination and alignment** across global, regional, national, and subnational initiatives and between evidence, advocacy, and communications endeavors
SCTG Theory of Change

**IMPACT**
Improved health and well-being and progress toward Universal Health Coverage

- **HEALTH SYSTEMS**
  are more equitable and efficient

- **INDIVIDUALS**
  exercise greater autonomy, power, and control over their health

**GOAL**
Self-care is institutionalized into policy and integrated into national health systems

**OUTCOMES**
A coordinated, diverse & influential self-care constituency is mobilized around common goals and messaging to advance self-care so that...

- **AWARENESS & SUPPORT**
  for quality, evidence-based self-care increases among self-care influencers, policymakers, and opposition

- **SELF-CARE POLICIES & FINANCING**
  are instituted at national and subnational levels

- **DEMAND & ACCOUNTABILITY**
  for self-care increases among target communities and constituencies

**ACTIVITIES**

- **EVIDENCE & LEARNING**
The SCTG contributes to, develops, and promotes analysis frameworks, and guidance to fill gaps in information needed to accelerate the policy and practice of self-care

- **GLOBAL ADVOCACY & COMMUNICATIONS**
The SCTG enhances support for and mitigates opposition to self-care by informing, engaging and increasing partnerships with global and regional bodies

- **NATIONAL ADVOCACY & ACCOUNTABILITY**
The SCTG provides opportunities for members to share advocacy and accountability practices and lessons learned to advance self-care at national and subnational levels

- **COALITION BUILDING**

- **SHARED LEARNING**

- **THOUGHT LEADERSHIP**

  Webinars, digital communications platforms, tools and templates, publications, events, meetings, etc.

**PROBLEM**
Self-care has contributed to the improved health of individuals for ages but is a relatively new concept as an approach to strengthen health systems. The absence of a coordinated effort to achieve greater awareness, support, demand, and accountability for promising practices in self-care as an overarching approach prevents implementation of the policies and practices necessary to bring self-care to scale. This inhibits the potential for self-care interventions to improve the health of individuals and the equity and efficiencies of health systems.
SELF-CARE TRAILBLAZER GROUP (SCTG) 2021–2025 STRATEGIC PLAN

Structure and Functions

SCTG MEMBERSHIP

COALITION STEERING COMMITTEE

EVIDENCE & LEARNING WORKING GROUP

LEARNING LAB
Webinars, case studies, tools, templates

GLOBAL ADVOCACY & COMMUNICATIONS WORKING GROUP

COUNTRY ADVOCACY WORKING GROUP

SCTG SECRETARIAT
Supports all SCTG functions
Oversees program deliverables

NATIONAL SELF-CARE NETWORKS IN FOCUS COUNTRIES

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GOVERNANCE & ACCOUNTABILITY

STEERING COMMITTEE

The SCTG Steering Committee advises the Secretariat and provides oversight of SCTG coalition-building functions, ensuring a strong value proposition for members that is supportive of the SCTG’s strategic priorities. The SCTG will establish a new Steering Committee in 2021 in which:

- At least 50% of its members are from and live in the Global South
- At least 30% of its members are from target groups (e.g., private sector, health care providers, youth)

SECRETARIAT

Population Services International (PSI) houses the staff that makes up the SCTG Secretariat. The Secretariat supports the coalition-building functions for the SCTG, including operations, administration, communications, outreach, and global advocacy. The Secretariat also oversees deliverables for the SCTG’s programmatic elements and reporting to donors. The Secretariat’s coalition-building role is guided by the SCTG Steering Committee.

MEMBERSHIP

The SCTG will pursue the active engagement, visibility, collaboration, and geographic and sectoral diversity of its membership by creating a strong value proposition that includes the following opportunities.

SHARED LEARNING

Members can share their experiences and lessons learned with each other and hear from other self-care experts and stakeholders through a range of mechanisms outlined below.

- Learning Lab: The SCTG Learning Lab hosts webinars, meetings, and events for members on how to effectively advance self-care practice and policy. The Learning Lab provides opportunities for members to learn from self-care advocacy and accountability efforts of new national self-care networks being supported by the SCTG in three initial focus countries: Uganda, Nigeria, and Senegal.

- Publications: The SCTG publishes a range of publications on self-care, including a State of Self-Care report outlining advances and recommendations for increasing the safe practice of self-care, as well as promising practices and lessons learned by SCTG members and partners.

- Digital network: An SCTG members-only online community allows members to connect with others working in their region or on projects with similar focus.

- Information portal: The SCTG information portal allows members to access research, guidance, frameworks, templates, and tools to advance self-care.

- Member summit: The SCTG holds an annual summit for members to review the previous year’s advances and challenges and inform the next year’s opportunities and priorities.

- E-newsletters: The monthly SCTG e-newsletters provide the latest updates and information on self-care, including spotlights on SCTG members.

SETTING THE SELF-CARE AGENDA

- Evidence and Learning Working Group: This member-driven working group contributes to, develops, and promotes evidence (e.g., frameworks, guidance) to fill gaps in information identified and prioritized by implementers, advocates, and policymakers to accelerate the policy and practice of self-care.
- **Country Advocacy Working Group:** This member-driven working group promotes the sharing of advocacy and accountability practices and lessons learned to advance self-care at national and subnational levels.

- **Global Advocacy and Communications Working Group (formerly the Advocacy Working Group):** This member-driven working group leads coordinated advocacy, outreach, and communications efforts to support joint advocacy for the introduction and scale-up of self-care interventions at global and regional levels.

- **Awareness raising:** The SCTG raises awareness of self-care among target audiences by providing its members with messaging frameworks, print and digital materials, and opportunities to contribute to coordinated events and communications.

- **State of Self-Care Report:** The SCTG will produce and promote an annual *State of Self-Care* report that will outline advances and recommendations for increasing the safe practice of self-care, which will include promising practices and lessons learned by SCTG members and partners.
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<th>IMPACT</th>
<th>Improved health and well-being and progress toward UHC:</th>
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<td></td>
<td>• Health Systems are more equitable and efficient.</td>
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<td>• Individuals exercise greater autonomy, power, and control over their health.</td>
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| GOALS | Self-care is institutionalized into policy and integrated into national health systems. |

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<th>OUTCOMES</th>
<th>OUTCOME 1: MOBILIZATION</th>
<th>OUTCOME 2: AWARENESS RAISING</th>
<th>OUTCOME 3: ADVOCACY</th>
<th>OUTCOME 4: ACCOUNTABILITY</th>
<th>OUTCOME 5: TRANSITION</th>
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<td>A coordinated, diverse, and influential self-care movement is mobilized around common evidence, goals, and messaging to advance self-care.</td>
<td>Awareness and support for quality, evidence-based self-care increases among global, regional, national, and subnational self-care implementers, influencers, policymakers, and potential opposition.</td>
<td>Self-care policies and financing* are instituted at national and subnational levels. (Note: Implementation of the policies at scale will fall under the scope of other players.)</td>
<td>Demand and accountability for self-care increases among target communities and constituencies.</td>
<td>Transition the SCTG Secretariat to a host that is well-positioned to strengthen and expand engagement and policy change to advance self-care in the Global South</td>
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| OUTCOME INDICATORS | • Value proposition: At least 50% of SCTG organizational members are actively engaged in the SCTG. | • SCTG members use information provided by the SCTG to inform their research, programming, advocacy, communications, and priorities. | • Policies to advance self-care are adopted and informed by evidence and advocacy shared by the SCTG in focus countries. Illustrative policies are outlined below and will be defined and prioritized by country stakeholders. | • Self-care measures informed by the SCTG are included in national data collection and reporting mechanisms in focus countries. | • SCTG Secretariat is established at a new host organization that is well-established in the Global South and is identified through a set of criteria assessed by a robust engagement, analysis, and prioritization process. |
|                     | • Geographic diversity: At least 50% of SCTG steering committee members reside in the Global South. | • Earned media (social and traditional) reports on stories and evidence generated or shared by the SCTG. | • National governments increasingly express interest in advancing self-care. | • Social accountability mechanisms are established in focus countries to promote citizen engagement and monitoring to improve the performance, effectiveness, and responsiveness of programs and systems to their needs. |
|                     | • Sectoral diversity: At least 30% of SCTG Steering Committee members are from the private sector, healthcare providers, feminist movements, youth, and different health interest groups. | • Healthcare provider associations, UHC and primary healthcare groups, private sector groups, and specific health interest groups adopt language supportive of self-care in their strategies, priorities, and positions. | • Consolidated self-care policies and guidance for national health priorities are developed and incorporated into national strategies. | • Regulatory policies are modified to expand access to marginalized, vulnerable, and hard-to-reach populations. | • SCTG Secretariat is well-established in the Global South. |
|                     | • Shared learning and collaboration: A diversity of members participate at least quarterly in SCTG-led opportunities to learn about and share strategies and lessons learned with one another. | • Globally, regionally, and nationally, healthcare provider associations include self-care as a component of member sensitization and outreach. | • Regulatory policies are modified to expand access to marginalized, vulnerable, and hard-to-reach populations. | • Policies, frameworks, and guidance to advance quality of self-care and digital health are adopted. | • SCTG Secretariat is well-established in the Global South. |
|                     | • Networking and collaboration: A diversity of members use SCTG digital platforms and events to communicate and collaborate with each other. | • Political awareness and support for self-care increases among target decision-makers (e.g., United Nations and regional African bodies, parliamentarians, Ministry of Health, Ministry of Finance). | • Social accountability mechanisms are established in focus countries to promote citizen engagement and monitoring to improve the performance, effectiveness, and responsiveness of programs and systems to their needs. | • Self-care is incorporated into national and subnational implementation plans. | • SCTG Secretariat is well-established in the Global South. |
|                     | • Resource mobilization: The SCTG is resourced to carry out the strategy. | • Regulatory policies are modified to expand access to marginalized, vulnerable, and hard-to-reach populations. | • Funding for self-care by domestic governments (e.g., national and subnational budgets), bilateral bodies (e.g., USAID), multilateral institutions (e.g, Global Financing Facility), and/or foundations increases. | • SCTG Secretariat is well-established in the Global South. | • SCTG Secretariat is well-established in the Global South. |

* Health policy, as defined by the World Health Organization, “refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.” They can include (but are not limited to) government-promulgated laws, plans, strategies, agendas, frameworks, protocols, administrative orders, procedures, guidelines, regulations, budgets, treaties, conventions, declarations, and circulars.
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