BACKGROUND

If self-care costs are understood and their financing is right, self-care interventions for sexual and reproductive health and rights (SRHR) can increase access to health services, improve equitable health outcomes, and support efficiency in service delivery. In other words, understanding and measuring cost as well as benefits -- to the user, provider, and the health system-- is critical to make the business case for self-care, inform appropriate financing of self-care, and ultimately support self-care to achieve its transformative potential.

A high-level 2018 meeting on the ethical, legal, human rights and social accountability implications on self-care interventions for SRHR provided recommendations on self-care costing and financing which were published in the British Medical Journal (BMJ) special series on self-care and presented at the United Nations in Headquarters in April 2019. To summarize, the evidence suggests that self-care has the potential to:

- **reduce costs for the users** e.g. home pregnancy testing, self-managed medication abortion, self-injection of hormonal contractives, and HIV self-testing can reduce time spent seeking care at healthcare facilities and the resulting losses in productivity and income;
- **reduce costs for the health system** e.g. time saved (consultation and treatment time) by providers and reduced client-load, when patients opt for self-care, can be used to provide other services;
- **improve productive efficiencies** when it results in better outcomes for the same or acceptably higher costs than care provided by healthcare facilities (e.g. use of self sample to test for STIs has been seen to lower the cost per diagnosis in the US).

While this evidence is promising, it is limited. Most studies are from high-income settings and do not include vulnerable populations. Furthermore evidence is lacking on how self-care can be financed. It is generally recognized that blended financing (including out-of-pocket payments, insurance schemes, and donor and government subsidies) is necessary to ensure equity and efficiency, but there is limited guidance and best practices on how to develop context-appropriate total market approaches to self-care financing. Part of the challenge stems from the need to better define what is being measured when it comes to costs - and at which levels measurements should be made (i.e. the health system, the program, or the consumer/user). A related challenge is where to get the costs from: program data, government budget or expenditure data, and/or directly from consumers.

Consequently, in 2020 the Evidence and Learning Working Group (ELWG) prioritized costing and financing as one of its workstreams, and by extension return on investment. The demand for better guidance and evidence on

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self-care costing and financing was corroborated in the Self Care Trailblazer Group (SCTG) 2020 member survey as well as during the First Annual Member Meeting (Feb 2021).

**PURPOSE**

The purpose of this workstream is to (a) confirm which gap can most feasibly be filled, given existing evidence related to cost, return on investment, and financing for self-care; (b) commission the development of an output to fill that gap; and (c) document use of the output in at least two country contexts to inform its use in other settings.

**INTENDED OUTPUTS**

It is tentatively anticipated that the outputs of this work will include:

1. A **technical brief** summarizing the ‘state of play’ for cost, return on investment and financing for self-care interventions (building on the 2019 UN Report on Self Care Economic and Financing Considerations), concluding with recommended types of guidance that ELWG could produce and why.
2. A **bibliography of key references** related to self-care costing, return on investment, and financing, to be posted on the SCTG resource library
3. **Guidance to measure and model cost-effectiveness** for self care taking into account costs and benefits at the user, provider and health systems levels; and with a focus on affordability and equity; and/or:
4. **Self-care financing guidance** which proposes potential financing arrangements for self-care; for each type of arrangement, the document defines the conditions that need to be in place (or created) and outline the steps to develop it, developed for policy makers and implementers

It should also be noted that the UN April 2019 Meeting on economic and financing considerations for self-care interventions for SRHR identified the following two outputs as next steps. ELWG will be sure to draw from these outputs if they were commissioned by the WHO and/or UN:

- The development of a briefing note with implementation considerations for countries to use alongside the consolidated guideline on self-care interventions for SRHR
- The publication of a journal series on the health systems perspectives including on economics and financing of self-care for SRHR that will document case studies of self-care interventions that have worked or failed, and that will lay out a research agenda.

**PROPOSED PROCESS & TIMELINE**

- **September 2021:** Launch the Costing and Financing Workstream with clear objectives and intended outputs at the September 2021 ELWG meeting. Invite members of ELWG to form the Costing and Financing Sub Working Group (SWG). SWG members must have demonstrable experience in cost, cost-effectiveness and financing and be willing to dedicate 3-6 days over a 12 month period to oversee commissioned work under ELWG.
- **October 2021:** Form the Costing and Financing SWG, and facilitate discussions to confirm what type of guidance ELWG should produce and why. Finalize bidding documents to commission work.
- **November 2021:** Release bidding documents
- **December 2021:** Firm selected based on a competitive bidding process
Q1-Q2 2022: Commission work which may include: technical brief, bibliography of key reference, costing and financing guidance, and/or cost-effectiveness guidance (see description of potential deliverables below)

Q3-Q4 2022 - 2023: Develop case studies on use/application of guidance in 2 country settings. Note this is likely outside of the scope of the firm that creates the technical brief and guidance documents. The mechanism and support for doing this is still being established.

DELIVERABLES

- **Technical Brief** (4-8 pages, designed) summarizing the 'state of play' in cost, cost-effectiveness and financing for self-care interventions, concluding with recommended types of guidance that ELWG could produce and why. Desk review should include technical gray and peer reviewed literature related to cost, cost-effectiveness, and financing of self-care interventions for SRHR, prioritizing publications since the release of the WHO/UN *Economic and Financing Considerations on Self-Care Interventions for Sexual and Reproductive Health and Rights* (2018); and supplementary KII’s where necessary.

- A **bibliography of key references** related to cost, cost-effectiveness, and financing of self-care to be posted on the SCTG resource library.

- **Guidance documents:**
  - **Guidance to measure and model cost effectiveness of self care:** developed for implementers and researchers, provides standardized guidance to measure and model cost-effectiveness taking into account costs and benefits at the user, provider and health systems level with a focus on affordability and equity. The final model could be a simulation tool that allows the user to estimate cost effectiveness based on a series of assumptions.
  - **Self-care financing guidance** a guidance document proposing alternative financing arrangements for self-care; for each type of arrangement, the document defines the conditions that need to be in place (or created) and outline the steps to develop it, developed for policy makers and implementers.

- **Case Studies** on use/application of guidance documents/tools in 2 country settings.