EVIDENCE AND LEARNING WORKING GROUP
TERMS OF REFERENCE

PURPOSE

The ELWG contributes to, develops, and promotes evidence (e.g., frameworks, guidance, and analyses) to fill gaps in information identified and prioritized by implementers, advocates, policymakers, and investors to accelerate, scale-up, and sustain the policy and practice of self-care supported by health systems at national and subnational levels. ELWG seeks to advance the evidence base for self-care as an avenue to achieve universal health coverage (UHC), and therefore addresses a range of self-care interventions and practices (e.g. those for self-awareness, self-testing/self-sampling, and self-management).

GOALS

The ELWG will pursue the following outcomes as outlined in the SCTG Strategic Plan 2021-2025:
- **A diverse and engaged ELWG membership** as measured by participation in ELWG-hosted meetings/ activities (including workstreams and sub-working groups) and downloads of ELWG supported materials, with targets for geographic and sectoral diversity.
- **Policies and practice are adopted and informed by evidence provided by ELWG** as measured by the reference to and use of SCTG promoted evidence by global and national level implementers, advocates, and policymakers.

MANAGEMENT

The ELWG is led by a Leadership Team composed of roughly three individuals that rotate approximately every two years; at least one member of the SCTG Secretariat and at least one ELWG member. All share equal leadership authority, but the SCTG Secretariat representative(s) will take additional responsibilities for coordination and communication with the SCTG Secretariat and the ELWG members. The Leadership Team is supported by the Secretariat for administrative functions such as scheduling and logistical coordination of meetings, note taking for ELWG quarterly meetings, and communication with members as needed. The Leadership Team represents the values of SCTG leadership and membership specifically with respect to geographic and sector diversity. The ELWG Leadership Team Terms of Reference is available here.

ELWG consists of multiple sub-working groups (SWGs), established to provide technical oversight to specific workstreams (e.g. Measurement Subworking Group, Evidence Mapping and Prioritization Subworking Group, and others). SWGs comprise of 12-15 ELWG volunteers, each of whom are expected to dedicate between 3-10 days over a 12 month period, depending on the duties of that particular SWG. SWG members have interest, knowledge and/or experience in the issue being addressed.

MEMBERSHIP

ELWG is best suited to implementers, researchers, and national policy makers who are interested to understand and advance the evidence base for self-care. ELWG seeks to develop a diverse membership base that represents a

range of health areas (including sexual and reproductive health, maternal and newborn health, and others); draws on the universal health coverage, health financing, primary health care, and gender equity groups; and has equal representation from the Global South and Global North. All ELWG members must be a member of the SCTG. ELWG membership is on a voluntary basis.

MEETINGS

- Quarterly ELWG Meetings (March, June, September, and mid December or early January) take place on the last Thursday of each quarter, with the exception of the December meeting, which takes place in the middle of the month or early January to avoid the end of year holiday season.
- Meetings are typically 90 minutes long with three main components:
  - **Technical deep dive:** which usually launches a new workstream or shares final results of a completed workstream (40 min)
  - **ELWG workstream updates:** top line updates on select ELWG workstreams (20 min)
  - **Partner updates:** capped at 3 and prioritizing those that are applying ELWG frameworks/tools (20 min)
- Invitations are sent ~4 weeks prior to the meeting
- In between meetings, members are encouraged to communicate using the ELWG listserv (evidence@selfcaretrailblazers.org) and on Slack.

CONTEXT

The ELWG reports to and will bring forward recommendations to the SCTG Coalition Steering Committee. The ELWG works in close collaboration with other groups/initiatives related to the SCTG, specifically:

- **National Self-Care TWG/Advocacy Networks**: Representatives of national self-care TWGs/advocacy networks are represented in ELWG to ensure ELWG workstream meets national priorities and that national stakeholders apply the tools or guidance developed by ELWG.
- **Country Advocacy Working Group:** led by WRA, the CAWG grows and provides a community of and for individuals and organizations who are working, or interested in working, to advance self-care through policy, programmatic and public advocacy at national and subnational levels. This forum can be used to present ELWG-developed frameworks and tools to national self-care advocates and implementers to ensure they are used and applied.
- **Global Advocacy & Communications Working Group**: led by PSI, the GACWG leads a coordinated advocacy, outreach, and communications effort at the global and regional levels to support a joint advocacy strategy for the introduction and scale-up of self-care interventions with health systems support. This forum can be used to promote ELWG-developed frameworks and tools.
- **Learning Lab**: provides opportunities for members to learn across the self-care evidence, advocacy, and implementation spectrum. ELWG will contribute to the annual *Self-Care Learning and Discovery Series (SCLADS)* and the annual state of self-care report and other Learning Lab activities to be determined.
- **SCTG Secretariat**: provides administrative and logistical support for ELWG meetings.

WORKSTREAMS

ELWG workstreams are identified based on stakeholder evidence priorities (e.g. member surveys), reviewed by the ELWG leadership team and approved by the SCTG Coalition Steering Committee. Funding is available to commission work under each workstream. In some cases, an ELWG Workstream will be formed around work commissioned and funded by a partner (e.g. SBC Self-Care Workstream).

ELWG WORKSTREAMS (2019-2021)	LEAD	Status
1.Digital Self Care Framework: provides practical guidance for effectively designed, implemented and researched digital health in support of self-care addressing 4 key domains: accountability/ responsibility, quality assurance, user experience, and privacy and confidentiality.	HealthEnabled	Tool final; promotion and documentation of its application is ongoing
2.Quality of Care Framework: helps health systems monitor quality of self-care. Adapted from the Bruce-Jain family planning quality of care framework, and includes five domains and 41 standards that can be applied to a broad range of primary health care approaches to self-care.	Population Services International & SCTG	Tool final; promotion and documentation of its application is ongoing
3.Policy Mapping: to understand the extent to which Kenya, Uganda and Nigeria implement the WHO Self-Care Recommendations (REC) in policy and practice in order to (a) inform national advocacy opportunities in those countries and (b) develop a toolkit for replication in other countries.	Self-Care Academic Research Unit (SCARU) Imperial College London	Study final; creation of 'slimmed down' tool for replication ongoing
4.SBC Self-Care: to co-design a self-care framework that helps policy makers and implementers understand why and how SBC can contribute to improved SRH self-care outcomes. Peer Learning Community Workstream Overview available here.	Breakthrough Action	Framework Final: Peer Learning Community Launching Sept 2021
5.Measurement: to develop consolidated measurement for self-care that builds on existing evidence, tools, and frameworks and meets the needs of national self-care stakeholders, including ministries of health and national HMIS programs. Workstream Overview available here.	ICRW	In process: Guidance expected Q1 2022
6.Costing and Financing: to develop a framework/guidance on what self-care costs and who pays (objective may be refined after landscaping). Workstream Overview available here.	Commissioned firm TBC	In process: Launching Sept 2021
7. Evidence mapping and prioritization: to develop a robust process to identify evidence needs by national implementers, advocates and policy makers which can be repeated over time. Workstream Overview available here.	Commissioned firm TBC	In process: RFQ expected Oct 2021