



# REQUEST FOR QUOTATION

Evidence and Learning Working Group (ELWG) | Costing and Financing Workstream

## OVERVIEW OF THE SELF CARE TRAILBLAZER GROUP (SCTG), EVIDENCE AND LEARNING WORKING GROUP (ELWG), AND THE COSTING AND FINANCING WORKSTREAM

Self-care interventions are among the most promising and exciting new approaches to improve health and well-being— allowing people to become agents of their own health and reducing the burden on strained and limited healthcare systems. [The Self-Care Trailblazer Group \(SCTG\)](#) is a global coalition, established in 2018, 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 (UHC). The SCTG comprises three main working groups – the Evidence and Learning Working Group (ELWG), the Global Advocacy and Communications Working Group (GAC), and the Country Advocacy Working Group (CAWG). The three groups work in concert to bridge evidence generation with global advocacy and communications to support national policy reform.

The Evidence and Learning Working Group (ELWG) has prioritized costing and financing as one of its workstreams to support the business case for self-care, inform appropriate financing of self-care, and ultimately support equity and efficiencies of self-care as a part of the broader health system. The demand for better guidance and evidence on 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).

Existing evidence suggests that self-care has the potential to increase efficiency, affordability, equity and choice of SRHR interventions, depending on how they are financed, designed and targeted. Specifically self-care can:

- **reduce costs for the users** e.g. home pregnancy testing, self-managed medication abortion , self-injection of hormonal contraceptive, 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 the *same outcomes* for lower 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. Consequently, there is a better need to understand the cost of self-care interventions, and the cost to *whom* (user, provider, and health system – both in terms of financial and opportunity costs), in order to inform

blended financing options so that self-care increases efficiency, affordability, equity and choice of SRHR interventions.

## OVERVIEW OF ASSIGNMENT

The Evidence and Learning Working Group (ELWG) of the SCTG seeks to identify a firm or individual who will (a) **synthesize evidence on costing and financing of self-care interventions in the form of a ‘Technical Brief’** that prioritizes technical gray and peer reviewed literature published since the April 2019 WHO/UNU Economic and Financing Considerations of Self-care Interventions report; (b) develop a **set of recommendations** for what type of self-care costing and financing product the ELWG could produce, based on the evidence synthesis; (c) define and execute a **consultative process with the ELWG’s Costing and Financing Sub-Working Group** to produce the costing and financing product.

It is expected that this workstream will include the following key steps, although the consultant/firm is encouraged to propose adjustments to the steps to improve the process and deliver high quality products within the allotted timeline and budget.

- **Conduct a literature search and synthesize the findings** on self-care costing, financing, and return on investment from the healthcare system and client perspectives. The firm/consultant should propose clear search criteria for the literature review so it’s both informative and doable within the allotted time. The search should include:
  - *peer reviewed literature* on costing, financing, and return on investment for self-care interventions for SRHR in lower- and middle-income countries (LMIC) published since the April 2019 WHO/UNU Economic and Financing Considerations Report (NB: the review should include a recap the April 2019 WHO/UNU findings)
  - *costing and financing guidance/tools* that have been applied to self-care interventions or could feasibly be applied to self-care interventions, published in the last 10 years, in order to summarize their potential application to self-care within the technical brief
  - *documented experience of countries who have defined self-care financing approaches, including Uganda and Nigeria* (NB: this may require complementary key informant interviews if their blended financing mechanisms for self-care interventions have not been documented – total number of interviews is negotiable, but no more than 1-2 per country is expected).
- **Develop a set of recommendations** for what type of self-care costing and financing product(s) the ELWG could produce, based on the evidence synthesis and data gaps identified. The firm/consultant should propose a clear set of recommendations for discussion with the ELWG’s Costing and Financing SWG. This SWG was established in November 2021 and includes technical experts in costing and financing self-care interventions who will provide technical guidance to the commissioned firm/consultant. The recommendations should outline: specific product(s), the intended audience for that product, and a description of how the audience might *use* the product for what purpose/outcome. The firm/consultant should consider the following key audiences in preparing the set of recommendations: implementers, policy makers, and advocates.
- **Define and execute a consultative process with the ELWG’s Costing and Financing Sub-Working Group** to produce the costing and financing product. The firm/consultant should define a consultative process that includes group as well as individual meetings to agree on the final costing/financing product and to co-create it. The firm is expected to engage with the Costing and Financing SWG on roughly a monthly basis to co-create and refine the final product.

## EXPECTED OUTPUTS AND TIMELINE

The firm/consultant is expected to deliver the following outputs within the suggested timeline (March-November/December 2022). However, the firm/consultant are welcome to alter these outputs and their sequencing if they justify it within their proposal.

**Output 1: A technical brief** summarizing the existing evidence, guidance, and national experience on costing, financing and return on investment for self-care interventions. This should be positioned as an update to the April 2019 WHO/UNU Economic and Financing Considerations report, in terms of policy, implementation, and evidence and include the healthcare and client perspectives. The intended audience of the brief is members of the Self Care Trailblazer Group and its various working groups, specifically: Evidence and Learning Working Group (ELWG), Global Advocacy and Communications Working Group (GACWG), and the Country Advocacy Working Group (CAWG).

**Output 2: A bibliography of key references** related to self-care costing, return on investment, and financing, used to inform the technical brief, and to be posted on the SCTG resource library.

**Output 3: A set of recommendations** for what type of costing and financing product ELWG could product and why, specifying: potential product(s), the intended audience for that product, and a description of how the audience might use the product for what purpose/outcome.

**Output 4:** Define a **consultative process** to develop the Costing and Financing Self-Care Product(s) in the form of a detailed plan for discussion with the SWG.

**Output 5: Costing and Financing Self-Care Product(s).** The exact product(s) will be determined based on the evidence synthesis and gaps identified (i.e. outputs 1-3 above) and through a consultative process with the Costing and Financing SWG (i.e. output 4), but illustratively the product(s) could include:

1. **Self-Care Ecosystem Map** that visually articulates: (a) cost shifting (both financial and opportunity costs) following scale-up of self-care interventions within the health ecosystem; (b) role of different actors within the health system to cost and finance self-care interventions; and (c) how health system actors can apply existing costing and financing guidance within their context to cost and finance self-care interventions for equitable access. The purpose of this product could be for users (implementors, advocates, and policy makers) to better understand (i) how self-care shifts costs within the health ecosystem, (ii) their potential role within the health ecosystem for costing and financing self-care and (iii) how they could apply existing costing and financing guidance within their work. This product could focus on a select number of self-care interventions (e.g. 3-5) to ensure the scope is realistic. The Costing and Financing SWG should be engaged in product development which, in this illustrative example, would include collaboration on intervention selection.
2. **Self-Care Financing Framework:** which could articulate broad principles for blended financing options for self-care to ensure equitable access. These broad principles could be accompanied by short Case Studies that demonstrate how countries such as Nigeria and Uganda have articulated blended financing architecture (including public subsidy, private sector financing, and direct user payment, as needed) for self-care interventions, their progress to date, and possible next steps. The purpose of this product could be for users (implementors and policy makers) to better understand how to finance self-care intervention based on the experience of pioneer countries such as Nigeria and Uganda.

Please note these are only **illustrative** products. The final product(s) will likely differ based on the evidence synthesis and the outputs from the consultative process. These illustrative products above were created to demonstrate that products developed under this workstream should meet the following conditions:

- Feasible to produce within the allotted time and budget
- Developed with *pre-defined audiences* and *clear use statements* in mind
- Builds on existing evidence base
- Promotes and does not duplicate existing guidance for costing and financing health interventions
- Provides practical insights for how implementers, policy makers, and/or advocates can ensure equity and efficiency of self-care within health systems through better costing and financing

The 5 outputs are expected to be delivered within a 9-10 month period, March-November/December 2022. Outputs 1-3 should be delivered within the first 3 months of the assignment (March-May 2022). If KIs are required for Output 3, the timeline for outputs 1-3 can be extended in consultation with the SWG. Outputs 4-5 should constitute the majority of the time spent on this assignment, which we suggest takes at least 6 months (e.g. June-November/December 2022). The firm/consultant can adjust these timelines in their proposal with a justification for doing so.

## EVALUATION CRITERIA

- Experience of the *lead consultant and supporting team* as demonstrated in the CVs in: self-care technical expertise; costing and/or financing health interventions; evidence synthesis; strategic facilitation; consultative design; and informational design (40%)
- Understanding of the assignment demonstrated by a clear and thoughtful technical approach in the proposal (30%)
- Clarity and feasibility of the proposed work plan (30%)
- The technical and financial bids will be reviewed separately

## BUDGET

\$50,000 USD

## QUOTATION

Please submit an application outlining the technical approach (4 pages or less), cost, high-level work plan (1 page), and staff and background (resumes and project summaries of similar work). Please make reasonable assumptions as needed and state those assumptions/requirements.

The technical approach should include a clear description of the process to develop the requested outputs *as well as illustrative examples* of specific products the firm/consultant could produce for Output 5. While the firm will not be held accountable to delivering the specific products mentioned under Output 5 (as those will be informed by the evidence synthesis and consultative process) illustrative examples must be included in the application to demonstrate understanding of the assignment and capacity of the firm to deliver against this SOW.

Necessary questions may be addressed to Dr. Sarah Onyango ([sonyango@psi.org](mailto:sonyango@psi.org)) prior to the deadline.

## SUBMISSION: Please note important deadline extension details below!

Posted on or before 12 January 2022

Submit application by **5pm EAT on 4 March 2022**



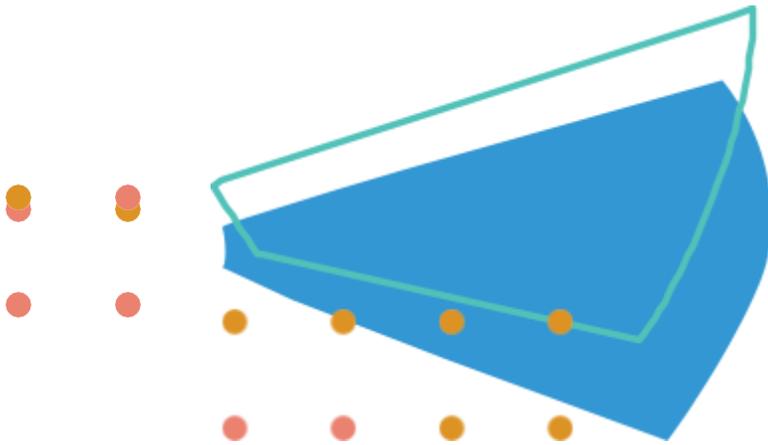
***The previously published version of this RFQ had a deadline of Feb 12. The deadline has been extended to March 4, 2022, but all other details in the RFQ remain the same.***

Decision by 18 March 2022

Expected start date 1 April 2022

**SUBMIT TO**

Dr. Sarah Onyango, Senior Technical Advisor, Self-Care  
[sonyango@psi.org](mailto:sonyango@psi.org)



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