COSTING AND FINANCING OF SELF-CARE

ANNOTATED BIBLIOGRAPHY

SEPTEMBER 2023

SELF-CARE
TRAILBLAZER
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INTRODUCTION

This annotated bibliography is presented as an Excel spreadsheet with columns corresponding to identifying information to each document and article. The columns include the name of the author, a DOI (hyperlink), title of the document, date published, SRHR intervention mentioned, cost-effectiveness measure (where applicable), perspective of the economic evaluation (where applicable) and a brief summary of the evidence. The bibliography will be limited to literature published between 2019-2023, with the exception of under-researched interventions that may include earlier literature. The bottom tabs of the spreadsheet are grouped according to document type: Journal Articles (original research), Systematic Reviews, Review Articles (commentaries and editorials) and official Reports and Guidelines. This spreadsheet is intended as a 'live document' and is subject to updates and changes as newer literature becomes available. The articles included in this bibliography is guided by the definition of self-care described by the WHO: "Self-care interventions refer to evidence-based, quality tools such as medicines, counselling, diagnostics and/or digital technologies that can be accessed fully or partially outside of formal health services (1).", focused on self-care, interventions that are categorised as either 'self-management' (including self-medication, treatment, examination, injection or administration) or 'self-testing' (including self-sampling, screening, diagnosing or monitoring) (2). The current scope of evidence for self-care costing and financing under SRHR is limited, with the exception of self-testing for HIV/AIDS and self-sampling for HPV. To our knowledge, there are limited studies focussing on self-care costs and financing for other SRHR interventions. Given the limitations of information available, the references reported here are drawn from multiple data sources and platforms. This is not an exhaustive list on self-care evidence for SRHR. An example of the search string used:

("Self -care" [All Fields] OR "self-test*" [All Fields] OR "self-sampl*" [All Fields] OR "self-inject*" [All Fields]OR "self-admin*" [All Fields] OR "self-screen*" [All Fields]) AND ("Cost-effectiveness" [All Fields] OR "cost-utility" [All Fields] OR "cost-benefit" [All Fields] OR "Healthcare Financing" [All Fields] OR "Healthcare Allocation" OR "Out-of-pocket Expenditure" [All Fields] AND ("Contraception" [All Fields] OR "abortion" [All Fields] OR "HIV" [All Fields] OR "Human Papilloma Virus" [All Fields] OR "pregnancy" [All Fields] OR "Sexually Transmitted Infections" [All Fields] AND "low-and-middle income countries" [All Fields] OR "LMICs")

(1) World Health Organization. *Self-care interventions for health* Geneva, Switzerland 2022 [Available from: www.who.int/news-room/fact-sheets/detail/self-care- health-interventions.]

(2) Narasimhan M, Logie CH, Gauntley A, Gomez Ponce de Leon R, Gholbzouri K, Siegfried N, *et al*. Self-care interventions for sexual and reproductive health and rights for advancing universal health coverage. *Sex Reprod Health Matters*. 2020;28(2):1778610.

JOURNAL ARTICLES

The cost and intermediary cost-effectiveness of oral HIV self-test kit distribution across 11 distribution models in South Africa.

Author(s)	Matsimela K, Sande LA, Mostert C, Majam M, Phiri J, Zishiri V, *et al*.
Journal (DOI)	BMJ Global Health
In-Text Reference	Matsimela et al. (2021)
Year Published	2021
Country/Region	South Africa
SRHR Component	HIV
Study Population	General adult population
Study Type	Cost-effectiveness evaluation
Type of Self-Care Intervention	Self-testing
Outcome of Interest	Cost per unit in USD ($)
Cost Effectiveness Established	Yes
Perspective of Economic Evaluation	Provider
Summary of Key Findings	This study analysed the cost, use and linkage to onward care of 11 HIV self-testing kit distribution models alongside the Self-Testing AfRica Initiative's distribution of 2.2 million HIVST kits in South Africa in 2018/2019. Our economic evaluation included the three main HIVST models: facility, community and workplace. Cost per person confirmed positive for HIV self-testing was higher than standard HIV testing. HIV self-test distribution models in South Africa varied widely along four characteristics: distribution volume, HIV positivity, linkage to care and cost. Volume was highest in models that targeted public spaces with high footfall (flexible community, fixed point and transport hub distribution), followed by workplace models.

Young Women's Experiences With Subcutaneous Depot Medroxyprogesterone Acetate: A Secondary Analysis of a One-Year Randomized Trial in Malawi

Author(s)	Burke HM, Chen M, Packer C, Fuchs R, Ngwira B
Journal (DOI)	Journal of Adolescent Health
In-Text Reference	Burke *et al*. (2020)
Year Published	2020
Country/Region	Malawi
SRHR Component	Family Planning and Contraception
Study Population	Women of reproductive age
Study Type	Randomised Controlled Trial
Type of Self-Care Intervention	Self-injection
Outcome of Interest	Effectiveness, Safety and Experience
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	This study was to compared the effectiveness, safety, and experiences with side effects of self-injected and provider-administered injectable contraception between young (18–24 years) versus older (≥25 years) women in Malawi. A secondary analysis was conducted using data from a 12-month randomized controlled trial in Malawi, where a total of 731 women were randomized to receive subcutaneous depot medroxyprogesterone acetate (DMPA-SC) administered by a provider or be trained to self-inject subcutaneous depot medroxyprogesterone acetate. Data collectors contacted women after the reinjection window at 3, 6, and 9 months to collect data on discontinuation and women's experiences, including adverse events. Among self-injectors, there were no significant differences found in continuation by age. Continuation rates were lower for both age groups with provider-administered injections. The study recommends self-injection be added to the contraception options available to young women in low-resource settings.

The impact and cost-effectiveness of community-based HIV self-testing in sub-Saharan Africa: a health economic and modelling analysis.

Author(s)	Cambiano V, Johnson CC, Hatzold K, Terris-Prestholt F, Maheswaran H, Thirumurthy H, *et al*.
Journal (DOI)	Journal of the International AIDS Society
In-Text Reference	Cambiano et al. (2019)
Year Published	2019
Country/Region	Sub-Saharan Africa
SRHR Component	HIV
Study Population	Women having transactional sex, adolescents and adult men
Study Type	Cost-effectiveness evaluation
Type of Self-Care Intervention	Self-testing
Outcome of Interest	Cost in USD-per-disability-adjusted life-year (DALY) averted ($)
Cost Effectiveness Established	Yes
Perspective of Economic Evaluation	Provider
Summary of Key Findings	The study aimed to assess the epidemiological impact and cost-effectiveness of community-based HIV self-testing (CB-HIVST) in different sub-populations and across scenarios characterized by different adult HIV prevalence and antiretroviral treatment programmes in sub-Saharan Africa. The synthesis model was used to address this aim. Three sub-populations were considered for CB-HIVST: (i) women having transactional sex ; (ii) young people; and (iii) adult men. Cost-effectiveness was defined by an incremental cost-effectiveness ratio (ICER; cost-per-disability-adjusted life-year (DALY) averted) below US$500 over a time horizon of 50 years. The efficiency of targeted CB-HIVST was evaluated using the number of additional tests per infection or death averted. The main drivers of cost-effectiveness were the cost of CB-HIVST and the prevalence of undiagnosed HIV. All other CB-HIVST scenarios had an ICER above US$500 per DALY averted. To maximize population health within a fixed budget, CB-HIVST needs to be targeted on the basis of the

	prevalence of undiagnosed HIV, sub-population and the overall costs of delivering this testing modality.

Adolescent and Youth Experiences With Contraceptive Self-Injection in Uganda: Results From the Uganda Self-Injection Best Practices Project

Author(s)	Corneliess C, Cover J, Secor A, Namagembe A, Walugembe F
Journal (DOI)	Journal of Adolescent Health
In-Text Reference	Corneliess et al. (2023)
Year Published	2023
Country/Region	Uganda
SRHR Component	Family Planning and Contraception
Study Population	Women of reproductive age
Study Type	Mixed-method Study
Type of Self-Care Intervention	Self-injection
Outcome of Interest	N/A
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	A mixed methods approach was used to evaluate the differing experiences of adolescents and adult women in the contraceptive self-injection program in primary care settings in Uganda. From these results, barriers to adolescents accessing and using contraceptive self-injection were explored. More than 12,000 women of reproductive age received self-injection services through the program, including 2,215 under 20 years. Structured surveys and in-depth interviews were conducted with randomly selected adolescent participants. Mixed-effects logistic regression was used to assess quantitative differences in outcomes of interest between age groups. The study found no significant difference in self-injection proficiency

	or continuation between adolescents and adult women. Adolescents were significantly less likely than adults to report first hearing about self-injection from a community health worker. Adolescents were significantly less likely than adult women to mention convenience as a rationale for self-injecting, and more likely to mention wanting to learn a new skill and/or that friends recommended self-injection. Self-injection is a promising method of contraception for adolescents in Uganda, given comparable proficiency and continuation relative to adult women.

Peer-led HIV care and the UNAIDS 90-90-90 treatment targets in Tigrai, Ethiopia: a cluster randomised trial and economic evaluation of teach-test-link-trace model (TTLT) trial protocol

Author(s)	Gesesew H, Ward P, Karnon J, Woodman R, Mwanri L
Journal (DOI)	BMJ Open
In-Text Reference	Gesesew et al. (2021)
Year Published	2021
Country/Region	Ethiopia
SRHR Component	HIV
Study Population	Adult population of HIV status
Study Type	Cluster-randomised controlled trial and economic evaluation
Type of Self-Care Intervention	Self-testing
Outcome of Interest	Health-related quality of life (HRQoL)
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	Not Mentioned
Summary of Key Findings	The study evaluated the acceptability and effectiveness of an intervention programme called teach-test-link-trace (TTLT) model in Tigrai, Ethiopia, where peer educators counsel about HIV, perform house-to-house HIV

testing through pinprick HIV testing or OraQuick HIV self-testing, link HIV-positive patients to HIV care and trace lost patients house-to-house. The intervention groups received one of the three home-based interventions provided by peer educators: (1) demonstrate and distribute OraQuick HIV self-testing kits (HIVST), (2) perform pinprick HIV testing (H2H) and (3) offer a choice to either receive HIVST or H2H. The control group will receive the standard care in which nurses counsel and refer eligible household members to nearby health facilities to access existing HIV testing services. The primary outcomes of the interventions are proportion of individuals who know of their HIV status (first 90), link to HIV care and treatment (second 90) and meet virological suppression (third 90). The study is ongoing, the researchers will perform process evaluation through qualitative interviews, economic evaluation for cost-effectiveness analysis and a sustainability exit strategy using nominal group technique.

Community-led delivery of HIV self-testing to improve HIV testing, ART initiation and broader social outcomes in rural Malawi: study protocol for a cluster-randomised trial

Title	
Author(s)	Indravudh PP, Fielding K, Kumwenda MK, Nzawa R, Chilongosi R, Desmond N, *et al*.
Journal (DOI)	BMC Infectious Diseases
In-Text Reference	Indravudh *et al*. (2019)
Year Published	2019
Country/Region	Malawi
SRHR Component	HIV
Study Population	Adolescents and Older Adults of HIV status
Study Type	Cluster-randomised controlled trial
Type of Self-Care Intervention	Self-testing

Outcome of Interest	Cost per person tested, cost per person diagnosed, and incremental cost effectiveness ratio
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	Societal
Summary of Key Findings	Community-based HIV testing services (HTS) can contribute to increased testing coverage and early HIV diagnosis, with HIV self-testing (HIVST) strategies showing promise. Community-based strategies, however, are resource intensive, costly and not widely implemented. A community-led approach to health interventions involves supporting communities to plan and implement solutions to improve their health. This trial aims to determine if community-led delivery of HIVST can improve HIV testing uptake, ART initiation, and broader social outcomes in rural Malawi. The trial uses a parallel arm, cluster-randomised design with group village heads (GVH) and their defined catchment areas randomised (1:1) to community-led HIVST or continue with the standard of the care (SOC). As part of the intervention, informal community health cadres are supported to plan and implement a seven-day HIVST campaign linked to HIV treatment and prevention. Approximately 12 months after the initial campaign, intervention GVHs are randomised to lead a repeat HIVST campaign. The primary outcome includes the proportion of adolescents 15–19 years old who have tested for HIV in their lifetime. Secondary outcomes include recent testing in adults 40 years and older and men; ART initiation; knowledge of HIV prevention; and HIV testing stigma. Outcomes will be measured through cross-sectional surveys and clinic registers. Economic evaluation will determine the cost per person tested, cost per person diagnosed, and incremental cost effectiveness ratio.

Pragmatic economic evaluation of community-led delivery of HIV self-testing in Malawi

Author(s)	Indravudh PP, Fielding K, Sande LA, Maheswaran H, Mphande S, Kumwenda MK, *et al*.
Journal (DOI)	BMJ Global Health

In-Text Reference	Indravudh *et al*. (2021)
Year Published	2021
Country/Region	Malawi
SRHR Component	HIV
Study Population	Adult population of HIV status
Study Type	Economic Evalauation
Type of Self-Care Intervention	Self-testing
Outcome of Interest	Cost per person tested, cost per person diagnosed, and incremental cost effectiveness ratio
Cost Effectiveness Established	No
Perspective of Economic Evaluation	Provider
Summary of Key Findings	This study evaluated the costs and effects of community-led delivery of HIV self- testing (HIVST) in Mangochi District, Malawi. This economic evaluation was based within a pragmatic cluster-randomised trial of 30 group village heads and their catchment areas comparing the community-led HIVST intervention in addition to the standard of care (SOC) versus the SOC alone. The intervention involved mobilising community health groups to lead 7-day HIVST campaigns including distribution of HIVST kits. The SOC included facility-based HIV testing services. Primary costings estimated economic costs of the intervention and SOC from the provider perspective, with costs annualised and measured in 2018 US$. A postintervention survey captured individual-level data on HIV testing events, which were combined with unit costs from primary costings, and outcomes. The incremental cost per person tested HIV-positive and associated uncertainty were estimated. Overall, the community-led HIVST intervention costed $138 624 or $5.70 per HIVST kit distributed, with test kits and personnel the main contributing costs. The incremental cost per person tested HIV positive was $324 but increased to $1312 and $985 when adjusting for previously diagnosed self-testers or self-testers on treatment, respectively. Community-led HIVST demonstrated low probability of being cost-effective against plausible willingness-to-pay values, with HIV positivity a key determinant. Community-led HIVST can provide HIV testing at a low additional unit cost. However, adding community-

	led HIVST to the SOC was not likely to be cost-effective, especially in contexts with low prevalence of undiagnosed HIV.

Self-managed medication abortion outcomes: results from a prospective pilot study

Author(s)	Moseson, H., Jayaweera, R., Raifman, S. *et al*.
Journal (DOI)	BMC Reproductive Health
In-Text Reference	Moseson *et al*. (2020)
Year Published	2020
Country/Region	Low- and middle-income countries
SRHR Component	Abortion
Study Population	Women of reproductive age
Study Type	Prospective Pilot Study
Type of Self-Care Intervention	Self-managing
Outcome of Interest	Effectiveness, Safety and Experience
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	The purpose of this study was to evaluate the feasibility of conducting a prospective study to measure self-managed medication abortion outcomes, and to collect preliminary data on safety and effectiveness of self-managed medication abortion. Participants completed up to five interview-administered questionnaires from baseline through 6-weeks after taking the pills. Primary outcomes included: (1) the number of participants enrolled in a 30-day period, (2) the proportion that had a complete abortion; and (3) the proportion who experienced any warning signs of potential or actual complications. These results establish the feasibility of conducting prospective studies of self-managed medication abortion in legally restrictive settings.

	Further, the high effectiveness of self-managed medication abortion with accompaniment support reported here is consistent with high levels of effectiveness reported in prior studies.

Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls

Author(s)	Moseson H, Jayaweera R, Egwuatu I, Grosso B, Kristianingrum IA, Nmezi S, *et al*.
Journal (DOI)	The Lancet Global Health
In-Text Reference	Moseson *et al*. (2022)
Year Published	2022
Country/Region	Nigeria and Argentina
SRHR Component	Abortion
Study Population	Women of reproductive age
Study Type	Prospective Observational Cohort Study
Type of Self-Care Intervention	Self-managing
Outcome of Interest	Effectiveness, Safety and Experience
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	Clinical trials have established the high effectiveness and safety of medication abortion in clinical settings. However, barriers to clinical abortion care have shifted most medication abortion use to out-of-clinic settings. Given this shift, this research aimed to estimate the effectiveness of self-managed medication abortion (medication abortion without clinical support), and to compare it to effectiveness of clinician-managed medication abortion. For this prospective, observational cohort study, callers were recruited from two safe abortion accompaniment groups in Argentina and Nigeria who requested information on self-managed

	medication abortion. Findings from this prospective cohort study show that self-managed medication abortion with accompaniment group support is highly effective and, for those with pregnancies of less than 9 weeks' gestation, non-inferior to the effectiveness of clinician-managed medication abortion administered in a clinical setting.

Costs of administering injectable contraceptives through health workers and self-injection: evidence from Burkina Faso, Uganda, and Senegal

Author(s)	Di Giorgio L, Mvundura M, Tumusiime J, Namagembe A, Ba A, Belemsaga-Yugbare D, Morozoff C, Brouwer E, Ndour M, Drake JK
Journal (DOI)	Contraception
In-Text Reference	Di Giorgio *et al*. (2018)
Year Published	2018
Country/Region	Burkina Faso, Uganda and Senegal
SRHR Component	Family Planning and Contraception
Study Population	Not Applicable
Study Type	Cross-sectional Microcosting Study
Type of Self-Care Intervention	Self-injection
Outcome of Interest	Cost per unit in USD ($), Time saved
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	This study evaluates the 12-month total direct costs (medical and nonmedical) of delivering subcutaneous depot medroxyprogesterone acetate (DMPA-SC) under three strategies - facility-based administration, community-based administration and self-injection - compared to the costs of delivering intramuscular DMPA (DMPA-IM) via facility- and community-based administration. The researchers conducted four cross-sectional microcosting studies in three countries from December

2015 to January 2017. The researchers estimated direct medical costs (i.e., costs to health systems) using primary data collected from 95 health facilities on the resources used for injectable contraceptive service delivery. For self-injection, we included both costs of the actual research intervention and adjusted programmatic costs reflecting a lower-cost training aid. Direct nonmedical costs (i.e., client travel and time costs) came from client interviews conducted during injectable continuation studies. All costs were estimated for one couple year of protection. One-way sensitivity analyses identified the largest cost drivers. Total costs were lowest for community-based distribution of DMPA-SC (US$7.69) and DMPA-IM ($7.71) in Uganda. Total costs for self-injection before adjustment of the training aid were $9.73 (Uganda) and $10.28 (Senegal). After adjustment, costs decreased to $7.83 (Uganda) and $8.38 (Senegal) and were lower than the costs of facility-based administration of DMPA-IM ($10.12 Uganda, $9.46 Senegal). Costs were highest for facility-based administration of DMPA-SC ($12.14) and DMPA-IM ($11.60) in Burkina Faso. Across all studies, direct nonmedical costs were lowest for self-injecting women. Community-based distribution and self-injection may be promising channels for reducing injectable contraception delivery costs. We observed no major differences in costs when administering DMPA-SC and DMPA-IM under the same strategy.

Is contraceptive self-injection cost-effective compared to contraceptive injections from facility-based health workers? Evidence from Uganda

Author(s)	Di Giorgio L, Mvundura M, Tumusiime J, Morozoff C, Cover J, Drake JK.
Journal (DOI)	Contraception
In-Text Reference	Di Giorgio *et al.* (2018)
Year Published	2018
Country/Region	Uganda
SRHR Component	Family Planning and Contraception
Study Population	Women of reproductive age

Study Type	Cost-effectiveness evaluation
Type of Self-Care Intervention	Self-injection
Outcome of Interest	Costs in USD ($) per pregnancy averted and per disability-adjusted life year (DALY) averted
Cost Effectiveness Established	Yes
Perspective of Economic Evaluation	Societal and Provider
Summary of Key Findings	The research assessed the cost-effectiveness of self-injected subcutaneous depot medroxyprogesterone acetate (DMPA-SC) compared to health-worker-administered The researchers developed a decision-tree model with a 12-month time horizon for a hypothetical cohort of approximately 1 million injectable contraceptive users in Uganda to estimate the incremental costs per pregnancy averted and per disability-adjusted life year (DALY) averted. The study design derived model inputs from DMPA-SC self-injection continuation and costing research studies and peer-reviewed literature. We calculated incremental cost-effectiveness ratios from societal and health system perspectives and conducted one-way and probabilistic sensitivity analyses to test the robustness of results. Self-injected DMPA-SC could prevent 10,827 additional unintended pregnancies and 1620 maternal DALYs per year for this hypothetical cohort compared to DMPA-IM administered by facility-based health workers. Due to savings in women's time and travel costs, under a societal perspective, self-injection could save approximately US$1 million or $84,000 per year, depending on the self-injection training aid used. From a health system perspective, self-injection would avert more pregnancies but incur additional costs. A training approach using a one-page client instruction sheet would make self-injection cost-effective compared to DMPA-IM, with incremental costs per pregnancy averted of $15 and per maternal DALY averted of $98. Sensitivity analysis showed that the estimates were robust. The one-way and probabilistic sensitivity analyses showed that the costs of the first visit for self-injection (which include training costs) were an important variable impacting the cost-effectiveness estimates. Under a societal perspective, self-injected DMPA-SC averted more pregnancies and cost less compared to health-worker-administered DMPA-IM. Under a health system perspective, self-injected DMPA-SC can be cost-effective relative to DMPA-IM when a lower-cost visual aid for client training is used.

Cost-effectiveness of self-injected DMPA-SC compared with health-worker-injected DMPA-IM in Senegal

Author(s)	Mvundura M, Di Giorgio L, Morozoff C, Cover J, Ndour M, Drake JK.
Journal (DOI)	Contraception
In-Text Reference	Mvundura *et al*. (2019)
Year Published	2019
Country/Region	Senegal
SRHR Component	Family Planning and Contraception
Study Population	Women of reproductive age
Study Type	Cost-effectiveness evaluation
Type of Self-Care Intervention	Self-injection
Outcome of Interest	Costs in USD ($) per disability-adjusted life year (DALY) averted
Cost Effectiveness Established	Yes
Perspective of Economic Evaluation	Societal and Provider
Summary of Key Findings	This study evaluates the cost-effectiveness of self-injected subcutaneous depot medroxyprogesterone acetate (DMPA-SC) compared to health-worker-administered intramuscular DMPA (DMPA-IM) in Senegal and to assess how including practice or demonstration injections in client self-injection training affects estimates. The researchers developed a decision-tree model with a 12-month time horizon for a hypothetical cohort of 100,000 injectable contraceptive users in Senegal. We used the model to estimate incremental costs per disability-adjusted life year (DALY) averted. The analysis derived model inputs from DMPA-SC self-injection continuation and costing research studies and peer-reviewed literature. We evaluated the cost-effectiveness from societal and health system perspectives and conducted one-way and probabilistic sensitivity analyses to test the robustness of results. Compared to health-worker-administered DMPA-IM, self-injected DMPA-SC could prevent 1402 additional unintended pregnancies and avert 204 maternal DALYs per year for this hypothetical cohort. From a societal perspective, self-injection costs less than health worker administration regardless

	of the training approach and is therefore dominant. From the health system perspective, self-injection is dominant compared to health worker administration if a one-page instruction sheet is used and one additional DMPA-SC unit is used for training and is cost-effective at $208 per DALY averted when two additional DMPA-SC units are used. Sensitivity analysis showed estimates were robust.

Introduction of Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC) Injectable Contraception at Facility and Community Levels: Pilot Results From 4 Districts of Uganda

Author(s)	Odwe G, Gray K, Kyarimpa A, Obare F, Nagendi G.
Journal (DOI)	Global Health: Science and Practice
In-Text Reference	Odwe *et al*. (2018)
Year Published	2018
Country/Region	Uganda
SRHR Component	Family Planning and Contraception
Study Population	Women of reproductive age
Study Type	Retrospective Cross-Sectional Pilot Study
Type of Self-Care Intervention	Self-injection
Outcome of Interest	Experiences, perceptions, number of family planning services provided per age catagory
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	Reproductive Health Uganda (RHU), a local NGO, introduced subcutaneous depot medroxyprogesterone acetate (DMPA-SC, brand name Sayana Press) in 4 districts of Uganda between April 2016 and March 2017. RHU trained public and private facility providers on all family planning methods including DMPA-SC; trained community health workers (known as village health teams, VHTs) to give family planning

counseling, provide short-acting methods including DMPA-SC, and make referrals for long-acting and permanent methods; conducted mobile outreach and raised awareness of family planning; and provided family planning commodities. The researchers used a retrospective cross-sectional evaluation design drawing on data from (1) in-depth interviews with 32 facility- and community-based providers; (2) key informant interviews with 7 policy makers and program staff; and (3) family planning program statistics from 4 RHU clinics, 26 mobile outreach sites, and 40 VHTs in 4 study districts. Data collection took place between April and June 2017. Over 12 months, 14,273 units of DMPA-SC were provided in RHU clinics, by mobile outreach teams, and by VHTs. DMPA-SC units were mostly administered in community settings either by VHTs (70%) or at mobile outreach events (26%). A substantial proportion (43%) of DMPA-SC units were administered to young people (<25 years), a significantly higher proportion compared with other methods provided to this age group through the project (P<.001), except condoms. In addition, a greater proportion of DMPA-SC units provided at the community level by VHTs were used by young people (45%) compared with units provided at outreach (36%) or in clinics (35%). Overall, injectables (DMPA-SC and intramuscular DMPA combined) came to represent 43% of all contraceptive methods provided, up from a baseline of 20%. This shift occurred despite significant increases in the volume of all other methods provided (P<.001). Qualitative data revealed various factors that facilitated introduction, including comprehensive training, commodity availability, strong referral links, and early community engagement. RHU's experience supports the viability of community-based delivery of DMPA-SC and identifies opportunities to strengthen this approach. There is further evidence that DMPA-SC may be popular with young people, especially in community settings.

Expanding Access to Injectable Contraception: Results From Pilot Introduction of Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC) in 4 African Countries

Author(s)	Stout A, Wood S, Barigye G, Kabore A, Siddo D, Ndione I
Journal (DOI)	Global Health: Science and Practice
In-Text Reference	Stout *et al*. (2018)

Year Published	2018
Country/Region	Burkina Faso, Niger Uganda and Senegal
SRHR Component	Family Planning and Contraception
Study Population	Women of reproductive age
Study Type	Retrospective Cross-Sectional Pilot Study
Type of Self-Care Intervention	Self-injection
Outcome of Interest	Product consumption, reach for new contraceptive users, Access to contraceptive method
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	Nearly half a million doses of DMPA-SC were administered over 2 years in Burkina Faso, Niger, Senegal, and Uganda, with 29% of doses provided to first-time family planning users and 44% (in 3 countries) to adolescent girls and young women under age 25. Switching from intramuscular DMPA (DMPA-IM) was not widespread and generally decreased over time. Community health workers provided a higher proportion of DMPA-SC than DMPA-IM injections. Stock-outs in 2 countries hindered product uptake, highlighting the need to strengthen logistics systems when introducing a new method.

Self-sampling for human papillomavirus testing among rural young women of KwaZulu-Natal, South Africa

Author(s)	Mbatha, J.N., Galappaththi-Arachchige, H.N., Mtshali, A. *et al*.
Journal (DOI)	BMC Research Notes
In-Text Reference	Mbatha *et al.* (2017)
Year Published	2017
Country/Region	South Africa

SRHR Component	HPV
Study Population	Women of reproductive age
Study Type	Cross-sectional Study
Type of Self-Care Intervention	Self-sampling
Outcome of Interest	Preferences
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	Cervical cancer is a major problem in women and it is important to find a suitable and acceptable screening method, especially among young in low-resource areas for future human papillomavirus (HPV) vaccine follow-up investigations. The study sought to test the acceptability of self-sampling as well as the suitability of the specimen collecting devices. Self-sampling was acceptable to the majority of participants in this rural area. The Dacron swab was the preferred device, and can be used in combination with colour indicator cards for comfortable self-sampling, easy storage and transport of specimens plus detection.

For Human Papillomavirus self-sampling, stated willingness does not correspond with subsequent uptake by rural Malawian women

Author(s)	Hood RB, Turner AN, Huber-Krum S, Lancaster KE, Mwapasa V, Poindexter T, Nampandeni P, Esber A, Norris AH
Journal (DOI)	Sexually Transmitted Diseases
In-Text Reference	Hood *et al.* (2023)
Year Published	2023
Country/Region	Malawi
SRHR Component	HPV
Study Population	Women of reproductive age

Study Type	Longitudinal Study
Type of Self-Care Intervention	Self-Sampling
Outcome of Interest	Willingness to self-collect and subsequent uptake of self-collection
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	Human Papilloma Virus (HPV), the causative agent for cervical cancer, can be tested for using self-collected vaginal samples. Self-collection is promising for HPV screening in hard-to-reach populations. To assess the relationship between willingness to self-collect and subsequent uptake of self-collection, this study conducted longitudinal research on reproductive-age women in rural Malawi. At baseline, women were asked if they would be willing to self-collect a vaginal sample for HPV testing. At follow-up (12–18 months later), the same women were offered the opportunity to self-collect a sample for HPV testing. The researchers examined unadjusted and adjusted associations between baseline willingness to self-collect a sample for HPV testing and uptake of self-collection at follow-up using log-binomial models. Among 122 women who, at baseline, indicated willingness to self-collect, n=65 (53%) agreed to self-collect a sample at follow-up. Of 64 women who stated unwillingness at baseline to self-collect, n=30 (47%) self-collected a sample for testing at follow-up. The researchers observed no association between women's willingness at baseline and their observed self-collection decision at follow-up (unadjusted prevalence ratio: 1.14, 95% confidence interval: 0.83–1.55). The association remained non-significant after adjustment for age, awareness of cervical cancer, and perceived behavioral control. The results suggest that evaluation of acceptability of self-collection should go beyond simply asking women if they would be willing to self-collect a vaginal sample. Given that half of this study's participants agreed to self-collect a sample when the opportunity was offered, regardless of their previously stated preferences, self-collection should be offered to everyone.

The costs and cost effectiveness of providing first-trimester, medical and surgical safe abortion services in KwaZulu-Natal Province, South Africa

Author(s)	Lince-Deroche N, Fetters T, Sinanovic E, Devjee J, Moodley J, Blanchard K
Journal (DOI)	PLOS Online
In-Text Reference	Lince-Deroch *et al.* (2017)
Year Published	2017
Country/Region	South Africa
SRHR Component	Abortion
Study Population	Women of reproductive age
Study Type	Cost-effectiveness evaluation
Type of Self-Care Intervention	Self-managing
Outcome of Interest	Cost per complete abortion
Cost Effectiveness Established	Yes
Perspective of Economic Evaluation	Provider
Summary of Key Findings	Despite a liberal abortion law, access to safe abortion services in South Africa is challenging for many women. Medication abortion was introduced in 2013, but its reach remains limited. The study aimed to estimate the costs and cost effectiveness of providing first-trimester medication abortion and manual vacuum aspiration (MVA) services to inform planning for first-trimester service provision in South Africa and similar settings. A total of 1,129 women were eligible for a first trimester abortion at the three study sites. The majority (886, 78.5%) were eligible to choose their abortion procedure; 94.1% (n = 834) chose medication abortion. The total average cost per medication abortion was $63.91 (52.32–75.51). The total average cost per MVA was higher at $69.60 (52.62–86.57); though the cost ranges for the two procedures overlapped. Given average costs, the cost per complete medication abortion was lower than the cost per complete MVA despite three (0.4%) medication abortion women being hospitalized and two (0.3%) having ongoing pregnancies at study exit. Personnel costs were the largest component of the total average cost of both abortion methods.

	This analysis supports the scale-up of medication abortion alongside existing MVA services in South Africa. Women can be offered a choice of methods, including medication abortion with MVA as a back-up, without increasing costs.

Prevention of cervical cancer through two HPV-based screen-and-treat implementation models in Malawi: protocol for a cluster randomized feasibility trial

Author(s)	Tang JH, Smith JS, McGue S, Gadama L, Mwapasa V, Chipeta E, Chinkhumba J, Schouten E, Ngwira B, Barnabas R, Matoga M, Chagomerana M, Chinula L.
Journal (DOI)	Pubmed
In-Text Reference	Tang *et al.* (2021)
Year Published	2021
Country/Region	Malawi
SRHR Component	HPV
Study Population	Women of reproductive age
Study Type	Cluster-randomised controlled trial
Type of Self-Care Intervention	Self-sampling
Outcome of Interest	Study Protocol
Cost Effectiveness Established	N/A
Perspective of Economic Evaluation	N/A
Summary of Key Findings	Implementing a cervical cancer screening and preventive treatment (CCSPT) program that utilizes rapid human papillomavirus (HPV) testing on self-collected cervicovaginal samples for screening and thermal ablation for treatment may achieve greater coverage than current programs that use visual inspection with acetic acid (VIA) for screening and cryotherapy for treatment. Furthermore, self-sampling creates the opportunity for community-based screening to increase uptake in

populations with low screening rates. Malawi's public health system utilizes regularly scheduled outreach and village-based clinics to provide routine health services like family planning. The trial will provide in-depth information on the implementation of clinic-only and clinic-and-community models for integrating self-sampled HPV testing CCSPT with FP services in Malawi. Findings will provide valuable insight for policymakers and implementers in Malawi and other resource-limited settings with high cervical cancer burden.

SYSTEMATIC REVIEWS

Self-care interventions for sexual and reproductive health in humanitarian and fragile settings: a scoping review.

Author(s)	Dawson A, Tappis H & Tran NT.
Journal (DOI)	BMC Health Services Research
In-Text Reference	Dawson *et al.* (2022)
Year Published	2022
Country/Region	Humanitarian and Fragile Settings
SRHR Component(s)	Maternal and Child Health, HIV, STIs, Family Planning and Contraception, Abortion care, Gender-based Violence
Study Type	Scoping Review
Type of Self-Care Intervention	Self-testing, Self-managing
Summary of Key Findings	This scoping review aimed to identify the design, implementation, and outcomes of self-care interventions for sexual and reproductive health (SRH) in humanitarian and fragile settings. SRH self-care interventions were described according to those aligned with the Minimum Initial Services Package for Reproductive Health in Crises. Six databases were searched for records using keywords guided by the PRISMA statement. The findings of each included paper were analysed using an a priori framework to identify information concerning effectiveness, acceptability and feasibility of the self-care intervention, places where self-care interventions were accessed and factors relating to the environment that enabled the delivery and uptake of the interventions. The review was based on 25 publications on SRH self-care implemented in humanitarian and fragile settings including ten publications on maternal and newborn health, nine on HIV/STI interventions, two on contraception, two on safe abortion care, one on gender-based violence, and one on health service provider perspectives on multiple interventions. Overall, the findings show that well-supported self-care interventions have the potential to increase access to quality SRH for crisis-affected communities.

A Systematic Literature Review of Reviews on the Effectiveness of Chlamydia Testing.

Author(s)	Wong WCW, Lau STH, Choi EPH, Tucker JD, Fairley CK, Saunders JM.
Journal (DOI)	Epidemiologic Reviews
In-Text Reference	Wong *et al.* (2019)
Year Published	2019
Country/Region	Not Specified
SRHR Component(s)	STIs
Study Type	Systematic Review
Type of Self-Care Intervention	Self-collecting
Summary of Key Findings	This systematic review examines reviews of chlamydia screening interventions to assess their effectiveness and the elements that contribute to their success to guide public policy and future research. This study used a socioecological model, examining the levels of interventions that may affect the uptake of chlamydia screening. A total of 19 systematic reviews were included. Finding show that self-collection in home-testing kits significantly increased screening among girls and women 14–50 years of age. At the organizational level, the use of electronic health records and not creating additional costs facilitated testing. At the community level, outreach interventions in community and parent centres and homeless shelters achieved high screening rates. At the policy level, interventions with educational and advisory elements could result in significant improvements in screening rates.

Costs of implementing community-based intervention for HIV testing in sub-Saharan Africa: a systematic review.

Author(s)	Uzoaru F, Nwaozuru U, Ong JJ, Obi F, Obiezu-Umeh C, Tucker JD, *et al*.
Journal (DOI)	Implementation Science Communications

In-Text Reference	Uzoaru *et al.* (2021)
Year Published	2021
Country/Region	Sub-Saharan Africa
SRHR Component(s)	HIV
Study Type	Systematic Review
Type of Self-Care Intervention	Self-testing
Summary of Key Findings	This is a systematic review of the cost analysis of community-based HIV testing interventions in sub-Saharan Africa. Three categories of key terms used were cost (implementation cost OR cost-effectiveness OR cost analysis OR cost-benefit OR marginal cost), intervention (HIV testing), and region (sub-Saharan Africa OR sub-Saharan Africa OR SSA). After screening, ten studies were included in the review: five from East Africa and five from Southern Africa. Two studies conducted cost-effectiveness analysis, and one study was a cost-utility analysis. The remainder seven studies were cost analyses. Four intervention types were identified: HIV self-testing (HIVST), home-based, mobile, and Provider Initiated Testing and Counselling. Commonly costed resources included personnel, materials and equipment, and training. Cost outcomes reported included total intervention cost, cost per HIV test, cost per diagnosis, and cost per linkage to care. Overall, interventions were implemented at a higher cost than controls, with the largest cost difference with HIVST compared to facility-based testing.

Self-administration of injectable contraception: a systematic review and meta-analysis

Author(s)	Kennedy CE, Yeh PT, Gaffield ML, *et al*.
Journal (DOI)	BMJ Global Health
In-Text Reference	Kennedy *et al.* (2019)
Year Published	2019

Country/Region	Not Specified
SRHR Component(s)	Family Planning and Contraception
Study Type	Systematic Review and Meta-analysis
Type of Self-Care Intervention	Self-injecting
Summary of Key Findings	Depot medroxyprogesterone acetate subcutaneous injectable contraception (DMPA-SC) may facilitate self-administration and expand contraceptive access. To inform WHO guidelines on self-care interventions, a systematic review and meta-analysis was conducted comparing self-administration versus provider administration of injectable contraception on outcomes of pregnancy, side effects/adverse events, contraceptive uptake, contraceptive continuation, self-efficacy/empowerment and social harms. All studies examined self-injection of DMPA-SC; comparison groups were either provider-administered DMPA-SC or provider-administered intramuscular DMPA. All studies followed women through 12 months of contraceptive coverage and measured (dis)continuation of injectable contraception. Meta-analysis found higher rates of continuation with self-administration compared with provider administration in three and three controlled cohort studies. Four studies reported pregnancies; all showed no difference across study arms. Four studies reported side effects/adverse events; while two controlled cohort studies showed increased injection site reactions with self-administration, no other side effects increased with self-administration. One study found no difference in social harms. No studies reported measuring uptake or self-efficacy/empowerment.

Self-managed abortion: A systematic scoping review

Author(s)	Moseson H, Herold S, Filippa S, Barr-Walker J, Baum SE, Gerdts C
Journal (DOI)	Best Practice and Research Clinical Obstetrics and Gynaecology
In-Text Reference	Moseson (2020)
Year Published	2020

Country/Region	Not Specified
SRHR Component(s)	Abortion
Study Type	Systematic Scoping Review
Type of Self-Care Intervention	Self-managing
Summary of Key Findings	A systematic search for peer-reviewed research was conducted in 2019 in PubMed, Embase, Web of Science, Popline, PsycINFO, Google Scholar, Scielo, and Redalyc. Studies that had a research question focused on self-managed abortion; and were published in English or Spanish were used. The combined search returned 7167 studies; after screening and 99 studies were included in the analysis. Included studies reported on methods, procurement, characteristics of those who self-managed, effectiveness, safety, reasons for self-managed abortion, and emotional and physical experiences. Numerous abortion methods were reported, most frequently abortion with pills and herbs. Studies reporting on self-managed medication abortion reported high-levels of effectiveness. The researchers identify gaps in the research, and make recommendations to address those gaps.

HPV self-sampling for cervical cancer screening: a systematic review of values and preferences

Author(s)	Nishimura H, Yeh PT, Oguntade H, *et al*
Journal (DOI)	BMJ Global Health
In-Text Reference	Nishimura *et al*. (2021)
Year Published	2021
Country/Region	Not Specified
SRHR Component(s)	HPV and Reproductive Cancers
Study Type	Systematic Review
Type of Self-Care Intervention	Self-sampling

Summary of Key Findings	This systematic review assesses end user's values and preferences related to HPV self-sampling. The researchers searched four electronic databases (PubMed, Cumulative Index to Nursing and Allied Health Literature, Latin American and Caribbean Health Sciences Literature and Embase) using search terms for HPV and self-sampling to identify articles meeting inclusion criteria. A standardised data extraction form was used to capture study setting, population, sample size and results related to values and preferences. Of 1858 records retrieved, 72 studies among 52 114 participants published between 2002 and 2018 were included in this review. Almost all studies were cross-sectional surveys. Study populations included end users who were mainly adolescent girls and adult women. Ages ranged from 14 to 80 years. Most studies (57%) were conducted in high-income countries. Women generally found HPV self-sampling highly acceptable regardless of age, income or country of residence. Lack of self-confidence with collecting a reliable sample was the most commonly cited reason for preferring clinician-collected samples. Most women preferred home-based self-sampling to self-sampling at a clinic. The cervical swab was the most common and most accepted HPV DNA sampling device.

Scoping review of research on self-managed medication abortion in low-income and middle-income countries

Author(s)	Sorhaindo A, Sedgh G
Journal (DOI)	BMJ Global Health
In-Text Reference	Sorhaindo & Sedgh (2021)
Year Published	2021
Country/Region	Low- and Middle-Income countries
SRHR Component(s)	Abortion
Study Type	Scoping Review
Type of Self-Care Intervention	Self-managing

Summary of Key Findings	The researchers undertook a scoping review of recent studies on self-managed medical abortion (MA) or abortion where some or all of the process is led independently by the person having the abortion, in low-income and middle-income countries (LMICs) to uncover evidence gaps and help stakeholders leverage existing evidence. The researchers searched five bibliographic databases for all articles published on MA between 2007 and July 2020 in LMICs. The search yielded 1294 articles. We identified 107 articles in which one or more of the three WHO-defined subtasks for MA was self-led outside of a clinic setting, and use of drugs that are part of safe, evidence-based regimens was related to the study exposure or outcome. We classified these studies by subject area, study design, country, legal context, gestational age and other categories. The 107 studies covered research in 44 countries, of which 18 have liberal abortion laws. Seventy- four articles reported on quantitative research methods, of which 14 were randomised controlled trials. Fifty-two studies focused on MA in the first trimester. Sixty-two focused on WHO subtask two (drug administration) and 32 focused on subtask three (assessing and managing abortion completion). We found little research on self-management of the entire MA process, innovative approaches to supporting self-managed MA or the needs of underserved populations. The researchers recommend syntheses of evidence on safety and efficacy of self-managed MA and preferences of people undergoing self-managed MA. We also encourage new research on topics including self-management of the entire process, the needs and experiences of underserved populations and innovative approaches to supporting people undertaking self-managed MA. The time is opportune for amplifying and expanding evidence to inform programmes and policies on self-care.

Effectiveness, safety and acceptability of medical abortion at home versus in the clinic: a systematic review and meta-analysis in response to COVID-19

Author(s)	Gambir K, Garnsey C, Necastro KA, *et al*.
Journal (DOI)	BMJ Global Health

In-Text Reference	Gambir *et al.* (2020)
Year Published	2020
Country/Region	Not Specified
SRHR Component(s)	Abortion
Study Type	Systematic Review and Meta-analysis
Type of Self-Care Intervention	Self-managing
Summary of Key Findings	Increased access to home-based medical abortion may offer women a convenient, safe and effective abortion method, reduce burdens on healthcare systems and support social distancing during the COVID-19 pandemic. Home-based medical abortion is defined as any abortion where mifepristone, misoprostol or both medications are taken at home. A systematic review and meta-analysis of randomised controlled trials (RCTs) and non-randomised studies (NRSs) were conducted. We searched databases from inception to 10 July 2019 and 14 June 2020. Successful abortion was the main outcome of interest. Eligible studies were RCTs and NRSs studies with a concurrent comparison group comparing home versus clinic-based medical abortion. Risk ratios (RRs) and their 95% CIs were calculated. Estimates were calculated using a random-effects model. We used the Grading of Recommendations Assessment, Development and Evaluation approach to assess risk of bias by outcome and to evaluate the overall quality of the evidence. The researchers identified 6277 potentially eligible published studies. Nineteen studies (3 RCTs and 16 NRSs) were included with 11576 women seeking abortion up to 9 weeks gestation. Neither the RCTs nor the NRS found any difference between home-based and clinic-based administration of medical abortion in having a successful abortion (RR 0.99, 95% CI 0.98 to 1.01, I2=0%; RR 0.99, 95% CI 0.97 to 1.01, I2=52%, respectively). The certainty of the evidence for the 16 NRSs was downgraded from low to very low due to high risk of bias and publication bias. The certainty of the evidence for the three RCTs was downgraded from high to moderate by one level for high risk of bias. Home-based medical abortion is effective, safe and acceptable to women. This evidence should be used to expand women's abortion options and ensure access to abortion for women during COVID-19 and beyond.

Mapping evidence on the acceptability of human papillomavirus self-sampling for cervical cancer screening among women in sub-Saharan Africa: a scoping review

Author(s)	Dzobo M, Dzinamarira T, Maluleke K, *et al*
Journal (DOI)	BMJ Open
In-Text Reference	Dzobo M, Dzinamarira T, Maluleke K, *et al.* (2022)
Year Published	2022
Country/Region	Sub-Saharan Africa
SRHR Component(s)	HPV and Reproductive Cancers
Study Type	Scoping Review
Type of Self-Care Intervention	Self-sampling
Summary of Key Findings	The objective of this scoping review was to map evidence on the acceptability of self-sampling for human papillomavirus testing (HPVSS) for cervical cancer screening among women in the sub-Saharan Africa region. The initial search retrieved 1018 articles. Of these, 19 articles were eligible and included in the review. The following themes emerged from the included articles: acceptability of HPVSS; lack of self-efficacy to perform HPVSS, complications when performing HPVSS, preferences for provider sampling or assistance; setting of HPVSS; HPVSS by vulnerable populations.Evidence shows that HPVSS is highly acceptable for cervical cancer screening in sub-Saharan Africa. Further research exploring the acceptability of HPVSS among women residing in rural areas is required, as well as studies to determine women's preferences for HPVSS intervention including the preferred type of sampling devices. Knowledge on the acceptability and preferences for HPVSS is important in designing women-centred interventions that have the potential to increase screening coverage and participation in cervical cancer screening programmes.

Cost-Effectiveness Studies of HPV Self-Sampling: A Systematic Review

Author(s)	Malone C, Barnabas RV, Buist DSM, Tiro JA, Winer RL.
Journal (DOI)	HHS Public Access
In-Text Reference	Malone *et al.* (2020)
Year Published	2020
Country/Region	Not Specified
SRHR Component(s)	HPV and Reproductive Cancers
Study Type	Systematic Review
Type of Self-Care Intervention	Self-sampling
Summary of Key Findings	HPV self-sampling (HPV-SS) can increase cervical cancer screening participation by addressing barriers in high- and low- and middle-income settings. Successful implementation of HPV-SS programs will depend on understanding potential costs and health effects. Our objectives were to summarize the methods and results of published HPV-SS cost and cost-effectiveness studies, present implications of these results for HPV-SS program implementation, and identify knowledge gaps. We followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. One reviewer searched online databases for articles published through June 12, 2019, identified eligible studies, and extracted data; a second reviewer checked extracted data for accuracy. Eligible studies used an economic model to compare HPV-SS outreach strategies to standard-of-care tests. Of 16 eligible studies, 14 reported HPV-SS could be a cost-effective strategy. Studies differed in model type, HPV-SS delivery methods, triage strategies for positive results, and target populations. Most (9/16) modeled HPV-SS in European screening programs, 6/16 targeted women who were underscreened for cervical cancer, and 5/16 modeled HPV-SS in low- and middle-income countries. The most commonly identified driver of HPV-SS cost-effectiveness was the level of increase in cervical cancer screening attendance. Lower HPV-SS material and testing costs, higher sensitivity to detect cervical precancer, and longer duration of underscreening among HPV-SS users were also associated with increased cost-effectiveness.

Future HPV-SS models in high-income settings should explore the effect of widespread vaccination and new triage strategies such as partial HPV genotyping. Knowledge gaps remain about the cost-effectiveness of HPV-SS in low- and middle-income settings.

REVIEW ARTICLES

The Self-Testing AfRica (STAR) Initiative: accelerating global access and scale-up of HIV self-testing

Author(s)	Ingold H, Mwerinde O, Ross AL, Leach R, Corbett EL, Hatzold K, *et al*.
Journal (DOI)	Journal of the International AIDS Society
In-Text Reference	Ingold *et al.* (2019)
Year Published	2019
Country/Region	Low- and middle-income countries
SRHR Component(s)	HIV
Study Type	Commentary
Type of Self-Care Intervention	Self-testing
Summary of Key Findings	This commentary outlines the interlinked market, regulatory and policy barriers that had inhibited product development and kept HIV self-testing (HIVST) out of low- and middle-income countries (LMIC) policy. We detail the components of HIV Self-Testing AfRica (STAR) initiative that enabled rapid HIVST scale-up, including critical investments in implementation, research, market forecasting, and engagement with manufacturers and regulators. The STAR Initiative has generated crucial information about how to distribute HIVST products effectively, ethically and efficiently. Service delivery models range from clinic-based distribution to workplace and partner-delivered approaches to reach first-time male testers, to community outreach to sex workers and general population "hotspots." The STAR Initiative provided a strong foundation to introduce HIVST in LMICs and allow for rapid scale-up based on the wealth of multi-country evidence gathered. Together with sustained coordination and acceleration of market development work, HIVST can help address the testing gap and provide a focused and cost-effective means to expand access to treatment and prevention services.

Self care interventions for sexual and reproductive health and rights: costs, benefits, and financing

Author(s)	Remme M, Narasimhan M, Wilson D, Ali M, Vijayasingham L, Ghani F, Allotey P.
Journal (DOI)	BMJ
In-Text Reference	Remme *et al.* (2019)
Year Published	2019
Country/Region	N/A
SRHR Component(s)	N/A
Study Type	Analysis
Type of Self-Care Intervention	Not Specified
Summary of Key Findings	This analysis article argues that if costs to users are considered and their financing is right, self-care interventions for sexual and reproductive health can improve equity and efficiency. Self-care interventions can increase individual choice and autonomy over sexual and reproductive health. Availability of self-care interventions together with healthcare services may help make the health system more efficient and more targeted. Information on their costs, cost effectiveness, and financing, however, is limited. Self-care interventions may save money for users and the healthcare system, and recommendations on integrating self-care tools into health systems should be based on the effect on society not just the healthcare system. Costs, benefits, and financing of self-care need to be considered to determine the equity and efficiency of self-care.

It's time to recognise self care as an integral component of health systems

Author(s)	Narasimhan M, de Iongh A, Askew I, Simpson P J.
Journal (DOI)	BMJ

In-Text Reference	Narasimhan *et al.* (2019)
Year Published	2019
Country/Region	N/A
SRHR Component(s)	N/A
Study Type	Editorial
Type of Self-Care Intervention	Not Specified
Summary of Key Findings	A single definition of self care is not straightforward given the range of health problems, diagnoses, and treatments that it covers and the varying degrees of complexity involved that require different skills, understanding, and health literacy. Most self care happens outside the formal health system and should not be medicalised. However, when self care and healthcare intersect there is potential to amplify their benefits for the health of individuals and populations. For example, HIV self testing could increase coverage and self management of abortion could improve maternal health outcomes. WHO's general programme of work (GPW13) is focused on achieving triple billion goals by 2023—a billion more people benefiting from universal health coverage, a billion more people having better protection from health emergencies, and a billion more people enjoying better health and wellbeing. A crucial step will be to reorient health systems so that responsibility for supporting self care is integral to the role of health systems and healthcare is co-produced with individuals and communities. This can be achieved by raising the profile of self care through creating a stronger evidence base and by working with communities to increase demand for safe, effective, and acceptable self care strategies. Unhelpful or harmful self care practices should be identified and people using them supported with safer alternatives. It is on this foundation that guidance can be built and the profile of self care raised in health policy debate and in national health plans.

Self-care provision of contraception: Evidence and insights from contraceptive injectable self-administration

Author(s)	Brady M, Drake JK, Namagembe A, Cover J

Journal (DOI)	Best Practice & Research Clinical Obstetrics & Gynaecology
In-Text Reference	Brady *et al.* (2020)
Year Published	2020
Country/Region	N/A
SRHR Component(s)	Family Planning and Contraception
Study Type	Editorial
Type of Self-Care Intervention	Not Specified
Summary of Key Findings	As new reproductive health products become available, women increasingly want to take a participatory role in their health. New developments and formulations of contraceptive products provide an opportunity to support this evolving trend toward self-care. Self-care, as defined by the World Health Organization (WHO), highlights the ability of individuals to promote health, prevent disease, and manage their own health with or without the support of a health care provider. The recently released WHO Guidelines on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights included new self-care recommendations related to use of family planning, including self-injection of injectable contraceptives and over-the-counter provision of oral contraceptive pills. This paper focuses on the research evidence of self-administration (self-injection) of subcutaneous depot medroxyprogesterone acetate (DMPA-SC), and the practical experience of providers, women, and family planning programs adopting self-injection practices.

Self-injected contraceptives: does the investment reflect women's preferences?

Author(s)	Wood SN, Magalona S, Zimmerman LA, *et al*.
Journal (DOI)	BMJ Global
In-Text Reference	Wood *et al.* (2022)
Year Published	2022

Country/Region	Sub-Saharan Africa
SRHR Component(s)	Family Planning and Contraception
Study Type	Analysis
Type of Self-Care Intervention	Self-injection
Summary of Key Findings	Subcutaneous depot medroxyprogesterone acetate (DMPA-SC) is an innovative contraceptive method aimed at meeting women's unique circumstances and needs, largely due to its ability to be self-injected. Substantial research and advocacy investments have been made to promote roll-out of DMPA-SC across sub-Saharan Africa. To date, research on the demand for DMPA-SC as a self-injectable method has been conducted largely with healthcare providers, via qualitative research, or with highly specific subsamples that are not population based. Using three recent rounds of data from Performance Monitoring for Action, the researchers examined population-representative trends in demand, use, and preference for self-injection among current non-users in Burkina Faso, the Democratic Republic of Congo (Kinshasa and Kongo Central regions), Kenya, and Nigeria (Lagos and Kano States). Findings showed that while over 80.0% of women had heard of injectables across settings, few women had heard of self-injection (ranging from 13.0% in Kenya to 24.8% in Burkina Faso). Despite initial increases in DMPA-SC prevalence, DMPA-SC usage began to stagnate or even decrease in all settings in the recent three years (except in Nigeria-Kano). Few (0.0%–16.7%) current DMPA-SC users were self-injecting, and the majority instead were relying on a healthcare provider for administration of DMPA-SC. Among current contraceptive non-users wishing to use an injectable in the future, only 1.5%–11.4% preferred to self-inject. The results show that self-injection is uncommon, and demand for self-injection is very limited across six settings, calling for further qualitative and quantitative research on women's views on DMPA-SC and self-injection and, ultimately, their contraceptive preferences and needs.

Implications of self-care for health service provision

Author(s)	Narasimhan M, Kapila M

Journal (DOI)	Bulletin of the WHO
In-Text Reference	Narasimhan and Kapila (2019)
Year Published	2019
Country/Region	N/A
SRHR Component(s)	N/A
Study Type	Commentary
Type of Self-Care Intervention	Not Specified
Summary of Key Findings	The potential of self-care is that it can reach those who may not normally come to a health-care setting. Self-care can also support health goals in low-resource settings with fragile health-care systems. With increased cooperation between communities, health technology developers, practitioners and health ministries, multisectoral self-care interventions that meet people's needs through comprehensive and integrated health services can be envisioned. As roles and responsibilities shift among different health practitioner groups, inter-professional communication will be vital. More research is needed to strengthen the evidence base. However, use of existing technologies could support various noncommunicable disease and sexual and reproductive health programmes, which could be delivered for instance through digital technology and mobile applications and be articulated in the context of self-care health.

Priority-setting to integrate sexual and reproductive health into universal health coverage: the case of Malaysia

Author(s)	
Journal (DOI)	
In-Text Reference	
Year Published	
Country/Region	

SRHR Component(s)	
Study Type	
Type of Self-Care Intervention	
Summary of Key Findings	

External funding to strengthen capacity for research in low-income and middle-income countries: exigence, excellence and equity

Author(s)	Maher D, Aseffa A, Kay S, Tufet Bayona M.
Journal (DOI)	BMJ Global
In-Text Reference	Maher. Aseffa and Tufet Bayona (2020)
Year Published	2020
Country/Region	Low- and middle-income countries
SRHR Component(s)	N/A
Study Type	Analysis
Type of Self-Care Intervention	N/A
Summary of Key Findings	Key elements for debate as external donors and partner countries pursue the benefits of excellence and equity include: (1) the need for evidence-based decision making, (2) the promotion of standardised collection and open reporting of data, (3) the level of funding which can avoid competition between excellence and equity, (4) revisiting what 'excellence' means, and (5) the implications of a shift to local leadership and knowledge in driving development practice.

Acting on the call: A framework for action for rapid acceleration of access to the HPV vaccination in low- and lower-middle-income countries

Author(s)	Kumar S, Khanduri A, Sidibe A, Morgan C, Torode J, Basu P, Bhatla N, Schocken C, Bloem P.
Journal (DOI)	International Journal of Gynaecology & Obstetrics
In-Text Reference	Kumar *et al.* (2020)
Year Published	2020
Country/Region	Low- and middle-income countries
SRHR Component(s)	HPV
Study Type	Analysis
Type of Self-Care Intervention	Self-sampling
Summary of Key Findings	The present paper addresses the suboptimal access to HPV vaccination in low-income and lower-middle-income countries (LICs/LMICs), where the burden of disease weighs most heavily, in part through co-infection with HIV. A proposed framework for action was formulated by first reviewing the reasons underlying gaps in HPV vaccine coverage. Good practices from recent introductions of HPV vaccine at scale in LICs/LMICs were then assessed based on targeted literature reviews and the experience and views of the authors. Difficulties in uptake and coverage of the HPV vaccine relate to the costs of the vaccine and service delivery, lack of prioritization, the challenges of vaccinating adolescents, and shortage of vaccines as the supply failed to keep pace with the rapid expansion in global demand, including from LICs/LMICs. The framework for action calls for new strategic thinking to consolidate global learning and invigorate operationalization at a country level.

Human Papillomavirus Vaccination in South Africa: Programmatic Challenges and Opportunities for Integration With Other Adolescent Health Services?

Author(s)	Amponsah-Dacosta E, Blose N, Nkwinika VV, Chepkurui V.

Journal (DOI)	Fronteirs in Public Health
In-Text Reference	Amponash-Dacosta, Blose and Chepkurui (2022)
Year Published	2022
Country/Region	South Africa
SRHR Component(s)	HPV
Study Type	Analysis
Type of Self-Care Intervention	Self-sampling
Summary of Key Findings	The primary intent of this narrative review is to highlight the programmatic successes and challenges of the school-based HPV vaccination programme in South Africa since its inception in 2014, with the aim of contributing to the evidence base needed to accelerate implementation and improve programme performance in other sub-Saharan African countries. Moving forward, national policy makers and implementers will have to explore reforms to current age eligibility criteria and vaccine dose schedules, as well as implement strategies to support vaccine uptake among populations like out-of-school girls, girls attending private schools, and HIV positive young women. Additional opportunities to strengthen the South African HPV vaccination programme can be achieved by scaling up the co-delivery of other adolescent health services such as comprehensive sexual and reproductive health and rights education, deworming, and health screening. This calls for reinforcing implementation of the integrated school health policy and leveraging existing adolescent health programmes and initiatives in South Africa. Ultimately, establishing tailored, adolescent-centered, integrated health programmes will require guidance from further operational research.

For Human Papillomavirus self-sampling, stated willingness does not correspond with subsequent uptake by rural Malawian women

Author(s)	Hood RB, Turner AN, Huber-Krum S, Lancaster KE, Mwapasa V, Poindexter T, Nampandeni P, Esber A, Norris AH.

Journal (DOI)	HHS Public Access
In-Text Reference	Hood *et al.* (2020)
Year Published	2020
Country/Region	Malawi
SRHR Component(s)	HPV
Study Type	Analysis
Type of Self-Care Intervention	Self-sampling
Summary of Key Findings	Human Papilloma Virus (HPV), the causative agent for cervical cancer, can be tested for using self-collected vaginal samples. Self-collection is promising for HPV screening in hard-to-reach populations. To assess the relationship between willingness to self-collect and subsequent uptake of self-collection, we conducted a longitudinal study of reproductive-age women in rural Malawi. At baseline, we asked women if they would be willing to self-collect a vaginal sample for HPV testing. At follow-up (12–18 months later), we offered the same women the opportunity to self-collect a sample for HPV testing. We examined unadjusted and adjusted associations between baseline willingness to self-collect a sample for HPV testing and uptake of self-collection at follow-up using log-binomial models. Results suggest that evaluation of acceptability of self-collection should go beyond simply asking women if they would be willing to self-collect a vaginal sample. Given that half of this study's participants agreed to self-collect a sample when the opportunity was offered, regardless of their previously stated preferences, self-collection should be offered to everyone.

The cost of post-abortion care in developing countries: a comparative analysis of four studies

Author(s)	Vlassoff M, Singh S, Onda T.
Journal (DOI)	Health Policy and Planning

In-Text Reference	Vlassoff *et al*. (2016)
Year Published	2016
Country/Region	Low- and middle-income countries
SRHR Component(s)	Abortion
Study Type	Analysis
Type of Self-Care Intervention	Self-managing
Summary of Key Findings	Over the last five years, comprehensive national surveys of the cost of post-abortion care (PAC) to national health systems have been undertaken in Ethiopia, Uganda, Rwanda and Colombia using a specially developed costing methodology—the Post-abortion Care Costing Methodology (PACCM). The objective of this study is to expand the research findings of these four studies, making use of their extensive datasets. These studies offer the most complete and consistent estimates of the cost of PAC to date, and comparing their findings not only provides generalizable implications for health policies and programs, but also allows an assessment of the PACCM methodology. We find that the labor cost component varies widely: in Ethiopia and Colombia doctors spend about 30–60% more time with PAC patients than do nurses; in Uganda and Rwanda an opposite pattern is found. Labor costs range from I$42.80 in Uganda to I$301.30 in Colombia. The cost of drugs and supplies does not vary greatly, ranging from I$79 in Colombia to I$115 in Rwanda. Capital and overhead costs are substantial amounting to 52–68% of total PAC costs. Total costs per PAC case vary from I$334 in Rwanda to I$972 in Colombia. The financial burden of PAC is considerable: the expense of treating each PAC case is equivalent to around 35% of annual per capita income in Uganda, 29% in Rwanda and 11% in Colombia. Providing modern methods of contraception to women with an unmet need would cost just a fraction of the average expenditure on PAC: one year of modern contraceptive services and supplies cost only 3–12% of the average cost of treating a PAC patient.

Costing the implementation of public health interventions in resource-limited settings: a conceptual framework

Author(s)	Sohn, H., Tucker, A., Ferguson, O. *et al*.
Journal (DOI)	BMC
In-Text Reference	Sohn *et al.* (2020)
Year Published	2020
Country/Region	Low- and middle-income countries
SRHR Component(s)	N/A
Study Type	Commentary
Type of Self-Care Intervention	N/A
Summary of Key Findings	Costs of implementing public health interventions may be conceptualized as occurring across three phases: design, initiation, and maintenance. In the design phase, activities include developing intervention components and establishing necessary infrastructure (e.g., technology, standard operating procedures). Initiation phase activities include training, initiation of supply chains and quality assurance procedures, and installation of equipment. Implementation costs in the maintenance phase include ongoing technical support, monitoring and evaluation, and troubleshooting unexpected obstacles. Within each phase, implementation costs can be incurred at the site of delivery ("site-specific" costs) or more centrally ("above-service" or "central" costs). For interventions evaluated in the context of research studies, implementation costs should be classified as programmatic, research-related, or shared research/program costs. Purely research-related costs are often excluded from analysis of programmatic implementation. In evaluating public health interventions in resource-limited settings, accounting for implementation costs enables more realistic estimates of budget impact and cost-effectiveness and provides important insights into program feasibility, scale-up, and sustainability. Assessment of implementation costs should be planned prospectively and performed in a standardized manner to ensure generalizability.

REPORTS AND GUIDELINES

Economic and financing considerations of self-care interventions for sexual and reproductive health and rights

Author(s)	World Health Organization/United Nations University International Institute for Global Health
Year Published	2019
Journal (DOI)	WHO/UHU
Country/Region	Not Applicable
Report Summary	The focus of this report is to review the costs and financing of self-care interventions for health systems, building on the 2019 WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights (SRHR). The focus of the report is to assess current evidence pertaining to costing and financing under SRHR in low- and middle-income countries. The review found limited evidence on the costs, cost-effectiveness and financing aspects of self-care for SRHR, and most of the studies were from high-income countries. Based on current evidence, key findings of the report were that self-care may save money for users and the healthcare system, in addition to other benefits including improved access to care, efficient and timely delivery of services and promoting autonomy for health in individuals. From a cost and financing perspective, recommendations were made to integrate self-care tools into health systems, taking a societal perspective into account, costs, benefits and financing of self-care need to be considered to determine the equity and efficiency of self-care and self-care interventions must be supported by other health system interventions so that people who are less able to manage their own care are not excluded. The report also includes principles for blended financing, including public subsidy, private- sector financing, and direct user payment, is needed – especially for interventions that need little support from health-care providers.

National Guideline on Self-Care for Sexual, Reproductive and Maternal Health (Summary Version)

Author(s)	Federal Ministry of Health, Nigeria

Year Published	2020
Journal (DOI)	PSI
Country/Region	Nigeria
Report Summary	The national guidelines on self-care for sexual and reproductive health and rights (SRHR) in Nigeria is an landscape analysis commissioned by Nigeria's Self Care Think Tank, mapping Nigeria's policies and guidelines against the WHO Self-Care recommendations for SRHR interventions. The purpose of this guideline is to standardize guidance on self-care for SRHR, including creating an enabling environment for the implementation across Nigeria. The guidelines include good practice statements in support for self-care and a roll-out strategy and costed implementation plan that highlights strategic priorities and primary objectives.

Developing National Self-Care Guidelines in Uganda and Nigeria: Supporting Achievement of Universal Health Coverage in Partnership with Empowered Consumers

Author(s)	Delivering Innovation in Self-Care (DISC), Population Services International
Year Published	2021
Journal (DOI)	PSI
Country/Region	Nigeria & Uganda
Report Summary	Developing National Self-Care Guidelines in Uganda and Nigeria presents a summary of Ministry of Health-pioneered guidelines for self-care in Nigeria and Uganda. These countries are among the first in the world to produce national self-care guidelines in a step towards achieving universal healthcare. Both countries have established national self-care technical working groups within the ministry of health to engage key stakeholders and strengthen commitment across multiple health areas, collaboratively through defined packages of self-care interventions, and overseeing the development of national self-care guidelines. These national teams have 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. The experiences outlined in this case study are examples of how countries are pursuing that goal.

WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights

Author(s)	World Health Organization/United Nations University International Institute for Global Health
Year Published	2019
Journal (DOI)	WHO
Country/Region	N/A
Report Summary	The WHO consolidated guideline on self-care interventions for sexual and reproductive health and rights (SRHR) offers essential strategies for enhancing self-care in the context of interventions linked to health systems. The guideline provides a comprehensive overview of strategic priorities for self-care, approach and key principles for self-care in the healthcare sector and conceptual frameworks to inform normative guidelines for SRHR interventions. The document frames self-care in the context of SRHR and proposes strategies for creating and maintaining an enabling environment for self-care. The document includes a detailed account of the methodology and process development of these guidelines that offers a comprehensive overview of current literature and topic areas related to self-care interventions. The document offers recommendations for self-care interventions expanding across the life course, focused on improving ante-natal and post-partum care, family planning and contraception, safe abortion services, sexually transmitted infections (including human papilloma virus and HIV/AIDS) and sexual health education. The guidelines also provide considerations for implementing good practice guidelines on self-care including environmental considerations, financing and economic considerations,

	training needs of healthcare providers and targeting vulnerable populations. The document includes a research agenda for self-care under SRHR to strengthen the evidence base for these interventions.

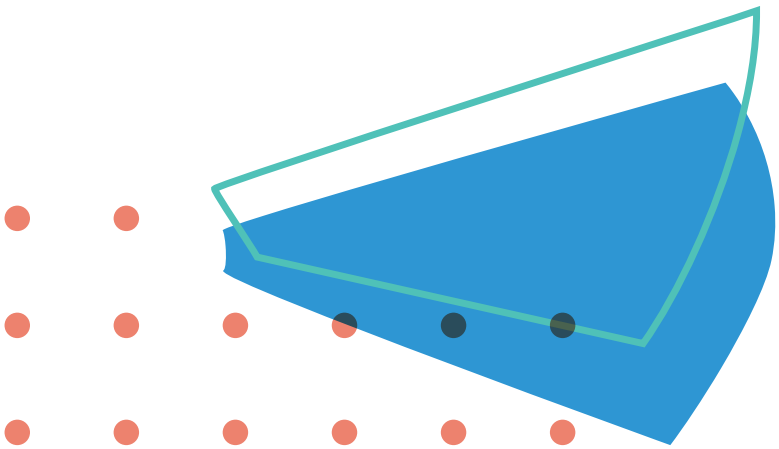
HIV Self-Testing Operational Guide: For the planning, implementation, monitoring and reporting of HIV self-testing

Author(s)	PEPFAR, USAID and EpiC
Year Published	2021
Journal (DOI)	FHI360
Country/Region	Africa
Report Summary	This guide and associated tools are intended as a practical manual for program teams to guide them in planning, implementation monitoring and reporting of HIVST. It is based on the evidence and experience gathered by the HIV Self-Test Africa (STAR) Initiative, supported by Unitaid and USAID-funded HIVST pilot implementation, and is intended to provide detailed practical guidance for implementers to complement the WHO Guidelines on HIV self-testing and partner notification, the WHO HIV Self-Testing Strategic Framework and PEPFAR COP guidance. The guide will help program teams and implementers to establish programs that are well-designed, sustainable, effective and with measurable impact. The information contained in this guide is derived from extensive field experience. It draws together the techniques, tools, planning and management approaches that have proved successful during HIVST roll out and provides a systematic “how to” guide for program managers that want to introduce HIVST to new markets.

Self-testing Strategic Framework: A guide for planning, introduction and scaling up

Author(s)	WHO

Year Published	2018
Journal (DOI)	WHO
Country/Region	Africa
Report Summary	This framework is intended to be a brief guide for countries and implementers that are planning, starting or scaling up HIVST implementation. It provides key considerations for: (1) preparing for HIVST; (2) implementing HIVST; (3) monitoring and optimizing HIVST implementation. Evidence to date has highlighted its role as a key strategy to increase uptake and frequency of testing among populations missed by existing services, particularly key populations in all regions and men and young people (aged 15–24), especially in eastern and southern Africa.



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