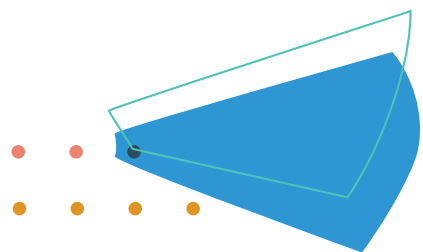# IGNITING A SELF-CARE MOVEMENT FOR SEXUAL AND REPRODUCTIVE HEALTH

ADVOCACY CONSULTATIONS SUMMARY

PREPARED BY WHITE RIBBON ALLIANCE ON BEHALF OF THE SELF-CARE TRAILBLAZER GROUP
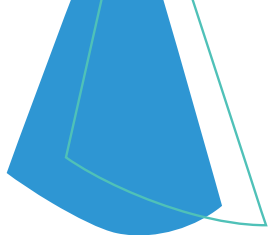
ACKNOWLEDGEMENTS

While not new, self-care is increasingly recognized as having the potential to revolutionize health systems and outcomes by:

- More efficient use of healthcare resources;
- Equipping people with the knowledge, skills, tools and confidence to pro-actively maintain health and effectively participate in health decision-making;
- Placing individuals, families, communities and countries on a pathway of greater self-reliance;
- Providing a new way to message and resurrect interest in health literacy and behavior change and;
- Spurring innovation in tools and technologies to reach ever greater numbers of people.

Advocates must help ignite a broad-base movement in support of self-care; effectively paving the way for the thoughtful and deliberate integration of self-care into health policy, program and practice change. This task has seemed daunting at times, due, in part, to a lack of shared vision about opportunities and priorities. If self-care is about "putting the power in people's hands" as is often said, that must apply to self-care advocacy too. Effectively institutionalizing self-care necessitates a consultative, bottom-up approach to advocacy.

From July 2019 to January 2020, White Ribbon Alliance (WRA), on behalf of the global Self-Care Trailblazers Group (SCTG), organized a series of eight advocacy consultations in Washington DC (2), Indonesia, Kenya, Malawi, Nigeria, Tanzania and Uganda. An additional consultation is scheduled to occur in early 2020 in Senegal. Countries were identified opportunistically, aligning with planned visits by WRA facilitators to project sites. Self-care related programming and/or advocacy existed in each country, although the extent varied. Consultations followed a standard agenda, however the time devoted differed. Half-day consultations were held in Indonesia and Washington DC with one-day consultations in Kenya, Malawi, Nigeria, Tanzania and Uganda. A two-day consultation also took place in Washington DC, which included participants from Indonesia, Kenya, Mexico, Tanzania, Uganda, United States, and Zimbabwe. Colleagues from India, Pakistan and Nepal also joined the consultation in Indonesia.

In total, 177 participants were consulted (See Annex 1: Participant List). Participants were identified by representatives of the SCTG and WRA

WHAT IS SELF-CARE?

Understanding of self-care varies across countries and contexts. To ensure a common framework, consultant participants agreed to work within the parameters of the World Health Organization (WHO) definition:

Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health-care provider. The scope of self-care as described in this definition includes health promotion; disease prevention and control; self-medication; providing care to dependent persons; seeking hospital/specialist/primary care if necessary; and rehabilitation, including palliative care. It includes a range of self-care modes and approaches.

National Alliances. The goal of each consultation was to include a diverse set of perspectives, while maintaining a size which allowed for concrete and productive discussions. Representatives included international and local NGOs, ministries of health, UN agencies, media, religious leaders, health providers, community organizers, women, youth and disability organizations, county first ladies and local government. Participants worked across the sexual and reproductive health and rights (SRHR) spectrum and were required to have familiarity with both self-care and advocacy approaches.

Additional perspectives were gleaned through short, breakout groups from the 200+ global attendees of the ICPD+25 concurrent session Self-Care Interventions in SRHR: Power in Your Hands in Nairobi, Kenya in November 2019. Consulted individuals and organizations had varying interests in self-care. While this summary report is intended to reflect the wider thinking of the growing self-care community, it does not necessarily reflect the individual opinions or activities of the consulted participants and their respective organizations. Additional self-care advocacy consultations are recommended with specific stakeholders, including the humanitarian aid and digital health communities, product developers, distributors and regulators.

Advocacy consultations emphasized sexual, reproductive, maternal, newborn and adolescent (SRMNA) health and rights for all people as an important and relevant starting point for expanding self-care. At the same time, participants expressed a strong desire that, by 2030, self-care will systematically and measurably contribute to Universal Health Coverage (UHC), noncommunicable diseases, mental health and primary health care (PHC) more broadly. Short-term advocacy objectives and activities must have an eye to this future.

Given self-care's relatively nascent appearance on the wider health and development agenda, consultations were intended to build and expand interest in self-care advocacy and activism, and strengthen prioritization and alignment. They did not result in individual country advocacy strategies, which is a key next step. Rather, consultations identified cross-cutting advocacy themes, asks and activities to foster a mature SRHR self-care movement—within and across borders.
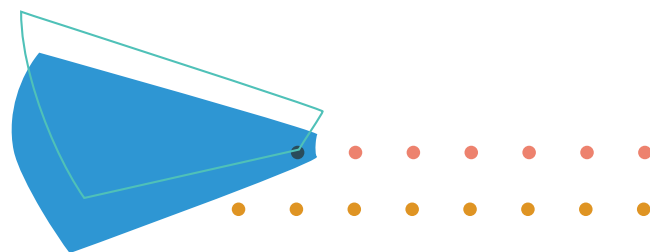
MOVEMENT TENTPOLES

We are at the precipice of a positive healthcare revolution. From community-based, behavior intervention approaches to new technologies that give people opportunities to direct their own health, self-care, compared to many other more esoteric health and development topics, has the makings of a movement—global in nature, but deeply rooted in and responsive to communities. One that spurs mission critical changes in health attitudes, behaviors, policies, resources and systems.

PRINCIPLES OF SELF-CARE

Consultations identified key components or building blocks of any self-care policy, program or initiative.

- Expanding access to devices, diagnostics, drugs and digital tools that support people to more effectively practice self-care.

- Promoting health and body literacy and healthy behaviors, including when to seek the formal health system and what to expect from the health system.

- Strengthening individual agency and rights, enabling people to make and implement healthy decisions for themselves.

- Encouraging robust grassroots engagement, ensuring self-care interventions are people-centered, community-owned and acceptable for individual contexts.

- Fostering strong linkages—such as information and support–with the health system/providers to effectively facilitate uptake and practice of self-care.

One of the most common myths of movements is that they are organic in nature and take on a life of their own. Health movements rely on key catalyzers, robust architecture and behind-the-scenes "machinery" to activate, coordinate and redirect. Movements must pull from across the advocacy continuum, including aspects of political, policy, technical and community advocacy to build lasting, meaningful support across constituencies and levels (e.g. household, community, sub-national, national, regional, global).

For the purposes of building a wide, yet focused health movement, consultations suggest four major movement "tentpoles" to be erected simultaneously and grounded to the extent possible in the grassroots. They include

- Increasing self-care issue salience among multi-sector global and national influencers;
- Advancing a comprehensive package of SRHR self-care interventions through national policies and programs;
- Enhancing community self-care literacy, action and demand; and
- Translating emerging evidence and learnings into practical implementation guidance and policy architecture for self-care.

INCREASE SELF-CARE ISSUE SALIENCE AMONG MULTI-SECTOR GLOBAL AND NATIONAL INFLUENCERS

Key to igniting a lasting, impactful self-care movement is fostering broad interest and action. Participants across consultations identified and prioritized the following categories of stakeholders into the following three tiers of importance for movement-building.

TIER ONE

- Community leaders, organizations and members
- Adolescents and youth
- Ministries of Health
- Politicians, local government and religious leaders
- Advocacy, human rights and interest groups

TIER TWO

- Implementing partners
- Donors and investors
- Health providers and their associations
- Other ministries (e.g. education, finance, gender)
- Media

- Women's associations and groups
- Marginalized groups with focus on persons living with disabilities
- Product developers and manufacturers
- Private sector representatives and pharmacies
- UN agencies

Stakeholder maps for each country, with potential individual "trailblazers" are included in Annex 2: Country Stakeholder Maps. Order of priority for select stakeholders varied somewhat by countries. While health professionals and other sectors feature in the second tier as a result of facilitation voting methods, the significance of their engagement was stressed by participants throughout the dialogues. Many of the concrete suggestions for building issue salience that arose from the consultations focus on these groups. Ministries of education and the business community were especially emphasized. Participants also saw opportunity to align with the respectful care movement, which is more multi-sectoral in nature, and includes close collaboration among the health, human rights and gender equity communities.

Participants exhibited general enthusiasm for more mindful inclusion of self-care within formal health systems. However, they recognize potential roadblocks in building support, namely outsize value placed on the voices of health and development "experts" over those of people and deep-seated resistance to many of the primary principles underpinning self-care, including open access to information, trust in patients, and belief in their right to autonomous decision-making related to sexual and reproductive health. There is also a natural inclination to limit self-care to prevent individual "worse case scenarios" as opposed to anticipating harm and working to mitigate unintended consequences as part of comprehensive programming.

Fundamental to the institutionalization of self-care is the institutionalization of the idea that people have an equal say and role in healthcare—as much as any decision-maker, health expert or practitioner. Beyond advocating for self-care and related interventions, creating issue salience means pushing for a paradigm shift that redefines the patient-provider relationship, celebrates people taking greater control and management of their healthcare and reorients the health system so that amplifying, listening and responding to people's self-articulated needs are the centerpiece of health and development efforts.

1. FOUNDATIONAL ACTIVITIES TO INCREASE ISSUE SALIENCE AMONG MULTI-SECTOR GLOBAL AND NATIONAL INFLUENCERS

- Advance a World Health Assembly (WHA) resolution on self-care that calls on member states to expand the reach of long-standing interventions and new innovations to further self-care for all; promote meaningful community engagement, including amplifying the values and preferences of communities in programs and policies; and strengthen investment in rights education to promote heath literacy and encourage individual autonomy and decision-making.

- Work with the foremost health professional associations (e.g. International Federation of Gynecology and Obstetrics, International Confederation of Midwives, International Council of Nurses) at global and national levels to adopt a resolution(s) that supports self-care interventions and key principles and highlights the crucial role of providers in advancing both for improved health outcomes.

- Form SCTGs within priority countries. Given the importance of social determinants in enabling people to effectively practice self-care, country SCTG representatives must be political, multisectoral and community-based in nature as well as technical and health-oriented. SCTGs can come together to create and recruit signatories for a joint high-level call to action to improve health literacy, engage communities in decision-making at multiple levels of the health system, and support the right of communities to access a variety of self-care interventions through a range of delivery points.

- Develop a comprehensive, consensus-driven messaging framework as a starting point for a more robust communications and advocacy strategy. Framework should include key messages across audiences, talking points for targeted communications and interactions with priority audiences (see above), and supportive proof points. Messages should also focus on dispelling myths associated with self-care by health champions. Existing messaging frameworks are too narrowly focused on select audiences and individual self-care interventions and products and do not lay groundwork to support the needed paradigm shift. (See Annex 3: Emerging Message Themes).

- Create a comprehensive, multi-media self-care story bank, including human testimonials, that document communities' self-care wants and needs, promote tangible and visible actions of self-care in communities, and illustrate the transformational power of self-care.

- Organize self-care webinar series and practical self-care learning and planning sessions/tracks at global and regional meetings and conferences. (See Annex 4: Calendar of Events)

- Organize journalist and media trainings on self-care and the direct participation of social media activists and "micro-influencers" in SCTGs. Micro-influencers are loosely defined as everyday people or champions with a robust social media following revolving around a passion area. They represent a powerful new movement in high, middle and low-income countries and one that should be harnessed to demonstrate and promote global, regional, country and community-level self-care efforts.

- Link with those within the mental health and non-communicable disease communities (e.g. diabetes), where self-care is more firmly established, to better understand opportunities to overcome barriers and resistance to self-care among critical gatekeepers.

2. ADVANCE A COMPREHENSIVE PACKAGE OF SRHR SELF-CARE INTERVENTIONS THROUGH NATIONAL POLICIES AND PROGRAMS

For enduring impact, self-care advocacy must take a long-view and focus on generating "sea change". However, participants also identified the need for clear policy objectives from the onset. Specifically, participants saw the "bundling" of a collection of self-care interventions for advocacy purposes as a relative "quick win" that simultaneously contributes to a long-term paradigm shift. Most self-care advocacy occurs in silos with specific issue advocates seeking improved access to individual self-care interventions, products or innovations. Participants recognize power in coming together to make joint asks; overcome shared policy, regulatory and attitudinal barriers; spur greater investment and pave the way for new interventions. While there is a strong desire to advance SRMNH self-care interventions together, there is currently no universal agreement on the precise package within and across countries. The majority of participants support beginning with the recommendations included in the recently released WHO Consolidated Guideline on Self-care for Health: Sexual and Reproductive Health and Rights. Of the included recommendations, ones generating the most interest and support are:

- Self-administration of injectable contraception;
- Human papillomavirus (HPV) self-sampling as part of cervical cancer screening services;
- HIV self-testing and self-collection of samples for STI testing;
- Non-clinical interventions targeting pregnant women; and mixed support for
- Self-management of miscarriage, incomplete or induced abortion.
- The following interventions and topics, not included in the guideline, were identified as of interest:
- Menstrual health management;
- Pre-exposure prophylaxis (PrEP) for HIV;

- Over the counter (OTC) emergency contraception pills (ECP);
- Breast cancer self-examination;
- Chlorhexidine for neonatal cord care;
- Misoprostol to prevent and treat postpartum hemorrhage (PPH);
- 'Lifestyle' interventions focused on nutrition, exercise and information.
- Mental health support.

Foundational activities to advance a comprehensive package of SRHR self-care interventions through national policies and programs.

- Conduct a robust mapping that reviews the status, as well as existing policy barriers and enablers (e.g. consent and notification laws, product/label registration, OTC access, funding, existing training programs) for both widely available and emerging self-care interventions in a set of priority countries. Mapping should also include self-care interventions not incorporated in the WHO guideline.
- SCTGs in priority countries create a joint agenda/package that prioritizes a variety of self-care interventions, identifies key asks and policy vehicles, and develops a unified advocacy strategy that advances them.
- Sensitize key decision-makers and influencers on self-care and specifically the new WHO guideline.
- Explore bottom-up approaches in decentralized contexts, working with local health teams to initiate funding requests for self-care interventions, and incorporate self-care interventions into county and/or district development plans and workplans—particularly in areas where communities have more limited interaction with the healthcare system.
- Review current priority countries' GFF investment cases, and UHC, PHC and quality of care (QOC) strategies, including local health insurance schemes, to identify opportunities for integration of self-care interventions into essential packages of care, and promotion of self-care as an integral component of any health system.

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

In 2019, recognizing that widespread stigma, inequality and discrimination were contributing to poor health outcomes, WHO released the first consolidated guideline on self-care, promoting autonomy and agency as a vital component in safeguarding public health. The guideline specifically sought to provide evidence-based recommendations on key public health self-care interventions, including for advancing sexual and reproductive health and rights (SRHR). With a focus on vulnerable populations and areas with limited capacity and resources, the guideline also emphasized good practice statements on programmatic, operational and service-delivery issues that must be addressed to increase safe and equitable access and use of self-care interventions, including for advancing SRHR.

NOTE: Consultant participants identify both opportunity and challenge with regards to advocating for use of the WHO guideline. One challenge relates to the guideline's limited inclusion of the full constellation of possible self-care interventions. Participants did not see this as a reason forgo promoting the guideline, but an issue that must be addressed as part of an expansive advocacy agenda/strategy and its corresponding messaging.

The other primary challenge is the guideline's inclusion of recommendations on safe abortion. This presents an issue for local organizations receiving US funds and whom are effectively "gagged". It limits the universe of advocacy actors positioned to take on the broader self-care advocacy agenda. Again, it was not viewed as a reason to exclude focus on the guideline but acknowledged as a trade-off. The intensity of the spotlight placed on the guideline as part of a broader advocacy strategy may vary by individual country context.

3. ENHANCE COMMUNITY SELF-CARE LITERACY, ACTION AND DEMAND

Participants strongly believe a robust self-care movement – and active practice of new self-care interventions – hinges on significant community engagement, empowerment and demand. They recognize a disconnect between current self-care discourse at global levels, which is more product or intervention focused, and local perceptions of self-care "lifestyle" behaviors and actions. While the "self-care" label resonates across levels, the framing must be further integrated. To do this, much more must be done to better identify and understand the existing, cross-cutting self-care preferences and practices of communities and their desired support. While considered universal, self-care is also viewed as personal and context specific.

At the same time, an expanded focus on self-care interventions requires meaningful investment in rights education and other campaigns or initiatives intended to improve health literacy, agency and autonomous decision-making. Without these building blocks, communities—especially women, adolescents and other often marginalized groups—are unlikely to take full advantage of emerging self-care interventions or make and practice informed, responsible healthcare decisions.

Foundational activities to enhance community self-care literacy, action and demand

- Solicit large-scale feedback from communities to better understand their wants and needs as they relate to self-care and integrate these perspectives into broader programs, campaigns and initiatives. This includes identifying critical populations for self-care (e.g. adolescents and youth, persons living with disabilities) and contextualizing self-care for those groups. Use this information to help develop criteria and/or a framework for what qualifies as a self-care behavior or action.

- Formulate a taskforce of global and national stakeholders (e.g. decision-makers, health experts and professionals, and community representatives) to create a comprehensive

NOTE: While not focused on a comprehensive package of SRHR self-care interventions, participants highlighted the importance of influencing the FP2020 "follow-on" to include self-care as foundational for advancing policy, financing, accountability, market and gender norms. Inclusion of self-care in FP2020's next stages is perceived as a potential domino for other regional and global initiatives.

landscape or matrix of self-care actions, behaviors and information needs – beyond products and interventions – across sexual, reproductive, maternal, and newborn health (e.g. self-care and maternal and newborn health; self-care and HIV). Develop corresponding self-care messages and IEC and SBCC materials for the specific SRMN health and rights areas, and principles of self-care and for different populations. Explore including self-care in country family planning demand generation strategies. Seek possible WHO endorsement of actions table or matrix.

- Sponsor national multi-sectoral, mass media and m-health campaigns to promote self-care literacy, practice and rights. To generate new and grow existing interest, launch a self-care health literacy campaign idea competition in multiple countries, resource the winning ideas, and support qualitative analysis on perceptions of different self-care approaches and messages. To ensure campaigns are truly community-minded, organize special interest, women and youth-driven national and sub-national taskforces to design campaign messages and activities.

- Support ministries of health, education and gender to design a multi-sectoral initiative for deliberate integration of self-care literacy and behaviors into the countries' health, school and labor systems.

- Organize joint workshops and/or integrate efforts to promote both self and collective advocacy by community members, health workers and gatekeepers within existing self-care programs. Too often, individuals' ability and confidence to question and negotiate relative to their own healthcare within their household, health center and halls of power is overlooked.

4. TRANSLATE EMERGING EVIDENCE AND LEARNINGS INTO PRACTICAL IMPLEMENTATION GUIDANCE AND POLICY ARCHITECTURE FOR SELF-CARE.

To realize the full potential of self-care as an integral part of national health systems, participants recognize the need for a holistic self-care policy framework. Potential adoption of the WHO consolidated guideline provides a foundation, yet more comprehensive, multi-sectoral national strategies, as well as pre-service and in-service training, curricula and job aides for both clinicians and community health workers are strongly desired. Achievement of such specific, enabling policies are viewed as medium-term objectives, given further clarity is needed, including consideration and reconciliation of the varying perspectives of the self-care concept, importance and intervention strategies, development and/or packaging of additional evidence.

NOTE: The WHO consolidated guideline was viewed as invaluable in helping to generate conversation and interest in self-care and an important starting point. However, broader self-care literacy and behaviors were viewed as a key gap with the guideline. Participants would like to see expanded direction for a variety of topics within SRMNH through the lens of health literacy and behavior change

Consultant participants identified the 2020 Olympics as a key moment which to tie a high-profile self-care campaign, with athletes from many countries promoting self-care and voice in healthcare decisions.

"I was like listen to Dr. Williams! Sometimes to have to save your own life."–Serena Williams

Foundational activities to translate emerging evidence and learnings into practical implementation guidance and robust policy architecture for self-care

- Call on WHO to issue an accelerated and more detailed implementation guidance for health ministries and providers on its consolidated guideline. Desired guidance will highlight the operationalization of cross-cutting principles and good practice statements, including engaging community members in related policy and program design, supporting individual agency and autonomy, and quality assurance standards.

- Work with health profession associations and training institutions to develop cross-cutting competencies for healthcare workers regarding promotion and support of self-care, including nurturing well-informed and inquiring clients and joint decision-making.

- Create a menu of both program and system metrics for self-care that focus on knowledge, attitudes and practices, including metrics related to individual agency and autonomy.

- Issue call for and package practical examples— and associated tools and resources—for integrated and/or holistic self-care initiatives that span the SRMNH spectrum and go beyond products and services. The call should include different approaches for linking self-care initiatives with the formal healthcare system and other sectors, to address social determinants that limit the ability—especially of women, youth and other marginalized groups—to practice self-care.

Consultant participants, including community members, are eager to partner with ministries, donors and technical experts to build self-care policies from the ground up, ensuring that they are acceptable to, and enduring for, the community. Implementation of the foundational activities associated with the evidence translation tentpole is recommended through a simultaneous, layered approach that includes: 1) robust evidence review and compilation, 2) country consultations with a variety of technical experts and other stakeholders, and 3) community mobilization wherein self-care practices and needs are identified.
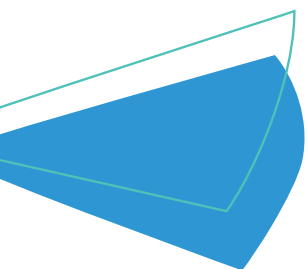
COUNTRY ADVOCACY STRATEGY DEVELOPMENT

To effectively advance the foundational activities and establish the self-care movement tentpoles, a recommended next step is to create specific country advocacy strategies. To aide in country advocacy strategy development, rapid analysis of the enabling environment were conducted for consultation sites, and additional countries recommended by active members of the global SCTG. These countries all have existing self-care programs and advocacy champions. Rapid analysis was completed by volunteer members of the SCTG, and DC and country-based consultation facilitators utilizing standard criteria. Scores (high, medium, low) are relative and not finite and are not intended to position one country as riper for opportunity than another. Rather these are factors that must be considered and help to inform country stakeholders if they choose to develop a country advocacy strategy.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
India	Enabling environment for advocacy	Med	Presence of self-care programs	Med	Partner consortium consists of political, technical and community advocates	High
	Clear policy windows	Med	Country or regional self-care evidence	Med	Influential self-care champions	Med
	Political will	Med	Donor interest/ support	Med	Success feasible timeframe	Low

Notes: Size and scale create challenges in moving quickly. A wellness movement can be built out.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Indonesia	Enabling environment for advocacy	Med	Presence of self-care programs	Med	Partner consortium consists of political, technical and community advocates	High
	Clear policy windows	Med	Country or regional self-care evidence	Med	Influential self-care champions	High
	Political will	Med	Donor interest/ support	Med	Success feasible timeframe	Med

Notes: Conservative environment on SRHR, especially for adolescents, may limit the frame and approaches.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Kenya	Enabling environment for advocacy	Med	Presence of self-care programs	Med	Partner consortium consists of political, technical and community advocates	High
	Clear policy windows	High	Country or regional self-care evidence	Med	Influential self-care champions	Med
	Political will	Med	Donor interest/ support	High	Success feasible timeframe	Med

Notes: More comprehensive programming and advocacy across the SRHR spectrum.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Malawi	Enabling environment for advocacy	Med	Presence of self-care programs	Low	Partner consortium consists of political, technical and community advocates	Med
	Clear policy windows	Med	Country or regional self-care evidence	Med	Influential self-care champions	Med
	Political will	Med	Donor interest/ support	High	Success feasible timeframe	Med

Notes: Less exposure to self-care overall, but enthusiasm and curiosity from the Ministry. In Malawi, everything is done through a program support. Ministry is unlikely to move without substantial donor or INGO funding.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Mozambique	Enabling environment for advocacy	Low	Presence of self-care programs	Med	Partner consortium consists of political, technical and community advocates	Low
	Clear policy windows	Low	Country or regional self-care evidence	Med	Influential self-care champions	Med
	Political will	Med	Donor interest/ support	?	Success feasible timeframe	?

Notes: This is a LOT of guess work, based on brief conversations with stakeholders while in Dakar for the DMPA-SC meeting. It seems as if Mozambique is nuanced in opportunity and there's a very stringent MOH process to consider. Self-care work to-date is more in HIV space.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Nepal	Enabling environment for advocacy	High	Presence of self-care programs	High	Partner consortium consists of political, technical and community advocates	Med
	Clear policy windows	High	Country or regional self-care evidence	High	Influential self-care champions	High
	Political will	High	Donor interest/ support	Low	Success feasible timeframe	High

Notes: Existing trailblazers on self-care; national self-care campaign led by the MOH and president's office; working across the SRHR spectrum including safe abortion. Lots of programs and partners.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Nigeria	Enabling environment for advocacy	High	Presence of self-care programs	High	Partner consortium consists of political, technical and community advocates	High
	Clear policy windows	Med	Country or regional self-care evidence	High	Influential self-care champions	Low
	Political will	Med	Donor interest/ support	High	Success feasible timeframe	Med

Notes: Strong FP and HIV self-care programs and advocacy.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Pakistan (Sindh and Punjab)	Enabling environment for advocacy	Med	Presence of self-care programs	Med	Partner consortium consists of political, technical and community advocates	High
	Clear policy windows	Med	Country or regional self-care evidence	Med	Influential self-care champions	Med
	Political will	Med	Donor interest/ support	High	Success feasible timeframe	?

Notes: Good government interest in self-care, in Sindh province this includes DMPA-SC (and maybe Punjab). Policy/advocacy occurs mostly at provincial level so it's not national. WRA has a strong network throughout the country in Pakistan.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Senegal	Enabling environment for advocacy	High	Presence of self-care programs	High	Partner consortium consists of political, technical and community advocates	Med
	Clear policy windows	Med	Country or regional self-care evidence	High	Influential self-care champions	Med
	Political will	High	Donor interest/support	?	Success feasible timeframe	Med

Notes: Criteria applied specifically through the lens of self-injection for DMPA-SC.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Tanzania	Enabling environment for advocacy	Low	Presence of self-care programs	Low	Partner consortium consists of political, technical and community advocates	Med
	Clear policy windows	Med	Country or regional self-care evidence	Low	Influential self-care champions	Med
	Political will	Low	Donor interest/support	Low	Success feasible timeframe	Med

Notes: Increasing conservative SRHR environment and closing space for civil society will likely limit focus.

overall enabling environment for self-care advocacy

Country	Criteria	Score	Criteria	Score	Criteria	Score
Uganda	Enabling environment for advocacy	High	Presence of self-care programs	High	Partner consortium consists of political, technical and community advocates	High
	Clear policy windows	High	Country or regional self-care evidence	High	Influential self-care champions	High
	Political will	High	Donor interest/support	High	Success feasible timeframe	Med

Notes: Strong family planning and HIV programs, strong advocates and government champions.

ANNEXES

ANNEX 1: PARTICIPANTS LIST

Name	Affiliation	Country
Aparajita Gogoi	Center for Catalyzing Change	India
Lakshmi Prasvita	Bayer Indonesia	Indonesia
Gita Prima	DIT, PPLP, DJCK, PUPR	Indonesia
Herrio Hattv	Jhpiego	Indonesia
Chitra N	Klikdukter (private sector company)	Indonesia
Dina Sintadewi	Pita Putih	Indonesia
Wincky Lestari	Pita Putih	Indonesia
Wan Nedra	Pita Putih	Indonesia
Giwo Rubianto Wiyogo	Pita Putih; Kowani (Indonesia Women's Congress)	Indonesia
Manda Doria	Prodi Du Kcbidanan	Indonesia
Dina Akihta	SMRH	Indonesia
Ji	SMRH	Indonesia
Desi R.	SMRH	Indonesia
Agnes Gorning	TP2AK	Indonesia
Dorothy Okemo	Access to Medicines Platform	Kenya
Erica Okeyo	Action Aid	Kenya
Maureen Olyaro	Christian Aid	Kenya
Caroline Wangamati	County First Lady - Bungoma	Kenya
Alamita Jattari	County First Lady - Marsabit	Kenya
Sylvia Achieng	Doctorate student	Kenya
Stella Maina	EMC consultants	Kenya
Lynette Ouma	International Youth Alliance for Family Planning	Kenya
Manase Njagi	International Youth Alliance for Family Planning	Kenya
Sam Mulyanga	Jhpiego	Kenya
Sally Njiri	Jhpiego	Kenya
Angeline Mutunga	Jhpiego	Kenya
Caroline Nyandat	KMET	Kenya
Ali Manzu	KTN News	Kenya
Evans Nyabwari	Ministry of Health	Kenya
Michael Asudi	Organization of African Youth	Kenya
Anastacia Kumola	VSO	Kenya

Name	Affiliation	Country
Jane Nangila	White Ribbon Alliance	Kenya
Angela Nguku	White Ribbon Alliance	Kenya
Simeon Thodi	Banja La Mtsogolo	Malawi
Patience Mgoli	CARE	Malawi
Tapiwa Munthali	CARE	Malawi
Ellad Mwenyekonde	Christian Health Association of Malawi	Malawi
Chimwana Mategula	Christian Health Association of Malawi	Malawi
Edward Thole	Circle for Integrated Community Development	Malawi
Catherine Mwale	Community organizer	Malawi
George Nkhoma	CoWaterInPath	Malawi
Boniface Kumwenda	GOAL	Malawi
Maziko Matemvu	HerLiberty	Malawi
Jacqueline Zambezi	MainKhanda Trust	Malawi
Merina Chaongola	Malawi Red Cross Society	Malawi
Lennie Kamwendo	Midwife	Malawi
Christina Mchoma	Ministry of Health – Reproductive Health Division	Malawi
Mary Phiri	Ministry of Health – Reproductive Health Division	Malawi
Dr. Ann Phoya	Organized Network of Services for Everyone's Health (OSNE)	Malawi
Anthony Masamba	OXFAM	Malawi
Caroline Bakasa	PSI	Malawi
Jean Mwandira	UNFPA	Malawi
Hester Nyasulu	White Ribbon Alliance	Malawi
Martha Kumphaye	World Vision International	Malawi
Erika Troncoso	Ministry of Health	Mexico
Sunil Shrestha	Safe Motherhood Network Federation	Nepal
Joseph Enuma	Abbott	Nigeria
Chioma Okoli	Akena + Health	Nigeria
Ivan Idiodi	Akena + Health	Nigeria
Judd-Leonard	Daily Trust	Nigeria
Emeka Nwachuka	EDFE	Nigeria
Dr. Nanna Chidi-Emmanuel	EDFE	Nigeria
Dr. Kayode Afolabi	Federal Ministry of Health	Nigeria
Dr. Ortonga Gabriel	Federal Ministry of Health	Nigeria
Adaeze Oreh	Federal Ministry of Health	Nigeria

Name	Affiliation	Country
Ngadi Chibueze	Festan (Rapporteur)	Nigeria
Mamudu Rashidat	FHI 360-SIDHAS	Nigeria
Dr. Bayern Ukam	FMSH	Nigeria
Dr. Oyeniyi D.S.	FonSW, RDT	Nigeria
Aanu Rotimi	HERFON	Nigeria
Dr. Tunde Adelakan	Ipas	Nigeria
Dr. Layi Jaiyeola	Jhpiego	Nigeria
Olajimi Laturyi	John Snow Inc.	Nigeria
Ademola Adejalu	John Snow Inc.	Nigeria
Felicia Imohinee	NAN	Nigeria
Itojohi Emmanuel	Nigeria Medical Student	Nigeria
Dr. Sakina Bello	Pathfinder International	Nigeria
Sylvia Adebayo	Pofindat Council	Nigeria
Dr. Ewu G.A.	SAYPHIN	Nigeria
Emeka Okafor	Society for Family Health	Nigeria
Victor Dafe	Society of Obstetricians and Gynecologists	Nigeria
Leonard Attah	Veterinary Concepts Nig. LTD	Nigeria
Dr. Francis Ohayido	West Africa Academy of Public Health	Nigeria
Chidinma Kalu	West Africa Academy of Public Health	Nigeria
Dr. Muyiwa Ojo	WHO	Nigeria
Dr. Bosede Ezekwe	WHO	Nigeria
Dr. Amanullah Khan	Public health and development consultant	Pakistan
Belinda Balandya	Association of Gynaecologists and Obstetricians	Tanzania
Stella Mpanda	Childbirth Survival International	Tanzania
Halima Lila	Hope Center	Tanzania
Anatho Wannah	Inspire Media	Tanzania
Gloria Minja	Marie Stopes	Tanzania
Amida Kalombola	Medical Women Association of Tanzania	Tanzania
Hilda Kwezi	Tanzania Midwives Association	Tanzania
Furaha Mafuru	UNFPA	Tanzania
Andrew Gwaga	VSO	Tanzania
Rose Mlay	White Ribbon Alliance	Tanzania
Lucy Nzuki	White Ribbon Alliance	Tanzania
Datus Ng'wanangwa	White Ribbon Alliance	Tanzania

Name	Affiliation	Country
Zainabu Nasibu	White Ribbon Alliance	Tanzania
Okwi Frederick	Action Group for Health, Human Rights and HIV/AIDS	Uganda
Musubika Juliet	Member White Ribbon Alliance	Uganda
Amoko Richard	WRA Adjumani district representative	Uganda
Asitozo Irene-A	WRA Adjumani district representative	Uganda
Nsmda Rylma	Citizen journalist	Uganda
Emiah Kygity	Citizen journalist	Uganda
Kasule Ahmed	WRA Yumbe district youth representative	Uganda
Faima Nasuru	Citizen journalist	Uganda
Okello Mary Philomena	Nurse and Citizen journalist	Uganda
Klinznee Oxam	Citizen journalist	Uganda
Musoke Fred	Community Health Empowerment Organization	Uganda
Kirunda Ramadhan	FH1360	Uganda
Lilian Tutegyereize	FHI360	Uganda
Sarah Katumba	Management Consultant	Uganda
Kabanyono Annet	Kampala Lut. Uuvebly	Uganda
Nangonzi Assumpta	Makerere University School of Public Health	Uganda
Pride Ashaba	Marie Stopes	Uganda
Nassozi Aishah	Naguru Teenage Center	Uganda
Kwabahima Horewe	National Environment Management Authority	Uganda
Rwabahima Florence	Nurses and Midwives Association of Uganda	Uganda
Dr. Jotham Musinguzi	National Population Council	Uganda
Nansubuga Rukia	Nakawa Home-based Care Givers Alliance	Uganda
Annete Kanyunyuzi	Nurses and Midwives Association of Uganda	Uganda
Fiona Walugemie	PATH	Uganda
Allen Namagembe	PATH	Uganda
Lillian Sekabembe	PSI	Uganda
Precious Mutoru	PSI	Uganda
Senfuka Samuel	Public health consultant	Uganda
Margaret Hasasha	Community Activist & BoD member WRA Uganda	Uganda
Annet Kyarimpa	Reproductive Health Uganda	Uganda
Majala Emmy	Sickle cell activist	Uganda
Musisi Tonny	Tunaweza Foundation	Uganda
Driwaru Maureen	Tunaweza Foundation	Uganda

Name	Affiliation	Country
Ninsiima Doris	Uganda Young Positives	Uganda
Oketcho Emmanuel	Uganda Youth and Adolescents Health Forum	Uganda
Robina Biteyi	White Ribbon Alliance	Uganda
Faridah Luyiga	White Ribbon Alliance	Uganda
Charity Farida	WRA Yumbe district representative	Uganda
Atoo Josephine	WRA Adjumani district representative	Uganda
Nsinda Elman	White Ribbon Alliance	Uganda
Winfred Ongom	Citizen Journalist	Uganda
Kasiita Mark	Uganda Youth Alliance for Family Planning	Uganda
Jagwe Nelson	Kawempe Community Social Organization	Uganda
Marielle Hart	Aidsfonds	United States
Fadwa Sibai	Bayer Consumer Health	United States
Merrill Wolf	Engender Health	United States
Trinity Zan	FHI360	United States
Megan Christofield	Jhpiego	United States
Coley Gray	Packard Foundation	United States
Erin McGinn	Palladium	United States
Katelin Gray	PATH	United States
Martha Brady	PATH	United States
Bonnie Keith	PATH	United States
Monica Kerrigan	Planned Parenthood Federation of America	United States
Saumya Ramarao	Population Council	United States
Pierre Moon	PSI	United States
Sandy Garcon	PSI	United States
Heather White	PSI	United States
Annie Tourette	PSI	United States
Kelly Parsons	PSI	United States
Amanda Kalamar	PSI	United States
Karen Sommer Shalett	PSI	United States
Lauren Wolkoff	Public health consultant	United States
Anne Sorensen	Volunteer Service Overseas	United States
Mike Schoenke	Volunteer Service Overseas	United States
Betsy McCallon	White Ribbon Alliance	United States
Kristy Kade	White Ribbon Alliance	United States

Name	Affiliation	Country
Stephanie Bowen	White Ribbon Alliance	United States
Elena Ateva	White Ribbon Alliance	United States
Michelle Rodriguez	White Ribbon Alliance	United States
Kim Whipkey	White Ribbon Alliance	United States
Amanda Livingstone	White Ribbon Alliance	United States
Diana Copeland	White Ribbon Alliance	United States
Nisha Singh	White Ribbon Alliance	United States
Caroline Maposhere	Midwife and Public Health Consultant	Zimbabwe

ANNEX 2: COUNTRY STAKEHOLDER PRIORIZATION

The audience matrix outlines key targets and 1) objectives for engaging with them 2) their interests for messaging purposes 3) opportunities for engagement and/or activating tactics and 4) potential early champions. Indonesia and Nigeria consultation agendas did not include detailed stakeholder maps, so they are not included below.

Kenya

AUDIENCE 1: Communities

Objectives	Interests	Activating Tactics	Specific Champions
• Understand and embrace self-care	• The community to implement self-care • Reduce the burden on health facility • Improve on community health • Reduce new cases, management of existing conditions • Get community to give feedback if self-care is workable	• Capacity building of CHVs, community leaders • Community conversations and public barazas • Show self-care success stories through films • Provide incentives • Drama and songs in vernacular to pass information on self-care • Use celebrities to endorse self-care	• Chiefs • CHVs • Community leaders (e.g. elders, women leaders, youth leaders) • Teachers in schools: Erick Ademba • Community celebrities (e.g. Eliud Kipchoge INEO 1:59 – no human is limited) • Savtisol • Nzastinski Churchill

AUDIENCE 2: Religious leaders

Objectives	Interests	Activating Tactics	Specific Champions
• Endorse self-care	• Religious leaders can reach a large audience • Their word is "law"	• Pulpits and sermons • Community activities (e.g. weddings, funerals) • Capacity-building for religious leaders to help reach masses • Interreligious Council	• Chair of Interreligious Council • Catholic: John Njue • SDA: Maraga David • CIFAM: David Oginde • Muslim: SUPKEM leader • Imam of Jamia Mosque

AUDIENCE 3: Media

• Generate public discussion on self-care • Catalyze actions of decision makers to advance self-care • Prevent misinformation by disseminating the right messages	• Media houses have science and health desks that need content • Duty to educate, inform, and entertain, serving as watchdog for the public • Build competitive edge/mileage business – as solutions journalism	• Liaison with the health journalists to offer context • Orienting journalists on self-care • Field visits to experience self-care actions/bring it to life/give it a human face • Linking journalists with experts and champions who can discuss self-care	• Dr. Mercy Kovir – SMG • Irene Choge – SHPIEGO • Saida Swale • Mashirima • Ali Maonzu • Ann Mawathe

AUDIENCE 4: Ministry of Health

• Update guidelines to incorporate self-care • Develop scale-up plans for self-care that include health literacy • Lead multisectoral approach to self-care • Prioritization and investment in self-care (under UHC, PHC, THS and UHC)	• Improving health for the population • Reducing the burden on the health system – efficiencies including cost savings • Reducing policy barriers to health	• TA to MOH in development of guidelines • Develop evidence dossier to support self- care • Cost-benefit analysis • Site visits • Packaging advocacy messages that resonate with MOH and policymakers • Building insider champions (technical leaders) • Build buy-in from professional associations • Meet with DMs within MOH	• DG – Health, Dr. Masosabi • Dr. Wangui • Dr. Salim • CS Health • The President

Malawi

AUDIENCE 1: Adolescents and youth

Objectives	Interests	Activating Tactics	Specific Champions
• Integrate self-care into the National Youth Policy (which also needs to be updated) • Amplify messaging on self-care • Demand Generation • Increased YFHS Access	• Empower and educate youths on their health and rights • Be in the spotlight • Live a long and healthy life • Be role models • Be in the media and on billboards promoting self-care • Better experience with health providers • Increased SRHR access and supplies	• Youth symposium (Oct 29th) • Caravans and bonanzas • Youth network meetings • Highlight self-care at concerts • Media • School Youth Clubs • YONECO hotline • Billboards • Use of hashtags on twitter, FB, Instagram • Word of mouth • Sporting events • Open days • Outreach services and campaigns • Youth corners in health facilities • Youth Community Based Distribution	• Maziko Matemvu • George Nkhoma • Faith Mussa • Suffix, real name Aubrey Ghambi (male, musician) • Sangie (female, artist), real name Angel Mbekeani • Tapiwa Munthali • Gospel Kadzako (male) • MacBain Mkandawire (male) • Ethel Kamwendo Banda (musician) • Juliana Lunguzi (Former MP) • Director from the Family Planning Association of Malawi • Banja La Mtsogolo (BLM) • District Youth Officers from District Councils

AUDIENCE 2: Community leaders, organizations and members

Objectives	Interests	Activating Tactics	Specific Champions
• Health community • Self-reliant community • Behavior change promotion • Capacity of community gate keepers and community members to support self-care • Effectively monitor and evaluate self-care integration	• Recognition • Empowerment, ownership and sense of togetherness • Adoption of self-care practices	• Identification of community • Champions and recognition at public events • Campaigns • Health promotion activities • Competitions • Community gatherings • Develop community scorecard to monitor and evaluate impact and effectiveness of self-care	• Inkosi Gomani (target the youth) • Youth/religious leaders • HR Organizations • HSAs, community scorecard consultants

AUDIENCE 3: Parliaments and local government

- Enhance adoption and implementation of self-care policies and laws
- Monitor self-care activities
- Advocate for self-care TORs in planning guidelines
- Allocate resources to self-care activities
- Effective coordination of ministries regarding self-care

- Get re-elected
- Healthier population and nation
- Gain more knowledge
- Drive women's health and interests through self-care

- Party rallies
- Reports
- Supportive MPs
- Advocacy TOR
- Presentation of gaps

- Jappie MhangoFyness Magonjwa (youngest female MP)
- Dr Matthews Ngwale (Chairperson, Parliamentary Committee on Health)

AUDIENCE 4: Ministry of Health

- Institutionalize self-care
- Coordinate self-care activities among other ministries
- Monitoring implementation of self-care
- Capacity building of key stakeholders

- Population of Malawi to be healthy
- Multisectoral collaboration
- Ensure effectiveness of self-care initiatives
- Impart knowledge and positive attitudes

- Continuous dialogue
- Community demand (What Women Want)
- Strengthen YSRH TWGs
- Development of Policies

- Director of Nursing and Midwifery (Mrs. Tulipoka Soko)
- Director of Reproductive Health Directorate (RHD) (Fannie Kachale)
- Director of Quality Management Directorate - QMD (Dr. Andrew Likaka)
- National Youth Council of Malawi (NYCOM)
- Youth partners

TANZANIA

AUDIENCE 1: Adolescents and youth

Objectives	Interests	Activating Tactics	Specific Champions
• To be knowledgeable about self-care • To be leaders and champions • To ensure that self-care policy included in the school curriculum • Drive self-care movement • To realize their full potential – health, emotional, psychological • Advocate for self-care in the country	• It's a basic human right • To increase well-being of adolescents and young people • Charity begins at home • The earlier the better • Self-care partners in self-care movement • Future parents • It'll improve their health	• Caravan, bonanzas, talk shows, mob dance, poetry • School activities, dramas, theatre groups • Convene youth group meetings and forums • International Youth Day • Social media interactions	• Survivor of FGC/ early marriage • Jokate Mwegelo, District Commissioner for Kisarawe • Harmonize • Diamond • Famous musicians • Famous sports champions • Young politicians • Youth group Leaders • Famous youth (musicians, politicians, footballers) • Universities, schools, colleges

AUDIENCE 2: Parliamentarians and local government authorities

Objectives	Interests	Activating Tactics	Specific Champions
• Approve policy and budget for self-care • Allocate resources for self-care • Advocate for citizens' self-care • Fund champions for self-care • Ensure allocated and budgeted funds are being utilized as requires • Raise self-care issues in Parliament and Constitution	• Socio-economic development for citizens • Create well-being of their constituency; it'll reduce their responsibilities • Strengthen budget utilization • Partner in self-care movement	• Advocacy meeting • Parliamentarian Special Committees and Parliamentary Group on Safe Motherhood (PGSM) meetings • Community gathering • Parliamentary sessions • Conferences	• Chairperson of PGSM • Social Services Health Committee • Health Committee Chairman

AUDIENCE 3: Community leaders, religious leaders, traditional leaders, organizations and members

- To raise awareness to the community members about self-care and ensure awareness is generated from the grassroots level
- Drive self-care movement

- Reduce responsibilities for community leaders & religious leaders
- Increase well-being of the communities
- Promote accountability
- Partners in the self-care movement

- Community gathering
- Village meeting
- Religious event

- Community Health Workers
- Imams, Pastors
- Ward Leaders

AUDIENCE 4: Donors and investors

- Invest in self-care movement
- Monitor investment and implementation of self-care
- Ensure that donated and invested funds are allocated to self-care programs

- Partners in the movement
- Publicity
- "Money well spent"
- Contribute to SDGs, SDG 3 specifically
- Strengthen health systems
- Promote self-care programs

- Advocacy meetings
- Donor roundtables
- Research and evaluation
- Development partners

- Chairman or donors and investors
- USAID, AUSAID, Bill Gates, etc.
- UN Agencies

AUDIENCE 5: Ministry of Health

- Adapt WHO self-care guideline
- Implementation of self-care at facility and community levels
- Provide technical support and capacity building to health stakeholders
- Spearhead curriculum review process

- Promoting prevention of diseases
- Self-care is the root of health
- Reduce maternal and newborn deaths and other health challenges
- Healthcare costs reduced
- Vision and mission of Ministry of Health
- Ensure that all important informational competencies are included

- Media coverage
- Posters, billboard, adverts
- Health facilities, health education
- Technical working group and stakeholder meetings
- Partnership with NGOs
- National events

- Permanent Secretary
- Minister of Health
- PGM coordinators
- D-RCHS

Uganda

AUDIENCE 1: Adolescents and youth

Objectives	Interests	Activating Tactics	Specific Champions
• Improve health seeking behavior or service utilization among young people • Create awareness about self-care initiatives among the youthful population • Empower them to demand for services • Youth engagement • Empowerment of practicing self-care	• Menstrual health • Family planning • Safe abortion • Improved health • Privacy • Rights • Affordable supplies • Needs/choice • Promote good health practices	• Social media • MDD • Sports • Drama • Peer to peer engagement • IEC • One-on-one	• Artists (Bobi Wine) • Commissioner MOH Mugahi • Mark – internet • Kasita • Cultural icons/ musicians • Ray superstar • Zari • Eddy Kenzo • Anne Kansiime • Anna Adeke (youth MP) • C/P National Youth Council • Youth Leaders • Celebrities • Teachers • Religious leaders

AUDIENCE 2: Community

Objectives	Interests	Activating Tactics	Specific Champions
• Create awareness about self-care • Empowerment • Community movement • Sensitization and actual implementation of self-care (practice self-care) • Demand generation of self-care services and practice of self-care	• Reduction of out of pocket expenditure • Access to services and information • Edu-tainment • A free health community • Good health practices at individual level • Healthy lives and communities	• Flash mobs • Mobilization • Community dialogue • Music, drama, dance, youth competitions • Media (radio) • Demonstration • Sensitization meetings • MDD • Home visits • Edu-tainment • IEC • Media (radio)	• Kabaka of Buganda • HVMCS • VHTS • Community counsellors • Artists • Leaders (women, youth, cultural religious) • Celebrities • Influencers • Husbands/men • Hyabazinsa • Bishop Lwanga • Arch Kaziba • Nabagereka

AUDIENCE 3: Professional Associations

- Buy-in
- Dissemination
- Research
- Influence
- Building a critical mass of health professionals
- Create awareness and support development of SOPs

- Standards
- Quality
- Professional sanctions
- Promote health care/practices
- Reduce health facility dependency
- Decision-making
- Increase studies

- Meetings
- Conducive working environment
- Talk shows
- Continuous professional education

- Kanyumyuzi Annette
- Tumusiime Alex
- Doctor Ekwaruobwi
- Doctor Ekwary
- Honorable Lyomoki
- Allied health practice lead
- Doctor Namagembe
- Doctor Obuku
- Kanyunyuzi
- Kabanuza
- Barigye
- Doctor Kyundy
- Doctor Beyeza

AUDIENCE 4: Donors and investors

- Increase uptake of self-care
- Fund self-care

- Results
- Visibility
- Value for money
- Accountability
- Achieving SDGs and UHC
- Sustainability of projects
- Reduce donor dependency
- Increased access to services

- Sharing evidence, results, impact, experience
- Presenting position papers
- Lobby meetings
- Proof of impact
- Research
- Funding proposals

- UNFPA country representative
- Ian Clarke
- Minister of Health
- UN Representative
- UNICEF
- DG, UN Women representative
- WHO
- USAID, Gates, Bayer, CIFF, CDC, DOD

AUDIENCE 5: Ministry of Health

- Take lead to popularize self-care initiatives
- Coordinate the development and dissemination of the self-care standards and guidelines by December 2020
- Spearhead development money
- M&E

- Custodian of health
- Health promotion
- Health population
- Reduce budget expenditure on health
- Focus on preventative measures over curative
- Universal access to health care
- Cost effective interventions

- Task force meetings
- Develop fact sheets, briefs and positions paper
- Technical working group
- Dialogues w/ stakeholders
- Sharing case studies
- Research meetings

- Acheng Jane, Director General
- RH Commissioner (Makenga)
- PS Accounting Officer
- DG
- Doctor Nsungwa (Community health)
- Doctor Olaro
- Mr. Kabanda
- Miss Petua Kiboko

ANNEX 3: EMERGING MESSAGE THEMES

- Self-care is cost-effective; can reduce long-term costs bore by system and individuals
- Your family's health starts with you! Individual self-care benefits everyone; strengthens communities
- Self-care is quality care; respectful care, people-centered care
- Self-care improves health outcomes and impact
- Self-care strengthens trust, confidence, privacy, dignity and informed decision-making and overall client engagement and satisfaction
- Self-care presents untapped market and public-private-partnership opportunities, while doing good
- Self-care is multi-dimensional and the most effective self-care strategies are community-led
- Self-care is key to unlocking autonomy, opportunity, power and voice for health and beyond

- Self-care is for everyone; everyone has a role to play in self-care
- Self-care is a fundamental right and a fundamental priority of a human rights agenda
- Self-care contributes to self-reliance and sustainable outcomes; it's about doing development differently, better
- Self-care can increase access and outreach with the formal health system, while simultaneously relieving system and workforce burden
- Self-care is key to UHC; helping reach more people, with better, faster care that they want and need
- Self-care gives consumers want they want and in accelerated manner

ANNEX 4: UPCOMING EVENT OPPORTUNITIES

Quarters	2020	2021	2022
Q1	• Int'l Women's Day • Commission on the Status of Women • Social Behavior Change and Communication Summit	• Int'l Women's Day • Commission on the Status of Women • Int'l Family Planning Conference	• Int'l Women's Day • Commission on the Status of Women
Q2	• International Maternal Health and Rights Day • Respectful Care Stocktaking Event • Generation Equality Mexico • World Health Assembly • RHSC annual meeting • International Papillomavirus Society Conference • Women and Girls Africa Summit • Regional FIGO Conference	• International Maternal Health and Rights Day • World Health Assembly • Int'l Maternal and Newborn Health Conference TBD	• International Maternal Health and Rights Day • World Health Assembly • Women Deliver
Q3	• Generation Equality Paris • Int'l Confederation of Midwives annual meeting • Int'l Self-care Day • World Contraception Day • UNGA	• Int'l Self-care Day • World Contraception Day • UNGA	• Int'l Self-care Day • World Contraception Day • UNGA
Q4	• 16 Days of Activism • Respectful Care Stocktaking Event TBD • Global Digital Health Forum	• 16 Days of Activism • Global Digital Health Forum • FIGO Global Congress	• 16 Days of Activism • Global Digital Health Forum

ANNEX 5: VOICES FROM THE CONSULTATIONS

WHAT IS SELF-CARE?

- Self-care is where and when a client takes lead in issues concerning their health

- Self-care gives people complete information to build agency and access products conveniently while guaranteeing excellent client experience and support during self-management

- Self-care is the ability of individuals to preserve their health and wellbeing without necessarily interfacing with the healthcare system

- Self-care is a deliberate individual effort and actions to take on good healthcare practices with aim of maintaining good health and well-being.

- Self-care refers to activities that a person, family or community takes either individually or in collaboration with others to improve their health.

- Self-care is empowering people in the reproductive age to be able to care of their sexual and reproductive services. For women from menarche to menopause.

- Self-care is where an end user of the product can administer/get MCH/RH services by him or herself, NOT necessarily by a skilled, trained health service provider.