Self-Care
SOCIO-ECONOMIC RESEARCH

Regional Summaries: Europe and Central Asia

INTRODUCTION

Different parts of the European and Central Asian region vary significantly in terms of the GDP, healthcare expenditure, OOP (out-of-pocket) expenditure and density of health care practitioners. Despite a favorable rating displayed in the National Hospital Care Survey, some countries like Uzbekistan and Bulgaria demonstrate high OOP expenditure caused by elevated cost-sharing for covered services such as physician visits, hospitalization, and costs of pharmaceuticals. Some countries, like Turkey and Albania, demonstrate very low rates of physicians per 1,000 people (1.85 and 1.22 respectively)

which suggests under-resourced primary care systems and unmet medical needs experienced by a segment of the Europe and Central Asia populations. In contrast, in countries such as Norway and the UK with pharmacist densities of 8.54 and 8.68 respectively, access to healthcare is comparatively good. The same applies to Belgium and Finland which have the highest pharmacist density in the region. In both cases, health systems benefit from shifting non-acute care away from high-cost hospital treatments and outpatient procedures to pharmacy-based settings while emphasizing health literacy in health policies to support responsible self-care practices.

REGIONAL PERSPECTIVES ON SELF-CARE PRACTICES

- Self-care in Europe is seen as a necessity to relieve the burden on national healthcare systems and to alleviate demographic changes as well as mitigate an expected decline in the number of healthcare professionals in the region [1]. In this context, self-care strategies are promoted within Europe, with a focus on Rx to OTC switches

- A study by the Association of European Self-Care Industry (AESGP) published in 2004, showed that shifting 5% of all prescribed medicines to OTCs could save approximately $18.1 billion for both national health insurers and respective economies in Europe [2]

- In Central Asia, evidence on the significance of self-care, description of self-medication practices, prevalence of OTC consumption and the use of traditional medicines can be seen in a limited number of research articles.

- The Russian Longitudinal Monitoring Survey of 2015 indicates a high rate of self-care in Russia, including the use of medicines or home remedies. Self-treatment consists of OTC for treating STCs as well as serious health conditions. The prevalence of self-care is triggered by mistrust in the healthcare system and a lack of efficient governmental medical facilities [3].

REGIONAL RESULTS

All **45 countries** from this region are divided into the three Country Groups as follows: 24 countries in Group A, 20 in Group B and one in Group C. As seen in Table 1, Group A and Group B demonstrate the highest self-care prevalence in the region, as the total amount of OTC packs is divided almost evenly between the two groups. 30% of OTC packs in the *self-care as first treatment option (FT)* belongs to Group A while 70% of OTC packs in the *self-care as the only treatment option (OT)* belong to Group B. The total population in Group A is approximately 461 million which is relatively similar to that of Group B with a total population of about 446 million. The population in Group C is about nine million.

Table 1: Current value of self-care in Europe and Central Asia

			Group A • 461 mn people • 1,308 mn FT packs • 1,962 mn OT packs	Group B • 446 mn people • 1,549 mn FT packs • 4,648 mn OT packs	Group C • 9 mn people • 288,952 mn FT packs • 5 mn OT packs
FT		Cost Containment	$33,885 mn	$12,391 mn	$2 mn
FT		Individual Time Saving	1,635 mn hours	2,324 mn hours	1 mn hours
FT		Physician Time Saving	392 mn hours	310 mn hours	28,895 hours
OT		Productivity	2,943 mn days	6,971 mn days	8 mn days
OT		Welfare	$413,786 mn	$232,600 mn	$33 mn
OT		Quality of Life	1,589,133 QALYs	3,764,575 QALYs	4,447 QALYs

Based solely on the number of OTC packs used in the FT, it is evident that Group C, with about five million OTC packs used in self-care, makes only a small contribution to the overall in the Europe and Central Asia region. The cost containment and welfare in Group A almost doubles that of Group B due to the higher average cost of OTC products and higher average income per capita among Group A countries. Cost containment in Group A is reported to reach $33.9 billion while $413.8 billion in welfare is generated currently. In Group B, $12.4 billion in cost containment and $232.6 billion in welfare gains are achieved. Another difference between these two Country Groups is observed for individual time savings as Group B countries have, on average, longer waiting and travel time to see a physician.

Future value of self-care in Europe and Central Asia is summarized in Table 2 by Country Group while the overall value of self-care for this region divided by OTC drivers are highlighted in Figure 1. Projections are compared to current values to estimate the extent of influence of the three OTC drivers (namely, demographics, welfare and better self-care policies) on future savings.

Table 2: Future value of self-care in Europe and Central Asia per Country Group

			Group A • 463 mn people • 1,701 mn FT packs • 2,552 mn OT packs	Group B • 456 mn people • 2,720 mn FT packs • 8,161 mn OT packs	Group C • 12 mn people • 1 mn FT packs • 11 mn OT packs
FT		Cost Containment	$44,185 mn	$21,740 mn	$4 mn
		Individual Time Saving	2,127 mn hours	4,081 mn hours	1 mn hours
		Physician Time Saving	510 mn hours	544 mn hours	58,458 hours
OT		Productivity	3,828 mn days	12,242 mn days	17 mn days
		Welfare	$540,786 mn	$407,060 mn	$66 mn
		Quality of Life	2,067,005 QALYs	6,610,523 QALYs	8,997 QALYs

The three OTC drivers namely demography, economic welfare and self-care policies add to the value of self-care, as seen in Table 2. Besides the current value of self-care, additional savings in terms of all self-care metrics are greatest in Groups A and B, where there is an inclination towards the concept of FT, including cost containment, individual time savings and physician time savings. The results also indicate that despite similar population levels in Groups A and B, OTC expenditure in terms of packs is higher in Group B, as several countries in this group have a high average number of OTC packs purchased per capita per year. For example, the average number of OTC packs per capita per year is approximately 21 in Poland and 23 in Russia, while this figure is around eight in Austria and six in Spain. Thus, the value from Group B, for example in individual time savings, productivity and QALYs, is the most pronounced in this region.

Figure 1: Future value of self-care in Europe and Central Asia
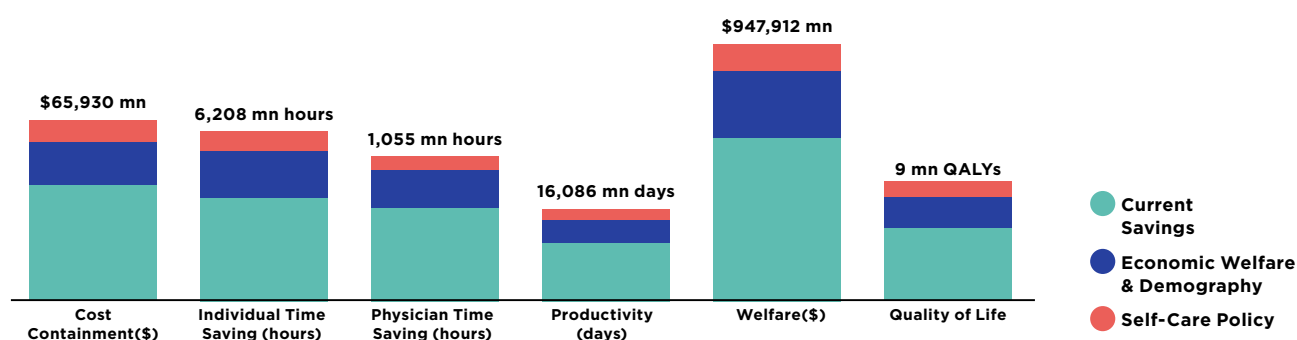
The results of the study highlight the magnitude of value of self-care that are expected to be generated for Europe and Central Asia in the future in contrast to current value. Cost containment is projected to increase by 68% in future, achieving overall monetary savings in this region of approximately $66 billion. Furthermore, a total of almost $950 billion in welfare and 16 billion days of avoided productivity loss can be expected.

Moreover, approximately 6 billion hours of individual time will be saved by eliminating time spent on avoidable physician visits for STCs. Besides monetary and time savings, a gain in quality of life is calculated to increase from approximately five million to nine million QALYs. Finally, appropriate self-care policies are one of the major drivers for future contributions to the metrics ranging from 15 to 20% as shown in Table 3.

Table 3: Value of self-care achieved through self-care policy in Europe and Central Asia

			Overall impact of self-care		Future value of self-care policies	Future contribution of self-care policies as a driver
			Current	Future		
FT		Cost Containment	$46.3 bn	$65.9 bn	$6.9 bn	**+15%**
		Individual Time Saving	4.0 bn hours	6.2 bn hours	0.7 bn hours	**+18%**
		Physician Time Saving	0.7 bn hours	1.1 bn hours	0.1 bn hours	**+17%**
OT		Productivity	9.9 bn days	16.1 bn days	1.9 bn days	**+20%**
		Welfare	$646.4 bn	$947.9 bn	$102.3 bn	**+16%**
		Quality of Life	5.4 mn QALYs	8.7 mn QALYs	1.1 mn QALYs	**+20%**

RECOMMENDATIONS

- **Integrative national self-care policies are essential in providing a framework for self-care.**

- **Behavioral incentives on the part of the public, pharmacists and physicians.**

- **Health literacy education for both individuals and healthcare professional education with credible sources of information on self-care practices.**

- **Physicians play a significant role in enhancing self-care with two best practice examples identified in this study:**

- German "Grünes Rezept" Physician gives individuals written advice about non-reimbursable self-care products

- GP Referral Pathway in England which provides GPs with the option of referring individuals to the pharmacy for a minor ailment consultation, thus improving the collaboration between physicians and pharmacists in promoting self-care.

REFERENCES

1. Irish Pharmacy Union. SELF CARE Taking charge of your health [Internet]. n.d. [cited 2021 Sep 4]. Available from: https://www.ipha.ie/IPHA/media/Documents/Self-Care-taking-charge-of-your-health.pdf

2. Association of the European Self-Care Industry. The Economic and Public Health Value of Self-Medication [Internet]. Brussels: AESGP; 2004. Available from: https://aesgp.eu/content/uploads/2019/10/THE-ECONOMIC-AND-PUBLIC-HEALTH-VALUE-OF-SELF-MEDICATION.pdf

3. Lebedeva-Nesevria N, Barg A. Self-medication in Russia today: Social Practices and Health Risks. In France; 2016. Available from: https://www.researchgate.net/publication/311103425_Self-medication_in_Russia_today_Social_Practices_and_Health_Risks