



Self-Care **SOCIO-ECONOMIC RESEARCH**

Regional Summaries: Latin America & the Caribbean



INTRODUCTION

In Latin America and the Caribbean, the current total population is about 640 million. The national health coverage system (NHSC) varies from low (e.g. 12% in Honduras and 24% in Paraguay) to high (e.g. 100% in Brazil and 97% in Argentina) and a relatively lower number of countries exhibit a mid-range NHSC. The gross domestic product and healthcare expenditure per capita is relatively low in this region, especially in Nicaragua and Bolivia, where the GDP per capita is below \$5,000. OOP expenditure, however, ranges from moderate to high.

There is low to moderate health services provision and access to healthcare in this region due to gaps in availability of healthcare providers, including physicians

and pharmacists, as well as shortage of hospital beds. Natural population growth and increased life expectancy in this region are placing even greater demands on already limited health resources, making it critical that self-care practises are adopted to alleviate these pressures and improve population health. However, it is essential that health literacy levels are enhanced in order to empower individuals to make informed decisions regarding health and lifestyle. The general level of education in Latin America and the Caribbean is moderate, with the exception of Haiti and Honduras, the countries that also exhibit lower GDP. Correspondingly, levels of health literacy are also commonly limited in this region and it is evident that it is particularly affected by social inequalities, such as poverty.







REGIONAL PERSPECTIVES ON SELF-CARE PRACTICES

- Self-care in this region is represented by different concepts such as self-medication with OTC or traditional medicines and sustainable healthcare through health literacy and education owing to financial, geographical, and regulatory factors
- Non-communicable diseases are highly prevalent in the region with a high level of obesity compared to other regions globally. It is estimated that around 57% of the region's adult population are overweight [1] compared to a 39% global average [2]. Such conditions that could be managed and prevented through effective self-care and health lifestyle choices
- Despite having a high delivery of UHC in the region (90%) there are still challenges with economic resources and a scarcity of health care professionals [3]. Recent findings show that Latin America has the highest percentage of amenable mortality due to receipt of poor-quality health service [4]
- The practice of self-medication is a necessity due to barriers to healthcare caused by geographical factors (eg. Amazon Rainforest and Andes Mountain range create natural barriers which hinder the ability of countries, to provide healthcare access to the individuals and therefore contributes to inequities in healthcare distribution) [5] [6]

REGIONAL RESULTS

There are **22 countries** considered in the region with the countries divided into the three Country Groups as follows: four countries in Group A, 15 in Group B and three in Group C. As the majority of countries in this region are in Group B, it has the highest total population of about 543 million (Table 1). Group A has the next highest population of approximately 69 million and Group C the lowest of about 28 million. Therefore, the highest number of OTC packs in the **self-care as first treatment option (FT)** and **self-care as the only treatment option (OT)** concepts and the corresponding gains in this region are reflected in Group B.







Table 1: Current value of self-care in Latin America and the Caribbean

		Group A • 69 mn people • 51 mn FT packs • 76 mn OT packs	Group B • 543 mn people • 536 mn FT packs • 1,607 mn OT packs	Group C • 28 mn people • 1 mn FT packs • 18 mn OT packs
FT	 Cost Containment	\$662 mn	\$6,550 mn	\$30 mn
	 Individual Time Saving	63 mn hours	804 mn hours	2 mn hours
	 Physician Time Saving	15 mn hours	107 mn hours	95,798 hours
OT	 Productivity	114 mn days	2,411 mn days	27 mn days
	 Welfare	\$4,751 mn	\$74,038 mn	\$187 mn
	 Quality of Life	61,467 QALYs	1,302,027 QALYs	14,743 QALYs

As seen in [Table 1](#), in this region, the cost containment stands out with a total of \$662.0 million, \$6.6 billion and \$30.0 million in savings achieved in Group A, B and C, respectively. Besides the cost containment, the of individual time savings, productivity and QALYs are also significant. Notably,

as the majority of countries in this region are categorised in Group B, over 800 million hours are currently saved by individual, well over two billion productive days and more than one billion QALYs are gained in this Country Group.

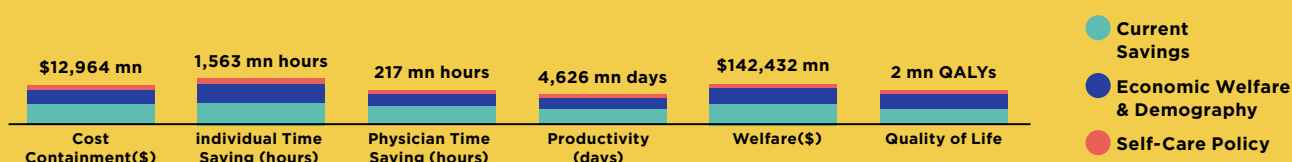
Table 2: Future value of self-care in Latin America and the Caribbean per Country Group

		Group A • 73 mn people • 69 mn FT packs • 104 mn OT packs	Group B • 593 mn people • 982 mn FT packs • 2,946 mn OT packs	Group C • 32 mn people • 2 mn FT packs • 34 mn OT packs
FT	 Cost Containment	\$894 mn	\$12,012 mn	\$57 mn
	 Individual Time Saving	87 mn hours	1,473 mn hours	3 mn hours
	 Physician Time Saving	21 mn hours	196 mn hours	177,374 hours
OT	 Productivity	156 mn days	4,419 mn days	51 mn days
	 Welfare	\$6,466 mn	\$135,618 mn	\$348 mn
	 Quality of Life	84,089 QALYs	2,386,436 QALYs	27,298 QALYs

The future value of self-care for region summarised in Table 2 by Country Group and the overall self-care gains by the OTC Driver for this region 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 summarises savings generated by self-care that are influenced by the three OTC drivers namely, demography, economic welfare and self-care policies. Since Group B has the highest total population in this region, it also has the largest OTC expenditure in terms of packs. This trend continues for other self-care metrics for both FT and OT concepts in the future potential scenario.







Figure 1: Future value of self-care in Latin America and The Caribbean



All six self-care metrics are projected to grow by approximately 80% in future in comparison to current scenario (Figure 1). This means in future, almost \$13 billion in cost containment will be generated. Well over four billion days of productive time are expected to be saved, yielding a welfare gain of more than \$142 billion when multiplied by the average income per day of the included countries. In addition, over one and a half billion hours in individual time savings are achievable in the future. These individual time savings may contribute to gains in quality of life as individuals are able to avoid the travel and waiting times associated with physician visits. Other improvements in quality of life

can be attributed to shorter duration of illness and faster treatment time. Notably, these improvements in quality of life result in calculated gains of over two million QALYs. Physician time savings are forecasted to increase to 217 million hours, meaning that the number of physicians freed up through self-care practices to treat more serious medical conditions will increase from approximately 57,000 in the status quo to 101,000 in the future potential scenario. Finally, as shown in Table 3 appropriate self-care policies a major drivers for future contributions of 22-23% across all metrics through self-care.

Table 3: Value of self-care achieved through self-care policy in Latin America and the Caribbean

		Overall impact of self-care		Future value of self-care policies	Future contribution of self-care policies as a driver
		Current	Future		
LT	 Cost Containment	\$7.2 bn	\$13.0 bn	\$1.7 bn	+23%
	 Individual Time Saving	0.9 bn hours	1.6 bn hours	0.2 bn hours	+23%
	 Physician Time Saving	122 mn hours	217 mn hours	28 mn hours	+22%
OT	 Productivity	2.6 bn days	4.6 bn days	0.6 bn days	+23%
	 Welfare	\$79.0 bn	\$142.4 bn	\$18.3 bn	+23%
	 Quality of Life	1.4 mn QALYs	2.5 mn QALYs	0.3 mn QALYs	+23%

RECOMMENDATIONS

- **Ensure individual empowerment through increased awareness and responsibility towards responsible self-care, through digital and self-care literacy**
- **Enhancing the use of communication technologies to provide credible information**
- **For individuals to practice effective self-care there is a need for increased access to self-care products to reduce the economic constraints on public health systems**
- **Regulatory convergence and simplification of low-risk molecules for OTC products and food supplements is necessary in Latin American region to strengthen public health and streamline product development and innovation**

REFERENCES

1. Obesity and overweight populations in Latin America, The Lancet 2022 Guillermo Garcia-Garcia, M.D. Nephrology Service, Hospital Civil de Guadalajara, Mexico. Available from <https://www.thelancet.com/campaigns/kidney/updates/obesity-and-overweight-populations-in-latin-america>
2. Obesity and overweight, World Health Organization, 9 June 2021. Available from Obesity and overweight (who.int)
3. Health at a Glance: Latin America and the Caribbean 2020 p.30, OECD & World Bank
4. PIIS0140673618316684.pdf
5. Gama ASM, Secoli SR. Self-medication practices in riverside communities in the Brazilian Amazon Rainforest. Rev Bras Enferm. 2020;73(5):e20190432..
6. Industria Latinoamericana de Autocuidado Responsable. Position Paper Self Care ILAR [Internet]. ILAR; 2020 [cited 2021 Aug 17]. Available from: <https://infoilar.org/novosite/en/position-paper-self-care-ilar/>