



## *Self-Care* **SOCIO-ECONOMIC RESEARCH**

# Regional Summaries: Middle East & North Africa (MENA)



### INTRODUCTION

It is estimated that in half of the countries in the MENA region, individuals have a high coverage of health insurance, with majority being equivalent to 100%. In countries belonging to the Co-operation Council for the Arab States (Bahrain, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates), many health services

are subsidized by the government. However, despite financial stability in the region, there is significant divide in healthcare expenditure ranging from low, e.g. \$69.83 in Syria, to high, e.g. \$3,323.54 in Israel. Another variation can be found in the form of out-of-pocket expenditure which ranges from low, e.g. 4.39% in Saudi Arabia, to high, e.g. 63.88% in Yemen.







## REGIONAL PERSPECTIVES ON SELF-CARE PRACTICES

- Self-care involves self-medication and traditional practices, among others, aimed to treat or manage symptoms. These activities vary depending on the culture, religion, level of education and socioeconomic situation in the country [1]. Due to the high prevalence of diabetes in this region, self-care is frequently associated with self-management of chronic diseases [2]. It also encompasses use of herbal medicines, nutritional supplements, traditional products and home remedies [9,10].
- Self-care in the MENA region comprises use of medicines to treat self-recognized health conditions without a physician's visit [3,4] to decrease the pressure on medical services, where healthcare personnel is inadequate [5]. Often with the help of pharmacists, the visit to physicians for self-treatable conditions take place only 10-30% of time. [7]
- Individuals practice self-medication when they are young and it becomes more popular with age [6,7]. It can range up to 83% in Iran and 42.5% in Jordan, to 35.4% in Saudi Arabia. It is noted that self-medication is prevalent among adolescents in many countries in this region: Jordan (87%), Palestine (98%), Kuwait (92%), United Arab Emirates (UAE) (89.2%), and Bahrain (44.8%) [8].

## REGIONAL RESULTS

There are **16 countries** considered in the MENA region with the countries divided into the three Country Groups as follows: five countries in Group A, 11 in Group B and two in Group C. The OTC expenditure reported in the unit of packs in the **self-care as the first treatment option (FT)** is the highest in Group B while the expenditure in the **self-care as the only treatment option (OT)** is the highest in Group C (Table 1). Highest FT and highest OT gains are observed in Groups B and C, respectively. Corresponding to the highest number of countries in Group B, this group also has the largest population size of approximately 261 million. Group A, however, consists only of five countries and has a population of about 60 million, which is less than half of the population of the two countries in Group C (130 million). It is thus noteworthy that the data in Group C is based on only two countries: Egypt and Yemen. Data for Egypt reveals over one billion in OTC sales expenditure, which is almost double of that in Iran, which has the next highest expenditure in the region.

**Table 1: Current value of self-care in Middle East and North Africa**







		Group A • 60 mn people • 96 mn FT packs • 144 mn OT packs	Group B • 261 mn people • 191 mn FT packs • 574 mn OT packs	Group C • 130 mn people • 46 mn FT packs • 868 mn OT packs
FT	 <b>Cost Containment</b>	\$1,970 mn	\$1,713 mn	\$208 mn
	 <b>Individual Time Saving</b>	120 mn hours	287 mn hours	88 mn hours
	 <b>Physician Time Saving</b>	29 mn hours	38 mn hours	5 mn hours
OT	 <b>Productivity</b>	216 mn days	861 mn days	1,302 mn days
	 <b>Welfare</b>	\$24,146 mn	\$12,980 mn	\$13,626 mn
	 <b>Quality of Life</b>	116,437 QALYs	464,935 QALYs	703,174 QALYs

A similar cost containment is seen in Group A and B of \$2.0 billion and \$1.7 billion, respectively, even though Group A's current OTC pack usage is less than half of that of Group B. This could be attributed to the higher cost per OTC pack in Group A countries, including Kuwait (\$9.44) and the United Arab Emirates (\$8.06), than Group B countries, for example Tunisia (\$1.72) and Jordan (\$4.33). Higher average costs per OTC pack may result in a marginal difference between costs associated with self-care and alternative forms of care. In the MENA region, physician time savings of 29.0 million, 38.0 million and five million hours respectively are achieved through status quo self-care practices in Groups A, B and C.

Additionally, about \$24.1 billion (Group A), \$13.0 billion (Group B) and \$13.6 billion (Group C) in welfare are gained in this region based on the number of productive days saved through self-care. The extent of welfare depends on the average income per capita in each country examined. Therefore, the welfare in Group A is the highest as countries in this group tend to have higher average incomes.

Future value of self-care for MENA is divided by Country Groups and summarized in Table 2 while value of self-care for this region divided by Market Drivers are highlighted in [Figure 1](#) and [Table 3](#). 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.

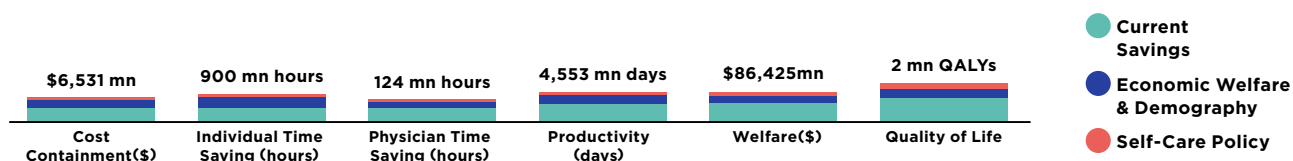
**Table 2: Future value of self-care in Middle East and North Africa per Country Group**

		Group A • 68 mn people • 139mn FT packs • 208 mn OT packs	Group B • 306 mn people • 369 mn FT packs • 1,107 mn OT packs	Group C • 157 mn people • 91 mn FT packs • 1,721 mn OT packs
ET	 <b>Cost Containment</b>	\$2,852 mn	\$3,265 mn	\$414 mn
	 <b>Individual Time Saving</b>	173 mn hours	553 mn hours	174 mn hours
	 <b>Physician Time Saving</b>	42 mn hours	74 mn hours	9 mn hours
OT	 <b>Productivity</b>	312 mn days	1,660 mn days	2,582 mn days
	 <b>Welfare</b>	\$34,709 mn	\$24,729 mn	\$26,897 mn
	 <b>Quality of Life</b>	168,295 QALYs	896,267 QALYs	1,394,134 QALYs

The future value of self-care is generated by three OTC drivers mentioned above. These gains are summarized in value above, which demonstrates that the Group B countries have the largest savings. The reason for this

is that almost 60% of the total population in this region is included in Group B. However, the welfare and quality of life gains are greatest in Group C as this group contains the most OTC packs in the OT.

**Figure 1: Future value of self-care in MENA**



Substantial gains from self-care are anticipated for the MENA region. Most notable are the increases of over 90% in quality of life and productivity compared current gains. As illustrated in Figure 1, about two million QALYs are gained in the future while over four and a half billion productive days gained lead to over \$86 billion in welfare. Furthermore, the cost containment will generate monetary savings

in excess of \$6.5 billion. Individual time savings of 900 million hours are projected, while savings of 124 million hours in physician time is forecasted, representing the release of approximately 58,000 physicians making them available to treat patients with more severe health conditions. Finally, as seen in Table 3 appropriate self-care policies are one of the major drivers for future contributions to the metrics ranging from 19 to 28%.

**Table 3: Value of self-care achieved through self-care policy in MENA**

		Overall impact of self-care		Future value of self-care policies	Future contribution of self-care policies as a driver
		Current	Future		
FT	<b>Cost Containment</b>	\$3.9 bn	\$6.5 bn	\$0.8 bn	<b>+19%</b>
	<b>Individual Time Saving</b>	0.5 bn hours	0.9 bn hours	0.1 bn hours	<b>+24%</b>
	<b>Physician Time Saving</b>	72 mn hours	124 mn hours	15 mn hours	<b>+21%</b>
OT	<b>Productivity</b>	2.4 bn days	4.6 bn days	0.7 bn days	<b>+28%</b>
	<b>Welfare</b>	\$50.8 bn	\$86.4 bn	\$10.9 bn	<b>+21%</b>
	<b>Quality of Life</b>	1.3 mn QALYs	2.5 mn QALYs	0.4 mn QALYs	<b>+28%</b>

## RECOMMENDATIONS

- **Increase awareness and trust towards responsible self-care by raising levels of self-care literacy and underlining a prominent role of pharmacists**
- **Create a favorable environment for switches Rx to OTC**
- **Harmonize regulatory frameworks to increase access to OTCs**

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