



Self-Care **SOCIO-ECONOMIC RESEARCH**

Regional Summaries: South Asia



INTRODUCTION

The South Asia region has a large total population of 1.8 billion and low overall affordability and accessibility indicators. Health insurance coverage in this region is quite inadequate (except Sri Lanka). Combination of the level of healthcare expenditure, GDP per capita, low densities of physicians, pharmacists and hospital beds indicates the lack of resources which manifests in limited government funding for healthcare and severely insufficient public and social insurance benefits. Consequently, there is a need for higher Out-of-Pocket payments (e.g. 72.08% in Pakistan and 54.15% in Nepal) as universal healthcare

coverage has not been achieved to support access to healthcare services, especially for financially disadvantaged populations. Despite efforts to improve primary care facilities and implement national programs that focus on primary care, investment in healthcare infrastructure remains low and primary care is often of poor quality [1].

The value of OTC research in India demonstrated that 27 minor ailments accounted for a staggering 4.52% billion USD annual healthcare spends and that massive savings of up to 43% can be incurred through 12 ailments, in which more than 25% of sufferers adopted self-medication.







REGIONAL PERSPECTIVES ON SELF-CARE PRACTICES

- Self-care in South-Asian countries is a broad concept comprising of self-medication, traditional medicines and hygiene practices influenced by socio-economic factors and region specific traditional medicines (e.g. Ayurveda, Unani, Sowa Rigpa).
- Due to the prevalence of diseases such as diarrhoea and cholera the focus of health care programs is on improving sanitation in addition to eradicating early childhood diseases, malnutrition and alleviating disease burden.

REGIONAL RESULTS

There are **six countries** considered in the South Asia region with the countries divided into two of the three Country Groups as follows: one in Group B and five in Group C. There are no Group A countries identified in this region. Value of self care generated in Group B are only marginal when analyzing the overall value of self-care in this region as the total population of Group B is recorded to be approximately 22 million in the status quo, while the total population in Group C equates to over 1.8 billion. As indicated in Figure 1, almost all self-care gains in this region are thus observed in Group C countries. It is also evident that **self-care as the only treatment option (OT)** is the dominant concept in this region as indicated by the 8.1 billion OTC packs used in the OT in Group C.

Table 1: Current value of self-care in South Asia

		Group B • 22 mn people • 6 mn FT packs • 17 mn OT packs	Group C • 1,813 mn people • 427 mn FT packs • 8,121 mn OT packs
FT	 Cost Containment	\$40 mn	\$1,089 mn
	 Individual Time Saving	9 mn hours	819 mn hours
	 Physician Time Saving	1 mn hours	43 mn hours
OT	 Productivity	26 mn days	12,182 mn days
	 Welfare	\$379 mn	\$88,398 mn
	 Quality of Life	14,154 QALYs	6,578,279 QALYs

The number of productive days as well as the number of QALYs are the most notable gains generated through current self-care practices in this region. Over 12 billion days in productivity are saved and more than 6.5 million QALYs are gained. Additionally, through the 12 billion productive days gained through self-care practices currently, almost \$90 billion in welfare gains are produced. While the aforementioned gains result from

the decision made by individuals to practice self-care instead of doing nothing (OT), savings are also achieved through the decision to practice self-care as FT. As a result, over \$1 billion is generated through the cost containment as well as over 800 million individual hours and 40 million physician hours are also observed in this region.

The additional impact of self-care in the future potential scenario for South Asia is summarized by Country Group in Table 2 and the overall self-care gains divided by OTC drivers for this region are highlighted in Figure 1 and [Table 3](#).

These future 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 South Asia per Country Group







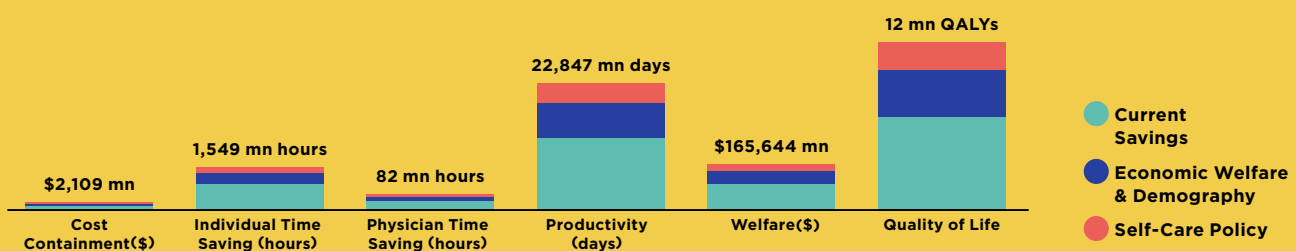
		Group B • 22 mn people • 10 mn FT packs • 31 mn OT packs	Group C • 2,027 mn people • 800 mn FT packs • 15,200 mn OT packs
FT	 Cost Containment	\$70 mn	\$2,039 mn
	 Individual Time Saving	15 mn hours	1,533 mn hours
	 Physician Time Saving	2 mn hours	80 mn hours
OT	 Productivity	46 mn days	22,800 mn days
	 Welfare	\$667 mn	\$164,977 mn
	 Quality of Life	24,933 QALYs	12,312,217 QALYs

Table 2 summarizes the savings of self-care that are influenced by the three OTC drivers namely, demography, economic welfare and self-care policies. Additional savings are generated in the future potential scenario for each self-care metric in this region with the majority of self-care gains observed in Group C (while no Group A countries are available). There is a heavy preference towards welfare which are associated with an individual's decision to practice self-care instead of doing nothing (OT). Majority of OTC expenditure in South Asia

is reflected in the number of packs used in the Self-care as the only treatment option in Group C. In addition, the active treatment of STCs is related to a reduction in the number of symptomatic days and severity of symptoms. This can lead to a decrease in duration of illness and allow individuals to return to their normal state of health more quickly. Due to the significance of the self-care benefits in this region, an extremely large growth potential in quality of life is observed in Group C.







Figure 1: Future value of self-care in South Asia



The future value of self-care in South Asia are forecasted to increase by almost 90% across all six self-care values currently achieved. For example, the cost containment currently is approximately \$1 billion in comparison to \$2 billion in the future scenario. Significant increases of productivity to about 23 billion days and welfare to \$166 billion are also expected. Furthermore, because of avoided travel time over long distances and long waiting times for physician visits in this region, more than one and a half billion hours in individual time savings will potentially be generated in the future. Approximately 82 million in saved

physician time could be gained. This value can, of course, be further increased if the number of primary care providers were to be expanded and if more standardized length of physician consultations were to be introduced. The gains in quality of life of over twelve million QALYs is not only very remarkable in the South Asian region, but it is also very significant compared to the impact of self-care on quality of life in other regions of the world. Finally, as shown in Table 3, appropriate self-care policies a major drivers for future contributions of 31% across all metrics through self-care.

Table 3: Value of self-care achieved through self-care policy in South Asia

		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	\$1.1 bn	\$2.1 bn	\$0.3 bn	+31%
	 Individual Time Saving	0.8 bn hours	1.5 bn hours	0.3 bn hours	+31%
	 Physician Time Saving	44 mn hours	82 mn hours	14 mn hours	+31%
OT	 Productivity	12.2 bn days	22.8 bn days	3.8 bn days	+31%
	 Welfare	\$88.8 bn	\$165.6 bn	\$27.6 bn	+31%
	 Quality of Life	6.6 mn QALYs	12.3 mn QALYs	2.1 mn QALYs	+31%

RECOMMENDATIONS

- **Increase self-care literacy levels through investing in empowering individuals to take decisions regarding their health and well-being**
- **Create a favorable switch policy for OTC that safe, effective, and trustworthy, along with the development of guidelines to implement sale of OTC drugs.**
- **Advocate for a prominent role for pharmacists to help individuals treat minor ailments. This will subsequently help relieve burden on health systems**
- **Create comprehensive self-care policies with clear guidelines and implementation helping in access and use of self-care products.**

REFERENCES

1. Rajah R, Hassali MAA, Murugiah MK. A systematic review of the prevalence of limited health literacy in Southeast Asian countries. Public Health. 2019 Feb;167:8-15.