



Self-Care **SOCIO-ECONOMIC RESEARCH**

Regional Summaries: Sub-Saharan Africa



INTRODUCTION

The population of Sub-Saharan Africa is about 1.1 billion. Lack of affordability and accessibility to healthcare is a major challenge across the region. According to the National Hospital Care Survey (NHSC), the countries in the region vary from those in lower ranges (e.g., Nigeria at 2%), through some in mid-ranges (e.g., Ghana and Eritrea with 74% and 51% respectively) to a limited number of countries with a high NHSC (e.g., The Gambia, Mauritius, Rwanda, and South Africa between 90% and 100%). Regions with low NHSC have a relatively higher Out of Pocket (OOP) expenditure

(e.g., in Nigeria and Sudan) resulting from inaccessibility of health services through Universal Health Coverage (UHC). Barriers to healthcare services include lack of financial resources due to low levels of income, GDP per capita and healthcare expenditure. Poor health literacy, lack of physicians (e.g., in Senegal with 0.07 per 1000 people), pharmacist densities (e.g., in Cameroon with 0.083 per 10,000 people) and hospital bed density (e.g., in Tanzania with 0.10 per 1,000 people) worsen conditions of the health systems (except in Mauritius with moderate to high availability of healthcare providers and hospital beds).

REGIONAL PERSPECTIVES ON SELF-CARE PRACTICES







- Despite different cultures and populations in the 48 countries in this region, self-care patterns are quite similar owing to comparable socio-economic situation [1].

- Observed self-care practices include self-medication, self-testing, self-administration and self-injection, and are often associated with management of malaria and chronic health conditions (e.g. diabetes) and sexual and reproductive health [2].

REGIONAL RESULTS

There are **44 countries** considered in the Sub-Saharan Africa region with the countries divided into two of the three Country Groups as follows: seven in Group B and 37 in Group C. There are no Group A countries identified in this region. As expected, the total population of Group C (one billion) is significantly larger than that of Group B (84 million). In Sub-Saharan Africa, for the **self-care as the first treatment option (FT)**, the number of OTC packs used is evenly distributed among Group B and C countries. Therefore, similar gains in cost containment, individual time savings and physician time savings are demonstrated in Table 1. However, with a lack of access to primary healthcare and longer distances required to travel to reach the next healthcare provider, it is evident that the majority of gains in the **self-care as the only treatment option (OT)** are observed in Group C countries.

Table 1: Current value of self-care in Sub-Saharan Africa

		Group B • 84 mn people • 73 mn FT packs • 220 mn OT packs	Group C • 1,021 mn people • 74 mn FT packs • 1,402 mn OT packs
FT	 Cost Containment	\$1,046 mn	\$919 mn
	 Individual Time Saving	110 mn hours	141 mn hours
	 Physician Time Saving	15 mn hours	7 mn hours
OT	 Productivity	330 mn days	2,102 mn days
	 Welfare	\$7,702 mn	\$7,844 mn
	 Quality of Life	178,258 QALYs	1,135,274 QALYs

The cost containment in Group B and C are calculated to be about \$1 billion in savings for each group. A slight difference is observed between individual time savings (110 million hours in Group B and 141 million hours in Group C) and physician time savings (15 million hours in Group B and 7 million hours in Group C). This is due to the longer travel distances and waiting time needed for countries with more limited access to healthcare in Group C than Group B, as well







as higher capacities of healthcare systems in Group B that allow physicians to allocate slightly more time for each individual they treat. The most significant savings generated in Sub-Saharan Africa include the number of productive days achieved (2.1 billion days) as well as the number of QALYs (more than one million QALYs) realized through current self-care practices. The high values for productivity, welfare and QALYs gained emphasize the importance of the OT in this

region and the potential to enhance the benefits of self-care that can be achieved by increasing the number of individuals practicing self-care rather than choosing to wait and not undertaking any actions.

The future value of self-care for Sub-Saharan Africa is summarized by Country Groups

in Table 2 while the overall value of self-care for this region divided by Market Drivers are highlighted in Figure 1 and Table 2. 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.

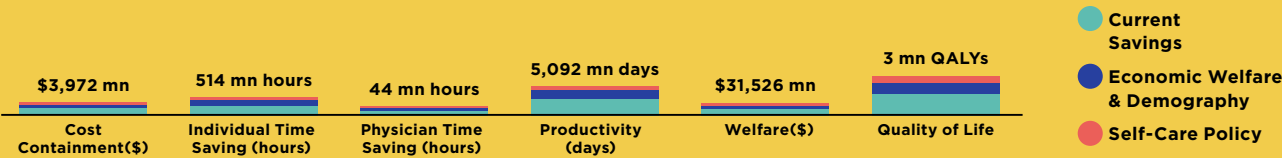
Table 2: Future value of self-care in Sub-Saharan Africa per Country Group

		Group B • 99 mn people • 143 mn FT packs • 429 mn OT packs	Group C • 1,351 mn people • 1 56mn FT packs • 2,965 mn OT packs
FT	 Cost Containment	\$2,004 mn	\$1,968 mn
	 Individual Time Saving	215 mn hours	299 mn hours
	 Physician Time Saving	29 mn hours	16 mn hours
OT	 Productivity	644 mn days	4,448 mn days
	 Welfare	\$14,823 mn	\$16,703 mn
	 Quality of Life	347,655 QALYs	2,402,020 QALYs

In the future potential scenario, the three OTC Drivers described previously, namely, demography, economic welfare and self-care policies, generate a considerable amount of savings for Group B and C countries, as seen in Table 2 above. Value of self care resulting in enhanced productivity and quality of life emerge most prominently in this region, reinforcing the potential of self-care in the future to decrease the burden of STCs and improve standards of health in the region of Sub-Saharan Africa. Moreover, improvements in quality of life may contribute

to productivity gains by decreasing loss of efficiency and absenteeism. Another important gain in this region is individual time saved, which also increases in the future scenario especially due to demographic changes and possible implementation of new self-care policy measures. In addition to the reasons behind the individual time savings outlined previously, benefits individuals by freeing up their time to continue with their day-to-day tasks or to avoid a loss of wages by allowing them to go to work as usual.







Figure 1: Future value of self-care in Sub-Saharan Africa



In addition to almost \$4.0 billion in monetary savings from the cost containment, the five billion days saved in productive time may translate into welfare gains of over \$31.5 billion. Moreover, an estimated 514 million hours will be saved for individuals as a result of not having to see a physician. These gains in time can be associated with the elimination of travel and waiting times and may also lead

to increased quality of life. The overall impact on quality of life is expected to increase from one million in the status quo to almost three million in the future. Finally, as shown in Table 3 appropriate self-care policies are one of the major drivers for future contributions through self-care. Contributions to all the metrics ranging from 29 to 34%.

Table 3: Value of self-care achieved through self-care policy in Sub-Saharan Africa

		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	\$2.0 bn	\$4.0 bn	\$0.6 bn	+30%
	 Individual Time Saving	251 mn hours	514 mn hours	78 mn hours	+31%
	 Physician Time Saving	22 mn hours	44 mn hours	6 mn hours	+29%
OT	 Productivity	2.4 bn days	5.1 bn days	0.8 bn days	+34%
	 Welfare	\$15.5 bn	\$31.5 bn	\$4.7 bn	+30%
	 Quality of Life	1.3 mn QALYs	2.7 mn QALYs	0.4 mn QALYs	+34%

RECOMMENDATIONS

- **Increase awareness towards responsible self-care by increasing self-care literacy and highlighting a prominent role for pharmacists**
- **Increase the access to OTCs through harmonized regulatory frameworks**

REFERENCES

1. World Bank. World Bank Country and Lending Groups – World Bank Data Help Desk [Internet]. [cited 2021 Sep 15]. Available from: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
2. Stephani V, Opoku D, Beran D. Self-management of diabetes in Sub-Saharan Africa: a systematic review. BMC Public Health. 2018 Dec;18(1):1148.