

The background of the slide is a close-up photograph of several human hands cupped together, palms up. Resting in the center of these hands is a white silhouette of a family consisting of a man, a woman, and two children. The man is on the left, holding the hand of a small child. The woman is in the center, holding the hand of the man and the hand of another small child on the right. The child on the far right is holding a small balloon. The entire scene is set against a soft, out-of-focus background of more hands.

Self-Care in Europe: Economic and Social Impact on Individuals and Society

by May und Bauer – Konzepte im Gesundheitsmarkt GbR



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Introduction

Due to a combination of demographic changes and medical progress, healthcare systems across Europe are facing serious financial challenges. Public health approaches based on a strengthened personal responsibility, i.e. on a more systematic practise of self-care, can help save time and costs. However, the strengthening of self-care is today still insufficiently promoted.



The research project “Self-Care in Europe: Economic and Social Impact on Individuals and Society” investigates the economic and social value of self-care measures in 30 European countries (EU27, Norway, Switzerland and the UK) – see Figure 1.

It identifies not only the current contribution of self-care products to European healthcare systems, but also its future potential.



Figure 1

The project follows 4 main objectives

-  ▶ Quantify the current benefits and potential of self-care for healthcare systems and individuals.
-  ▶ Quantify the economic and social value of self-care, should more OTC products be available.
-  ▶ Develop a model to rank European countries in terms of access to and uptake of self-care.
-  ▶ Derive a set of health policy recommendations addressed to national and European policy makers for an economically reasonable and clinically acceptable development of self-care.



Key learnings

There are few national studies on the value of self-care in European countries. However, existing surveys and questionnaires on views towards self-care show an emerging interest to foster a self-care culture and increase the uptake of self-care.

Overall, more medicines switches from a prescription to a self-care status combined with an increasing self-care behaviour lead to reductions in GP appointments for minor ailments and in the number of prescription medicines – see Figure 2.



Figure 2



Price comparison of treating a minor ailment by a physician vs self-care

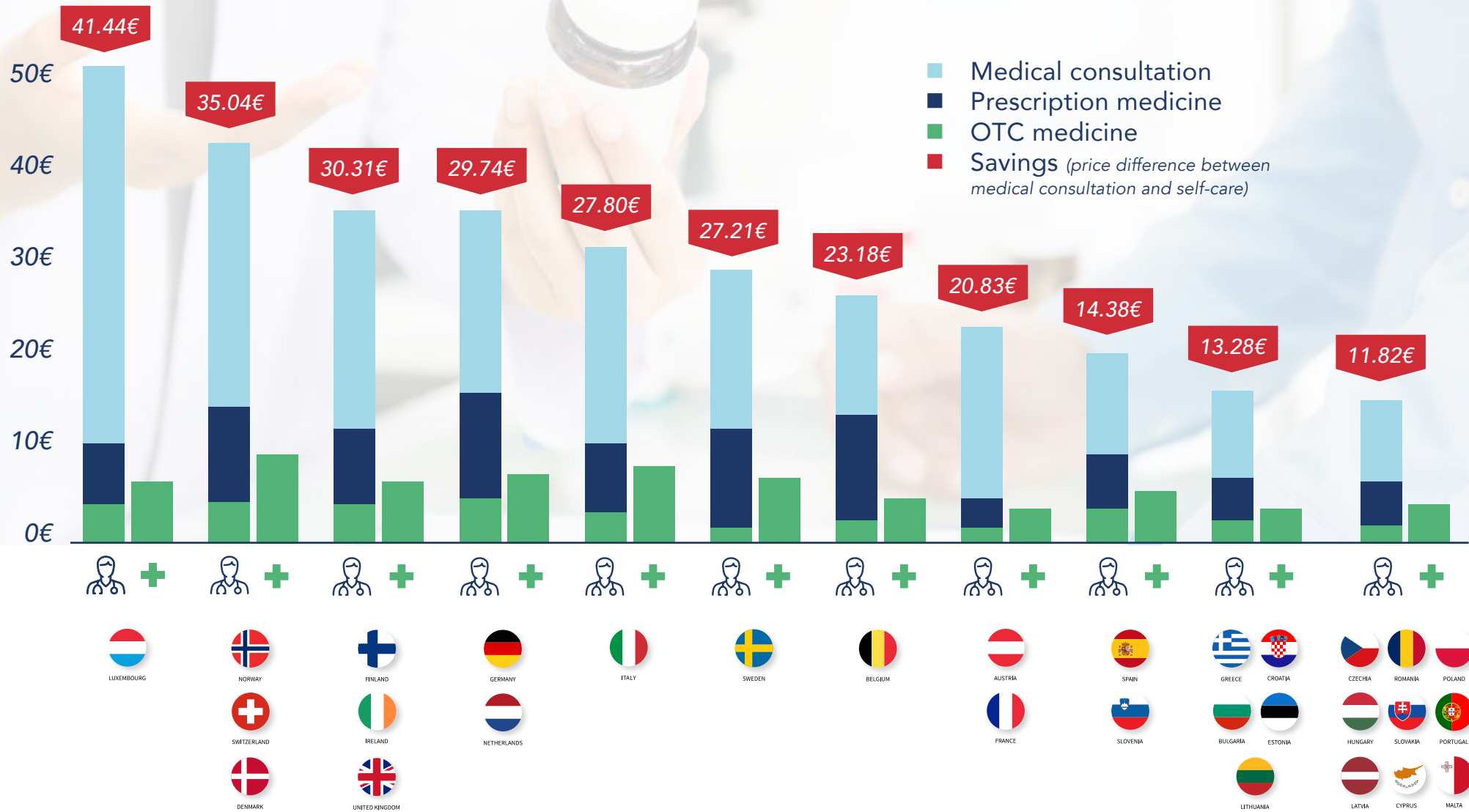


Figure 3



Self-care is already a source of substantial economic and social benefits in Europe

**1.2 billion cases/year* of minor ailments
are currently self-managed throughout Europe**

This produces considerable savings:

**23.3 billion Euros/year
medical services and products**



**10.41 billion Euros/year
in man-hours****



**These yearly costs would otherwise be
incurred by the national healthcare systems
and by national economies.**

* It is estimated that 6.6 billion minor ailment cases occur a year, of which 1.2 billion are self-managed with self-care products.

** Including expenditures due to time gained from saved physician visits and the lowered sick leave-associated losses of work productivity.



Both healthcare professionals

... and ...

individuals

Gain substantial benefits



Less time spent on GP's appointments for minor ailments



freeing up these finite resources

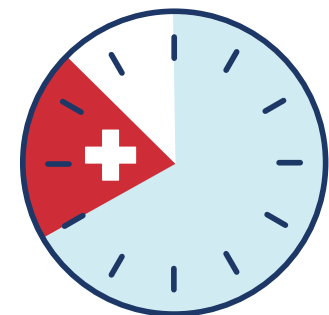
For more urgent or complex medical cases





If self-medication was not available, about 120,000 more physicians would be required in Europe or, alternatively, each physician would have to **work 2.4 hours longer per day.**

x 120.000



More self-care would bring further savings for the health system and national economy

A targeted approach promoting expanded self-care behaviour may lead to significant future gains for the efficiency of healthcare systems, but evidently with differences between the European countries.



The share of minor ailments that are currently self-managed with self-care products greatly varies in Europe.

In the scenario where self-care is expanded only to treat more minor ailments (provided there is no loss in the quality of care), there are two basic directions for the growth of self-care:



The use of self-care products for previously untreated ailments

Based on the current conditions in the countries considered, different growth potentials for self-care can be derived, either through Rx-to-OTC switches for those indications that are already self-treatable in another European country¹ ("**breadth**") or through higher utilisation of self-care ("**depth**") - see Figure 4.

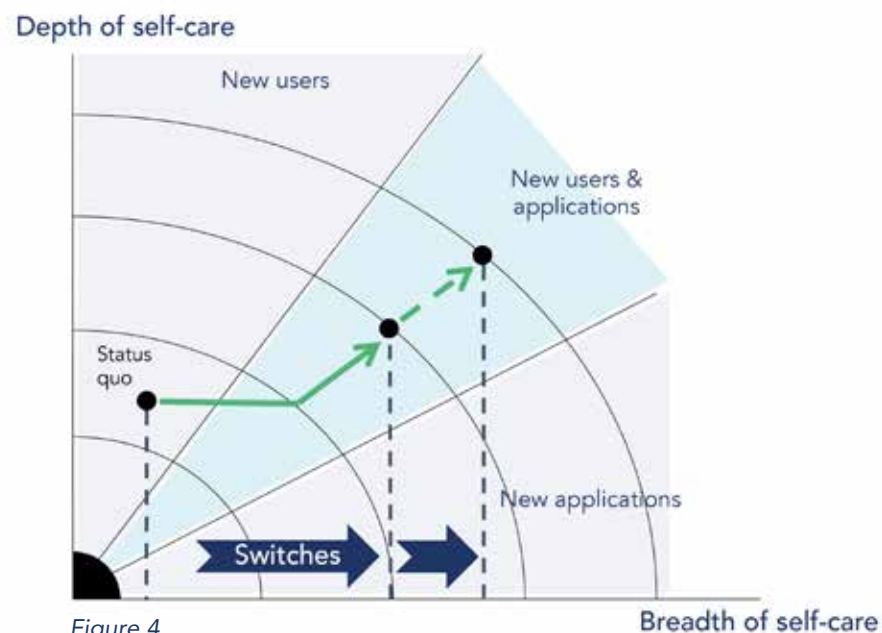


Figure 4

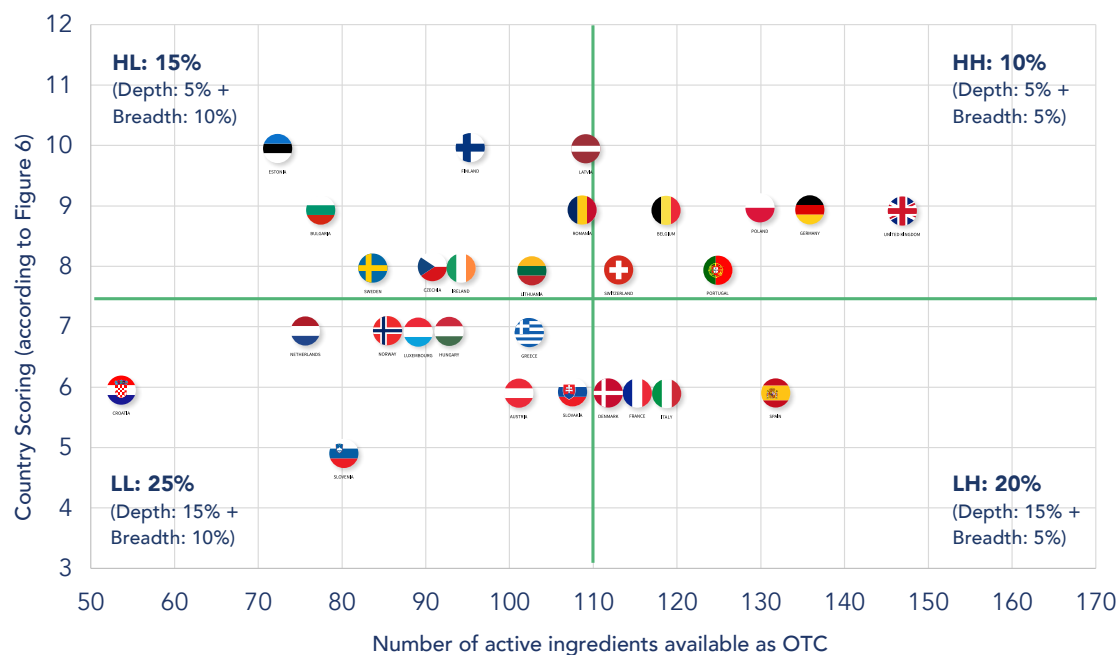
¹ AESGP OTC database <https://otc.aesgp.eu/>

2



Further substitution of GP visits by responsible self-care

The share of GP consultations that can be substituted by self-care is found to lie between 10% and 25% in the different considered countries. The potential varies country by country based on the current level of self-care uptake (see Figures 6 and 7), which is modelled in Figure 5.



H, high ; L, low Figure 5

Based on this scenario:

Self-care
could release



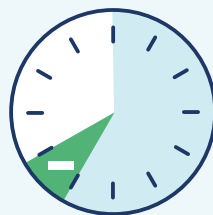
17.6 billion Euros/year

for society



In particular

58.000 doctors



Each GP currently employed in Europe **could gain about one hour of time per working day** which could be dedicated to patients with more severe health problems or to leisure time.

Free for other tasks in the healthcare systems

Assessing European countries in terms of access to and uptake of self-care

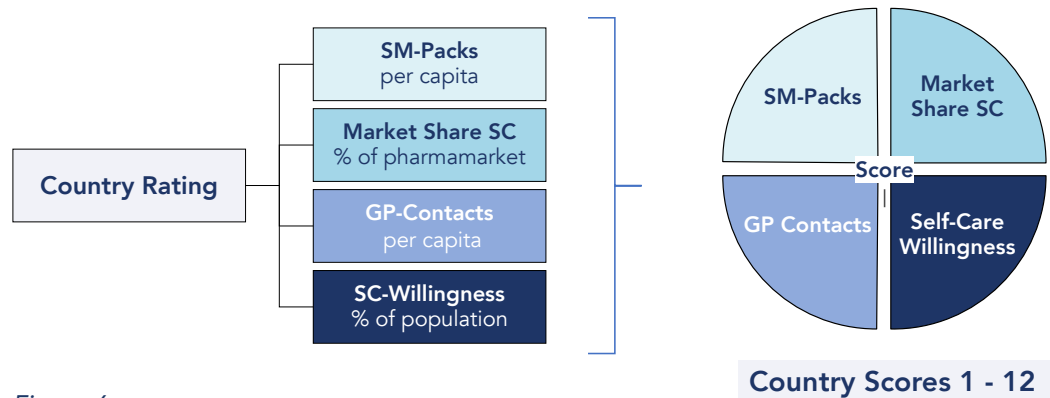


Figure 6

After defining parameters to help determine the different national levels of self-care uptake, **an assessment model has been developed based on four criteria reflecting national markets** (Figure 6).

A rating among the European countries was established, which provides the basis for identifying the measures and instruments suitable for promoting the role of self-care and potential obstacles.

The results show that the relevance of self-care, defined by its uptake, varies greatly in Europe, with no consistent pattern or characteristics between the groups of countries with a high, medium, and low uptake of self-care (Figure 7).

It is apparent that there are potentially different explanations that can be associated with the degree of self-care importance at the national level.

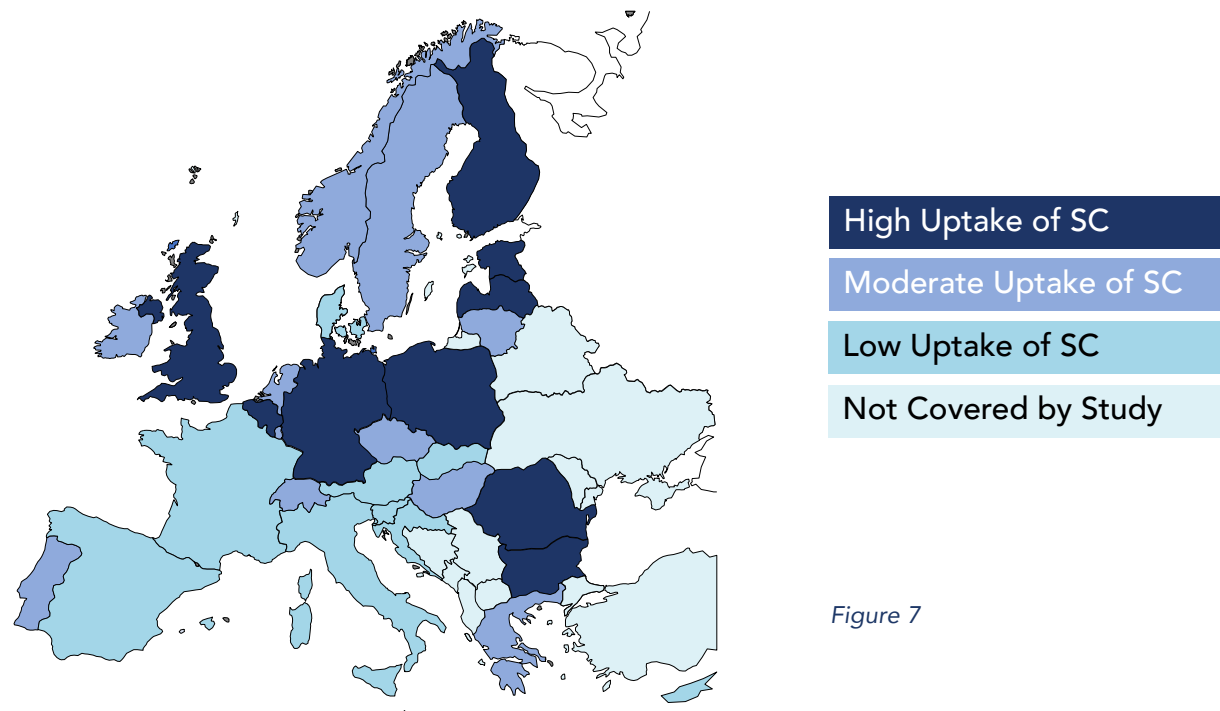


Figure 7

Drivers for self-care



*Limited access
to the public
health system:*



BULGARIA

ROMANIA



*High acceptance and
appreciation of community
pharmacies:*



BELGIUM

GERMANY



*Self-care policies identified in
countries with high self-care
uptake:*



FINLAND

UNITED KINGDOM

POLAND



In many cases, it is the overriding socioeconomic or legal conditions as well as socio-cultural conditions that have a decisive influence.



It can be assumed that an active self-care policy or targeted incentives among the general public and healthcare professionals (see “Drivers for self-care”) are causally related to the high value of self-care.

Regardless of these findings, **this study reveals that certain concrete measures or incentives have a positive steering effect with regard to self-care.** This means that **the promotion of self-care is possible, makes sense and should be taken into consideration.**

Towards a self-care policy in Europe: recommendations for national and European policy makers

The study has identified and selected approaches to enhance self-care, focusing on political commitment, pharmacists, the general public and physicians (Figure 8). It concludes that **the role of each stakeholder towards self-care can be strengthened through individually targeted and structured system approaches.**

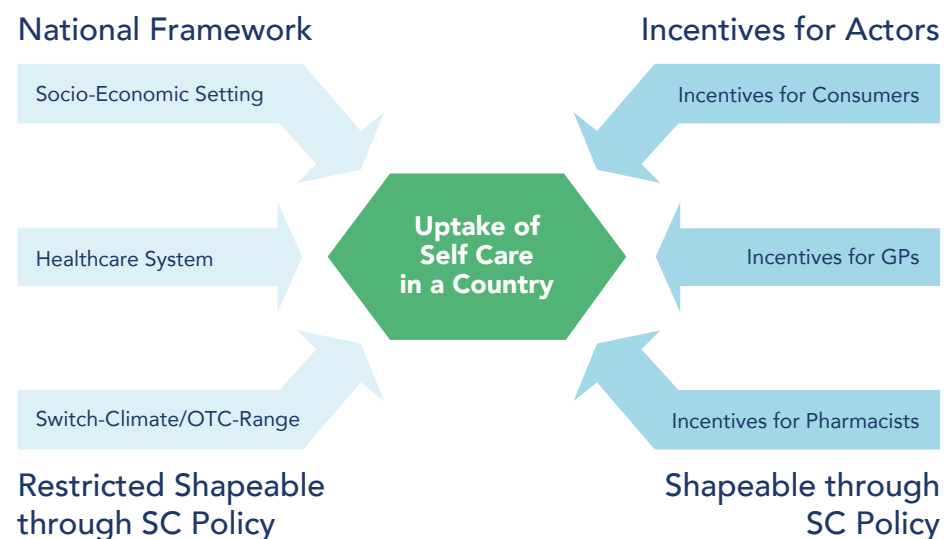


Figure 8





**To enhance self-care
there is a need for:**



Political commitment

A more explicit political commitment to self-care by European governments

Pharmacists

The involvement of pharmacists in particular, being the initial contact point for people with minor ailments

Public & Doctors

The involvement of the general population and doctors



► **Integrative national self-care policies are essential to provide a framework for self-care.**

Examples of guidelines, white papers and legislation on self-care can be found in Ireland, Finland, Switzerland and the UK.



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



The German “Grünes Rezept”

Physician gives patient written advice about non-reimbursable self-care products



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



► In addition, **structured systems that combine behavioural incentives on the part of the public, pharmacists and physicians and support both the public and healthcare professional education are particularly promising.**



► Public-focused approaches (such as self-medication budgets provided by some complementary health insurers, sick leave policies) as well as sources of health information and tools (such as self-care hotlines or websites) are found to increase consumer awareness of self-care.

These approaches are of course not immediately transferable to other European countries. They can however serve as a reflection basis for the development of further ideas or as a guide for the implementation of new self-care policies and activities in Europe, with adjustments to suit the needs of the respective country.

Conclusion



Both treatments by a physician and self-care have pros and cons, depending on the actual situation.



Health policy must therefore aim to promote the right decision of the individual in favour of treatment by a physician (if necessary) or in favour of self-care (if sufficient).



The extensive evidence base revealed by this new AESGP socio-economic study should serve as a foundation in the development of health policies in favour of the promotion of self-care. There is a strong need for further research and incentive systems throughout Europe, adapted to the individual situation of the country.



The guiding role of pharmacists in the health system as well as their significance as primary care providers for minor ailments should also be further strengthened in order to release the full potential of self-care.

Through a responsible self-care supported by an adequate health policy, resources can be freed up and considerable efficiency gains for health systems and national economies can be exploited. The success of such a policy can only be achieved if all involved stakeholders are adequately incentivised. These incentives should in any case aim to align the objectives of the individual actors with those of the society at large.

The resources freed up through an adequate self-care policy can play a significant role in building more resilient health systems across Europe.



About AESGP

AESGP, the Association of the European Self-Care Industry, is the voice of the manufacturers of non-prescription medicines, food supplements and self-care medical devices in Europe, an area also referred to as “self-care” or “consumer healthcare” products.

Because staying healthy as a society starts with each of us, our mission at AESGP is to support everyone in Europe’s access to safe and effective self-care, empowering people to take better care of their own and their families’ health.

Summary Report of the study “Self-Care in Europe: Economic and Social Impact on Individuals and Society” led on behalf of AESGP by May und Bauer – Konzepte im Gesundheitsmarkt GbR²

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