SELF-CARE IN EUROPE: ECONOMIC **AND SOCIAL IMPACT ON** INDIVIDUALS AND SOCIETY



X

This report summarizes the research study "Self-Care in Europe: Economic and Social Impact on Individuals and Society", conducted on behalf of AESGP by May und Bauer – Konzepte im Gesundheitsmarkt GbR [1]. For more details and bibliographical references, please consult the main study.

Copyright © 2023 AESGP, All rights reserved.

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, effective and sustainable self-care, empowering people to take better care of their own and their families' health.



Table of contents



Introduction

5

Part I - Contribution of self-care to healthcare systems and individual wellbeing

Economic and social value of the current self-care context in Europe	7
Economic and social value of an improved self-care context in Europe	9

Part II - Promoting self-care in Europe: framework conditions and policy recommendations

Mapping the use of self-care in Europe: framework conditions	15
Establishing a self-care policy in Europe: recommendations	16

Conclusion



Introduction

European health systems are facing serious challenges that can be explained in particular by the scarcity of resources and the increasing pressure of demographic changes and medical progress. Their fragility is even more worrying as they are increasingly impacted by additional stressors, linked for example to climate change, pandemics and geopolitical conflicts.

In this study, **self-care** is defined as "the proactive management of minor and temporary ailments by a patient or consumer based on personal preference and with the use of a non-prescription medicine."

Self-care offers an answer to health policy makers to face this context. It can play an important role in saving precious resources and ensuring the resilience of healthcare systems across Europe. However, until now, it has not been sufficiently recognised as a real resource of the health system.

While national studies on the value of self-care in European countries are few, there is a growing interest in promoting a culture of self-care and increasing the adoption of self-care. This claim is further supported by people's growing desire to take better control of their health and avoid getting sick, an individual and collective initiative that has peaked during COVID-19 and lockdowns.

The study "Self-Care in Europe: Economic and Social Impact on Individuals and Society", conducted on behalf of AESGP by May und Bauer – Konzepte im Gesundheitsmarkt GbR, aims to offer an updated picture of the economic and social value of self-care in Europe. It identifies not only the current contribution of self-care to European health systems, economies and individuals in 30 European countries (EU27, Norway, Switzerland and the United Kingdom), but also its potential if it were to be further promoted. It also offers a model to enable European countries to be ranked in terms of access to and use of self-care, and, finally, it suggests a set of health policy recommendations for the further development of self-care.

This report presents the main results of the study. For more details, AESGP invites the reader to consult the complete study.

Part I Contribution of self-care to healthcare systems and individual wellbeing



Economic and social value of the current self-care context in Europe

Social and economic benefits

Each year across Europe, **1.2 billion cases of minor ailments** are self-managed by the uptake of non-prescription medicines. This practice avoids considerable expenditure (\in 36.72 billion) that would otherwise be borne by patients, national health systems and national economies:

- € 26.31 billion saved in expenditure on medical services and products.
- € 10.41 billion saved in avoided productivity loss including expenditures due to time gained from saved general practice doctor (GP) visits and reduced work productivity losses associated with sick leave and absence from work.

In other words, every euro spent in Europe by an individual on non-prescription medicines saves society € 6.70.



For each country group, the direct medical costs of individual treatment of a minor ailment by the GP were compared with those of self-care. In all cases, the total direct costs of choosing a GP visit are significantly higher than those of choosing self-care.

Better resources and time allocation

Self-care avoids unnecessary appointments for the examination and treatment of minor ailments that can be self-managed. It thereby saves **healthcare professionals and individuals considerable time.**

If non-prescription medicines were not available and self-care were not an option:



Economic and social value of an improved self-care context in Europe

Growth potential in Europe

The share of minor ailments currently self-managed varies considerably from one European country to another. The expansion of self-care beyond the existing scope – i.e., if self-care were expanded to treat more minor ailments in Europe – is possible in two ways:

- by **expanding access to self-care**, e.g. adding new active pharmaceutical ingredients and/or indication areas where self-care has not been practised so far ("breadth" of self-care) notably through reclassification from prescription to non-prescription status²;
- by **increasing the practice of self-care** by individuals as the first option before visiting the GP ("depth" of self-care).



These two levers have a determining influence in reducing the number of visits to GPs for the treatment of minor ailments in favour of self-care.

Based on these considerations, the assumption of different growth potentials can be made in relation to different market constellations, as represented by the four quadrants in Figure 3. The differential applies to growth potential understood in aggregate terms as well as relatively to the breadth and depth components of self-care.

2 – The AESGP OTC Ingredients Directory compares the classification status (prescription or non-prescription) of more than 200 active pharmaceutical ingredients in 39 countries (25 European and 14 non-European countries): https://otc.aesgp.eu/



The number of substances available without a prescription represents the "breadth" of self-care (horizontal axis). It is contrasted with the "depth" of self-care (vertical axis) that translates a country scoring based on comparison of self-medication packs per capita, self-care market share in total pharmaceutical market, GP contacts per capita and willingness to self-care.

Comparing the countries among themselves in particular:

- Countries in the LL group showing a low adoption of self-care (low depth) and having less non-prescription substances available on the market (low breadth) – e.g., Croatia, Netherlands, Norway, Hungary, Greece, Luxembourg, Austria, Slovakia, and Slovenia – have a higher potential for self-care growth.
- On the contrary, countries in the HH group e.g., Belgium, Poland, Germany, United Kingdom, Switzerland, and Portugal – have a lower self-care growth potential since self-care is already widely adopted by the population (high depth) and a wide range of non-prescription medicines is already available (high breadth).
- Countries in the HL or LH groups show intermediate potentials for self-care growth if either the breadth or depth of self-care are further developed.

As a result, the **share of medical consultations that can be replaced by more self-care** – the untapped self-care potential – **is between 10% and 25% of current GP visits**, depending on the adoption rate of self-care in a given country (HH, HL, LH or LL country).



Future potential benefits

The promotion of self-care, according to the scenario described above, can therefore lead to important future gains for the efficiency of health systems, economies and individuals³. A total of **567.3 million additional minor ailments** could be self-managed in Europe. If it were the case:



Self-care could free up additional resources worth around € 17.6 billion per year for society. Added to the savings already realised today, self-care could therefore save a total of € 54.32 billion in direct and indirect costs in the future.



3 – Differences in the magnitude of savings may apply between European countries, depending on their individual potential for self-care growth. The different socioeconomic structures of European countries should also be taken into account, in particular the north/south and east/west disparities.

With more self-care:



These relieving effects for national health systems and economies, more or less significant depending on the country considered, also have a positive impact on the tense situation in medical practices in many countries. The potential resource savings identified for GPs may particularly benefit serious illness cases and reduce patients waiting times. Thus, access to health services can be improved in many countries in Europe through increased access to and adoption of self-care.

Part II Promoting self-care in Europe: framework conditions and policy recommendations



Mapping the use of self-care in Europe: framework conditions

The relevance of self-care, defined by its low or high uptake, varies considerably across Europe and is somewhat correlated with its potential.



To evaluate the uptake of self-care in Europe, an assessment of European countries was carried out based on four criteria (self-medication packs per capita, self-care market share in total pharmaceutical market, GP contacts per capita and willingness to self-care) reflecting the national situation. This assessment served as a basis for identifying appropriate measures and instruments to promote self-care and identify potential barriers. Different reasons can explain the varying degree of self-care relevance between countries. In general, the following factors explain the high uptake of self-care in some countries:

- **Socio-economic factors**, such as limited access to the public health system by the population (for example, in Bulgaria or Romania).
- **Legal factors**, such as an active self-care policy or targeted incentives among the public and healthcare professionals (for example, in Finland, United Kingdom or Poland).
- **Socio-cultural factors**, such as a strong acceptance and appreciation of community pharmacies (for example, in Belgium or Germany).

On this basis, concrete steering instruments to promote self-care in Europe, including measures or incentives, can be developed taking into account the specificities of each country.

Establishing a self-care policy in Europe: recommendations

The promotion of self-care is possible and must be seriously considered by policy makers in order to respond to the challenges and growing demand for social and health care in Europe.

Health policy should aim to sharpen individual judgement as to whether treatment by a doctor is necessary or whether self-care is sufficient. Depending on the situation, treatment by a GP or by self-care has advantages and disadvantages. In general, it is counterproductive for people to treat themselves or not receive any treatment at all if medical treatment is necessary. Likewise, it is uneconomical and counterproductive from the point of view of community and social interests for people to consult the doctor when self-care is sufficient.

The involvement of all stakeholders – i.e., the general public, healthcare professionals including pharmacists and GPs, and policy makers – is fundamental for the successful deployment of a self-care policy that promotes responsible practice of self-care. The support of pharmacists is especially important as they are the first points of contact for people with minor ailments.

A number of actionable ideas and proposals for a proactive self-care policy have been identified by this research and have the potential to assist health policy makers when considering strengthening national health systems⁴. It is important that these approaches aim to align the objectives of individual actors with those of society.

The following good practices, already in place in the countries studied, can serve as an inspiration:

Supporting the development and implementation of national integrative self-care policies	Implementing behavioural incentives targeting the public, pharmacists, and GPs to drive greater practice of self-care	Providing the public and healthcare professionals with easily accessible health information sources and tools
Examples include guidelines, white papers, lists of therapeutic indications suitable for self-care, etc.	Examples include public-focused approaches such as tax deduction schemes, self-care budgets provided by complementary health insurers, the promotion of community pharmacies as first points of call in case of minor ailment (e.g., CPCS system and GP Referral Pathway in England), simplified sick leave policies, the "Grünes Rezept" ("Green prescription") which enables GPs to 'prescribe' a self-care product, etc.	Examples include health education programs, campaigns and information materials, self-care hotlines or websites.

These practices are of course specific to each country and are not necessarily immediately transferable to other countries. However, they can serve as a basis for reflection for the development of additional ideas or as a guide for the implementation of self-care policies and incentives in Europe, with adjustments to meet the needs of each national context.

Building a country-specific self-care policy:





Conclusion

The study "Self-Care in Europe: Economic and Social Impact on Individuals and Society" was carried out to identify the current contributions (to European health systems and economies) of the individual practice of self-care when using non-prescription medicines and to highlight the potential of this practice for the future.

The study confirms that self-care already yields substantial benefits by allowing people to treat minor ailments independently, in a less time-consuming and less expensive way. Self-care generates considerable savings in terms of medical services, products and productivity, helping to ease the burden on national health systems and economies as well as saving valuable personal time.

If supported by the right policy, the promotion and expansion of self-care would increase these social and economic savings. The success of such a policy can only be achieved if all relevant stakeholders are incentivised and supported.

The AESGP study aims to bring the current state of knowledge to an expert audience and to health policy makers by compiling up-to-date and scientifically sound comparable data on self-care in Europe, highlighting its value, potential and drivers. AESGP and its members hope that this new source of evidence will inspire actions at European and national levels to deploy policies that favour the promotion of self-care.

In the face of difficult times that require health systems to adapt, the promotion of self-care in Europe will ensure the efficient and sustainable use of health system resources and will guarantee that people have full and reliable access to health care while feeling empowered to take care of themselves whenever possible.



Notes



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

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









Scan the QR code to access the study and its annexes



Association of the European Self-Care Industry (AESGP) Avenue de Tervueren 7, 1040 Brussels, Belgium +32 2 735 51 30 (n) @aesgp (2) @aesgp • www.aesgp.eu