



Self-Care

**Better Daily Health for
Individuals and Societies**

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Executive Summary

Establishing self-care as a global policy priority to improve health outcomes and address the sustainability of health systems around the world is both necessary and achievable. As this paper suggests, however, achieving self-care's potential will require that we expand access and exposure to health literacy and tools that enable the greater adoption of lifelong self-care practices. Giving people the assurance and capabilities to practice self-care requires addressing a knowledge gap from a health literacy standpoint and a leadership gap in encouragement, support and promotion among policymakers.

The post-2015 Sustainable Development Goals (SDGs) agenda at the United Nations (UN), with its target of achieving universal health coverage by 2030, presents an unparalleled opportunity to engage government ministers, policymakers and NGOs – most notably the World Health Organization (WHO) – to put self-care at the top of the global health policy agenda. Self-care is essential for universal health coverage to be achievable, successful and sustainable.

Half the world still lacks access to essential health services, according to a 2017 report by the World Bank and WHO.¹ Closing this gap will require not only financial and infrastructure improvements, but investments in human capital. These include sustained and comprehensive self-care policy initiatives at the regional, country and local levels.

This paper offers both a vision and a concrete global policy roadmap for achieving self-care's promise around the world, with the following recommendations:

- **Develop a universal definition and framework** for self-care to inform and guide self-care research and policy reforms;
- **Help people help themselves** by fostering greater self-care literacy, enabled by digital tools and technologies and education systems;
- **Make self-care integral to overall health policy** through greater investments in health promotion and disease prevention;
- **Build the institutional knowledge and leadership capacity** to promote self-care, particularly in developing countries;
- **Encourage health care professionals** to support and facilitate the practice of responsible self-care;
- **Add to the body of evidence** on self-care effectiveness; and,
- **Build stronger public-private partnerships and collaborations** across a broad cross-section of stakeholders.

While self-care's effectiveness in transforming daily health, driving positive health outcomes for individuals and producing significant efficiencies for health systems is well-documented, much opportunity remains to realize its full potential as a foundational component of health care around the world. As we face seismic demographic shifts, emergent health conditions and ever more prevalent non-communicable diseases, there has never been a more pressing need, or more promising time, to empower people to take better care of themselves and those they love.



Introduction

Health improvements over the last century have been nothing less than astounding. But as a WHO report notes, despite “increasing health expenditures and unprecedented advances in modern medicine,” people today are “not necessarily healthier; nor are they more content with the health care they receive.” There is a crucial need, the report adds, to “improve the capacity for self-management and self-care.”²

We could not agree more. In fact, we believe that there has never been a more urgent need, or a greater opportunity, to unleash self-care’s potential for improving individual health and making health care available to all.

Self-care is hardly a new concept. In fact, it can be considered the first health care delivery method ever used. People have always taken action to safeguard their personal health, treat minor illnesses and share their acquired knowledge with one another. Yet, however ancient its roots, the need for greater self-care has never been more vital, and its potential to help people live healthier, better lives has never been more promising.³

Whatever our ethnic, cultural, economic or social differences, people everywhere share an absolute right to better care for themselves and those they love. An analysis of more than 30 surveys from all over the world by the World Self-Medication Industry (WSMI) indicates that there is “no fundamental difference between developed and developing countries in people’s aspirations to participate, to their level of ability and preference, in [self-care] activities that affect their lives.”⁴

A paper produced by a network of organizations that includes National Health Service England (NHS) and the Royal College of General Practitioners declared that there is an ethical imperative to advance the cause of self-care.⁵ But acting on this imperative will require removing current barriers that inhibit people from taking better care of themselves and their families. This paper offers a policy blueprint for addressing these barriers and enabling wider adoption of responsible self-care practices to deliver better health for individuals and more sustainable health systems for society as a whole.

Defining Self-Care

Before going further, the first question to address is: what is meant by self-care?



The Merriam-Webster Dictionary added the term in 2018, defining it as:

“Care for oneself; specifically: health care provided by oneself often without the consultation of a medical professional.”⁶

A working group organized by WHO on the occasion of World Health Day 2013 offered the following definition:

“Self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health care provider.”⁷

A more comprehensive definition – and the one most often quoted – was coined at a 1983 WHO-sponsored conference on health promotion:

“Self-care in health refers to the activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals.”⁸

There are, however, a number of different definitions of self-care that are used publicly, which presents a challenge. For instance, in popular culture, *Slate Magazine* defines self-care simply as the concept of “consciously tending to one’s own well-being.”⁹ The mental health community gives self-care a broad connotation – as anything including activities that allow one to attend to his own basic daily needs, such as getting a haircut or massage, taking a trip, or eating at one’s favorite restaurant.¹⁰ These varied definitions mean that different initiatives are included in various studies seeking to measure the impact and benefits of self-care, which impedes drawing general conclusions that can be universally applied.¹¹ We will discuss the need to address this issue later, in this paper’s policy recommendations section.

It is important to note that self-care does not mean no care, nor does it imply that individuals are simply left to look after themselves.¹² In the Global North, self-care is often misconstrued as a luxury accessible only to those who have the time and resources to engage in actions like yoga, massage, meditation and other pursuits meant to cultivate the increasingly popular pursuit of mindfulness.¹³

But it is critical to dispel this misperception that self-care is accessible only to and can be practiced only by wealthier individuals in developed countries. In fact, individuals of all socio-economic levels have the capability to engage in self-care, and studies show that self-care “is the most dominant form of primary care in both developed and in developing countries.”¹³ For policymakers to understand and think about self-care as a practice that can be broadly implemented as a solution to existing health care challenges, they must first acknowledge that it is fundamental to citizen’s health. Self-care is a cost-effective way to enable people of all socio-economic levels to improve their health while reducing overall health care system costs.

An overarching aim of self-care is to, where possible, move away from an unnecessary dependence on overburdened doctors and health systems and toward enabling people – with the appropriate resources, basic tools and knowledge – to take care of themselves and transform their daily health. With greater resources required for treatment of long-term conditions and end-of-life care, the consensus has never been stronger that we must encourage greater use of self-care to maintain health, promote wellness and treat minor ailments.

For the purposes of this paper, we align our definition of self-care with WHO and the guard rails of the International Self-Care Foundation’s Seven Pillars of Self-Care,¹³ which encompass a spectrum of health care practices and actions, to be performed by the individual or by family members or caregivers of children or people living with mental illness, including:



Healthy lifestyle choices such as physical activity, practicing good hygiene and healthy eating, which allow the maintenance of good health and prevention of ill health;



Effective use of medicines and health care interventions;



Self-diagnosis, which involves assessment of symptoms based on access to the proper information and self-care learning tools – and, when properly informed – maintaining health with the responsible use of self-care medicines;



Self-treatment through the responsible use of medication for minor ailments, and self-monitoring of signs and symptoms indicating change in health condition;¹¹ and,



Access to tools that enable better self-care, including self-care medicines and tools that: improve health literacy, promote better nutrition and overall wellness, facilitate greater physical activity, support mental wellness and prevent and manage chronic diseases.

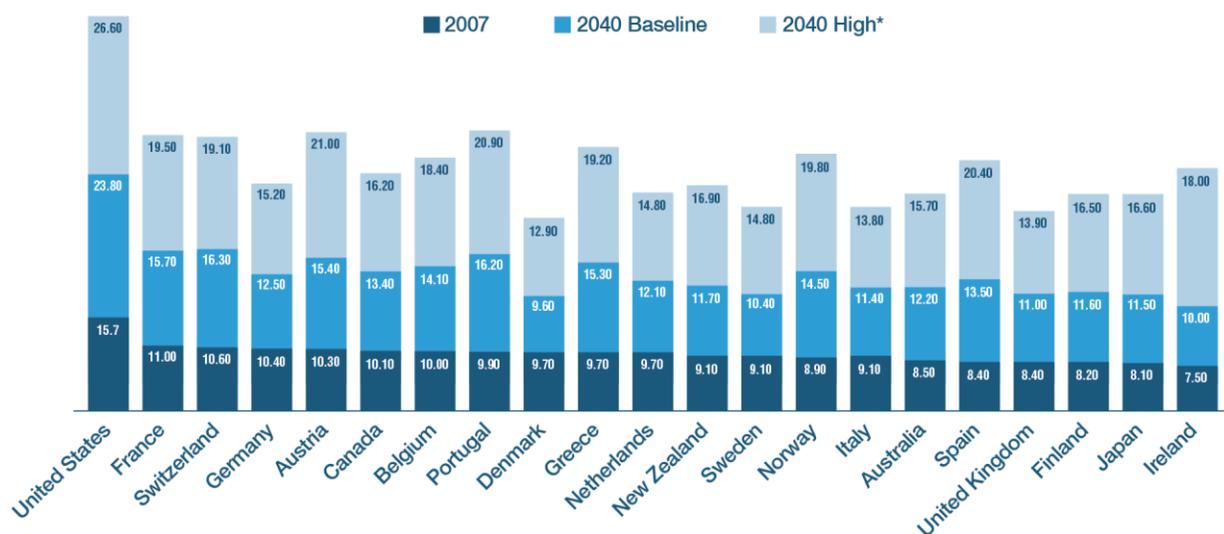


The Status Quo is Not Sustainable

Although vital to improving public health, expanded access to health care is not the biggest health care challenge we face in coming decades. More significant is the reality that health care systems are financially unsustainable. Aging populations, combined with the rising incidence of chronic diseases, cause unprecedented financial pressures and burdensome demands on health care systems around the world.¹⁴

Projected Potential Health Care Expenditure Growth by 2040

Health Expenditure as Share of GDP, Percent



*High projection applies a 2.5% probability of being one standard deviation higher to each year
 Source: World Economic Forum and McKinsey & Co, 2012

Health care systems in both developed and emerging economies face the same problem: insufficient resources to meet the anticipated health care needs of all citizens. Consider the following:

- Over the past 50 years, total health care expenditures in the 34 Organization for Economic Co-operation and Development (OECD) nations have climbed faster than GDP. Without reforms to alter fundamental drivers of this trend, some estimates suggest that by 2040, total expenditures could grow by another 50 to 100 percent.¹⁵
- According to an OECD study, with 37 percent of the European population expected to be aged 60 or over by 2050, in addition to the rise in chronic disease rates and constraints on public finances, traditional health care systems in Europe can no longer cope with these challenges and provide adequate services without fundamental transformation.¹⁶
- Health care spending in the United States as a share of GDP is among the highest in the world. An analysis of U.S. health costs, which are approaching U.S. \$3 trillion annually, concluded that “69 percent of this total was heavily influenced by consumer behaviors,” such as poor diets and sedentary lifestyles.¹⁶
- The fastest-growing regions in the coming years could be the Middle East and Africa, where spending on health care is expected to rise by an average of 10 percent annually. A key driver will be population growth, which will combine with government efforts to expand access to health care.¹⁶
- Aging populations and increasing life expectancies are anticipated to place a huge burden on the health care system in markets such as Western Europe, Japan, and – perhaps surprisingly – China, which is expected to experience a sharp decline in the number of young people.¹⁷ According to a 2015 report, 8.5 percent of the population worldwide (617 million) is aged 65 and over. By 2050, this percentage is expected to surge to nearly 17.5 percent of the world’s population.¹⁸
- In spite of popular perceptions of chronic diseases as a developed world problem, 80 percent of such illnesses occur in low- and middle-income countries. The burden of lifestyle-related consumer behaviors in these countries is simply staggering. A Harvard University study estimated that four prevalent non-communicable diseases



(diabetes, cancer, respiratory diseases and cardiovascular disease) result in economic losses equivalent to four percent or five percent of GDP per year in developing nations.¹⁹ On a per-person basis, the annual losses amount to an average of US\$25 in low-income countries, US\$50 in middle-income countries and US\$139 in upper-middle-income countries.²⁰

- Africa, the Middle East, Asia and Latin America are experiencing epidemics in diabetes and cardiovascular illnesses. China, with 92 million people living with diabetes, has overtaken India as the world leader in diabetes cases, according to the International Diabetes Federation.²¹

The importance that the UN places on health care sustainability is also reflected in the post-2015 Sustainable Development Goals, which demands the strengthening of health care systems as the third of 17 goals, including achieving universal health coverage and providing access to safe and affordable medicines and setting a target of 2030 to reduce deaths from non-communicable diseases by one-third.²² As part of this ongoing effort to reduce morbidity and mortality from cancer, heart disease, diabetes and respiratory illness, WHO will host its Third United Nations High-level Meeting on NCDs in 2018.²³

The challenge could not be clearer: all governments and societies must reconcile burgeoning demand for services with the limited resources available to pay for them. Here is how a recent World Economic Forum report sizes up the challenge:

“To design more sustainable health systems, advantage must be taken of demand-side opportunities. When people think of health, they tend to think narrowly about treatment and care delivered by a health care system rather than broadly about a health system that includes policies, products and services aimed at disease prevention and well-being.”¹⁴

Unless health systems shift away from the current reactive service model, which treats acute illnesses after the fact, they will fail in their quest to tame health care costs without impairing quality, access to care or both. We need to move to a new model that empowers consumers through improved health literacy and equips them for the prevention and self-management of minor illnesses and chronic conditions.



Economic Value of Self-Care

Addressing the overall health care sustainability challenge is a multifaceted problem that goes beyond the purview of this paper. However, there is a growing consensus that a greater emphasis on prevention, health promotion and self-care can help health care systems better cope with aging populations, fiscal pressures and the increased prevalence of chronic diseases. The wider adoption of self-care practices can also direct resources to the patients with greatest need. In other words, self-care has an increasingly important role in strengthening the sustainability of global health care systems.

Studies have shown that as much as 90 percent of the care a person needs to manage a chronic disease must come directly from the patient.² Evidence suggests self-management interventions, including self-monitoring and decision making, drive not only improvements in health outcomes and status, but also superior patient satisfaction and reduced hospital and emergency care costs.²

For example, a May 2012 report, *“Self-Care and Self-Care Support for People who Live with Long Term Conditions,”* concluded that engaged patients “tend to have better clinical outcomes, a higher quality of life and make more informed use of public services than those with lower levels of activation.”²⁴

Various analyses have been conducted to estimate the economic impact of self-care for minor ailments. Here are some examples from various countries and regions:

- According to a 2012 economic analysis conducted by Booz & Co. for the Consumer Healthcare Products Association (CHPA), each dollar spent on OTC (over-the-counter) medicines saves US\$6 to US\$7 for the U.S. health care system. The availability of OTC medicines currently provides US\$102 billion in savings to the U.S. health care system annually.²⁵ Another study commissioned by the CHPA in 2016, found that OTC availability of cough suppressant dextromethorphan (DXM) will save consumers and the health care system US\$21-31 billion over the next 10 years.²⁶

- A study by the Association of the European Self Medication Industry on the economic and public health value of self-medication in European countries in 2004, showed prescribed medicines for minor ailments accounted for 15 percent of total prescriptions. Relying on evidence validating a substitution relationship between professional care and self-medication for minor ailments, the study used a conservative substitution rate of five percent to estimate the potential economic impact of a shift to self-medication. Accounting also for other benefits of self-medication, such as increased productivity due to avoiding travelling and waiting times, the study calculated annual savings from this five percent switch to self-medication in Europe at more than €16 billion.²⁷
- A research study in China (2003) examining self-care education for more than 950 people with hypertension, diabetes and other chronic diseases revealed improvements in self-care behaviors, self-efficacy and health outcomes, and reduced hospitalizations in as few as six months after the education began.²⁸
- A 2015 study in Brazil showed that there are potential cost savings associated with expanding the responsible use of OTCs. Study results demonstrated that self-care OTC medicines reduced the number of emergency room visits by 21 percent and are able to provide alternative, effective treatment options. For every R\$1 spent on OTC medicines, there is an equivalent saving of R\$7 to the public health care system, reducing emergency visits and absentee work days.²⁹
- A 2014 study jointly funded by the Macquarie University Centre for the Health Economy and the Australian Self Medication Industry concluded that “consumer self-care currently saves the Australian economy AU\$10.4 billion” annually. On average, the study found, every AU\$1 spent by consumers on OTC medicines saves the Australian economy over AU\$4.³⁰
- In 2017, The Conference Board of Canada adapted a logic model to investigate the potential economic benefits of switching three medication categories from prescription to OTC. Overall, the potential economic gains of switching the three drug classes totaled just over C\$1 billion. The savings were a result of reduced drug costs (C\$458 million saved), fewer doctor visits (C\$290 million saved from 6.6 million fewer visits) and less time spent away from work (C\$290 million saved).³¹
- Unnecessary doctor visits for common, non-serious health conditions cost the Mexican government as much as US\$745 million annually. A recent study by the Asociación de Fabricantes de Medicamentos de Libre Acceso (The Association of Pharmaceutical Manufacturers for Free Access; AFAMELA), found that the costs associated with using self-care OTC products to treat the same conditions may be just US\$120 million per year, which means a potential US\$625 million health care cost savings. Every year, millions of people in Mexico seek treatment for common, non-serious health conditions in the public health care system, despite the availability of effective, cost-effective self-care solutions. This common practice leads to unnecessarily high health care costs.³²

- Health promotion and better self-care during and after pregnancy delivers both positive outcomes for new mothers and their babies and economic value.³³ For example, smoking among expectant mothers has long been associated with low birth-weight babies and complications. A clinical trial involving a diverse population of women who were smokers at the time of their first prenatal visit found that approximately US\$3 in health care savings was generated for every US\$1 invested in a self-help smoking cessation program.³⁴
- Encouraging and equipping people to reduce their dependency on instinctively turning to physicians for minor ailments can have a significant impact on the health systems. A 2009 IMS Health study determined that 57 million physician consultations annually, representing 75 percent of total cases, involve discussions of minor ailments.³⁵ This comes at a cost of £2 billion to the NHS when factoring in general practitioners' time. Yet, in a poll, 61 percent of people indicated they would self-treat next time if actively advised to do so.⁵

10 Minor Ailments Trigger 75% of Consultations in the UK

Condition	Consultations (millions)
Back Pain	8.4
Dermatitis	6.8
Heartburn	6.8
Nasal Congestion	5.3
Constipation	4.3
Migraine	2.7
Cough	2.6
Acne	2.4
Sprains & Strains	2.2
Headache	1.8
Earache	1.7
Psoriasis	1.7
Conjunctivitis	1.3
Sore Throat	1.2
Diarrhea	1.2
Hemorrhoids	0.9
Cystitis	0.7
Hay Fever	0.7

Source: IMS Health Study, Commissioned by PAGB

Studies and statistics, such as those cited above, represent merely the tip of the iceberg when it comes to evaluating and demonstrating the role that self-care can play in reducing the growing demand for health care services. Despite a growing research base, much more systematic research needs to be undertaken to explore the best ways to make self-care a routine part of health care across the world.⁷

This much is clear: we need to shift the current health care paradigm from a model in which citizens are passive recipients of health care to one in which people are given better access to the tools that help them adopt proven, effective and responsible self-care. It is time to address the health care sustainability crisis by helping people to play a more active role in managing their own health by making daily choices on exercise, diet, hygiene and self-medication.⁵



Individual Cost Benefits: The Economics of Self-Care

Self-care not only produces economic benefits to health care systems and society at large – it also provides individual cost savings. While consumers often understand the health benefits they derive from self-care for themselves and their family, it is equally important to communicate economic benefits. A 2016 study commissioned by AFAMELA in Mexico – with support from Bayer – quantified the cost difference between self-care using over-the-counter (OTC) medicines and treatment through the public health care systems for several common, non-serious conditions: the common cold, acute diarrhea, vulvovaginal candidiasis, ringworm and osteoporosis.³²

The study found that self-care produced not only health benefits for consumers, but also significant cost savings. For families who self-managed common conditions with OTC drug products, the per capita annual cost was \$22, compared with an average annual per capita cost of \$123 for those who utilized public healthcare services. OTC products were also found to help maintain a healthy workforce, offering \$93 million in potential productivity benefits by reducing lost labor time.³²

Further, the study showed tremendous cost savings associated with self-care OTC treatments for the common cold, a condition that affects nearly 7.5 million Mexicans each year. To treat the common cold in the public health care system, it costs the consumer an average of \$72 per event. In comparison, a single OTC treatment would only cost the consumer an average of \$2.³²

The study also demonstrated significant cost savings associated with managing chronic diseases through preventive self-care. For example, treatment of osteoporosis in the public health care system would cost the consumer an average of \$662 per fracture event. In contrast, engaging in preventive self-care actions, such as taking recommended calcium and Vitamin D supplements, would cost a consumer \$273 per year.³²

Annual Savings to Mexican Health Care System from OTC Use for Common Conditions

Condition	Health System Savings
Common Cold	\$67 million
Acute Diarrhea	\$101 million
Expensive Chronic Diseases (e.g., Osteoporosis)	\$18 million associated with a preventative regimen

A similar study performed in the United States found that if half of the 18 million adults diagnosed with seasonal allergic rhinitis (hay fever) avoided one office visit annually by applying an appropriate self-care solution – such as an OTC treatment – the savings to consumers would be \$90 million annually and the savings to the entire health care system would be even greater.³⁶

As health care costs rise, policymakers should work to increase the number and variety of OTC medicines that can be used safely and effectively to treat non-serious conditions. By shifting treatment from costly institutional management to inexpensive and accessible drugstore products, self-care minimizes consumer health care costs and reduces lost workdays. Further, by encouraging the use of preventive supplement regimens, self-care minimizes the worsening of chronic conditions into more serious and costly disease states.





Self-Care's Greatest Contribution: Better Individual Health

Of course, the case for self-care goes beyond its role in improving the long-term sustainability of health care systems and individual out-of-pocket expenses and productivity. Positive health outcomes for individuals and families undeniably represent self-care's greatest contribution.³

Self-care empowers people to transform daily health for themselves and their loved ones. It decreases their dependency on the health care system and helps them be more engaged in, and knowledgeable about, their health. An article in the *British Journal of Community Nursing* looking at education in self-care management demonstrated that self-care leads to improvements in a patient's behavior and perspective based on enhanced feelings of self-efficacy and better understanding of their condition.³⁷

Simply put, better self-care – or the enabling of self-care for populations – can have a profound impact on people's ability to realize better health care.³⁸ Research has demonstrated that enabling patients to actively participate in all aspects of their care, such as choices about treatment and self-management, results in better adherence to medications and improved management of long-term conditions without increasing costs.³⁸

Self-care can influence important behaviors throughout all stages of life and is the foundation for healthy behaviors later in life. Self-care, in particular, is an essential component of maternal, newborn and child health that empowers women and their families with the knowledge, skills and confidence to take control of their lives. Self-care practices – such as proactively maintaining healthy pregnancies, preventing complications, identifying emergency situations and making daily choices regarding nutrition and hygiene – can have a significant impact on both maternal health and child health throughout the early life stages. One of the most consequential life stages is adolescence, when teens become particularly concerned with their image. Considering that a large proportion of preventable adult deaths are linked to risky behaviors that often start in adolescence, parents and schools need to provide information and tools that empower teens [and children] to engage in self-care from an early age.³⁹

Additionally, self-care has the potential to affect behaviors later in life, especially in managing or preventing the onset of chronic or longer-term conditions that are becoming more commonplace as people live longer.¹²

In short, self-care is a lifelong journey in which people are educated and given tools and resources at every stage of life. But if people cannot access, process and understand basic health information, they will not be able to look after themselves well or make sound health-related decisions. As we will discuss later in this paper, numerous studies reveal that people with low health literacy have poorer health status and higher rates of hospital admissions.⁴⁰ As a WHO conference report points out, by acquiring relevant knowledge, skills and competencies, people are not only better able to engage in self-care activities, but are also better equipped to influence the contexts in which they live.⁴¹

Bayer & White Ribbon Alliance: Enabling a Healthy Life



In 2015, in support of its commitment to the United Nations Sustainable Development Goals and the UN's Every Woman Every Child movement, Bayer launched an initiative for maternal, newborn and child health in Bangladesh, Zimbabwe, Bolivia and Indonesia. Targeting countries and communities with limited patient access to health care professionals, and in the case of Bangladesh and Zimbabwe, significant maternal death rates, the program promoted the concept of self-care to enable individuals and families to live healthier lives either with or without the support of a health care provider.

As a result, **8,000 women across 91 communities took self-care actions** ranging from health literacy and understanding when to seek antenatal visits, to developing healthy nutrition habits for themselves and their children, practicing mother and baby hygiene and engaging in pregnancy planning. In three years, there have been no deaths among program participants, and through hands-on education women, children and their extended families have become aware of the value of self-care and learned specific methods to take better care of themselves.

This public-private partnership model was tailored to specifically address local needs and cultural norms for each site. Employing a community-centric approach increased the program's impact and empowered community members to participate in its implementation and take ownership of its successes. From ensuring men and women were receiving the same information despite not being allowed in the same room in Bangladesh, to educating men about the value of breaking tradition to allow women who are pregnant or breastfeeding to eat first at a family meal in Bolivia, the program incorporated cultural norms and customized solutions to address the needs of each community.



Why Now? Technology's Promise for Better Self-Care

Innovations in computing and communications technology promise to transform self-care by empowering people around the globe to maintain and improve their health. The widespread adoption of smartphones and tablets, and the development of other “connected health” technologies such as remote monitoring devices, can give people the information, support and convenience they need to manage their health more proactively.⁴²

“Self-care in the digital age may look very different than it does today,” a 2014 article in *Self-Care Journal* observed, noting that an increasing percentage of the population in both the developed and developing world now has access to hand-held devices. Communications technologies and the ubiquitous health and wellness apps designed for them – in 2016 alone, publishers of mobile health apps brought 100,000 apps to market, a 57 percent increase from 2015 – hold tremendous potential to change not only how people behave, but also how they interact with health care delivery systems.⁴⁴

While increased access to handheld devices has the power to transform digital health, other areas of digitalization are also evolving rapidly, such as big data, eHealth, Internet of Things (IoT), precision medicine, wearables, wireless health and interoperability.⁴³ The popularity of telehealth, for example, has grown exponentially. According to the 2017 Consumer Telehealth Index survey, 50 million U.S. consumers would switch providers to one that offers telehealth, compared to 17 million in 2015.⁴⁵ Blockchain technology – a digitized, decentralized and secured database that stores a series of transaction records – also has the potential to transform the health care system and to enable new self-care activations by offering increased security and privacy of health data.⁴³

Members of the G20 economic forum have identified improving digital health infrastructure, particularly the use of big data, as a policy priority to advance universal health coverage. Digital health applications using real-world data to produce insights on demand give patients the ability to monitor their own health, and reduce reliance on a physician.⁴³

Improving Digital Health Opportunities in Australia

With 80 percent of Australians owning a smartphone, the Australian government has leveraged digital health by establishing the Australian Digital Health Agency in 2016 and approving a National Digital Health Strategy in August 2017.

The effort has emphasized apps for their tremendous potential to increase health literacy levels and improve how individuals interact with health care delivery systems. The Australian government's My Health Record tool lets citizens access their health data at any time, while incorporating data from apps and wearables, enabling individuals to track fitness goals and heart rate.



By utilizing big data in health care, the Australian government is supporting a highly connected health landscape that efficiently links consumers to their own health data.⁵⁸

Mobile health services can “strengthen education and awareness by helping consumers adopt healthy habits and navigate significant health events,” a World Bank report notes.⁴⁶ For example, in a 2018 trial across 18 London medical practices, self-care smartphone apps brought “significant improvements” in diabetes management and education. The trial found that one in five patients with Type 2 diabetes were able to stop taking their medication, metformin, after four months of using self-care apps that encouraged healthy eating, exercise and disease management.⁴⁷ Smart technology can also advance self-care by facilitating patient engagement, consolidating health information, promoting patient safety and fostering ethical therapeutic relationships and greater autonomy for patients.⁴⁸

However, digital resources are of little use to people and organizations that lack access to them. In rural and impoverished areas where internet and broadband service may be limited, it is essential to address barriers to digital health information and tools with improved technology access, as well as by tailoring design and services to reach those who will most benefit, such as older individuals who may not be as well-equipped to navigate complicated technology.⁴⁹

Digital health may also present challenges to patients and health care providers. Technology can foster distribution of misleading or false information, for example. In many jurisdictions, there is a lack of regulation governing what information can and cannot be distributed.

The potential for digitalization's impact on self-care has not been fully realized; because digital health utilization is growing fast, self-care educational campaigns should include digital components. To maximize the impact of mobile technology, comprehensive strategies are needed to expand evidence-based self-care initiatives, implement best practices and standards, advance collaboration and facilitate secure data exchange.⁵⁰

The Barriers to Making Self-Care More Accessible

To realize self-care’s potential to improve individual health and make health care more sustainable, we must address the principal barriers to greater adoption.

A review of more than 30 independent surveys conducted by the World Self-Medication Industry found that “there appears to be no fundamental difference between developed and developing countries in people’s aspirations to participate to their level of ability and preference in [self-care] activities.”⁴ In individual countries, surveys revealed strong majorities of people who believed they could be making more decisions about personal health and wellness on their own.⁴

Yet, many of these same surveys show a noticeable gap between the *desire* of people to take greater control of their health and their *confidence* to actually do so. A 2013 survey of consumers in 10 EU countries undertaken by Brussels-based think tank Epposi found that nearly 90 percent of respondents believe self-care is a key to remaining healthy and managing illnesses; however, fewer than 20 percent are actually engaging in self-care practices due in large part to a lack of confidence. People feel they lack the essential knowledge, skills, tools and encouragement to make self-care a way of life.⁵¹

To give people the assurance and capabilities to practice self-care in treatment, prevention and health promotion, we must address two critical gaps:

1. The knowledge gap: There is a clear link between health literacy and the confidence and willingness of people to take greater responsibility for their health. In short, health literacy is pivotal, but currently there is a wide gap between people’s desire to better care for themselves and the knowledge and skills they need to do so.⁵¹ Further, it is important to note that people’s ability to improve their own health literacy and, in turn, implement effective self-care, may be affected by factors such as gender, race, socioeconomic status, cultural norms and the political landscape where they live. It will be critical for global, country-level and local policymakers and health authorities to tailor strategies for addressing the self-care knowledge gap to reflect the unique environment and circumstances in which they and their constituents live to ensure maximum reach and impact.¹³

Gender Matters: Fighting Ebola in West Africa

Because women in West Africa are socially integrated into their communities and families as caregivers, they have greater risk of exposure to the Ebola Virus Disease (EVD). Most women who are infected are at an “economically active age,” therefore, high infection rates severely influence their income and productivity levels. There is an opportunity, in instances like these where gender may put someone at greater health risk, for self-care programming and interventions to equip women who assume a community caregiver role to better protect themselves from dangerous exposure and infection.⁴³

2. The leadership gap: As the Epossi study authors note: “It is inappropriate to expect people to take on greater responsibility for their health and well-being without greater guidance and leadership.” This requires encouragement, support and promotion on the part of policymakers, as well as the commitment to provide people with the proper skills and tools.⁵¹

Addressing these gaps is also vital when it comes to dealing with social and economic disparities. A report on self-care by the UK-based think tank Nuffield Trust cautions that efforts to expand self-care must avoid the unintended consequence of “exacerbating inequalities in the future, particularly if self-caring demands greater personal income or other resources that influence individual choice.” The study suggests that some people “are better placed than others to engage” in self-care activities, and that “if an individual lacks resources but is expected to engage in self-care, this will result in a downward spiral of disempowerment.”⁵² Citizens must be enabled to achieve the foundation of health care.

Simply put, while the right to self-care may be self-evident, there are significant barriers – including leadership and access to self-care tools – that are inhibiting people from fully exercising this right.⁵¹



SPOTLIGHT ON BANGLADESH:

Adapting Programming to Fit Cultural Norms

In Bangladesh, it is taboo for men and women to speak openly together about pregnancy and childbirth, and, even though men have significant influence over women’s lives, they generally are not educated about maternal health. This dynamic plays an important role in maternal and newborn health outcomes in the rural villages.

Through its self-care program in the village of Galachipa, Bayer collaborated with White Ribbon Alliance Bangladesh to implement a simple solution – enabling men to sit directly outside of meeting rooms to listen and participate in self-care teachings – that proved quite effective. Now, more than 1,000 families – including 800 men – across the community are empowered with self-care knowledge around pregnancy, nutrition and hygiene and find it gratifying to be able to more effectively support their wives, daughters and other women in the community.

The Imperative for Global Action

If we are to overcome these barriers, we need to institutionalize self-care – the very foundation of health care – by incorporating it into the building blocks of public policy and public-private collaboration.⁵¹ This will require the active commitment and participation of multiple stakeholders, from citizens to the health care industry, to doctors, pharmacists and other health care professionals. In addition, other sectors like education, information technology, NGOs, the private sector and the community also need to be involved in self-care promotion.⁵³

But the most direct impact can be achieved through concerted actions on the part of policymakers. While promising self-care policy programs have been implemented, they have been too few and too isolated. One-off initiatives are not enough to create the fundamental shifts in power and practice that are required.² Self-care must be a global health policy priority involving health ministers and policymakers at the international level. This, in turn, can lead to and inspire sustained, comprehensive and well-coordinated self-care policy initiatives at the regional, country and local levels.

SPOTLIGHT ON BOLIVIA:

How Numbers Can Make a Difference

Thirty-nine percent of people live below the poverty line in Bolivia, many of them in remote communities with limited access to nutritious food, making food subsidies essential to supporting a healthy family diet.⁵⁴ Because of the remote locations of communities, many children in rural Bolivia are not registered with the government, and as a result, families do not have access to the food assistance they so badly need. Those who are registered and do secure assistance are often given unfamiliar foods that do not meet their cultural needs.

A self-care community implementation project, led in partnership with the NGO White Ribbon Alliance and MSH Peru in Bolivia, worked hand-in-hand with local governments to ensure that children and babies from 11 rural communities were identified and registered so that access to nutrition was readily available, increasing the availability of food assistance for families. In addition to increasing access to nutritious food, the community women leaders have developed a recipe book to support nutrition education with traditional recipes using locally available foods and government nutrition guidelines as a creative way to maintain a balanced diet for mothers and families. The Bolivian government has expressed a willingness to collaborate on expanding the program into other communities.



The most important galvanizing force for making self-care a higher global health policy priority is WHO and its decision-making body, the World Health Assembly (WHA). Comprised of health ministers from its 194 member states and focused on specific health agendas prepared by its Executive Board, WHA possesses the supervisory and coordinating authority to advance and elevate self-care's importance in the global health policy dialogue. In partnership with the WHA and health ministries, key governmental ministries such as those of education and information can elevate the self-care agenda, expedite progress and demonstrate self-care's return on investment. Self-care must be viewed as vital to achieve health and wellbeing, including universal health coverage.

As noted in the 2017 B20 Health Initiative Policy Paper, members call for the improvement of universal health coverage and self-care by "promoting access to digital health and other essential health care services, sharing best practices, improving health care policy, and empowering citizens by enabling self-care and health literacy." This call-to-action by key global leaders is paramount to further self-care initiatives, best practices and awareness not only in the G20 countries but in countries across the economic spectrum.⁴³

When it comes to responding to the imperative for global action, the stars may be aligning, according to one of the world's foremost authorities and advocates for self-care and health promotion. In a recent paper titled "*A Game Change in Global Health: The Best is Yet to Come*," Dr. Ilona Kickbusch, director of the Global Health Programme at the Graduate Institute of International and Developmental Studies in Geneva, argues that causes such as self-care and health promotion can "gather strength in the public domain" if they are linked to powerful forces on the international stage.⁵⁵

Two such forces cited by Dr. Kickbusch are the SDGs at the UN and the "trans-border health challenges that the WHO must deal with" as a result of globalization.⁵⁵ The third of the 17 SDGs calls on states to:

*"Ensure healthy lives and promote well-being for all at all ages," and specifies among its specific targets, "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all."*²²

Dr. Kickbusch concludes her paper by underscoring why action at the global level is so crucial:

*"Frequently because of many national pressures, countries will not act on their own initiative—that is why the agenda setting role of international organizations and the voice of global civil society... has become so critical at the global level."*⁵⁵



Global Policy Recommendations

Having established the general case for the need to make self-care integral to health policy, we propose the following blueprint, which we believe is needed to address the barriers to self-care and can serve as the foundation of a global agenda for self-care policy action:

1. *Develop a universal definition and framework for self-care to inform and guide self-care research and policy reforms.*

Gaining alignment on a universal definition of self-care is not merely a matter of semantics or philosophy.⁸ Rather, a consensus definition on self-care can highlight themes that policy and spending should address in order to change behavior at a population level. Achieving consensus on such a definition can also help “set the agenda for research to explore the drivers of self-care behavior and new interventions to change it.”⁸

A study conducted by Cambridge Business School on “Self-Care Trends and Policy Implications” points out that the lack of clarity around what self-care is or should be makes it difficult to evaluate the effects of self-care on health outcomes:

“Different definitions of self-care mean that different initiatives are included in different studies, which makes drawing general conclusions more difficult. Evaluating the broad range of practices currently called self-care initiatives within a common framework or taxonomy would provide information on which to judge what is the most appropriate for individual patients in future. A better understanding of what self-care is and can do for which patients would allow self-care options to be integrated into a broader framework of individualized care.”⁵²

WHO’s definition of self-care that is most often cited dates back to 1983. While it is understandably broad, several other definitions of self-care have arisen, with differences in emphasis and focus. While all of these definitions share an appropriate emphasis on issues such as disease prevention, we recommend the current WHO definition of self-care be revisited and expanded. We propose defining self-care in such a way as to enable measurement, in both individuals and at the population health level, so that we can better quantify self-care behavior and identify gaps and unmet needs that can further inform future self-care policy actions.⁸

As indicated earlier, we recommend that any universal definition of self-care must specifically include: healthy lifestyle choices; effective use of medicines and health care interventions; self-diagnosis informed by learning tools and resources; self-treatment through the responsible use of medication for minor ailments; and improved access to self-care medicines and other self-care tools such as those that enable greater health literacy and promote better nutrition and overall wellness. We also suggest exploring a more expansive definition of self-care to include references to the appropriate and responsible use of self-medication.⁸ Furthermore, a definition that includes self-care's role in community care and its relationship with primary care is vital to ensure enactment globally.

2. Help people to help themselves by fostering greater self-care literacy.

Addressing health literacy in a coordinated way has the potential to increase the safety, quality and sustainability of health systems by enabling and empowering consumers to make effective decisions and take appropriate action for their own health and the health of those they love.⁵⁶

It has long been known that health literacy is a stronger predictor of an individual's health than income, employment status, education level, and racial or ethnic group.⁵⁷ Conversely, poorer health literacy has been shown to result in less healthy choices, riskier behavior, less self-management, poorer overall health and more hospitalization.⁵⁷ Self-care studies are unanimous in identifying information and knowledge transfer as one of the most important barriers to the greater practice of self-care. Further, governments must ensure that health education standards are lifted to support a comprehensive approach in achieving substantial improvements in health literacy.

But the dissemination of information is not enough; the key is ensuring that it is understandable, persuasive and actionable by people across cultures and socio-economic levels, particularly for more vulnerable groups such as indigenous communities, women and children.⁷ A study shows that eight in 10 Australians believe it is up to individuals to take responsibility for their own health (self-care), yet only 44 percent rated their self-care as excellent or good. Australia is not an isolated case; a review of more than 30 independent surveys found that a strong majority of people believed they could be making more decisions about personal health and wellness on their own.⁵⁸ Thus, health information must always be communicated in a manner that is motivating and linguistically and culturally appropriate.

Self-Care Education in Australia: Slip, Slop, Slap

In 1980, the Australian Anti-Cancer Council of Victoria launched the “Slip, Slop, Slap” campaign to reduce melanoma and skin cancer rates. The prevention campaign focused on a simple call-to-action – slip on a shirt, slop on sunscreen and slap on a hat. It was also supplemented by several public health initiatives, including an annual National Skin Cancer Awareness Week, establishment of centers for behavioral research and epidemiological research, establishment of the Victorian Health Promotion Foundation and an accreditation program for schools to implement sun safety policies. Throughout the campaign, sun tanning lost its popularity among Australian citizens. People embraced self-care sun protective measures, resulting in a 50 percent reduction in sunburns since 1988. The country has since seen melanoma rates plummet as well. The Slip, Slop, Slap program exemplifies Australia's successful approach to health care by promoting self-care and health literacy through prevention initiatives.⁵⁹

A 2010 study titled “What Influences People to Self-care” recommends designing self-care literacy programs based on the following conceptual model:⁶⁰

- **Individual Capacity:** Personal resources to deal effectively with health information, personnel and the health system. This includes reading fluency and prior knowledge of health and health care.
- **Health-related Print Literacy:** Ability to understand written health information.
- **Health-related Oral Literacy:** Ability to orally communicate about health.⁶⁰

Both the print- and oral-related literacy domains depend upon an individual’s health-related reading fluency, health related vocabulary, familiarity with health concepts and the complexity of printed and spoken messages that a person encounters in the health care environment.⁶⁰

As the WHO Regional Office for Europe stated in its 2013 publication, “Health Literacy”:

“Ideally, a health literate individual is able to seek and assess the health information required: To understand and carry out instructions for self-care, including administering complex daily medical regimens; To plan and achieve the lifestyle adjustments required for improving their health; To make informed positive health decisions; To know how and when to access health care when necessary; And to share health-promoting activities with others and address health issues in the community and society.”⁵⁷

At the same time, broad-based health literacy initiatives must be adapted and customized for different segments of the population at the local level, taking into account relevant social, financial and environmental barriers such as poverty, gender, employment or education issues.⁷

A more detailed list of the recommended components of an individual’s health literacy should include:

- Knowing where to look for health information – including credible digital tools and resources – and how to use it;
- Understanding of health and its determinants;
- Knowledge of common diseases and their causes;
- Understanding of the value of health screenings at key life stages;
- Knowing how to use self-care products safely and effectively;
- Determining when and where to seek appropriate professional advice;
- Knowing how to join, help and motivate others, such as family members; and,
- Understanding the indirect determinants of health, such as nutrition by way of food labeling.⁶¹

Technology holds tremendous potential as an enabler of health literacy on a greater scale than ever before.⁶² For example, among people with no or limited reading ability, health apps on smart phones or tablets can intuitively present users with health education content communicated by way of images, icons, photographs, cartoon drawings and verbal instructions.

But of course, examples such as this presuppose that people have access to such devices and technologies. Without concerted effort, the current explosion in health information technology will further widen the digital health divide for individuals with inadequate health literacy. However, with focused investment of time and energy, technology has the potential for reducing disparities through intelligent, usable, and accessible systems that tailor information, advice, counseling and behavioral support to an individual's need at a given time and place.⁶³

3. Make self-care integral to overall health policy, including greater investments in health promotion and disease prevention.

One of the keys to reorienting health care from a system that waits to treat people until they become sick to one that keeps people healthy in the first place is investment in health promotion. Put another way, self-care is not only about treating illness but also about encouraging people to proactively take better care of their own health.²

Harvard professor Dr. David Nathan completed a three-year clinical trial studying 3,000 people who, although not diagnosed with diabetes, were overweight and had elevated blood glucose levels. The study found that participants who made modest lifestyle changes, such as walking 30 minutes five times per week, lowered their risk of developing diabetes by 58 percent even as they lost only about seven percent, or 15 pounds, of their bodyweight. The impact of the lifestyle changes was even greater among people over the age of 60, for whom the risk of diabetes was reduced by 70 percent.⁶⁴

Effective educational campaigns centered on promoting the benefits of self-care are few and far between; nor are there many noteworthy programs that encourage people to take greater control of their own and their family's health.²

To address this unmet need, we advocate for instituting health promotion programs that begin at an early age, continuing through school and into the workforce. As outlined in a WHO regional conference report on self-care, promotional mechanisms should include:

- Community empowerment programs appropriate to the socio-cultural, environmental and linguistic contexts;
- Clarification of the roles and responsibilities of supportive institutions;
- Strengthening support networks beyond the health sector;
- Involvement of the media and schools;
- Leveraging of information communications technologies; and,
- Identification and collection of self-care practices and corresponding health impacts.²

As health care cost pressures continue to build, it is imperative to design and implement promotional programs that encourage individuals and families to practice prevention, responsible self-medication for minor ailments, and the adoption of healthy behaviors and lifestyles. Self-care promotion initiatives should have clear, measurable targets for proper evaluation.⁶⁵

As the study commissioned by AFAMELA demonstrates, effective self-care initiatives not only produce health benefits for consumers, but also significant cost savings for individuals and families. For example, the report showed that for the common cold – a condition that affects nearly 7.5 million Mexicans each year – treating symptoms with OTC medicines can save consumers an average of \$70 per event. Further, self-care OTC products can optimize public health care sector costs by shifting treatment of conditions from costly institutional management to inexpensive and accessible consumer health products.³²

At the individual level, self-care is ultimately about adopting a new mindset geared toward assuming greater control over one's health. In other words, better self-care means changing behavior, and behavior change is challenging. But there is a growing body of research showing how new approaches that apply insights from behavioral psychology and economics are yielding successful results when it comes to health promotion and self-care. According to a study by McKinsey & Company, among the key elements these approaches share include:⁶⁶

- ***Using the power of peer networks and influencers to support behavior change.***
For example, adult smoking cessation programs are increasingly targeting young children, because parents who smoke are more likely to respond to their children's concerns than to the prospect of their own poor health.
- ***Employing self-care technologies to support and empower individuals.***
For example, wearable technologies that track metrics such as the number of steps taken and calories burned are proving an effective incentive to sustained behavior change.
- ***Utilizing multi-stakeholder initiatives and public-private partnerships.***
A partnership between major retailers and food manufacturers is successfully addressing the challenge of obesity by creating a movement to raise awareness and spur consumers, employers, children, communities and organizations to action.

In sum, new approaches to behavior change should be a key focus area for future investments in health promotion, prevention and self-care initiatives.⁶⁶

4. Build the institutional and leadership capacity to promote self-care, especially in developing countries.

As WHO has stated, because countries differ widely in their capacity for self-care, "there is a strong need to strengthen training for health promotion leadership."⁶⁷ In all parts of the world, but most especially in developing countries, there is a pressing requirement for further investment in the education and training of health promotion leaders across health-enhancing sectors, such as professional health associations and NGOs, as well as specific government ministries. According to the International Union for Health Promotion and Education (IUHPE):

“Essential training should include: developing the knowledge and skills for advocacy and mediation with politicians and the private sector, assessing the impact of policies on health and its determinants, accessing and using available information and evidence, and evaluating interventions.”⁶⁸

5. Encourage health care professionals to support and facilitate the practice of responsible self-care.

At the same time, the wider adoption of self-care will require policies that more clearly define the role and relationship between health care professionals and their patients – and between the various health care professionals themselves.⁶⁹ Policymakers should encourage health organizations to coordinate their work more closely to ensure that patients can access treatment at the most appropriate level.

Dr. Anders Milton, speaking as chairman of the World Medical Association, said, “We believe that a greater role for patients in health care, a greater role for self-care in health care, can lead to a decrease in demand for consultations concerning some of the more mundane problems that occur in patients' lives.” Dr. Milton went on to say that effective self-care would enable physicians to allocate more time toward patients in need of the greatest assistance while empowering patients with minor ailments to utilize responsible self-medication, when properly informed.⁷⁰

SPOTLIGHT ON ZIMBABWE:

Enhanced Role of Health Care Providers

Despite the fact that more than 90 percent of women receive some form of prenatal care in Zimbabwe during their pregnancy, the country's maternal mortality rate is one of the highest in the world.⁷¹ Primary contributing factors are misinformation related to when and how often women visit the doctor and a lack of trust between women and their community health workers. This dynamic can result in unnecessary medical visits for concerns that could safely be managed at home, as well as a reluctance to seek care for an issue serious enough to warrant an in-person visit.

To address the education gap, limit inefficiencies and increase appropriate utilization of the health care system, Bayer partnered with the NGO White Ribbon Alliance and its Zimbabwe chapter to develop a curriculum to educate community health workers and women about pregnancy care. Specifically, the curriculum focused on when women should go to the doctor and what is – or is not – considered a “normal” part of pregnancy. More than 4,700 women participated in the program, and there have been zero maternal deaths since its implementation. The newly educated community health workers are utilizing the smart phone app, WhatsApp, to share best practices and program materials across the country.



According to the Pharmaceutical Group of the European Union, 30 percent of family visits to physicians are unnecessary.⁷² Fortunately, a shift in the role of the pharmacist from supplier of medicines to adviser helping patients make informed choices can help alleviate overburdened physicians while driving efficiencies in the health system. The WHO report, *“The Role of the Pharmacist in Self-Care and Self-Medication,”* observes that: “[T]he pharmacist can play a key role in helping people to make informed choices about self-care, and in providing and interpreting the information available.”⁶⁹

Extending the practice of self-care, however, requires specific training, collaboration, evaluation and education across all health care practitioners from physicians to pharmacists.⁷

6. Add to the body of evidence on self-care effectiveness and use this evidence to guide self-care policies and practices.

According to the IUHPE, “there is a substantial body of knowledge of effective health promotion interventions that meets internationally recognized standards, but it is not routinely used.”⁶⁸ IUHPE also notes that:

*“[E]vidence on the effectiveness and cost-effectiveness of health promotion actions must be translated into guidance for policy and practice, clearly communicated and applied...”*⁶⁸

Of course, it is more than just a matter of enriching the body of evidence on the health and economic efficacy of self-care. Policymakers and health promotion practitioners must know how to access and use available information and evidence.⁶⁸

At the same time, more coordinated and comprehensive research and studies are needed to demonstrate:

- The extent of self-care practice, including health promotion, prevention and self-medication at the individual, family and community levels;
- Identification of both useful and potentially harmful self-care activities; and,
- Cost-effectiveness of various self-care practices for health care systems and consumers globally.⁷

For example, a self-care proposal in Australia advocates research to determine a practical and effective range of conditions, such as pain management, asthma and diabetes, for which self-care could be trialed and assessed in a systematic way.⁷³

Further, the success of Bayer's WRA partnership showcases how self-care programming in Bolivia, Zimbabwe and Bangladesh has had a positive impact on the health of women and children in these communities. To date, the program has encouraged more than 8,000 women to take self-care actions and, of those engaged, there have been zero maternal deaths. Evidence and best practices from this program and similar ones must be disseminated more widely and to a variety of stakeholders in order to help influence future community- and country-level participation in self-care initiatives.

7. Build stronger public-private partnerships and collaborations.

Self-care is a shared responsibility involving a broad cross-section of stakeholders. As a regional WHO report titled, "*Self-care in the Context of Primary Health Care*" points out: "[M]ultisectoral efforts are needed to assist people to practice self-care. In addition to the health sector, other sectors like education, industry, information, NGO...and community and faith-based organizations" need to be involved.⁷

Government and health care policy leaders will need to partner with a broad set of stakeholders to expand people's access to the tools that make effective self-care possible for all. This should include the public health community, employers, payers, community groups, health care professionals and consumer organizations. More specifically, governments also should seek improved partnerships with the consumer health care products industry and insurers to improve outcomes by sharing data and resources.⁵¹

Bayer's partnership with the NGO White Ribbon Alliance provides a model for other self-care programs, demonstrating how a large, global corporation can collaborate with a grassroots organization for maximum impact. The success of the program is largely due to the community-centric approach that empowers community members to participate in its implementation and take ownership of its positive impact. Further, policymaker involvement in the program has led to interest in expanding the program into other regions within the participating countries. Bayer's unique approach is a collaborative model that can be scaled for self-care initiatives moving forward.

Following the UN meeting on the rise of non-communicable diseases, the UN convened a roundtable together with the World Economic Forum and the Global Health Council to explore how multi-stakeholder engagement could help advance solutions to this problem.⁷⁴

Collaborative Partnerships to Fight Neglected Tropical Diseases

STH Coalition: *Caused by intestinal worms, soil-transmitted helminthiasis (STH) affects one billion people globally and over 875 million children are at risk of infection. The STH Coalition convenes public and private stakeholders to fight STH, namely the Bill & Melinda Gates Foundation, Children Without Worms, the Boston Consulting Group, Johnson & Johnson and GlaxoSmithKline. The collaboration seeks to establish and grow deworming programs, prevent reinfection, reduce transmission and support effective programming to reduce STH prevalence and enable people to prevent infection.*⁴³

African Sleeping Sickness: *Over the last 10 years, the Democratic Republic of Congo has been home to more than 80 percent of reported cases of Human African Trypanosomiasis (HAT), an insect-borne parasitic disease that causes neurological symptoms and can lead to death if untreated. In 2016, Bayer and WHO teamed to lead the charge to fight HAT by increasing the number of mobile intervention teams in DRC until 2020 and supporting educational programs and health care provider training. The ultimate goal of the Bayer/WHO partnership is to eliminate Human African Sleeping Sickness by 2020.*⁴³

Roundtable members noted that sustained multi-stakeholder partnerships require an appropriate mix of resources, leadership, learning and adaptation to “counter the natural tendency to entropy.”⁷⁴ Partnerships are dynamic entities in need of critical thinking and strategic direction. Clear and sustained commitment by all partners is key.

Additionally, members highlighted the importance of ensuring that communities remain the central stakeholder in any partnership.⁷⁴ All self-care initiatives ultimately depend on the extent to which communities are included in the process. Communities provide the context, access points and feedback mechanism that can help partnerships appropriately tailor and sustain health promotion programs that are both effective and culturally appropriate.

Conclusion

We are at a crucial inflection point in history. Demographic changes, the emergence of new conditions and the increased prevalence of non-communicable chronic diseases are creating substantial challenges for both individuals and health care systems globally. Absent important changes in how people around the world take care of their health, we face a potential crisis, which could prove detrimental to individual health outcomes and overwhelm health systems in the years ahead.¹⁴

When it comes to addressing these challenges, self-care has a vital role. Self-care can have a profound impact on people's ability to realize better health care.³⁸ And, as a WHO report notes: "Promotion of effective self-care is ... important to reduce health care costs, [but] in an era of high medical technology and medical treatment, the concept has not been much emphasized and implemented."⁷

While there is recognition of self-care's untapped potential to improve individual health and the sustainability of health care, it is past the time for recognition. Now it is time for resolve: the resolve to take action and implement public policies that enable better self-care; and the resolve to create supportive environments that encourage health promotion, foster self-care literacy and facilitate public-private collaboration. In the words of Dr. Kickbusch, we must "move self-care from an individualistic enterprise to a cultural pattern," in which self-care becomes part of everyday life.⁷⁵

An article in *Health Affairs* suggested several reasons for advocating on behalf of greater self-management and self-care, including better care, better value for money, improved well-being and minimized disparities and inequity in access to care. However, the first reason cited was simply this: "*It is the right thing to do.*"⁷⁶

The time is right to do the right thing. There has never been a more urgent need – or a better opportunity – to create a more self-caring world that safeguards the sustainability of our global health systems and, most importantly, takes care of the daily health of those we love.

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