



Learnings from COVID-19: An Opportunity for ASEAN Governments to Establish Self-Care Policy to Improve the Health & Well-Being of their Populations

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ASEAN Consumer Attitudes to Self-Care: Key Findings

83% of respondents believe that medication for minor ailments should be available more widely, such as in supermarkets/mini-markets/convenience shops

66% of respondents believe that more medical products for minor ailments should be available to purchase online.

78% believe that e-Pharmacies should be able to offer the same basic non-prescription remedies as ordinary pharmacies

86% say governments should do more to incentivise and support people to self-care at home.

92% of respondents are worried for the safety of themselves and their families due to the COVID-19 situation.

65% are more likely to practice self-care at home without the consultation of healthcare professional as a result of COVID-19

55% are less comfortable visiting a healthcare provider now than compared to before the pandemic

Results from survey conducted by IPSOS for the EU-ABC, August 2020

Executive Summary

Within 20 years, all ASEAN countries will officially be “aged” societies¹, and the region continues to lose 9 million people annually to lifestyle-related disease² while also representing 27% of total global parasitic cases³. The majority of the big six ASEAN countries spend less than 5% of their GDP on healthcare, while Universal Healthcare (UHC) index scores remain around 70 (100 being perfect)⁴. Providing adequate healthcare for its citizens is an expensive business for the region, and one that is probably unaffordable for most of the governments in Southeast Asia, with the knock-on effect of saddling their populations with high out-of-pocket expenditure which can exacerbate poverty issues and therefore work against ASEAN’s broader socio-economic reform ambitions, as well as being a deterrent for seeking medical attention.

Boosting the support and availability for self-care in the region will go a long way to ensuring the people of ASEAN can enjoy long and healthy lives, whilst also leading to significant savings on health budgets across the region and reducing the burden on existing primary healthcare systems by reducing the number of consultations with healthcare professionals for minor ailments and illnesses. UHC is not feasible without individual accountability for our own health and care, something which expanded Self-Care can help to achieve. The current and ongoing COVID-19 pandemic has also served to highlight some weaknesses in the healthcare coverage in parts of the region, and the need for people to be better able to take care of themselves and their families without calling on the stretched formal healthcare system.

This paper argues the case for a more focussed policy attention from the authorities in ASEAN on self-care, including broadening the availability of over-the-counter and self-care medicines for common or minor ailments. In preparing the paper, the EU-ABC undertook a survey of consumer attitudes towards self-care in ASEAN. Looking at four key markets (Indonesia, Malaysia, Thailand and Vietnam), we found strong majorities in favour of increasing the availability of non-prescription over-the-counter and self-care medicines, and also for promoting new sales and consultation channels, such as through e-Pharmacies.

¹ BioSpectrum Asia Edition, “Japan looks out for rapidly growing ASEAN ageing population,” 4 Sep 2019. [Online]. Available: <https://www.biospectrumasia.com/news/30/14389/japan-looks-out-for-rapidly-growing-asean-ageing-population.html>

² World Health Organization, “South East Asian Region: Noncommunicable Diseases,” 2020. [Online]. Available: <https://www.who.int/nmh/ncd-tools/who-regions-south-east-asia/en/> [Accessed 7 February 2020]

³ World Health Organization, “Communicable diseases in the South-East Asia Region of the World Health Organization: towards a more effective response,” 2010. [Online]. Available: <https://www.who.int/bulletin/volumes/88/3/09-065540/en/> [Accessed 7 February 2020]

⁴ The World Bank, “UHC service coverage index,” 2019. [Online]. Available: <https://data.worldbank.org/indicator/SH.UHC.SRVS.CV.XD> [Accessed 7 February 2020]

Recommendations:

- ASEAN Governments to effectively build self-care policies and promotion into their national health policies;
- ASEAN to mandate the Pharmaceutical Products Working Group (PPWG) to be an ASEAN-wide regulatory enabler focused on streamlining self-care medicine regulation such as:
 - Developing an ASEAN-wide, harmonised definition on self-care medicine;
 - Developing medicine reclassification guidelines that will enable ASEAN to move from prescription medicines to non-prescription, building on the initiatives and programmes in place in Singapore and Thailand;
 - Exploring simplified regulatory requirements for over-the-counter and self-care medicines through a risk-based regulatory approach, i.e. abridged registration or reduced dossiers, in order to enhance access opportunity of patients.
- In the meantime, create a specialised regulatory approach designed to encourage mutual recognition and help those ASEAN member states with less developed regulatory regimes to improve their capacity and general encourage enhanced consumer empowerment
- Develop relevant laws and regulations to allow official registration and legalisation of e-pharmacy with specific requirements or guidelines to ensure patient safety and delivery of quality medicines to patients.
- Alter educational curricula to include more widespread teaching of healthy living, including better nutrition, exercise, health monitoring, and self-care/remedy practices.
- Elevate private sector engagement via the three initiatives outlined below:
 - Antimicrobial Resistance (AMR) Programme such as Global Respiratory Infection Partnership (GRIP) - GRIP is committed to consistent, sustainable evidence-based advocacy and intervention for rational antibiotic use. It advocates facilitating antimicrobial stewardship by formulating a framework for non-antibiotic treatment options for respiratory tract infections and fostering multi-stakeholder commitment to antibiotic stewardship and rational antibiotic use. GRIP is currently working with FIP (Federation of International Pharmacy) to advocate to worldwide pharmacists including ASEAN professionals to drive the AMR policy in action⁵.
 - The Global Hygiene Council - The Global Hygiene Council is a group of the world's top experts in hygiene and hygiene-related fields, including microbiology, virology, infectious diseases, immunology, and public health. The Council was formed in 2006 and continues to reveal the science behind the hygiene headlines, along with practical advice to help the general public prevent the spread of infection both at home and when out and about. Hygiene is important in self-care as it is the first line of defence for health.
 - Promoting and incentivising hospital providers and private insurance companies to offer telemedicine and e-pharmacy access and benefit coverage in their product offerings. With improved regulatory regime and standard governance, we could support more prescription-only medicines to be made available and prescribed via telemedicine and/or e-pharmacy consultation, following an online medicine purchase and delivery.

We look forward to discussing the findings of this paper with the ASEAN Secretariat and health authorities across the region. We understand that advancing on these recommendations will involve officials in both the economic and socio-cultural pillars of ASEAN.

⁵ See <https://www.grip-initiative.org>

Learnings from Covid-19, the Post-Recovery Case for Promoting increased Self-Care

Definition of Self-Care

Put simply, “Self-Care” is the ability and right of individuals to take better care of their own bodies: to improve their overall health and wellbeing, help prevent illness, promote better living and longevity. It comes in many forms: better diet and nutrition (especially in early life); more exercise, reducing or relieving stress; improved education in the form of understanding of what is good for us and what is not; and, ultimately in the ability to gain access to more nutritious foods, supplements and medicines without having to resort to calls on primary health services. And yet, the ability to self-care is not universal, with much depending on socio-economic circumstances, and government guidance and regulation.

In its report *The State of Self Care in Australia* the Australia Health Policy Collaboration said that “Self-care refers to the activities which people undertake for themselves and their family members to prevent accidents or illness and to maintain or increase their health and wellbeing following minor ailments or when living with chronic diseases. Self-care begins with the simplest of everyday behaviours, usually learned in childhood, such as washing your hands after visiting the toilet, cleaning your teeth, eating fruit, taking regular exercise or using OTC medications for minor illnesses. Self-care also contributes to preventing infections and chronic diseases and improving the health and wellbeing of people recovering from acute conditions and trauma and enabling people to live with chronic health problems.”⁶

Self-Care is not a new concept: it already exists. However, if left uncontrolled, Self-Care will not have the desired outcome and could even be detrimental. Thus, this

“Self-care is broad concept which also encompasses hygiene (general and personal); nutrition (type and quality of food eaten); lifestyle (sporting activities, leisure, etc.); environmental factors (living conditions, social habits, etc.); socioeconomic factors (income level, cultural beliefs, etc.); and self-medication. Core principles: Fundamental principles for self-care include aspects of the individual (e.g. self-reliance, empowerment, autonomy, personal responsibility, self-efficacy) as well as the greater community (e.g. community participation, community involvement, community empowerment).”

World Health Organisation. See: <https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/>

Self-Care & Self-Remedy/Self-Treatment: What is meant?

Self-care is a broad concept which encompasses any action you take for your physical, mental and emotional health. It can include

- Treatment for a minor illness with minimal supervision from a healthcare professional
- Taking a healthy, well-balanced diet
- Exercising regularly
- Finding appropriate methods to relax after a stressful event

Self-medication is the **safe and responsible** selection and use of medicines by individuals to treat self-recognised illnesses or symptoms.

<https://www.healthhub.sg/a-z/medications/39/Self-Care-and-Self-Medication>

⁶ See: *The State of Self Care in Australia*, Section 5, p.12, published by the Australia Health Policy Collaboration, February 2018.

is as much about formality of existing Self-Care as it is setting new standards.

Self-Care is also not a static concept. It is a continuum, developing throughout a citizen’s life depending on circumstances and the state of health of the individual as explained in Figure 1 below. Even in the event of a major trauma, there are elements of self-care that the individual should undertake as part of their rehabilitation and recovery process, to help ensure against a relapse and further calls on the healthcare system. Additionally, as noted above, Self-care covers many facets of daily living. Various studies and reports note that there are seven pillars to self-care namely: knowledge & health literacy; mental wellbeing, self-awareness and agency; physical activity; healthy eating; risk avoidance; good hygiene; and, rational use of products & services. Each of these pillars play a critical role in successful self-care for individuals and households, and whilst each is equally important, this report will focus more on the last of the pillars – the rational use of products and services, and in particularly the access to, and ability to use, self-medication as part of a holistic approach to self-care.

Figure 1: The Self-Care Continuum⁷

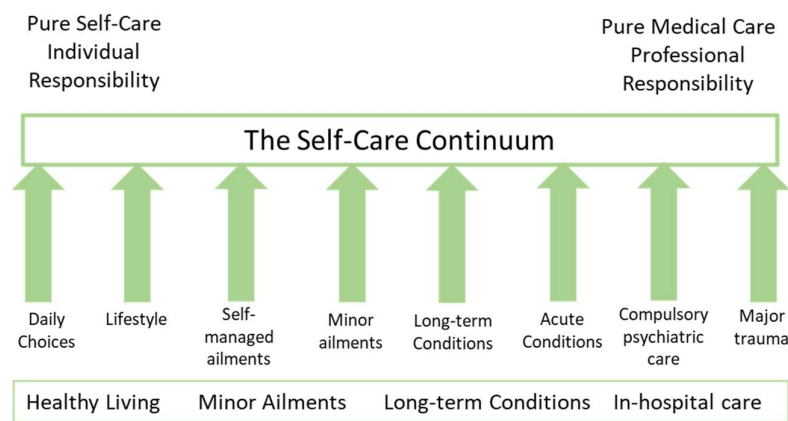
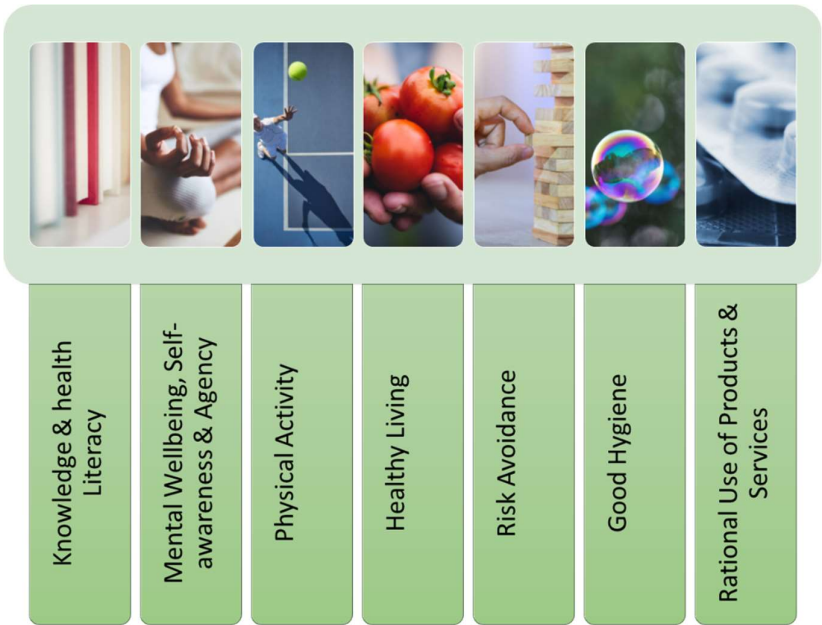


Figure 2: The Seven Pillars of Self-Care



⁷ After Self-Care Forum (see: www.selfcareforum.org)

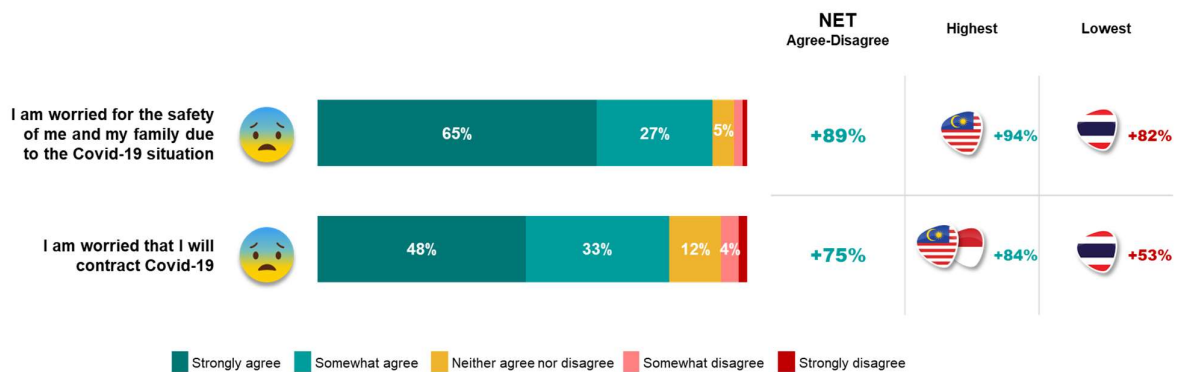
Current Self-Care Practice within ASEAN - Viewpoint of Consumers

In August 2020 the EU-ABC engaged IPSOS, the leading global market research company, to undertake a survey of consumer attitudes in the ASEAN region towards Self-Care and the availability of Over-The-Counter and self-care medicines to help them self-medicate and practice self-remedies⁸. The survey, which involved some 2,000 individuals across Malaysia, Indonesia, Thailand and Vietnam, also looked at how attitudes had changed as a result of COVID-19 and concerns that consumers had around COVID-19. The regional level findings of the survey are presented in this section of this report. The full results for each market are presented in the Annex to this report.

High Concern about COVID-19 across ASEAN

Perhaps not unsurprisingly our survey showed that that people in the region had a high degree of concern about the possibility of themselves or a family member contracting COVID-19, with over 90% of respondents stating that they were worried about the possibility of it. Numbers were lower in Thailand than in the other three markets where the survey was conducted, since the incremental COVID-19 cases in Thailand were less critical.

Chart 1: Concern About Contracting COVID-19



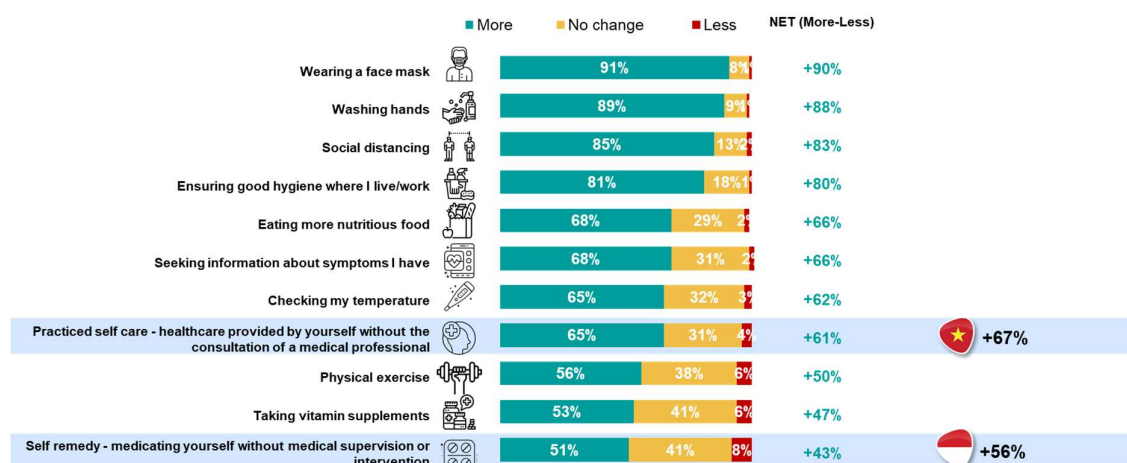
Practice of Self-Care & Self-Remedy has increased with COVID-19

The survey also highlighted significant changes in social behaviour related to self-protection and self-care as a result of COVID-19, with messages from governments around social distancing, wearing of face masks and personal hygiene clearly being taken seriously by the general populations in each of the markets where we conducted the survey. Overall, people in Vietnam were showing the highest levels of net increase in self-care compared to prior to the pandemic, and Indonesia was showing the highest levels of net increase for self-remedy.

The increases for wearing of face masks, social distancing, washing of hands and ensuring good hygiene were noticeably very high overall. But the number who said that they would look to practice self-care more without consulting a healthcare professional was also very high, showing a net increase (more over less) of 61%, with an even higher percentage for Vietnam.

⁸ The Survey was conducted by IPSOS between 10 and 18 August 2020, interviewing 2,000 consumers (500 each in Malaysia, Indonesia, Vietnam and Thailand) across differing geographical locations in each country and differing income groups.

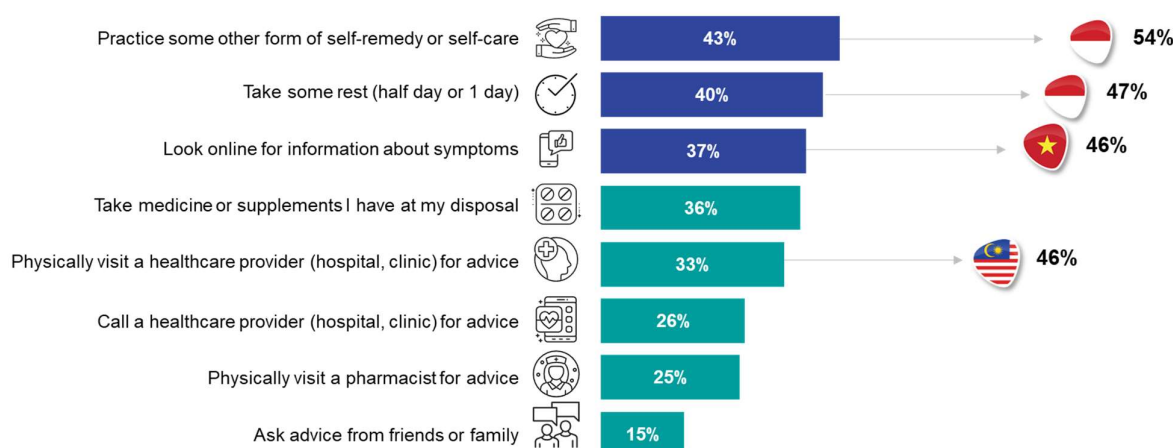
Chart 2: Changes in Self-Care & Self-Remedy as a result of COVID-19



Self-Care & Self-Remedy Already Common for Minor Ailments

Our survey found that, even prior to COVID-19, there was a high propensity amongst consumers for some form of self-care or self-remedy to treat minor ailments (e.g. coughs, colds, sore throat etc.). We asked which actions people were likely to take if they had a minor ailment that they did not suspect was COVID-19. Indonesians were found to be most likely to practice some form of self-care or self-remedy. Visiting a primary healthcare provider for advice on minor ailments scored relatively low for most countries, though it was notably higher for Malaysia.

Chart 3: Actions Taken to Address Minor Ailments



Minor ailments that people were most likely to self-care or self-remedy for were minor colds/coughs (59%), insect bites (52%), minor sore throats (51%) and minor cuts or abrasions (51%).

Comfort with Physical Medical Visits Has Dropped But Majority Still Visit a Doctor More Than Once A Year For Normal Consultations

One of the key economic arguments for increased self-care and self-remedy is that it would lower the burden of the formal doctor visits, reducing costs for governments allowing, perhaps, for a reallocation of resources to more critical areas. As part of the survey we asked consumers both how comfortable

they were with visiting a pharmacy or health care provider now (i.e. during the COVID-19 pandemic) compared to before the pandemic, and also whether they would visit a health care provider more or less frequently if self-care and self-remedy were more widely available (including direct access to related over-the-counter medicines and non-prescription medicines). A clear majority of respondents were less comfortable visiting a pharmacy or healthcare provider now compared to before the pandemic, and a significant number said that they would be less likely to visit a healthcare provider if self-care was more widely available.

It is worth noting that across the region over 60% of respondents said that they normally visit a doctor more than once a year seeking treatment for minor ailments. Reducing these numbers down, by promoting increased self-care, would reduce the burden on the primary healthcare facilities, healthcare professionals and unnecessary government resources and budget burdens.

Chart 4: Comfort with visiting pharmacy/healthcare provider now vs before COVID-19

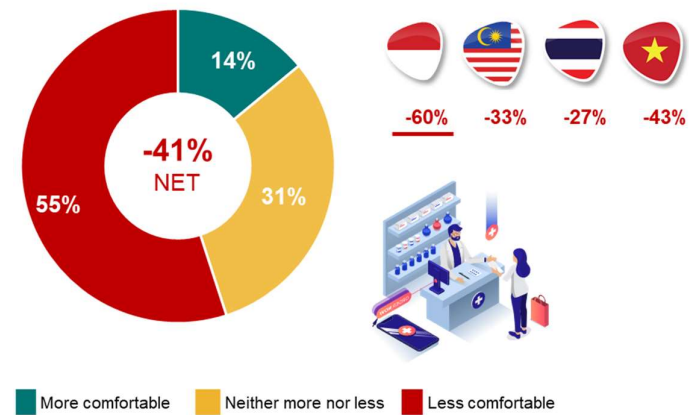


Chart 5: Perceived frequency of visiting doctor if self-care or self-remedy was more widespread

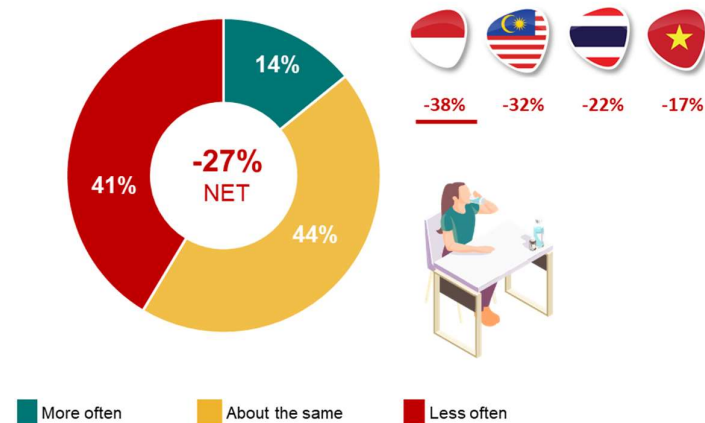
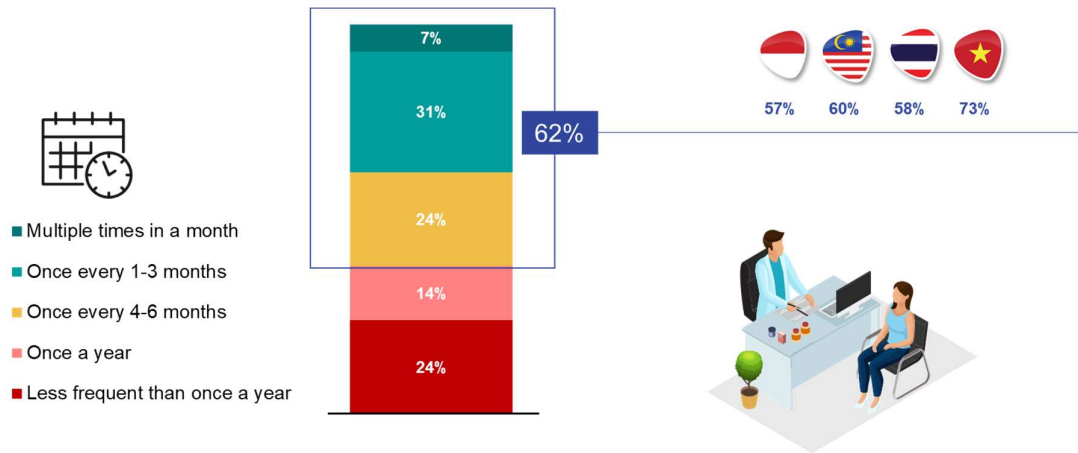


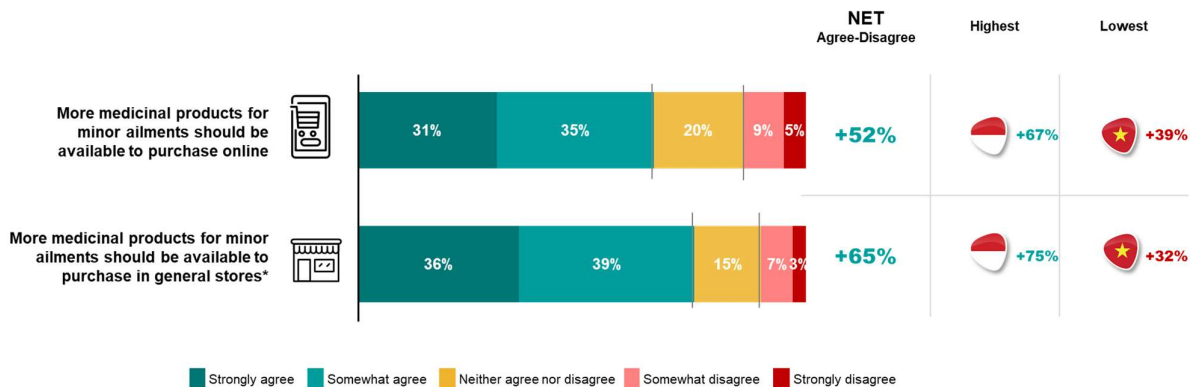
Chart 6: Frequency of Visits to Doctors for Minor Ailments



Support for More Channels for Medicinal Products

One of the key findings from the Survey was that overall people want better availability of medicinal products, be that through online channels or in general stores, with Indonesians being the most supportive of increasing availability. Across the region, two-thirds of respondents said that more medicinal products for the treatment of minor ailments should be available to purchase online, whilst three-quarters of respondents said that more medicinal products for minor ailments should be available to purchase in general stores⁹. In both cases there were clear majorities in favour of improving the availability of medicinal products which would be highly important especially during the current COVID-19 pandemic with various lock down and social distancing measures in place to help reduce exposure to the virus.

Chart 7: Alternative Channels for Medicinal Products



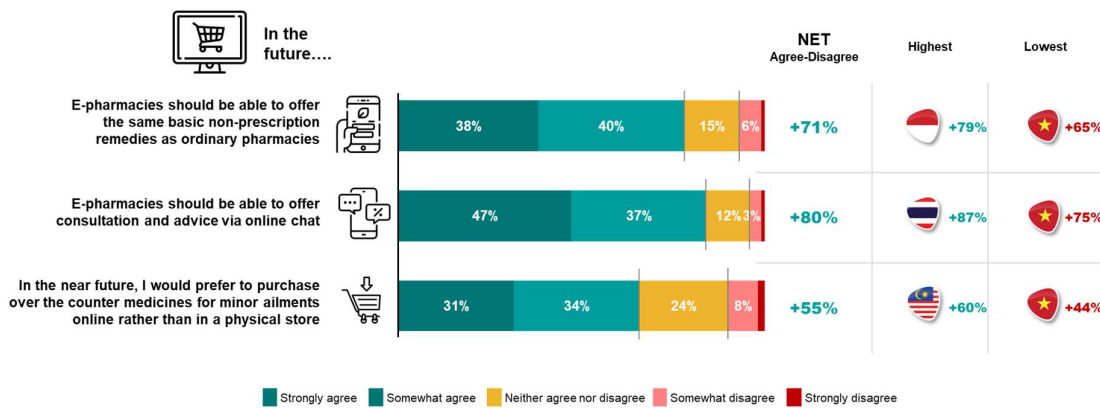
People Favour More Services from e-Pharmacies

There was particularly high sentiment from our respondents to the idea of undertaking medical consultations via online chats with healthcare providers and pharmacists, as well as for purchasing over-the-counter medicines online as opposed to a physical store or healthcare facility. Given that our survey, as noted above, showed that people had a lower level of comfort in visiting a healthcare provider now (compared to before the pandemic), it is perhaps not surprising that there was positive sentiment towards e-Pharmacies and the online consultation and purchasing of over-the-counter and

⁹ E.g. in supermarkets, mini-markets such as 7/11 or similar, and convenience stores.

self-care medicines for minor ailments. It would also match the general trend in ASEAN of more widespread online shopping.

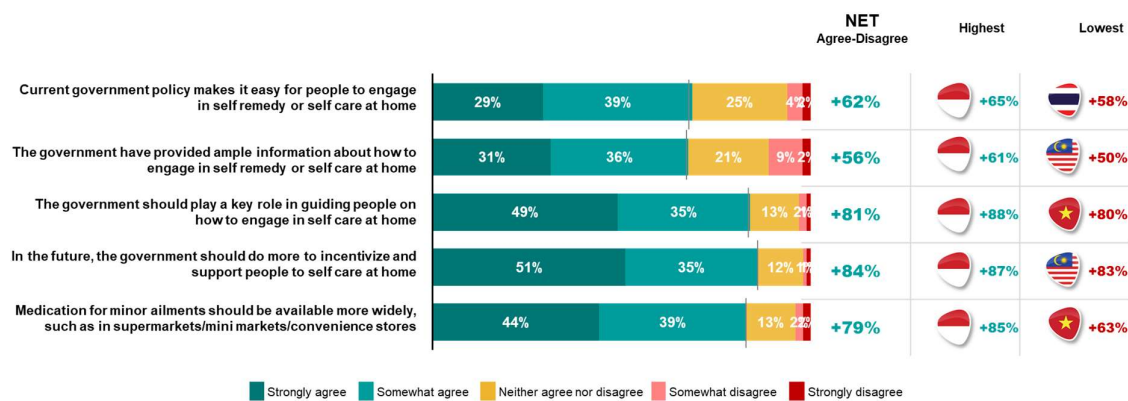
Chart 8: Sentiment Towards e-Pharmacies



Increased Demand for Government Support for Self-Care

There was a very significant majority view from our respondents that governments across the region should do more to support and incentivise self-care and for medications for minor ailments to be available more widely. Nearly 90% respondents thought that governments should do more to support self-care whilst around 80% thought that medicines for minor ailments should be made more readily available.

Chart 9: Sentiment towards Government policy



Economic and Social Benefits of Self-Care

Enabling people to manage better their health and wellbeing is key to solving the multiple healthcare crises across both the industrialised and developing world, and to relieving pressure on overburdened healthcare systems. This is, perhaps, even more the case now during the current global COVID-19 pandemic which has overstretched primary healthcare systems across large swathes of the world.

There are many benefits that flow from increased self-care, including increased access to effective treatment, reduced calls on primary health facilities and general practitioners, increased productivity in the general economy, and reduced costs to governments and third-party payers such as insurance companies. In a recent study on self-care in Vietnam done by KPMG, it was identified that Vietnam may see potential economic benefits of implementing Self-Care by raising health literacy and expanding access to cost-effective care of up to US\$4.2 billion in annual economic outcomes unlocked, and recurring savings of up to US\$0.6 billion in avoidable treatment costs.¹⁰

Informed, health-aware individuals and families play a critical role in contributing to the overall health of the wider population. If people understand what helps them to achieve or maintain good health, and then take action to treat minor illnesses promptly (and, therefore, only seek help from health care services when necessary) they are likely to live healthier and longer lives and to achieve better outcomes from health services when they need to use them. That in turn will make them more economically productive, thus contributing more to the general economy of a nation.

Health-aware individuals, actively taking care of their own health and that of their families, also reduces demand on health services, lowering the economic burden on often over-stretched health budgets, and thus facilitating appropriate use of health care resources for those with significant health care needs. At a time of pandemics, such as now with COVID-19, such an outcome gains increasing importance. As was noted in one article in the *Journal of Medical Economics* “The cost savings associated with self-care are beneficial to the patient, the healthcare system, and the broader economy.”¹¹

“Self-care is viewed by many as expected to yield significant cost savings to the system. In the US, every \$1 spent on OTC medication saves the broader healthcare budget more than \$7. In Japan, improving citizens’ knowledge of self-care is projected to save up to USD 550 million in national healthcare costs. **More recent estimates in ASEAN countries like Vietnam calculate savings of nearly USD 5 billion related to workforce productivity and reduced treatment costs if self-care were to become a more regular practice against the common disease areas.”**

Sustainable Healthcare Investment as an Economic Driver: The Time for ASEAN to Act is Now, EU-ASEAN Business Council, March 2020, p.20. See: <https://www.eu-asean.eu/single-post/2020/03/09/THE-TIME-IS-NOW-FOR-SUSTAINABLE-HEALTHCARE-FINANCING-IN-ASEAN-Launch-of-%E2%80%9CSustainable-Financing-Framework%E2%80%9D-for-ASEAN-healthcare-an-initiative-by-EU-ASEAN-Business-Council-KPMG-in-Singapore-and-SANDI>

¹⁰ See: <https://assets.kpmg/content/dam/kpmg/vn/pdf/publication/2020/8/The-Power-of-Self-Care-in-Achieving-Health-for-All.pdf>

¹¹ Joshua Noone & Christopher M. Blanchette (2017): The value of self-medication: summary of existing evidence, *Journal of Medical Economics*, DOI: 10.1080/13696998.2017.1390473

The Costs of Not Having More Self-Care

30% Of visits to physicians are unnecessary, according to the Pharmaceutical Group of the European Union (PGEU), an association representing more than 400,000 community pharmacists throughout Europe.

10 Minor Ailments Trigger **75%** of GP Consultations in the UK. That is **57 Million** Visits per annum which costs in the UK's NHS around **GBP2 billion** per year. Most are treatable if patients self-medicated.

EUR16 Billion – the amount of potential cost savings that could be achieved in Europe of moving just **5%** of prescription medicines to over-the-counter status

Sources: *Self-Care: Better Daily Health for Individuals and Societies – A Global Policy Blueprint*, published by Bayer May 2018 & World Self Medication Industry, 2017 after Joshua Noone & Christopher M. Blanchette (2017): *The value of self-medication: summary of existing evidence*, *Journal of Medical Economics*, DOI: 10.1080/13696998.2017.1390473

Easing of financial costs associated with calls on primary healthcare

A study from the Association of the European Self-Medication Industry (AESGP) has reported that self-care through responsible self-medication can significantly reduce national healthcare costs¹². An analysis of data from seven European countries led to the estimation that moving just 5% of prescribed medications to non-prescription status would result in total annual savings of more than EUR16 billion, highlighting the potential that self-care has to alleviate some of the financial burden on European healthcare systems¹³.

A report *Self-Care: Better Daily Health for Individuals and Societies*¹⁴, found that “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 totalled 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).”¹⁵ Such findings clearly demonstrate the economic benefits to the general economy and society of increasing access to self-care and self-medication.

Benefit of Increased Access to Self-Care Medicines

Remote communities support for better access to medicines

Increasing the availability of self-care medicines, particularly through the liberalisation of distribution channels or through permitting the advertising of certain medicines, eliminates the need for consumers to consult healthcare professionals such as doctors before obtaining medicines. This is particularly helpful for those living in rural or more remote communities as it negates for the need for them to travel long distances to see a doctor who would be prescribing a medicine that consumers elsewhere would already be familiar with and have knowledge of how to use. This not only lower costs in terms of financial outlay on transport, loss of earnings whilst travelling, and medical consultation fees, but also lowers the risk of inadvertently infecting others whilst making the journey (in the case of a communicable disease).

Allowing access to remote consultations with pharmacists or doctors would help to alleviate any health literacy concerns that may exist with more remote communities.

¹² Association of the European Self-Medication Industry. The economic and public health value of self medication [internet]. Association of the European Self-Medication Industry; June 2004. http://www.aesgp.eu/media/cms_page_media/68/2004study.pdf

¹³ Ibid

¹⁴ *Self-Care: Better Daily Health for Individuals and Societies – A Global Policy Blueprint*, published by Bayer, May 2018 after *Value of Consumer Health Products* (Rep.). (2017). The Conference Board of Canada

¹⁵ Ibid

Lowering of burden on primary care providers & therefore lowering of costs to the healthcare system

As has been noted above and in the EU-ABC's earlier report on Sustainable Health Financing, healthcare systems throughout ASEAN are under financial strain, and the target of providing universal health coverage is ultimately unaffordable. Taking steps to lower the financial burden on the health system and reduce the physical burden on healthcare professionals allowing them to concentrate on more chronic diseases or public health emergencies (such as the COVID-19 Pandemic), therefore has its attractions. Allowing for a greater degree of self-medication through increasing the availability of OTC medicines would naturally help in this regard.

As the EIU report on self-care noted "Medicines play an important role in self-care and healthcare systems. Whether self-initiated or following HCP recommendation, self-medicating ailments places less demand on formal medical services, and all parties - patients, HCPs and third-party payers - can benefit from cost and productivity savings"¹⁶.

Early self-treatment reduces potential for more chronic issues later

There have been several studies that have demonstrated significant cost savings for managing chronic illnesses through preventative self-care. For example, the report *The Economics of Self-Care in Mexico* (published in 2017) found that treatment of osteoporosis in the public health care system would cost the consumer an average of US\$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 US\$273 per year¹⁷.

A similar study performed in the United States by the Centres for Disease Control and Prevention found that if half of the 18 million adults diagnosed with seasonal allergic rhinitis (hay fever) avoided one doctors visit annually by applying an appropriate self-care solution – such as an OTC treatment – the savings to consumers would be US\$90 million annually and the savings to the entire health care system would be even greater¹⁸.

With increasing pressure on national healthcare budgets and rising costs in the provision of primary healthcare, it is beholden on policymakers to increase the number and variety of OTC medicines that are generally available to the public to enable self-medication to treat non-serious and

common ailments. Making such a move would lower costs to both consumers and governments and would also improve productivity in the workforce.

In addition, encouraging the increased use of health supplements and preventative supplement regimes, would help to reduce incidences of chronic diseases and health complaints, or at least reduce the seriousness of any such chronic conditions.

"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."

SELF-CARE: BETTER DAILY HEALTH FOR
INDIVIDUALS AND SOCIETY – A GLOBAL POLICY
BLUEPRINT – MAY 2018, BAYER

¹⁶ p.16, *Enabling people to manage their health and wellbeing: Policy approaches to self-care* by the Economist Intelligence Unit, October 2019

¹⁷ *The Economics of Self Care in Mexico*. (Rep.). (2017). Asociación de Fabricantes de Medicantes de Libre Acceso.

¹⁸ *Fast Stats: Allergies* (Rep.). (2010). Centers for Disease Control and Prevention

Promotion of Self-Care

Promoting increased self-care practices is a whole of society effort. Governments can lead, encourage and cajole populations to take better care of themselves through programmes of education, social pressure and various incentives. The private sector also has a role to play in this, often in partnership with various government agencies and civil society. The most effective programmes work collaboratively across several different stakeholders, including community groups.

Government Initiatives towards self-care in ASEAN

In Vietnam, the government has issued GSL (General Sales List) regulation in 2018 that allows for the sale 28 active ingredients in stores other than pharmacies (such as convenience stores, grocery stores). This is the important step to allow self-care access in wider channel, as Vietnam did not have a GSL category before. However, the industry has faced a challenge in meeting the GSL shop listing requirements and process. At this moment, this results in there being no GSL shops setting up in Vietnam. This would need more resolution effort in driving the complete end-to-end policy on GSL in Vietnam.

In 2019 Vietnam also launched “Sức khỏe Việt Nam”, a national campaign to promote healthy living. The programme includes 10 priority areas including early detection and management of non-communicable diseases, care and management of people’s health conditions in the community, and environmental sanitation amongst others. The main objectives of Sức khỏe Việt Nam are: to improve stature and health conditions; to prevent diseases and increase life expectancy; and, reduce the burden of disease and improve quality of life. However, as KPMG noted in their recent report on Vietnam, “to be successful, Sức khỏe Việt Nam requires collaboration across government departments and with experienced private sector constituents given the multi-faceted nature of Self-Care”¹⁹.

In the Philippines, the Food & Drug Administration has initiated the Review of Over-The-Counter applications (ROTCA) wherein the registration requirements were streamlined and the registration lead time was reduced for Over the Counter and Household Remedy (GSL) products. A trial run was initiated and now a draft circular is being reviewed for implementation.

In Singapore, starting from 5 May 2020, retail pharmacies and wholesalers may apply for license to carry out e-pharmacy operations. This new mode of pharmacy service will be provided using a secure online platform. Prescriptions can be transmitted electronically through the platform from a qualified practitioner to a qualified pharmacist. Patient counselling can also be done remotely by the pharmacist prior to dispensing of the medicine. The medicines are then delivered directly to the patients’ home. This new mode of pharmacy service will offer patients greater convenience and wider healthcare options.

In Malaysia, the switch requirement and process is still a challenge. Currently, there is only a simple form guidance available from the Poison Board, Pharmaceutical Services Programme, Ministry of Health of Malaysia. There is an industry-government initiative setting up the first self-care roundtable and white paper on self-care in Malaysia in 2019²⁰, and this paper will be used as a basis for policy discussion including on policies to regulate self-care and a holistic approach.

In Thailand, Thai Food and Drug Administration established a guideline, requirement and evaluation process for switching from Rx to OTC or GSL using a risk-based approach in 2016, with a modification of some requirements in 2017. This enabled increased availability of self-medication products for patients and consumers and helped to promote self-care among the Thai community.

¹⁹ See: <https://assets.kpmg/content/dam/kpmg/vn/pdf/publication/2020/8/The-Power-of-Self-Care-in-Achieving-Health-for-All.pdf> p.6

²⁰ *Engage & Educate: establishing self-care as cornerstone to healthcare in Malaysia*, Published by the Economist Intelligence Unit for the Pharmaceutical Association of Malaysia, 2019

Private Sector Support

There have been a number of joint public-private sector support programmes aimed at improving healthcare and healthcare provision globally. Some successful examples of these are:

- Antimicrobial Resistance (AMR) Programme such as Global Respiratory Infection Partnership (GRIP) - GRIP is committed to consistent, sustainable evidence-based advocacy and intervention for rational antibiotic use. It advocates facilitating antimicrobial stewardship by formulating a framework for nonantibiotic treatment options for respiratory tract infections and fostering multi-stakeholder commitment to antibiotic stewardship and rational antibiotic use. GRIP is currently working with FIP (Federation of International Pharmacy) to advocate to pharmacists worldwide including ASEAN professionals to drive the AMR policy in action²¹.
- The Global Hygiene Council - The Global Hygiene Council is a group of the world's top experts in hygiene and hygiene-related fields, including microbiology, virology, infectious disease, immunology, and public health. The Council formed in 2006 and continues to reveal the science behind the hygiene headlines, along with practical advice to help the general public prevent the spread of infection both at home and when out and about. Hygiene is important in self-care as the first line of defence for health.

The Role of Education & Health Literacy

Studies have shown that when people are taught how to lead healthier lives, prevent or treat common ailments, and manage chronic conditions, their confidence improves. Studies have also shown that people are more likely to stick to their treatment schedules, leading to better health outcomes and reducing the burden on health services.

Health literacy, or improving education around health issues, is needed to promote health equity and boost the general health and wellbeing of populations. Health literacy begins at school and should, with good programmes in place, continue throughout life, and can be seen as critical enabler of self-care as it enables people to understand better how to take care of themselves, and improve their health and general wellbeing. As a study by the EIU entitled *Enabling people to manage their*

“If self-care does not go hand in hand with health education and health literacy provided by medical professionals, there is the potential for incorrect self-diagnoses and missed opportunities to take the right measures at the right time, which can have serious consequences. It’s important for the various actors involved to understand this point.”

Naoyuki Yasuda, Director of the Office of International Regulatory Affairs,
Japanese Ministry of Health, Labour and Welfare

health and wellbeing: Policy approaches to self-care, noted “Patients with low health literacy may also struggle with the transfer of care responsibilities, which may lead to non-compliance with medication, missed appointments and lack of follow-through on tests or referrals”²² This leads to unnecessary illness, unnecessary calls on primary healthcare services, and increased costs for the medical system and individuals.

As the same report goes on to note, general evidence shows that health literate people demonstrate more confidence in decisions relating to healthy choices, self-diagnosis, self-treatment and the effective use of medicines and health technology. Patients with the autonomy to choose aspects of

²¹ See: <https://www.grip-initiative.org/>

²² p.13, *Enabling people to manage their health and wellbeing: Policy approaches to self-care* by the Economist Intelligence Unit, October 2019

their self-care are linked with better adherence to treatment plans and healthier behaviours in all stages of life²³.

Despite the clear importance of good health literacy and education around healthy living and lifestyles, even highly developed nations struggle with the concept and putting in place good systems to promote better understanding amongst their populations. Within ASEAN, Singapore has perhaps the most highly developed programme of health literacy, through the work undertaken by a specially set up government agency, the Health Promotion Board. The HPB was established in 2001 specifically to promote healthier living and health education in the population of Singapore and “seeks to empower the Singapore public with knowledge and skills to take ownership of their health and live a healthy lifestyle”²⁴. The HPB runs programmes in schools and the general community, often in partnership with private sector stakeholders, to increase education around health choices, illness prevention and healthier living with the aim of improving livelihoods, reducing illnesses, and enabling individuals to take better care of themselves. Singapore has also introduced programmes connected to the COVID-19 pandemic to help healthier mental and physical wellness²⁵.

Improving health education and literacy becomes more crucial as nations age – older populations tend to have more illnesses and ailments and, therefore, a higher tendency to call on primary healthcare services. Contrary to common belief, ASEAN is actually ageing rapidly (high levels of young populations today means high levels of old populations in the future). There is **a need therefore to take action now to improve understanding of self-care and self-help before these aging populations literally break the bank for the ASEAN Member States**. Additionally, there is a **need to develop policies and regulations to support health literacy enhancement and drive public empowerment**. One example is the advertising regulations of medicinal products – e.g. revisiting advertising regulations in Thailand and liberalising the rules advertisements to allow selected Poison C (Pharmacy only) products to be advertised to consumers.

As was noted in a report by the Self-Care Initiative Europe (SCIE) “The self-efficacy of patients to manage their health beyond the doctor’s office is a goal for a nation with shifting demographics”²⁶. According to a 2015 report, 8.5% of the population worldwide (617 million) is aged 65 and over. By 2050, this percentage is expected to surge to nearly 17.5% of the world’s population²⁷. Between 2015 and 2050 Cambodia will experience a 320% increase in the number of people aged over 65, Vietnam a 291% increase, and Malaysia a 277% increase²⁸.

Efficacy of Hygiene products against Covid-19: Need for Public Education Initiatives

As preventive measures against Covid-19, consumers demand the best hygiene products such as handwash products, homecare products, or disinfectant/antiseptic products, as recommended by most authorities. In their selection of qualified products, it is important that consumers are provided with adequate and accurate information about whether a given product has COVID-19 virucidal efficacy. The research undertaken by IPSOS for this report showed that 99% of respondents attached importance to having information about the efficacy of a hygiene product to kill a coronavirus. Given this consumer expectation, manufacturers of such products should be able to inform consumers, declaring predicted action on pack as long as appropriate evidence is presented and clearance

²³ See: The King’s Fund. (2014) People in control of their own health and care, The state of involvement. November 2014. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/people-in-control-of-their-own-health-and-care-the-state-of-involvement-november-2014.pdf amongst others

²⁴ See: <https://www.hpb.gov.sg/about/about-us>

²⁵ See: <https://www.sgunitied.gov.sg/stay-strong/> Brave The New Campaign

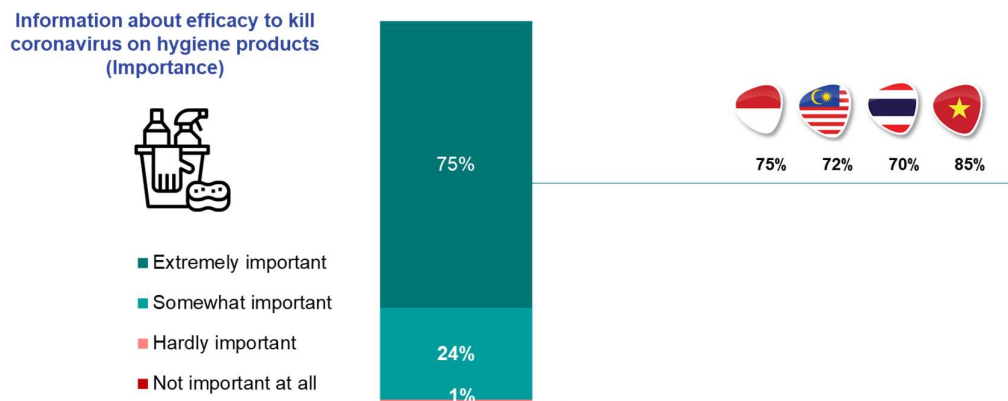
²⁶ p.13 – Self-Care Initiative Europe, 2018

²⁷ He, Goodkind, & Kowal. (Rep.). (2015). *An Aging World: 2015*. International Population Reports.

²⁸ See: *Driving Comprehensive Healthcare Policy in ASEAN*, published by the EU-ASEAN Business Council, 2019

granted. This is not usually possible due to regulatory framework which does not authorise COVID-19 virus efficacy to be shown on personal care or surface products.

Chart 10: Consumer Views on Information on Product Efficacy to Kill Coronaviruses



In the United States, the Environmental Protection Agency (EPA) has activated the Emerging Viral Pathogens Guidance for Antimicrobial Pesticides²⁹ which sets out a voluntary process, through which companies holding EPA registrations for their disinfecting household products can make claims of their product's efficacy against "emerging viral pathogens". In ASEAN, the Singapore National Environment Agency (NEA) applied the same approach, where an "Interim list of household products and active ingredients for disinfection of COVID-19 virus" has been published³⁰. **We recommend that regulatory authorities in ASEAN adopt similar measures to provide consumers with confidence in the products they are choosing and enable them to practice self-care in hygiene behaviour practice against COVID-19.**

Easier Access to E-Health and E-Pharmacy

According to Fortune Business Insights the global telemedicine market is expected to be worth USD185.7 bn by 2026, up from USD34.5 bn in 2018³¹. Virtual consultations or e-visits to doctors are growing exponentially, and global pandemics such as COVID-19 are further driving this phenomenon as people prefer not to visit healthcare facilities, seeking remote advice as a consequence. Our own survey on attitudes towards self-care in ASEAN found that 65% of respondents search online via conventional search engines for information on the treatment of minor ailments, with 42% visiting websites of known medical institutions. 66% said that more medicinal products for minor ailments should be available for purchase online. 78% indicated that e-Pharmacies should be able offer the same basic non-prescription remedies as ordinary pharmacies.

Additionally, a range of new applications are becoming available to enable individuals to better track their health and wellness and improve self-care. One such example is Pulse by Prudential an AI-powered app to cater to your health and fitness needs³². As the EIU noted in their October 2018 report on Self-Care "From a general consumer standpoint, there may also be a massive evolution in wearable

²⁹ US Environmental Protection Agency - Emerging Viral Pathogens Guidance for Antimicrobial Pesticides.

<https://www.epa.gov/pesticides/coronavirus-cases-trigger-epa-rapid-response> and US Environmental Protection Agency – EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19 - https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf

³⁰ Singapore National Environment Agency - Interim List of Household Products and Active Ingredients for Disinfection of the COVID-19 Virus - <https://www.nea.gov.sg/our-services/public-cleanliness/environmental-cleaning-guidelines/guidelines/interim-list-of-household-products-and-active-ingredients-for-disinfection-of-covid-19>

³¹ See: <https://www.fortunebusinessinsights.com/industry-reports/telemedicine-market-101067>

³² See: https://wedopulse.com/my/?utm_language=en

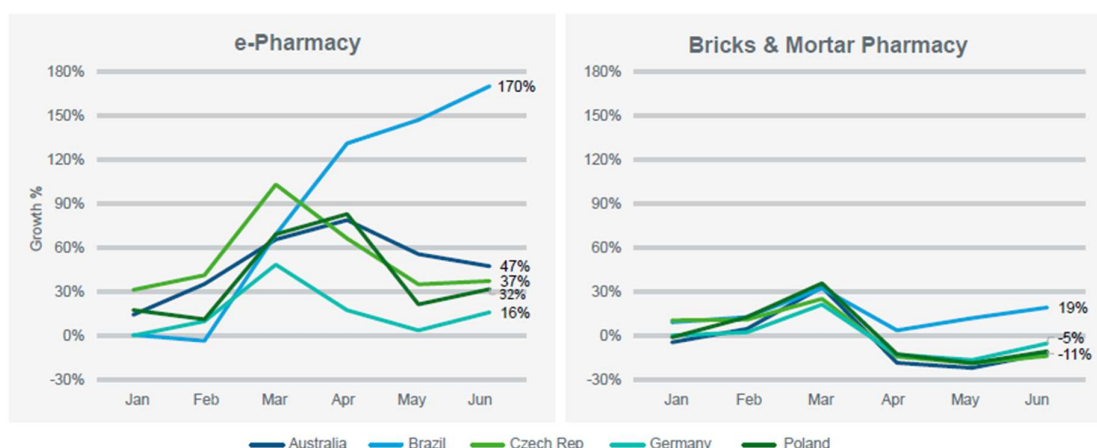
technologies or apps that can track a long-term condition (e.g. asthma or chronic obstructive pulmonary disease) or fitness (steps, calories, etc) that can play a key role in self-care”³³.

Beyond telemedicine and the plethora of new health related applications, pharmacists and pharmacies are key players in ensuring that the dispensing of medicines can be made in an efficient and safe manner. Patients and consumers can remain at home to access essential medicines and avoid transportation to visit the physical pharmacy stores if e-pharmacies can be developed and regulations put in place to allow for them – thus boosting access to medicines. This could additionally help reduce the hospital crowding allowing healthcare professionals to concentrate on the management and more complicated diseases.

Benefits provided by e-pharmacies, such as the availability of affordable medicines, access to information including prescribed data, the shift towards self-diagnosis from the direct doctor-patient relationship which saves time, cost efficiency and resource management, and the increase in digital health is driving the growth of e-pharmacies and will do so for the foreseeable future. Legalised e-pharmacies additionally help solve the problem of counterfeit medicines and the illegal selling of medicines since patients can access legal and authorised sources approved by governments. Official e-pharmacies allow patients to receive medical consultation from pharmacists via online platforms and receive dispensed medicines at home without worrying about interacting with other patients or about leaving their houses.

The European Union, Australia and Switzerland, and ASEAN countries like Singapore and Philippines, for example, have legalised e-pharmacies. There are certain requirements which pharmacies must comply with in order to be able to take prescriptions from physicians or patients online, dispense prescription-only medicines and handle home delivery to patients. It can also be observed that in 2020 COVID-19 has accelerated behavioural changes by consumers with significant increases towards e-pharmacies.

Charts 11 & 12 – Growth in e-Pharmacies vs Traditional Pharmacies - 2020³⁴



IT infrastructure and communication technology in e-pharmacy promote quality, safety, efficacy of medicines and enhance pharmacy services, through enabling trace and track feasibility, authenticity of certified pharmacies, online-consultation, consumer/patient medicine use data collection and pharmacovigilance. It can additionally support to solve the problems of illegal selling of medicines and

³³ p.18, *Enabling people to manage their health and wellbeing: Policy approaches to self-care* by the Economist Intelligence Unit, October 2019

³⁴ IQVIA White Paper: e-Pharmacy and the New Consumer, published October 2020

falsified medicines through online channels. They also assist more remote communities to get medical care and attention, which otherwise might not be available to them.

This would require the development of relevant laws and regulations to allow official registration and legalisation of e-pharmacy with specific requirements or guidelines to ensure patient safety and delivery of quality medicines to patients as well as enabling e-prescriptions and maintenance of digital health records. The current physical pharmacy stores could be potentially certified as e-pharmacy in addition if they could comply to certain laws, regulations and guidelines similar to the experiences in other countries.

Recommendations on this topic have been made by the ASEAN Business Advisory Council and the Joint Business Councils to the ASEAN Leaders in July 2020³⁵.

Increased Rx to OTC Switching as a means of promoting better Self-Care

Ensuring the widespread availability of medicines for treating minor ailments is a key area for promoting improvements in Self-Care across ASEAN. Doing so enables individuals to gain access to safe medicines to treat themselves for issues such as colds, coughs, insect bites, and sore throats without having to go to the expense and trouble of visiting a doctor or health clinic, utilising vital facilities and resources that could be better deployed to treat more chronic illnesses or patients in need of more urgent or critical treatment.

Regulatory environment to support increased OTC availability

Self-medication is an important component of self-care and accessibility to over-the-counter (OTC) and general sales list (GSL) medicines forms a critical part of that. But this does require the development of a regulatory framework to allow for increased access to OTC and general sales list (GSL) medicines and to expand the range of medicines that are available over-the-counter and for general sales.

Overview of ASEAN regulatory classification of medicines & switch regulations

Unfortunately, within ASEAN there is, at present, no common regulatory classification for medicines. Nor is there a fully harmonised approach for the approval of medicines. Both elements are still considered to be national competencies, though some work on the latter is being done at an ASEAN level under the auspices of the Pharmaceutical Products Working Group (PPWG) under the ASEAN Consultative Committee for Standards and Quality (ACCSQ). Even the work under PPWG is progressing very slowly which is disappointing considering the limited scope that they are considering. This is despite the AEC Blueprint 2025 stating that a strategic measure for the region is to achieve the “further harmonisation of standards and conformance in healthcare products and services” and to “Continue to develop and issue new healthcare product directives to further facilitate trade in healthcare products in the region”³⁶.

Classification of medicines though have been informally agreed through the Self-CARER forum (see below). These are:

- **General Sales List (GSL):** medicines which can be sold anywhere outside of a pharmacy premise, and for which consumer advertisements are allowed.
- **Pharmacy Medicines (P):** Medicines that can only be sold through pharmacies, with further sub-classification of **P-Scheduled Medicines** (with consumer advertising controls), **P-Non-scheduled Medicines** (with no consumer advertising controls).

³⁵ See *A Pathway Towards to Recovery and Hope For ASEAN*, published by the ASEAN Business Advisory Council 23 July 2020, available at: http://aseanbac.com.my/wp-content/uploads/2020/08/ABAC-OOA-Version-15_final.pdf

³⁶ See ASEAN Economic Community Blueprint 2025 Section C.7, paragraph 61

- **Prescription-only Medicines (POM):** medicines which require prescriptions (Rx) prior to them being dispensed. Advertising to healthcare professionals is permitted but not directly to consumers.

Whilst most ASEAN member states have medicine control guidelines for switching from Rx to OTC in place, there is no general region-wide classification and implementation of those guidelines that do exist is not very effective, and there is no alignment with global standards or approaches.

Regional Initiatives

Self-CARER (Self-medication Collaborative Asian Regulator Expert Roundtable)

The Self-Medication Collaborative ASIAN Regulator Expert Roundtable (Self-CARER) was established in October 2014 with the aim of increasing the use of self-care medicines in order to reduce health related expenditure; tackle the issue of un-harmonised regulation of self-care medicines; and, increase review efficiency in Asia. The key objectives of the Forum are:

- Collaborative technical or scientific networking with the APAC region's pharmaceutical regulator network with OTC pharmaceutical regulation experts nominated by each participating countries health authority;
- Exchanging of experience in self-medication policy and regulation to promote understanding on the differences/similarities in each country and learning & challenges;
- Bring up regional perspectives in self-medication, such as a frame for OTC medicines and regulations.

“Medicinal products which can be used by consumers to treat self-recognised and minor disorders/ symptoms/ illness and be available without prescription. OTC can be distributed outside pharmacy stores (called household remedy OTC) or with pharmacist supervision (pharmacy medicines OTC)”.

Common definition of OTC Medicines as agreed at the 1st meeting of the Self-CARER Forum, October 2014

The Forum is non-binding and has no legal standing but does provide for exchanges of expert opinion and advice. Participating countries from the ASEAN region have included Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Vietnam, with Singapore joining the last meeting.

Work of the Pharmaceutical Products Working Group (PPWG)

PPWG is the ASEAN regulator forum on pharmaceutical product registration, under ACCSQ. The objective of PPWG is “to develop harmonisation schemes of pharmaceuticals’ regulations of the ASEAN member countries to complement and facilitate the objective of ASEAN Free Trade Area (AFTA), particularly, the elimination of technical barriers to trade posed by these regulations, without compromising on drug quality, safety and efficacy”³⁷.

PPWG’s work has not focussed on the issue of Rx to OTC switching at all. To date, what limited progress there has been focussed on the approval mechanisms for new medicines. Work has been done in various areas, including on ASEAN Common Technical Requirements (ACTR) and ASEAN Common Technical Dossier (ACTD) for assessments of new medicines, and an MRA on Bio-equivalence for generic medicines. However, neither the ACTR nor ACTD are fully implemented or adhered to, with ASEAN Member States putting in place different interpretations and requirements and the MRA

³⁷ See: https://asean.org/?static_post=accsq-pharmaceutical-product-working-group

on Bio-equivalence only allows acceptance of test reports from other AMS and not the acceptance of approvals. Thus, the work of the PPWG is some way short of achieving the objectives set out in the AEC Blueprint 2025.

PPWG's current work on harmonised approaches to approval for new medicines needs to be accelerated and the scope of the group should also be expanded to encompass other areas such as regulations for Rx to OTC switching to ensure better co-ordination across the ASEAN region, improve access to medicines and lower costs for producers and consumers alike.

Additionally, exploring simplified regulatory requirements for over-the-counter and self-care medicines as the principle of a risk-based regulatory approach, i.e. abridged registration or reduced dossiers, could result in enhanced access to self-care medicines for patients.

Benefit & Risk Framework of OTC Switching

Developing a framework for OTC switching is mired in complexity, but that does not mean that ASEAN should shy away from attempting develop one which each of the ASEAN member states can then implement. It would need to take into account both the science (i.e. safety and efficacy aspects) and also socio-economic factors. Any regulatory decision-making would have to be clear, proportionate, transparent and evidence-based. Global models do exist which could be implemented within the region, with the one developed by Eric Brass, Ragnar Löfstedt and Ortwin Renn in their article *Improving the Decision Making Process for Non-prescription Drugs: A Framework for Benefit-Risk Assessment* (published in 2011) being one that is widely accepted and referenced globally.

Brass et al promoted the use of Benefit: Risk frameworks to assess the safety and worth of moving medicines from prescription-only to non-prescription categorisation. In their piece they identified that “appropriate benefit–risk tools have the potential to assist manufacturers during drug development and regulators during the review process”³⁸ by allowing for potential benefits and risks associated with an intervention, product, or behaviour to be assessed objectively. They developed a value tree framework (see below), which allowed for benefits to assessed (e.g. improved public health, economic benefits, improved access, and enhanced consumer engagement) against potential risks (e.g. drug misuse, potential adverse side effects, worsened outcomes to self-management).

Table 1: Benefit & Risk Domains of Non-Prescription Drugs³⁹

Benefit Domains	Risk Domains
Improved access to effective drugs	Unintended misuse
Improved clinical outcomes	Intentional misuse with therapeutic intent
Improved public health	Accidental ingestion
Enhanced involvement by consumers in their health	Intentional overdose
Economic benefits on non-prescription availability	Worsened outcomes due to self-management

Naturally, in any such model there is a trade-off required between the benefits and the perceived risks involved. As Brass et al noted “the formulation of a benefit–risk model for non-prescription drugs must explicitly reflect the specific incremental benefits and risks that result from consumer decisions with minimal, if any, health-care provider input”⁴⁰. The value tree framework not only looks at monetary implications of moving to non-prescription medicines (including ease of access to medicines

³⁸ Eric Brass, Ragnar Löfstedt and Ortwin Renn *Improving the Decision Making Process for Non-prescription Drugs: A Framework for Benefit-Risk Assessment* (published in 2011)

³⁹ Ibid

⁴⁰ Ibid

for consumers) but also other criteria such the level of health literacy, potential for adverse side effects etc.

A continuous process of review, assessment and risk management can then be applied to medicines that have been approved for non-prescription usage, or to move prescription medicines to OTC status. This allows for medicines to be moved in either direction. Brass et al, developed such a system in their paper, calling it the “OTC Nautilus”. This approach (as set out below) starts with a pre-review phase which is then followed by a benefit:risk analysis, etc. Benefit-risk communication and multi-stakeholder involvement are pivotal elements to the process throughout the cycle of monitoring, evaluation and risk management. Thus, whilst the risks such as negative clinical outcomes, misuse and overdose are critical factors to consider, assessing those against benefits such access, lower costs to the healthcare system and to consumers, and improved clinical outcomes, allows for a more robust and evidence-based assessment.

Figure 1: the OTC Nautilus⁴¹



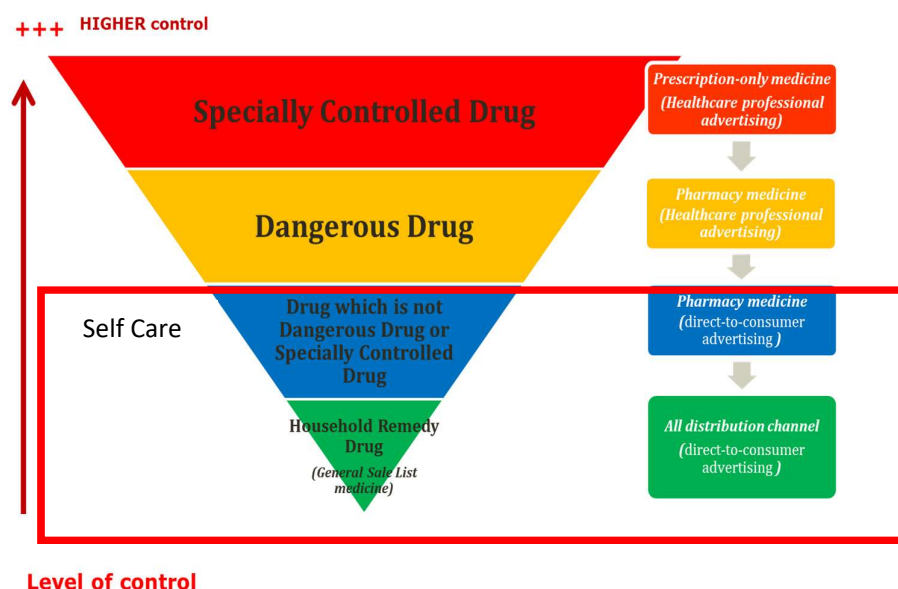
Successful switch policy/regulation and examples within ASEAN

Thailand

Thailand has a clear drug classification regime in place and a clear methodology for medicines to move through the various categories from prescription only to OTC.

⁴¹ After Brass et al *Improving the Decision Making Process for Non-prescription Drugs: A Framework for Benefit-Risk Assessment* (published in 2011)

Figure 2: Drug Classification Regime in Thailand



To be available for self-care in Thailand a medicine must have a high level of safety control and treat relatively minor illnesses. They would then be available through a pharmacy (for medicines which are not classified as dangerous or specifically controlled) or through general stores (for medicines which would be classified as household remedies). Moving from the highest level of control to the lowest level of control is feasible so long as the medicine concerned meets several criteria (see below).

Thai Food and Drug Administration established guidelines, requirements and an evaluation process with clear timelines for switching from Rx to OTC or GSL using a risk-based approach in 2016, with modifications of some requirements in 2017. This enabled more availability of self-medication products to patients and consumers thus promoting self-care among the Thai community.

Figure 3: Reclassification Criteria in Thailand

	Specially controlled	Dangerous	Self-Care	
			Non-dangerous/non specially-controlled	Household remedy
High General toxicity	YES		NO, with Low risk with well supportive data in patients require specialized care such as elderly, pregnant women, lactating women and patients with hepatic and renal impairment.	NO, with Low risk with well supportive data in patients require specialized care such as elderly, pregnant women, lactating women and patients with hepatic and renal impairment.
Reproductive Toxicity, Genotoxicity, Mutagenicity	YES			
Serious ADR type A frequency : Very Common - Common	YES	NO		
Serious ADR type B frequency : Very Common - Rare	YES			
Serious Drug-Drug interaction or Drug-Food interaction	YES			
Possibly cause serious indirect harm from the treatment which masks actual symptoms requiring medical care e.g. cancers or heart diseases, despite of correct usage without physician supervision	YES	NO	NO	NO
Its use requires physician supervision or it has frequent incorrect use	YES	NO, pharmacist dispensable	NO, no need pharmacist, self-administ. upon label	NO, Self-diagnosis, self-administ upon label
Indication purposed for the treatment of symptoms or diseases require physician diagnosis	YES	NO	NO	NO
Highly negative impacts to society/abuse	YES	NO	NO	NO
Others			Not injection	Not injection, suitable pack size

Singapore

Singapore operates a system of guiding principles governing the access control to medicines which are based in international best practice such as the European Commission Guideline: A Guideline on Changing the Classification for the Supply of a Medicinal Product for Human Use and the WHO Guidelines for the Regulatory Assessment of Medicinal Products for Use in Self-Medication. Those principles include:

- (i) Seriousness of the medical condition/illness;
- (ii) Need for doctor's involvement in the clinical care and dispensing of medicines;
- (iii) Safety profile and potential side effects of medicines;
- (iv) Directions of use, side effect set can be easily understood by patients or only require pharmacists' counselling; and,
- (v) Any public health concerns if drug is made freely available without supervision.\

Applications to move through the drug classifications from pure prescription to general sale can be made by the manufacturer, by the Health Sciences Authority, or through a recognised professional body.

Self-Care & Global Pandemics

COVID-19 has highlighted how quickly healthcare systems can become overwhelmed by pandemics. Across the globe governments have had to implement a variety lockdown measures to prevent the

“With increasing pressure on the public health system, setting the pathway to self-care intervention is key to enabling consumers to have access to home remedies and improve their health outcomes before a potential second wave of COVID-19 infections. This will also lessen the burden on healthcare systems which need to prioritize treating the most critical patients. Increasing access to certified medicines for dealing with common ailments without the need to call on primary healthcare facilities will reduce the pressure on those facilities during a pandemic and help guard against potential increases in other unrelated infections.”

RECOMMENDATION 60, A PATHWAY TOWARDS RECOVERY AND HOPE, ASEAN BUSINESS ADVISORY COUNCIL, JUNE 2020

spread of the virus and thus to alleviate pressures on their primary healthcare services. During this period of various degrees of restrictions, it is vital that countries ensure that they are able to supply to their citizens and residents essential supplies, whilst at the same time limiting the spread of COVID-19.

In a statement issued to the ASEAN leaders in March 2020, the ASEAN Business Advisory Council and the EU-ASEAN Business Council called for measures to be put in place to “minimise disruption and protect supply chains for essential products including food, beverages, medicine and healthcare products, agricultural commodities and personal care products. Ensure enough land, sea and air transportation capacity for such products and fast-access lanes where applicable”⁴². The same

statement also called on ASEAN Leaders to “leverage digital technology. Leverage digital technology

⁴² See: https://14b6ea15-d0b2-4a66-9bfb-e8396fd5ddf4.filesusr.com/ugd/63371b_62a7944b053748ed81b1633db4bd8690.pdf

for information dissemination (social media), enforcing and monitoring quarantine, identifying COVID hot spots, triaging and initial diagnosis, **telemedicine, e-prescriptions, e-commerce for essential goods**, e-learning for students, etc.”⁴³ (emphasis added).

It is clear during this COVID-19 period, and as is shown by our own survey of consumer attitudes in selected ASEAN markets, that consumers are wary of visiting healthcare facilities for relatively minor illnesses, particularly those that are clear non-COVID related. However, in the absence of self-medication opportunities, such illnesses might go untreated and could worsen, thus placing a burden on over-stretched healthcare facilities that could otherwise have been avoided. Increasing access to self-care medicines would avoid such an outcome, help ensure better health outcomes for easily treatable conditions, and lower the pressure on primary healthcare facilities.

Expanding access to OTC medicines, including through moving more medicines from prescription-only, to online portals (including e-pharmacies), and enabling home delivery, would further help as it would not only provide easier access to such medicines, but would also support social distancing measures.

The Way Forward

This report has highlighted the clear economic and social benefits of moving to regimes that allow for more OTC medicines to be available to the general public, either through pharmacies, online portals, or at general stores. The cost savings to governments and individuals are undeniable. The benefits through helping people take better care of themselves, reducing incidences of chronic diseases, extending lives, reducing lost workdays, and lowering calls on overstretched and often underfunded primary care facilities are also undeniable. And yet, for some governments in the region, promoting self-care and putting in place regimes that allow for increased use of OTC medicines is not a policy priority. Until it is we are unlikely to see regulatory reforms and incentives to promote better self-care.

It is clear to us that governments need to acknowledge the benefits of developing self-care programmes and moving to allow more medicines to be more readily available for self-medication. Self-care needs to become a central plank of health policies throughout ASEAN. To that end we make the following recommendations:

- ASEAN Governments to effectively build self-care policies and promotion into their national health policies;
- ASEAN to mandate the Pharmaceutical Products Working Group (PPWG) to be an ASEAN-wide regulatory enabler focused on streamlining self-care medicine regulation such as:
 - Developing an ASEAN-wide, harmonised definition on self-care medicine
 - Developing medicine reclassification guidelines that will enable ASEAN to move from prescription medicines to non-prescription, building on the initiatives and programmes in place in Singapore and Thailand;
 - Exploring simplified regulatory requirements for over-the-counter and self-care medicines through a risk-based regulatory approach, i.e. abridged registration or reduced dossiers, in order to enhance access opportunity of patients.
- In the meantime, create a specialised regulatory approach designed to encourage mutual recognition and help those ASEAN member states with less developed regulatory regimes to improve their capacity and general encourage enhanced consumer empowerment

⁴³ Ibid

- Develop relevant laws and regulations to allow official registration and legalisation of e-pharmacy with specific requirements or guidelines to ensure patient safety and delivery of quality medicines to patients.
- Alter educational curricula to include more widespread teaching of healthy living, including better nutrition, exercise, health monitoring, and self-care/remedy practices.
- Elevate private sector engagement via the three initiatives outlined below:
 - Antimicrobial Resistance (AMR) Programme such as Global Respiratory Infection Partnership (GRIP) - GRIP is committed to consistent, sustainable evidence-based advocacy and intervention for rational antibiotic use. It advocates facilitating antimicrobial stewardship by formulating a framework for non-antibiotic treatment options for respiratory tract infections, and fostering multi-stakeholder commitment to antibiotic stewardship and rational antibiotic use. GRIP is currently working with FIP (Federation of International Pharmacy) to advocate to worldwide pharmacists including ASEAN professionals to drive the AMR policy in action⁴⁴.
 - The Global Hygiene Council - The Global Hygiene Council is a group of the world's top experts in hygiene and hygiene-related fields, including microbiology, virology, infectious diseases, immunology, and public health. The Council was formed in 2006 and continues to reveal the science behind the hygiene headlines, along with practical advice to help the general public prevent the spread of infection both at home and when out and about. Hygiene is important in self-care as it is the first line of defence for health.
 - Promoting and incentivising hospital providers and private insurance companies to offer telemedicine and e-pharmacy access and benefit coverage in their product offerings. With improved regulatory regime and standard governance, we could support more prescription-only medicines to be made available and prescribed via telemedicine and/or e-pharmacy consultation, following an online medicine purchase and delivery.

We look forward to discussing the findings of this paper with the ASEAN Secretariat and health authorities across the region. We understand that advancing on these recommendations will involve officials in both the economic and socio-cultural pillars of ASEAN.

⁴⁴ See <https://www.grip-initiative.org>

About the EU-ASEAN Business Council

The EU-ASEAN Business Council (EU-ABC) is the primary voice for European business within the ASEAN region. It is formally recognised by the European Commission and accredited under Annex 2 of the ASEAN Charter as an entity associated with ASEAN.

Independent of both bodies, the Council has been established to help promote the interests of European businesses operating within ASEAN and to advocate for changes in policies and regulations which would help promote trade and investment between Europe and the ASEAN region. As such, the Council works on a sectorial and cross-industry basis to help improve the investment and trading conditions for European businesses in the ASEAN region through influencing policy and decision makers throughout the region and in the EU, as well as acting as a platform for the exchange of information and ideas amongst its members and regional players within the ASEAN region.

The EU-ABC conducts its activities through a series of advocacy groups focused on particular industry sectors and cross-industry issues. These groups, usually chaired by a multi-national corporation, draw on the views of the entire membership of the EU-ABC as well as the relevant committees from our European Chamber of Commerce membership, allowing the EU-ABC to reflect the views and concerns of European business in general. Groups cover, amongst other areas, Insurance, Automotive, Healthcare, Sustainability, Digital Economy/ICT, and Customs & Trade Facilitation.

Executive Board

The EU-ABC is overseen by an elected Executive Board consisting of corporate leaders representing a range of important industry sectors and representatives of the European Chambers of Commerce in South East Asia.

Membership

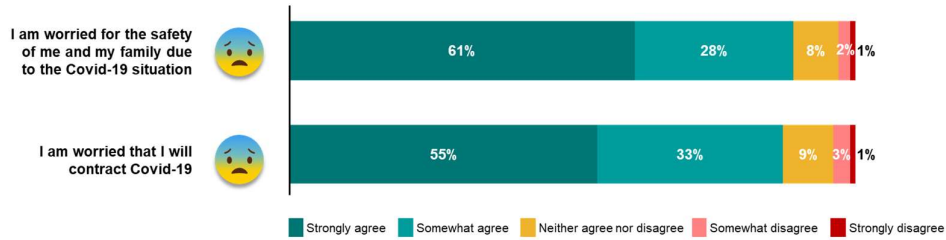
The EU-ABC's membership consists of large European Multi-National Corporations and the nine European Chambers of Commerce from around South East Asia. As such, the EU-ABC represents a diverse range of European industries cutting across almost every commercial sphere from car manufacturing through to financial services and including Fast Moving Consumer Goods and high-end electronics and communications. Our members all have a common interest in enhancing trade, commerce and investment between Europe and ASEAN.



To find out more about the benefits of Membership and how to join the EU-ASEAN Business Council please either visit www.eu-asean.eu or write to info@eu-asean.eu.

Annex 1: Outcomes of Survey of Attitudes Towards Self-Care in ASEAN Indonesia

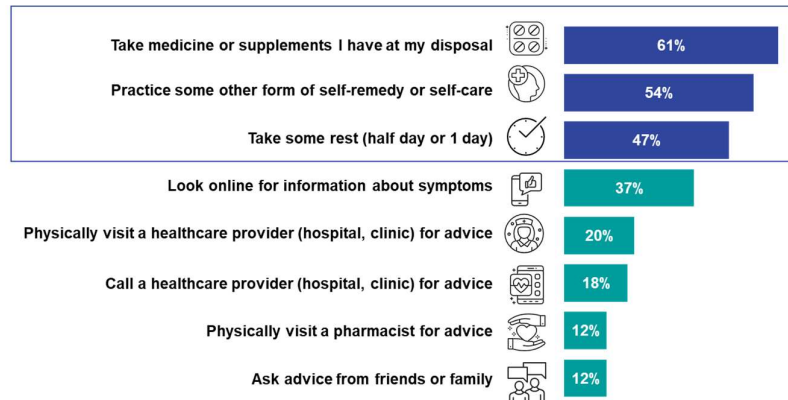
Strong concerns about COVID-19 in Indonesia



Indonesians are inclined towards to Self-Care

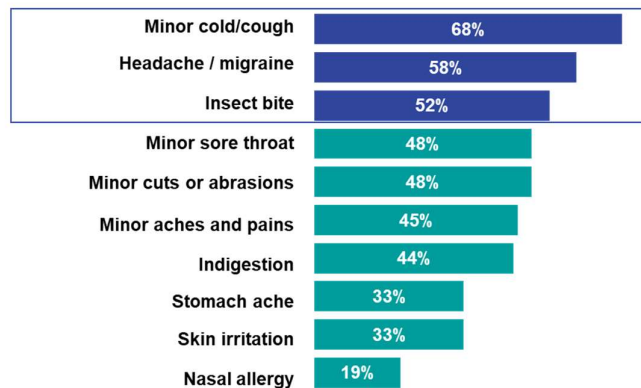
For minor ailments, self administering medicines and other forms of self remedy / self care is much more common than seeing a professional

Actions taken to address minor ailments in Indonesia



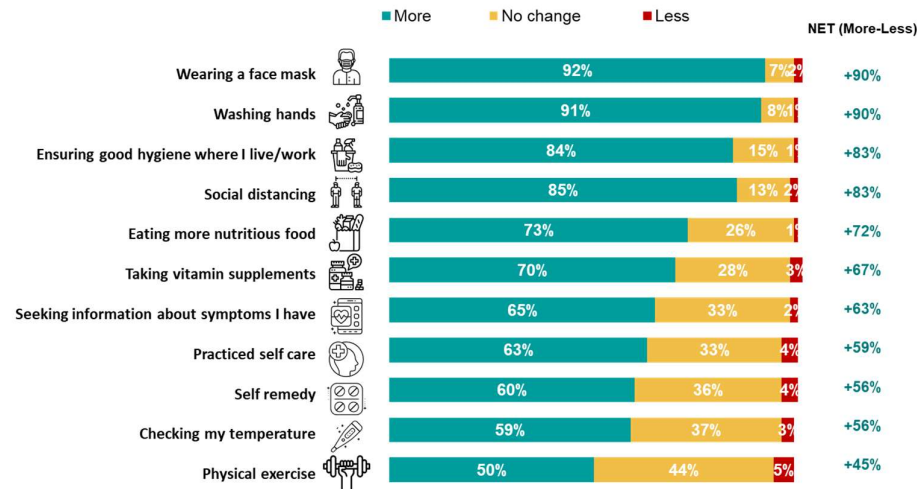
Minor ailments for which self-care/remedy are the more likely option

A majority say self-care / self-remedy is likely option for headache and insect bite as well. Less likely for stomach ache, skin irritation and nasal allergy



Change in activities compared to before COVID-19

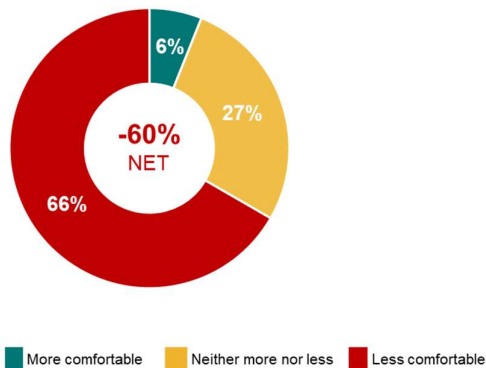
Compared to before COVID-19, more efforts are being made to stay healthy, including self-care and self-remedy.



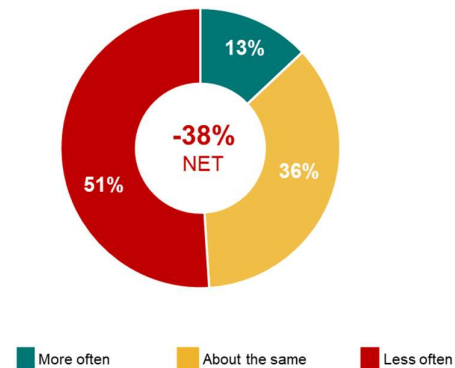
Big Drop in comfort in visiting medical facilities

Two thirds of Indonesians are less comfortable now compared to before COVID-19. Half would go to a medical professional less often with self-care / remedy more available

Comfort with visiting pharmacy/health care provider now vs before Covid

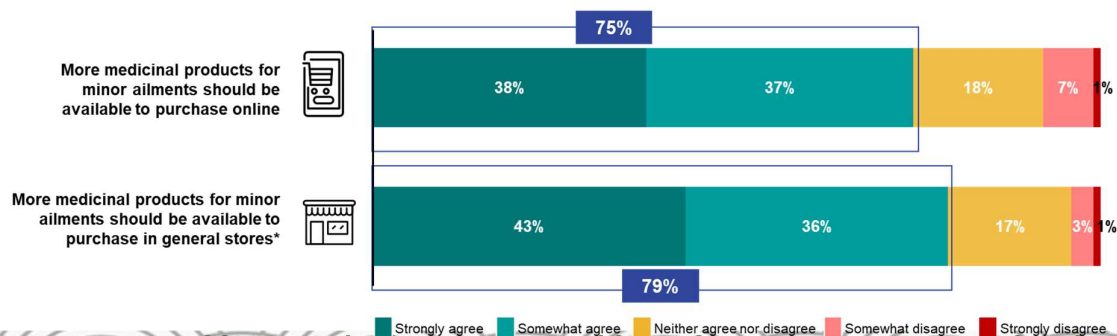


Perceived frequency of visiting doctor if self care / self remedy was more widespread



Demand for more channels for medicinal products

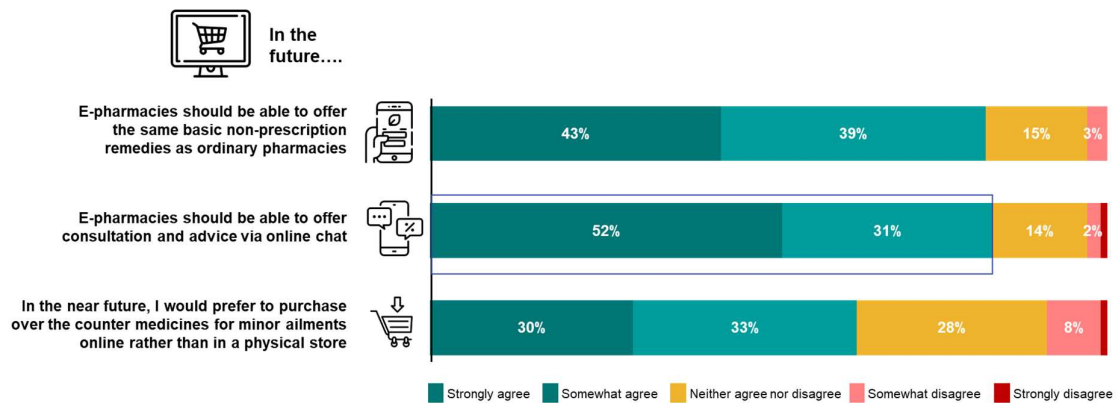
More than three quarter of Indonesians think more medicinal products should be available online and in general stores.



LEARNINGS FROM COVID-19: AN OPPORTUNITY FOR ASEAN GOVERNMENTS TO ESTABLISH SELF-CARE POLICY TO IMPROVE THE HEALTH & WELL-BEING OF THEIR POPULATIONS

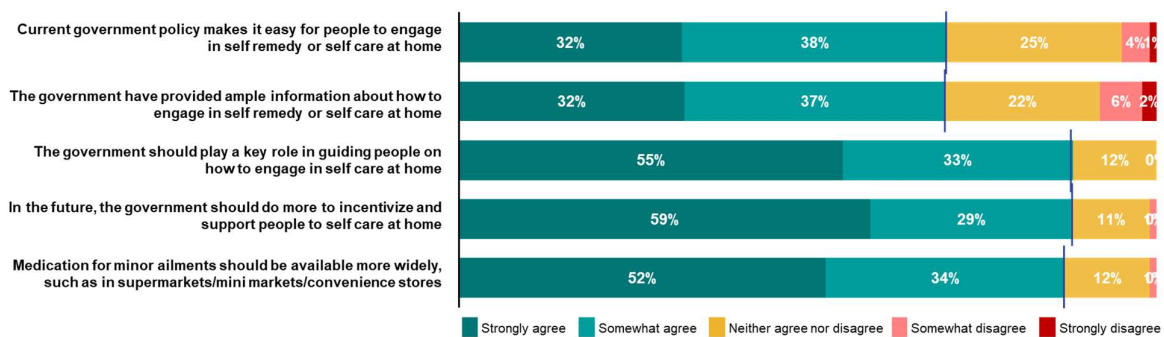
Support for increased roles for e-Pharmacies

Large majority supports the idea of e-pharmacies offering non-prescription remedies and offering consultation. Preference for purchasing more OTC medicines online in the future.



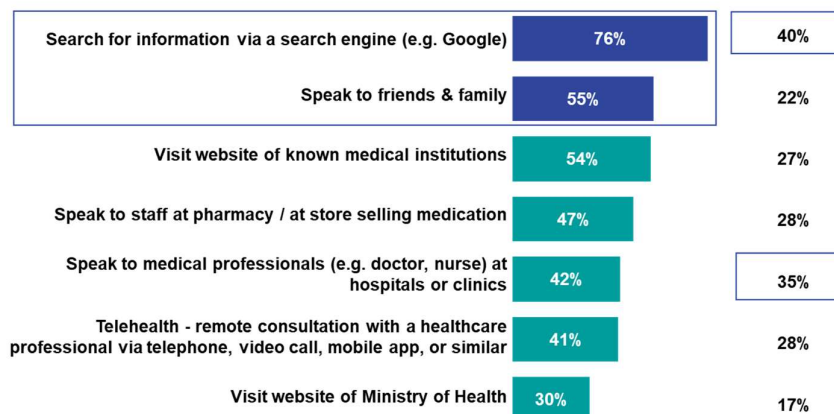
Government policy should support self-care

Most Indonesians believes the government should help and incentivise self-care at home



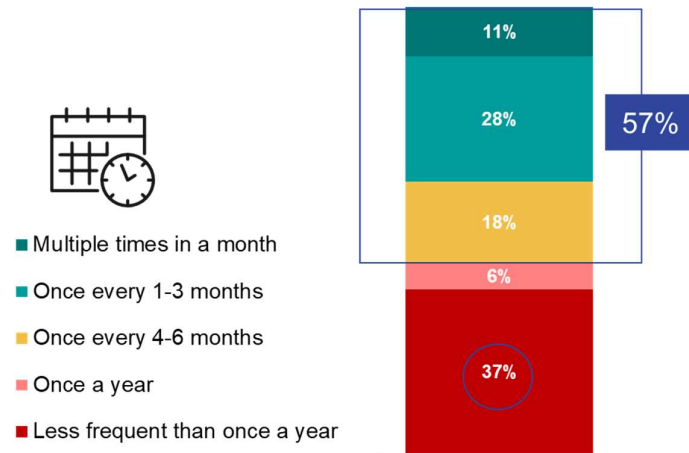
Indonesians look for medical advice on line

When questions about minor ailments comes up, looking online is the main outlet, followed by speaking to friends and family. Indonesians have very high trust in online information sources.



Multiple healthcare visits a year is common

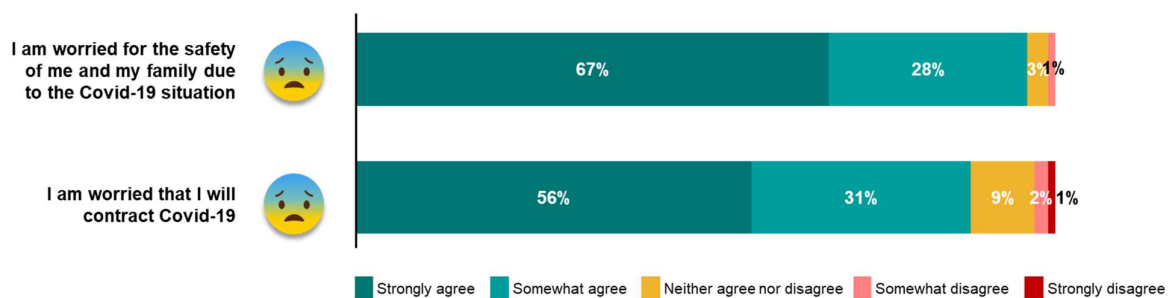
One third of Indonesians visit a medical professional less than once a year for minor ailments.



Malaysia

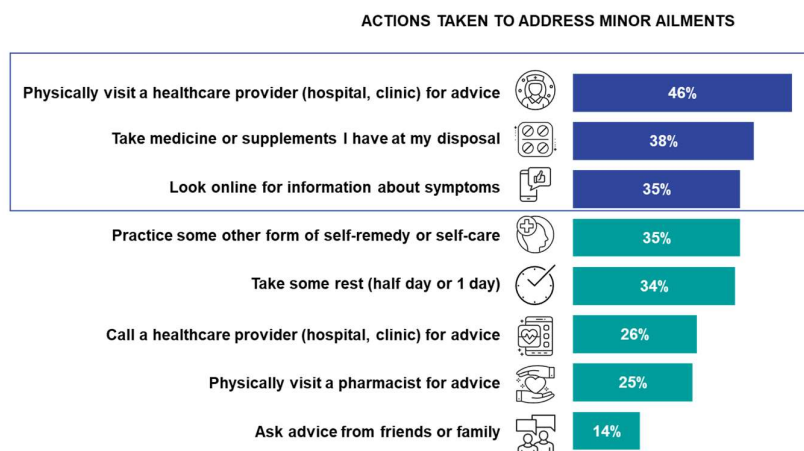
Concern about COVID-19 remains very high

Almost all Malaysians express a degree of concern for themselves or for their family



Malaysians inclined to visiting a healthcare professional

Malaysians' first instinct is to visit a healthcare professional for minor ailments, although many are also comfortable with self-care/self-remedy

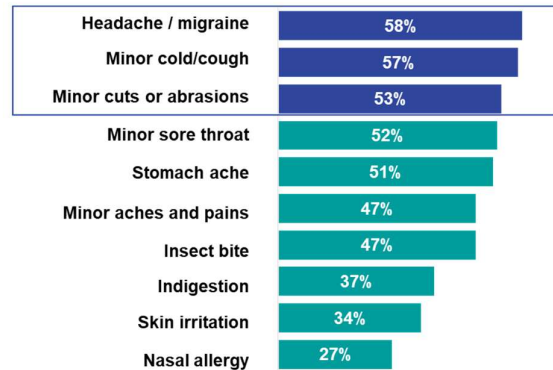


LEARNINGS FROM COVID-19: AN OPPORTUNITY FOR ASEAN GOVERNMENTS TO ESTABLISH SELF-CARE POLICY TO IMPROVE THE HEALTH & WELL-BEING OF THEIR POPULATIONS

Malaysians prefer Self-Care for Headaches, Minor Cough/Cold, Cuts

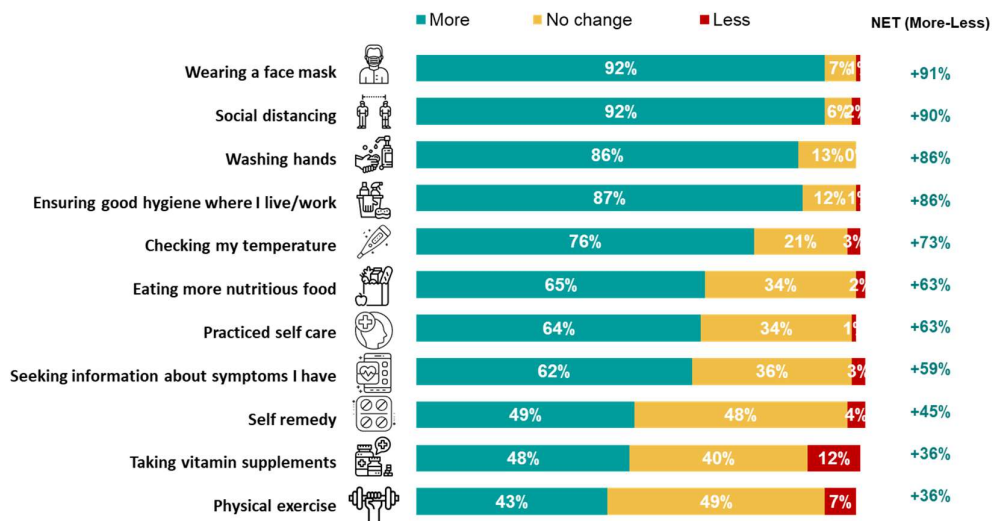
More than half are likely to practice self-care such ailments, as well as sore throat, stomach ache. Less likely when it comes to nasal allergy, skin irritation and indigestion

MINOR AILMENTS FOR WHICH SELF CARE
/ SELF REMEDY IS LIKELY OPTION



Increase in practice of self-care and self-remedy

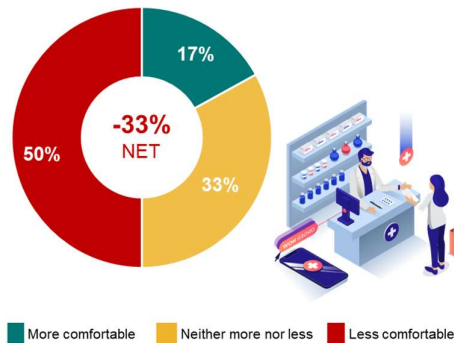
The Covid crisis has put focus on taking more care of one's health. Apart from the most immediate. Measures (face mask etc), self-care, self-remedy has also increased.



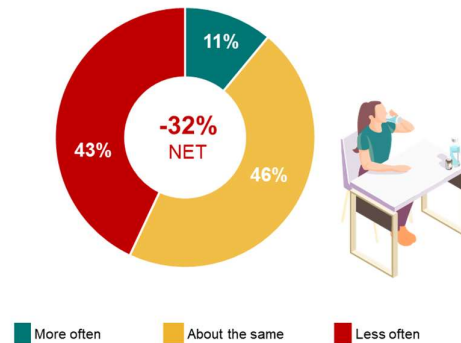
Comfort with visits to healthcare providers lower than before

Half of Malaysians less comfortable to engage in physical consultation for minor ailments. Close to half would do so less often with better 'at home' options

Comfort with visiting pharmacy/health care provider now vs before Covid

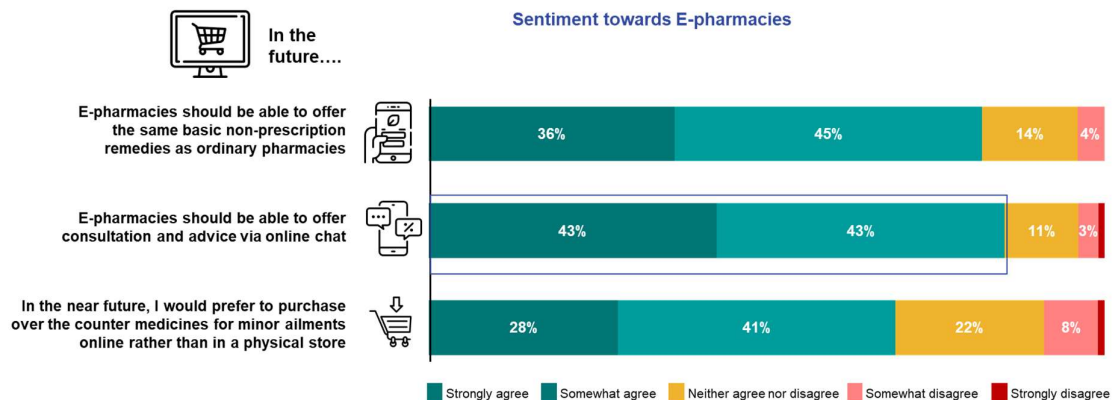


Perceived frequency of visiting doctor if self care / self remedy was more widespread



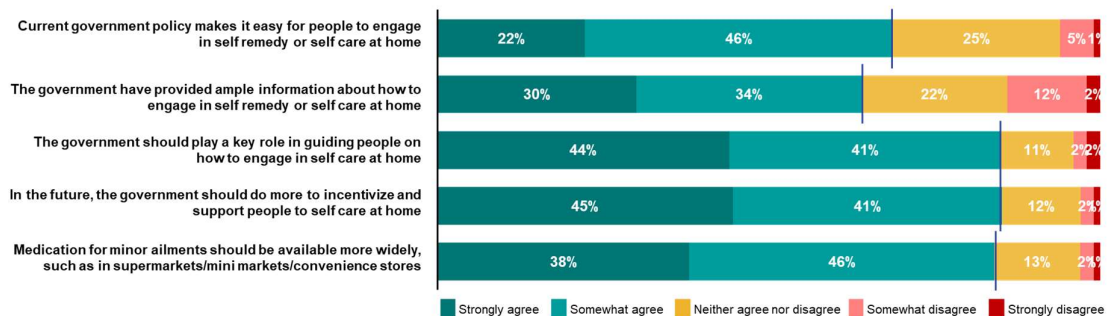
Strong support for E-Consultation

A clear majority would also prefer to purchase over the counter medicine online, if the options are available



Government could do more to support Self-Care

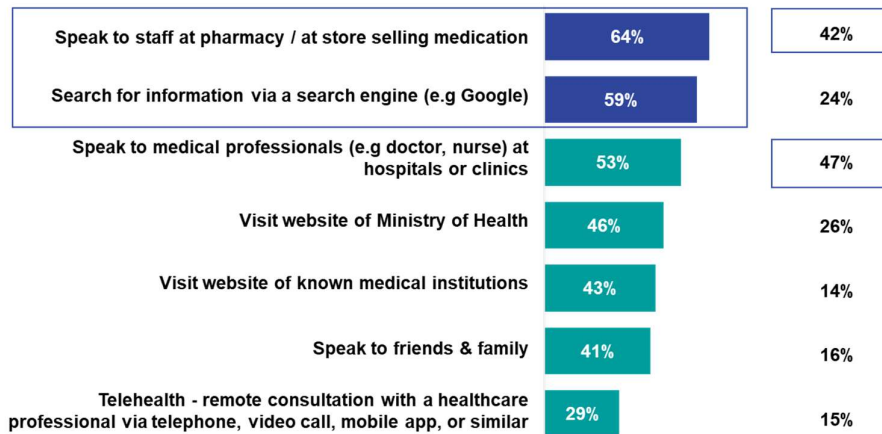
Although Malaysians feel the government are supporting facilitation of self-care and self-remedy, more can be done – including making medication for minor ailments more widely available.



LEARNINGS FROM COVID-19: AN OPPORTUNITY FOR ASEAN GOVERNMENTS TO ESTABLISH SELF-CARE POLICY TO IMPROVE THE HEALTH & WELL-BEING OF THEIR POPULATIONS

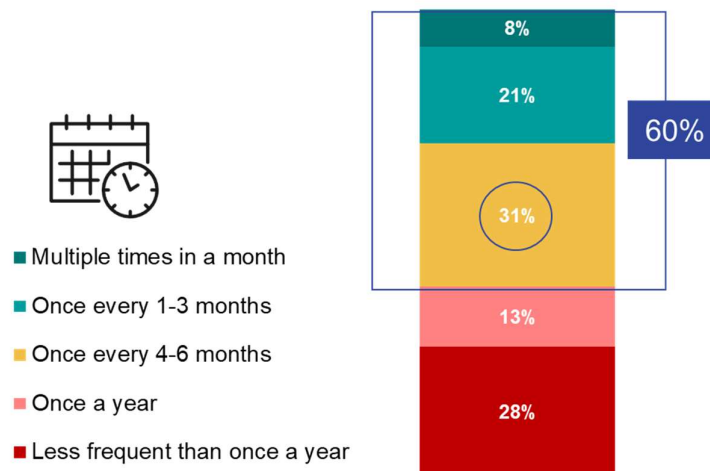
In person advice from professionals most trusted

Speaking to staff at pharmacy is most frequent source of info for treatment and medication.
However, searching for information online is also common



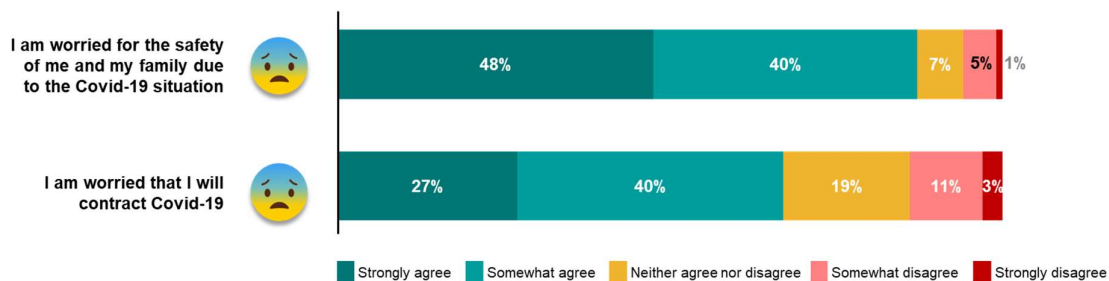
Visiting a healthcare professional at least yearly is common

About a third of Malaysians visit a medical professional for minor ailments 2-3 times a year



Thailand

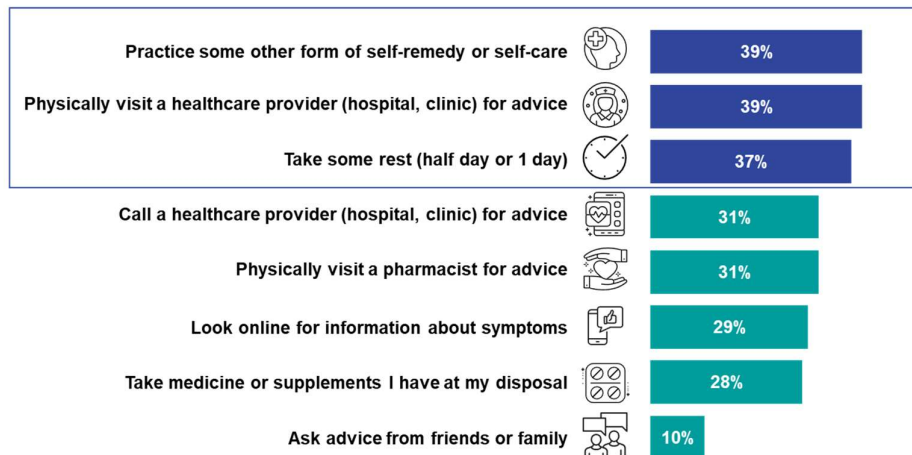
Concerns about COVID-19 are widespread



Thais are open to Self-Care and Self-Remedy

For minor ailments, people are as likely to look to self-care / self-remedy as they are going to a professional

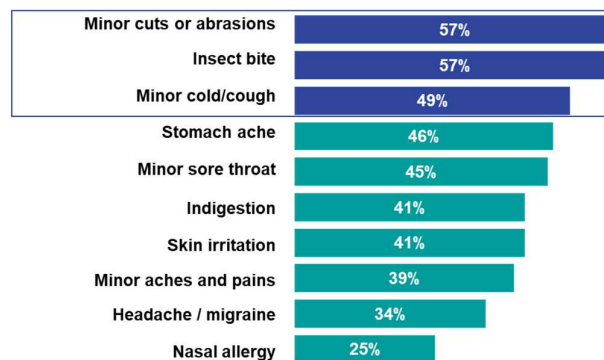
ACTIONS TAKEN TO ADDRESS MINOR AILMENTS



Self-Care/Remedy for minor cuts and insect bites

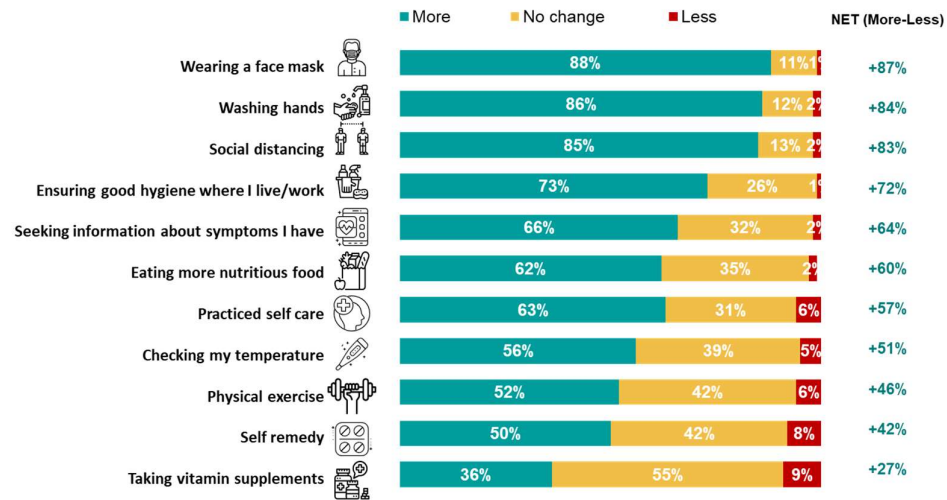
More than half are likely to practice self-care / self-remedy for minor cuts & insect bites. Less likely for headache and nasal allergy.

MINOR AILMENTS FOR WHICH SELF CARE / SELF REMEDY IS LIKELY OPTION



More focus on self-care since COVID-19

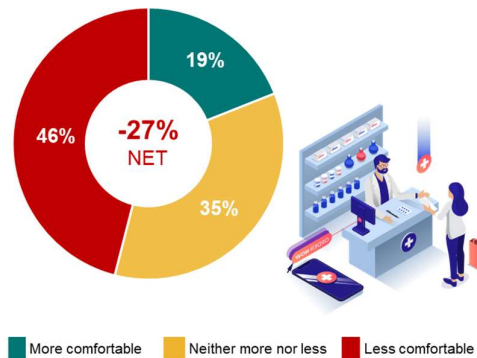
The emergence of COVID-19 has put increased focus on taking care of oneself. Apart from basics such as wearing mask and washing hands, self-care / remedy has also increased



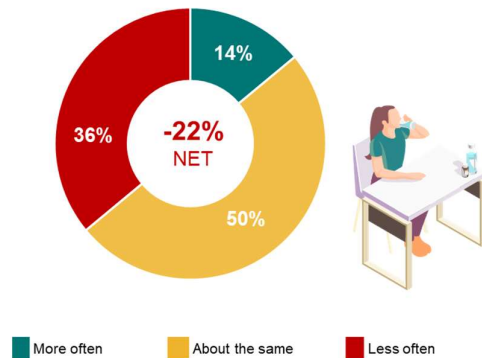
Thais are less comfortable with physical health visits

Thais are less comfortable with physical visits to healthcare providers vs before COVID-19. A third would visit doctor less often if self-care / self-remedy was more widespread

Comfort with visiting pharmacy/health care provider now vs before Covid

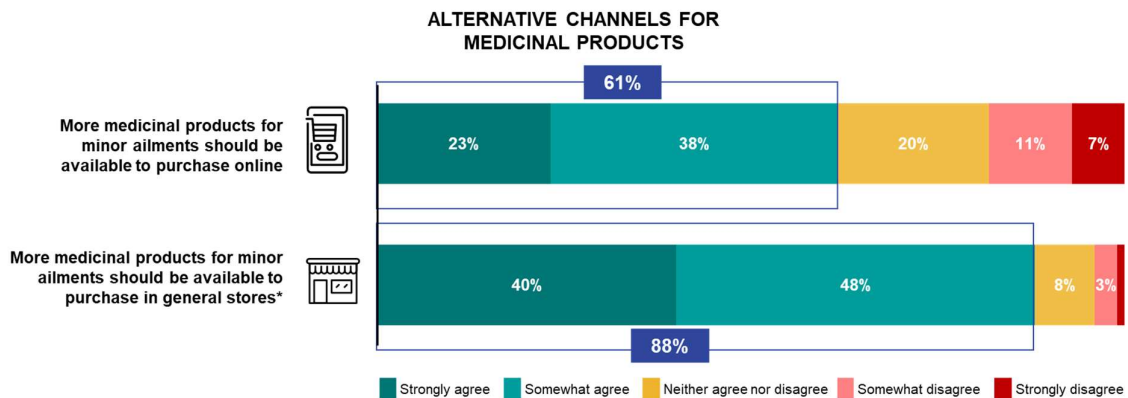


Perceived frequency of visiting doctor if self care / self remedy was more widespread



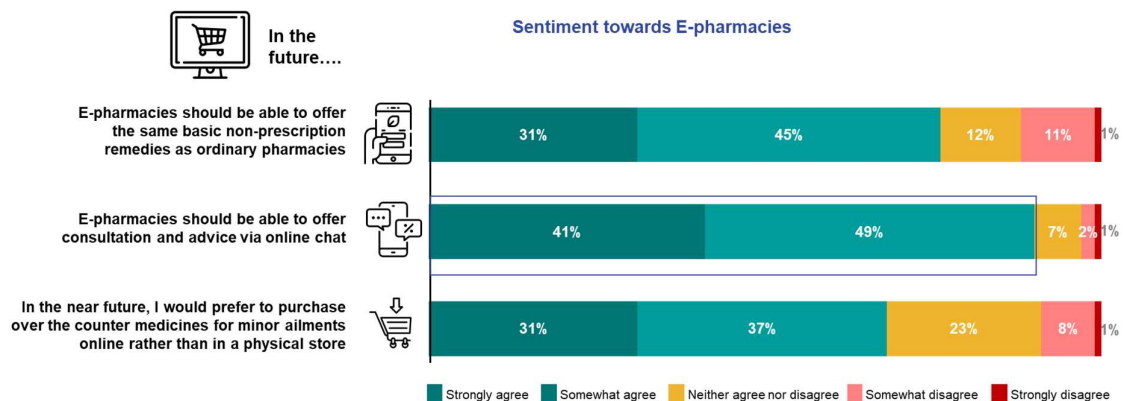
Majority prefer wider availability of medicinal products

Thais are particularly open to making medicinal products available in general stores. Majority would also like to see more availability online



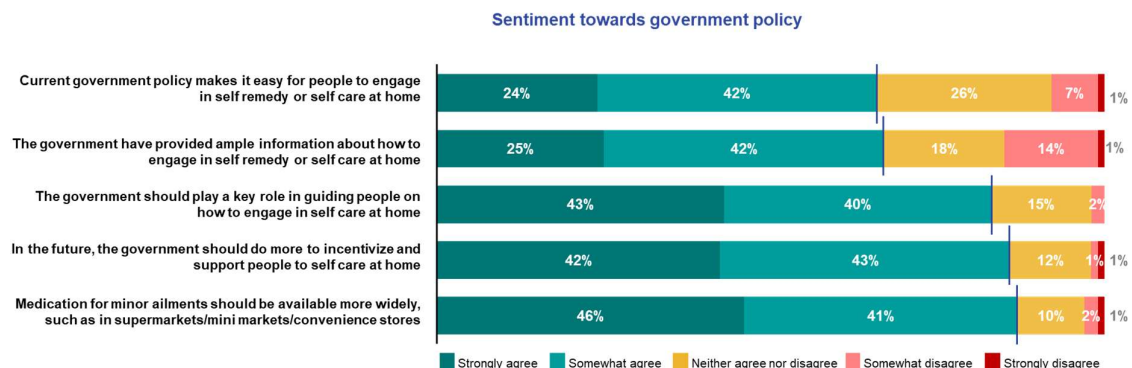
Thais positive towards using e-Pharmacies

9 out of 10 would like to have access to consultation online from e-pharmacies. Two out of three would prefer to purchase over the counter medicine online if available



Demand for government policy to support self-care

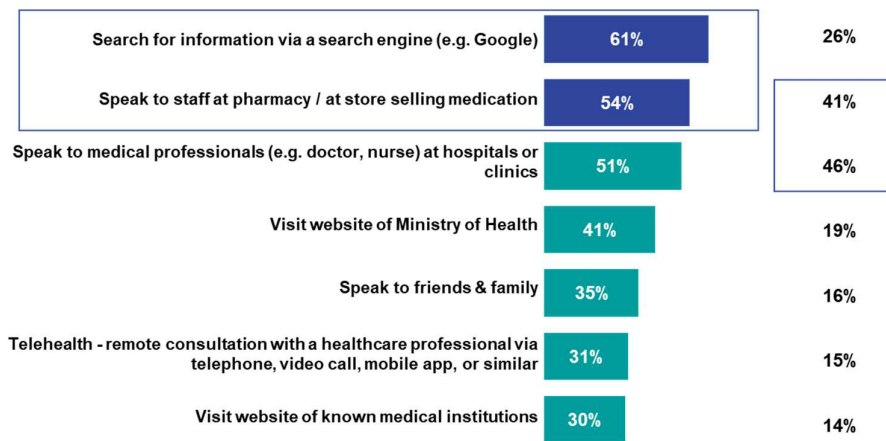
Broad support for government policy to support self-care / self-remedy



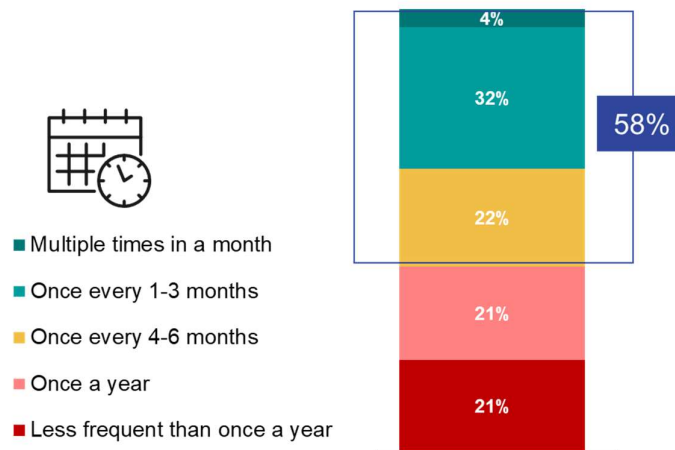
LEARNINGS FROM COVID-19: AN OPPORTUNITY FOR ASEAN GOVERNMENTS TO ESTABLISH SELF-CARE POLICY TO IMPROVE THE HEALTH & WELL-BEING OF THEIR POPULATIONS

Thais turn to online search first for information

Almost two out of three would look inline for information about minor ailments. In person advice from a professional remains the most trusted source

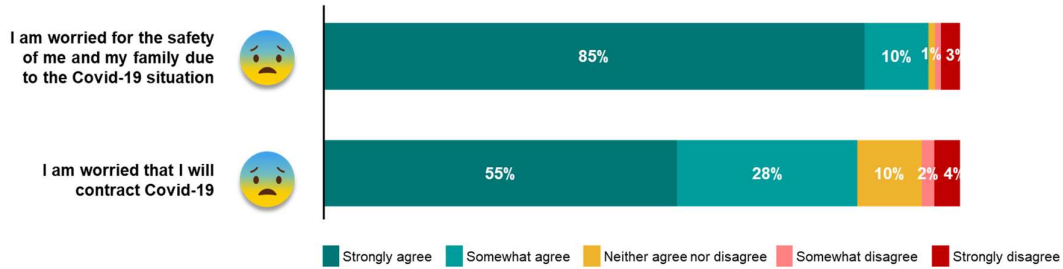


Majority visit medical professional more than once a year for minor ailments



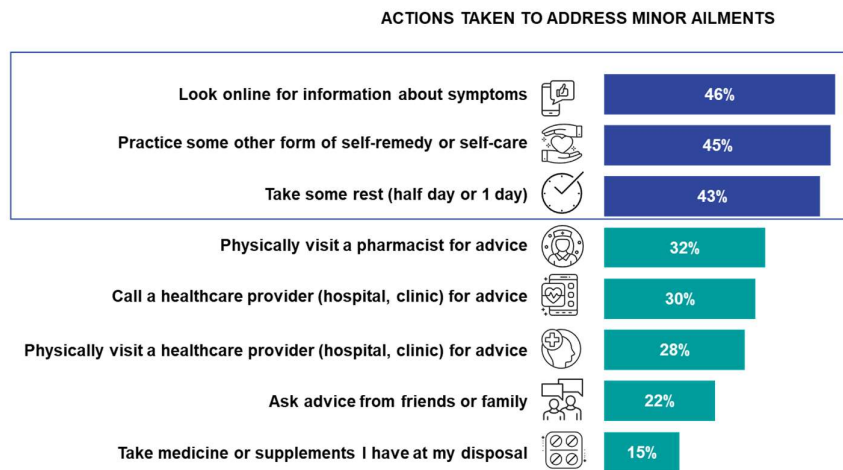
Vietnam

High concern about COVID-19 in Vietnam



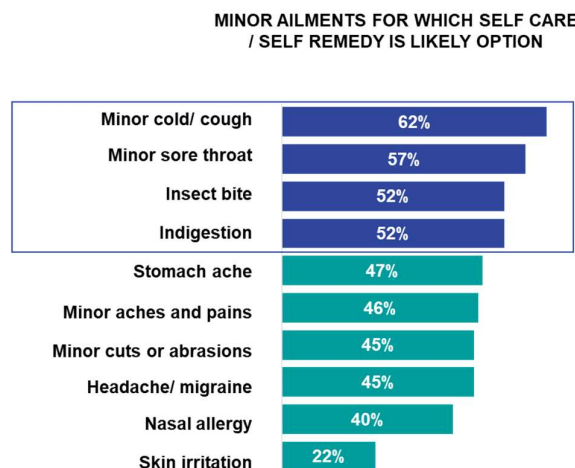
Vietnamese are open to self-care and self-remedy

Looking online for information and self-care / self-remedy are more commonly used options for minor ailments than going to a professional



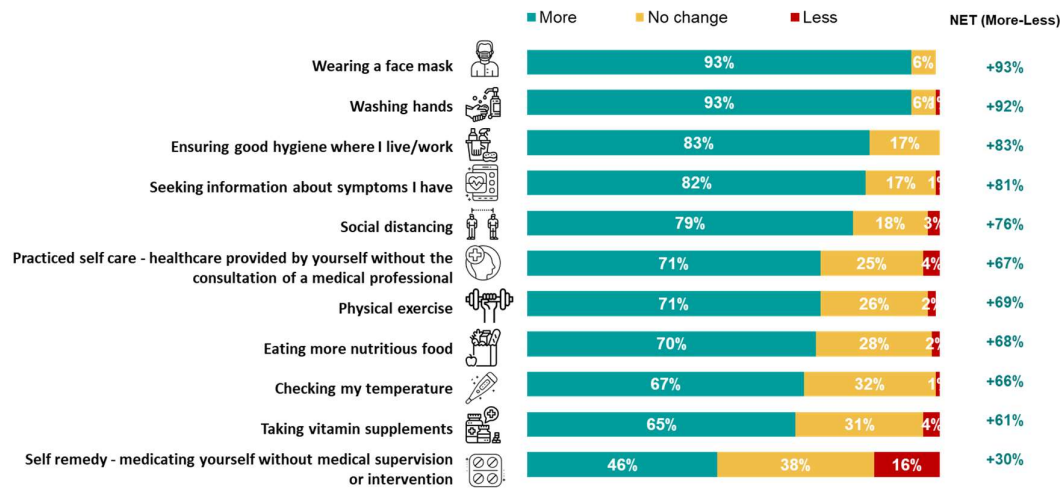
Self-care practiced for minor cold, sore throat

More than half say they would practice self-care for minor cold/cough, sore throat, insect bite or indigestion. Less common for skin irritation



Self-care & self-remedy has increased with COVID-19

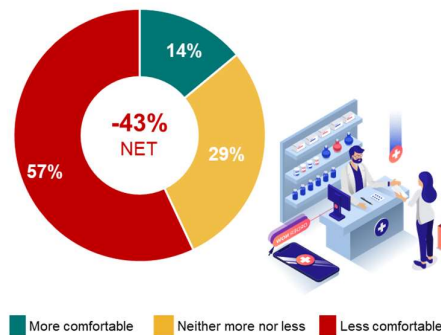
Along with increase in practicing hygiene, the practice of self-care in particular has increased – 71% report doing it more than before



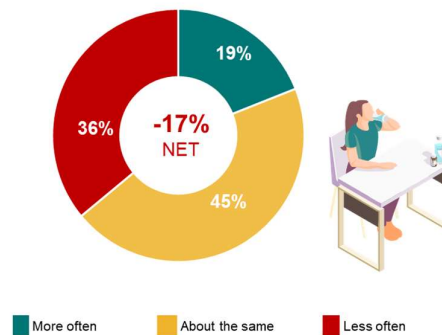
Comfort with physical medical visits is low

Majority of Vietnamese less comfortable with visiting a health care provider compared to pre COVID-19. One third would visit less often with self-care / self-remedy more readily available

Comfort with visiting pharmacy/health care provider now vs before Covid

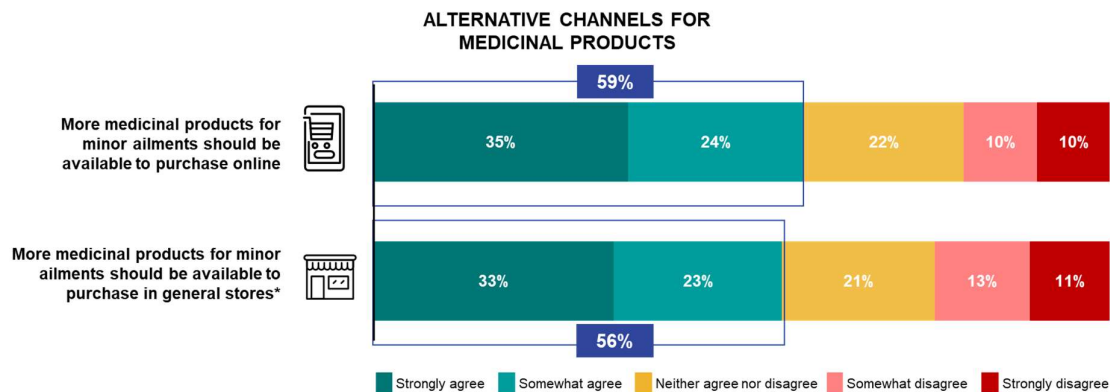


Perceived frequency of visiting doctor if self care / self remedy was more widespread



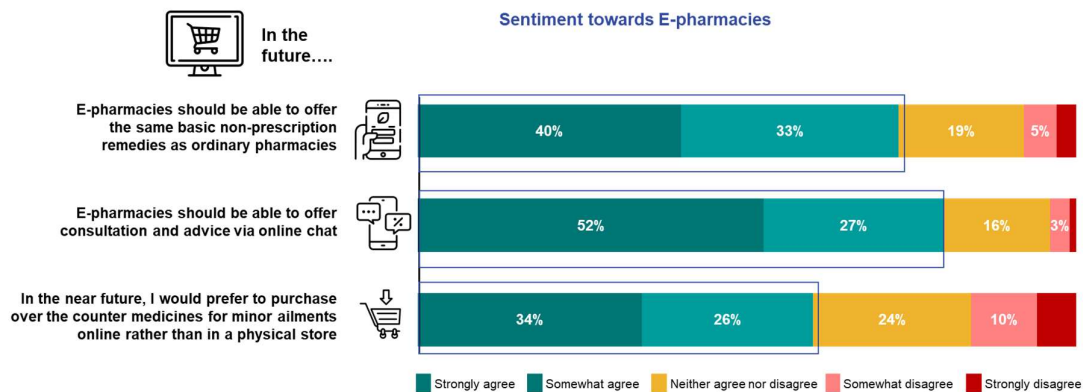
More than half support more sales channels for medicines

The majority of Vietnamese support more availability of medicinal products online and in general stores



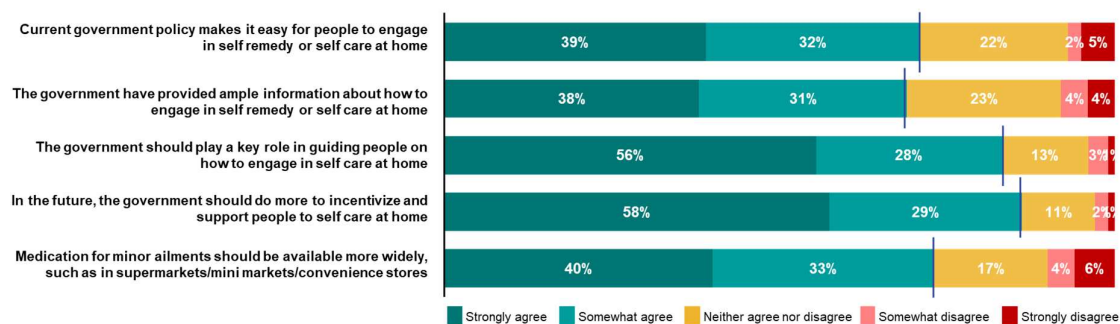
Vietnamese in favour of a bigger role for e-Pharmacies

Majority favor buying over the counter medicine online, given the option



Vietnamese want more government support for self-care

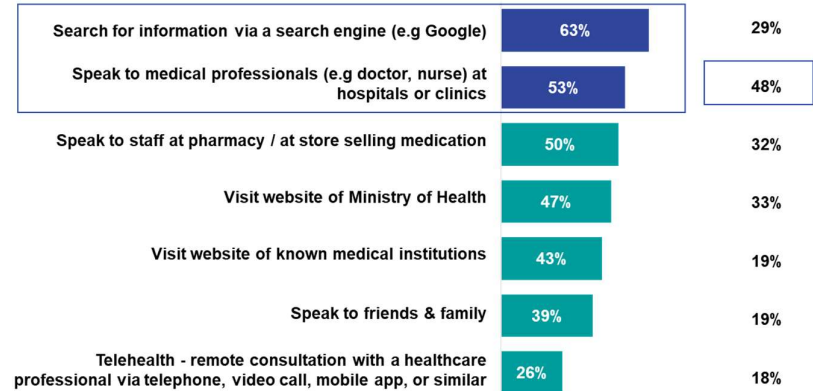
A large majority of Vietnamese support a bigger role for government in supporting and incentivising self-care at home



LEARNINGS FROM COVID-19: AN OPPORTUNITY FOR ASEAN GOVERNMENTS TO ESTABLISH SELF-CARE POLICY TO IMPROVE THE HEALTH & WELL-BEING OF THEIR POPULATIONS

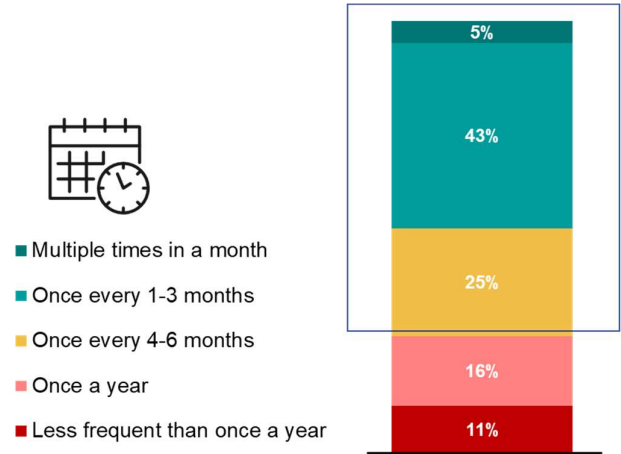
Online search: key source for information on minor ailments

Speaking to a medical professional in person remains the most trusted source of information



Visiting a medical professional is common

Almost 3 out of 4 visit a medical professional more than once a year for minor ailments.



Study Details

- Conducted from 10 to 18 August 2020 by IPSOS using an online self completion study via IPSOS online panels
- Overall sample was 2,000 people – 500 from each of Indonesia, Malaysia, Thailand and Vietnam

Overall sample	500
Java	59%
Kalimantan	6%
Lesser Sunda Islands	5%
Maluku Islands	1%
Sulawesi	7%
Sumatra	20%
Papua	1%
18-24 years	18%
25-34 years	26%
35-44 years	22%
45-54 years	16%
55 years & above	17%

Indonesia Sample Profile

Overall sample	500
Central	27%
North	22%
South	19%
East Coast	13%
East Malaysia	19%
18-24 years	21%
25-34 years	26%
35-44 years	20%
45-54 years	16%
55 years or above	18%

Thailand Sample Profile

Overall sample	500
Central Region	20%
Northern Region	18%
Southern Region	14%
Greater Bangkok	14%
North-Eastern Region	34%
18-24 years	13%
25-34 years	18%
35-44 years	20%
45-54 years	20%
55 years & above	29%

Vietnam Sample Profile

Overall sample	500
Central Highlands	5%
Mekong River Delta	20%
North Central Coast	11%
Northeast	8%
Northwest	4%
Red River Delta	24%
South Central Coast	10%
Southeast	17%
18-24 years	20%
25-34 years	25%
35-44 years	21%
45-54 years	17%
55 years & above	17%



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