

Engage and educate: establishing self-care as a cornerstone to healthcare in Malaysia

A report by The Economist Intelligence Unit



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Foreword from the Pharmaceutical Association of Malaysia (PhAMA)

Reflecting global trends, the Malaysian healthcare system faces major challenges arising from population ageing and the spread of non-communicable diseases (NCDs). Between 2018 and 2040, the number of people aged over 65 is expected to almost triple, rising from 2.1m to 6m. As the number of older people increases, so the proportion of working-age people will decline, resulting in a dependency ratio (the proportion of people not of working age—either aged 0-14 or 65 and over) of 49.5%. Evidence suggests that the burden of NCDs will shift as ageing and dependency increase, moving from acute to chronic conditions and from single to multiple disease burden.

One upshot of an older population more effected by NCDs will be an increasingly burdened healthcare system—the Ministry of Health expects health expenditure to reach US\$80bn by 2040. It is therefore vital that work begins now to develop strategies to ease the pressures on Malaysia's healthcare system. One major possible solution is a concerted effort to engender a culture of self-care among Malaysians—for example through better personal health practices, the use of health supplements, wider access and responsible usage of non-prescription medicines.

Appropriate self-care offers many structural and economic advantages, while also feeding into a broader philosophy of individual patient participation and empowerment, the importance of which is recognised by the World Health Organisation (WHO). Self-care also has a crucial role to play in limiting the impact of the rise in non-communicable chronic diseases. The benefits are empowered patients with higher self-esteem, improved wellness, longer life expectancy and reduced use of healthcare services.

A sound self-care system requires input from all stakeholders in the public and private sector, including healthcare professionals, government agencies and patients. A key role is also played by community pharmacists, who are often an early point of contact for patients, through screening, information provision and lifestyle advice, as well functioning as a bridge to further care when necessary.

Core to the success of implementing an effective self-care system is communication. Most important, perhaps, are efforts to improve health literacy. Facilitating access to good, reliable information increases knowledge and ensures that incorrect and misleading information can be countered.

Effective communication also involves multi-sectorial engagement and coordination. Guidance on the adoption and implementation of self-care strategies is important for all stakeholders, both in the public and private health sectors, as well as in wider government policymaking circles, and among patient organisations, professional industry bodies and beyond. At the heart of this is advocacy and engagement, including through the processes that lead to reports like this one.

The genesis of this paper came in 2017, when the Pharmaceutical Association of Malaysia (PhAMA), under the purview of the Consumer

Healthcare Committee, set up a 'Self-Care Taskforce', with the purpose of advancing self-care in Malaysia. In October 2019, armed with the findings of a behavioural study undertaken among Malaysians by The Economist Intelligence Unit (EIU), PhAMA brought together a wide range of stakeholders for a roundtable discussion. These included policymakers and regulators from the Ministry of Health and Ministry of Education, alongside representatives from professional organisations, higher education institutions and the medical industry. The session was presented by the EIU and moderated by Deon Schoombie, the CEO of Consumer Healthcare Products Australia, an organisation at the forefront of the self-care in Australia.

The findings from the EIU's study were shared with stakeholders during the session, and the thoughts, recommendations and concerns raised during the session then fed into this report, supplemented by further research. The report not only presents a compelling case for the broader adoption of self-care strategies in Malaysia, it also offers clear, actionable steps through which to do so.

We strongly believe that any healthcare system must be sustainable. In our eyes, such a system is characterised by high levels of health literacy, reduced reliance on public healthcare facilities, increased focus on critical health conditions and a general reduction in the burden faced by the public health system in delivering healthcare.

This paper does not advocate for broad changes to the structure of the existing healthcare system. Rather, it is hoped that any policy changes would be both easy to incorporate into the current system and adaptable to any future changes to the system. Each component of a healthcare system, whether in the public or private sector, has an integral role to play. Our view is predicated on the philosophy that "healthcare starts with self-care".

We hope that the knowledge generated from this paper will initiate further conversations and broad sharing of insights among all healthcare system stakeholders, bringing innumerable benefits to the population.

PhAMA looks forward to partnering with all stakeholders as we move towards fostering a culture of self-care as part of a sustainable, future-proofed Malaysian healthcare system—for us, by us.



Louis-Georges Lassonnery
Co-Chairperson
Consumer Healthcare Committee



Sook Fun Leong
Co-Chairperson
Consumer Healthcare Committee

Engage and educate: establishing self-care as a cornerstone to healthcare in Malaysia

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About this report

Engage and educate: establishing self-care as a cornerstone to healthcare in Malaysia

This report is produced by The Economist Intelligence Unit (EIU) and sponsored by the Pharmaceutical Association of Malaysia (PhAMA). Based on the findings of a behavioural study, it assesses the benefits of self-care, a strategy that is being adopted in many countries to cope with rising healthcare demands. It highlights:

- ◀ how the current global healthcare landscape necessitates the adoption of additional and/or complementary healthcare strategies in many countries, Malaysia included;
- ◀ the impact that the increase in population age and the incidence of non-communicable diseases has on the strength of a country's healthcare system; and
- ◀ the positive contribution that the adoption of self-care strategies can make towards mitigating these burdens, which are increasingly the concern of both the government and the public.

In addition, we examine the economic benefits gained in other countries from employing self-care strategies. We also assess the significance of stakeholder education and engagement, in the process outlining approaches and factors that will be fundamental to accelerating the adoption of self-care in Malaysia.

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Executive Summary

Current macroeconomic and disease trends faced by healthcare systems globally necessitate the exploration of supplementary care delivery strategies. As populations age and non-communicable and lifestyle-based diseases spread, the burden on healthcare systems increases. And, as the COVID-19 pandemic has shown, infectious diseases threaten a hammer blow to health systems already facing significant pressure on their capacity to care for patients.

The situation in Malaysia is no different. As elsewhere, new approaches are needed to put the country's healthcare service on a more solid long-term footing. One such approach is self-care, which can modify the behaviour and motivation of individuals and communities, as well as having a positive impact in a variety of areas, including the delivery, access and utilisation of healthcare, structural frameworks within the healthcare system, and government policy.

Many countries have adopted self-care strategies, each distinct to their specific needs. For instance, as part of its Long Term Plan, which is designed to bring about a range of improvements to the service over the next five years, the UK's National Health Service (NHS) has set out moves to empower patients by increasing knowledge of how to manage healthcare issues ranging from minor ailments to long-term conditions and prevention.¹ The NHS's approach has not only benefited patients by reducing the risks that individuals face as a result of their medical problems, it has also alleviated crowding in healthcare facilities.

Similar benefits have been achieved in the UK through re-designating some prescription-only drugs as over the counter (OTC) medicines. Moves in the NHS Long Term Plan to reduce visits to general practitioners (GPs) will allow doctors to pay more attention to severe cases, thus improving the quality of care provided.¹ Further evidence suggests that the UK and European countries could make significant savings on health spending and broader economic costs by rescheduling prescription-only drugs to OTC status.² And Macquarie University, attempting to quantify the value of OTC medication in a study that included eight categories of the most common OTC medicines, reports that the lack of such treatments would cost the Australian healthcare system A\$3.8bn (US\$2.3bn) in doctors' visits alone.³

Looking beyond healthcare to the wider economic issues, reduced worker absenteeism driven by more efficient and effective healthcare delivery has contributed to increased productivity among US firms.⁴

The specific challenges that self-care can address in particular countries must be carefully studied, as success stories in one region could be different from those in another. With this in mind, The Economist Intelligence Unit conducted its own survey of the self-care landscape in Malaysia. Its findings suggest not only that broader implementation of self-care strategies would help with a variety of existing systemic healthcare challenges, but also that healthcare staff, pharmacists and the public are all broadly positive about the prospect of a closer focus on self-care.

The findings of our survey could be used to contribute to an action plan to implement self-care as a strategic approach on a national level. This would require a focus on educating and engaging all relevant stakeholders, from

healthcare professionals to government ministries to the general public, to ensure alignment on the implementation of sustainable and effective self-care strategies.

We propose the following seven multi-sectoral strategies:

1. Government policies to regulate self-care

The concept of self-care must be embedded into the existing Ministry of Health policy agenda. More broadly, its principles and supporting ecosystem must be embedded into existing law and regulations. Dialogue should be undertaken with other relevant ministries, healthcare professionals and industry associations in order to craft guidelines that are specifically applicable to Malaysia and which ensure that responsible practices and usage of self-care products are followed.

2. Boost self-care uptake through enhanced health literacy

Reliable sources of health information are ample and widely available in Malaysia. However, misinformation and unreliable sources are also easily accessible, and general health literacy is at a nascent stage in the country. Developing a multifaceted understanding of health literacy in Malaysia will help with the development of tailored, culturally appropriate approaches through which to engage Malaysians in self-care practices.

3. Platforms that encourage healthcare providers to support and facilitate self-care

Education and knowledge sharing is a key tool for healthcare practitioners looking to enhance their ability to support self-care. Medical conferences and workshops are one area through which to educate healthcare practitioners and industry members on the importance, elements and benefits of self-care for a sustainable healthcare system. The adoption of self-care practices provides benefits that go beyond the acquisition of knowledge—on offer is a potential paradigm shift that could shape the interaction that healthcare providers and the wider healthcare industry can have with the public.

4. Publicity campaigns, both online and offline

Information about self-care can be circulated through publicity campaigns via social media and other digital platforms. But it is also important to remember that focusing too closely on online-only messaging can create a barrier to care for others. Those who have less engagement with digital media may be educated and counselled on self-care practices by healthcare professionals.

5. Engage directly with communities

Awareness of self-care may be promoted through existing community programmes. This would ensure that information is shared through already-established communication channels, improving the possibility that awareness can be spread to people across different cultures and socioeconomic groups. Engagement via government ministries other than the Ministry of Health may be necessary.

6. Engage patient groups

Patient groups may lead within their own communities to more effectively spread self-care awareness to patients and their caregivers. Pre-existing awareness and trust among patients of disease-specific organisations

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provides a significant opportunity to advocate for and support self-care strategies among specific patient communities, while smaller, local level support groups offer the potential for grassroots exchange of general advice and emotional support.

7. Cultivate future ambassadors through the education system

The fundamental principles of self-care may be instilled in younger members of Malaysian society through existing educational platforms such as schools, thus encouraging earlier adoption of disease prevention through basic positive lifestyle practices. This awareness could be further reinforced and expanded at tertiary level, especially in pharmacy studies courses, which could include specific modules in areas such as self-care practices and counsel.

Once relevant stakeholders have been engaged, collaborations or alliances between organisations must be established to work towards creating a long-term implementation plan. Strategic stakeholder engagement between government, non-governmental organisations, professional associations and the private sector is essential to foster an environment in which a strategic approach to self-care can be adopted across the healthcare system.

In many ways, healthcare starts with self-care. Multi-level engagement and alliances between key stakeholders—including policymakers, healthcare professionals, patient groups and industry—are required for effective adoption and advancement of self-care practices in Malaysia. Self-care improves public health, helps to reduce the burden on financial and human resources, and improves the delivery of healthcare within the existing system.

Implemented correctly, self-care could become an integral component of an accessible and sustainable healthcare system, through which Malaysians would be empowered to manage and improve their health and wellbeing in partnership with healthcare providers.

Introduction

With countries across the world confronted by major health system challenges, including the increase in the burden of non-communicable diseases, rapidly ageing populations and the threat of large-scale viral infection—as seen with the widespread global impact of the Covid-19 coronavirus pandemic—there is a rising need to focus on health promotion, disease prevention, health management and professional healthcare interventions. One area through which this changing landscape can be confronted is self-care.

Defining self-care

At a 2009 regional meeting in Bangkok, “Self-care in the Context of Primary Health Care”, the World Health Organisation (WHO) proposed the definition of self-care as “the ability of individuals, families and communities to promote health, prevent disease, and maintain health and cope with illness and disability with or without the support of a healthcare provider”.⁹ During that meeting, current policies, challenges and best practices were extensively reviewed, with the aim of strengthening self-care in South-East Asia. One conclusion from the meeting was that the advancement of self-care requires a bottom-up approach. Another conclusion was that its adoption would not only reduce healthcare costs, it could also improve equity in health. As another WHO report points out, “self-care can play a vital role in preventing and reducing underlying risk factors, optimising treatment and managing complications.”¹⁰

Further international progress in the field has since been made. Notably, the International Self-care Foundation has developed seven pillars of self-care (see Figure 1), providing a comprehensive framework and guidance through which to facilitate individual behaviour change.¹¹

The UN projects that over 900m people in Asia will be 65 years or older by 2050, making up almost two-thirds of the projected global number of over 65s.⁵ Many countries, especially developed nations, face the concomitant threat of a rise in non-communicable diseases, which account for a high percentage of mortality.

Malaysia already faces a triple burden in the form of elevated levels of diabetes, high blood pressure and heart disease among its population.⁶ This drives a need to increase awareness among Malaysians of measures to ensure good health and wellbeing. To “ensure healthy lives and promote wellbeing for all at all ages” is also one of the UN Sustainable Development Goals.⁷ The integral role of self-care in primary healthcare has been highlighted in multiple international conferences, including those of the Global Self Care Federation, a major industry and advocacy body.⁸

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Figure 1. The seven pillars of self-care.

Table 1. Summary of the seven pillars of self-care as proposed by International Self Care Foundation (Webber, 2013).

1. Knowledge and health literacy	Health literacy refers to the motivation and ability of individuals to gain access to, understand and use information in ways to promote and maintain good health. Health literacy is a strong predictor of an individual's health; better health and wellbeing results from strong health literacy skills.
2. Mental well-being, self-awareness and agency	Mental health is a state of wellbeing that encompasses life satisfaction, positive outlook, self-esteem, mastery, and having a sense of purpose, belonging and support in life. It also refers to the ability to cope with normal challenges in life, work productively and be able to contribute to society. Agency is the ability of an individual to act based on their knowledge and awareness of their particular situation and condition.
3. Physical exercise	Physical activity is essential to good health. Regular exercise can reduce the risk of many non-communicable diseases. Engaging in regular physical activity contributes to better mental and emotional health, in addition to helping with management of established illnesses.
4. Healthy diet	A nutritious, balanced diet has been shown to have preventive benefits and reduces the risk of many non-communicable diseases.
5. Risk avoidance and mitigation	The adoption of behaviours that reduce health risks is an achievable self-care practice. Avoidance or reduction of behaviours that directly increase the risk of disease or death include quitting smoking, limiting alcohol use, using contraceptives and getting vaccinated.
6. Good hygiene	Good hygiene includes practices associated with the preservation of health and preventing the spread of diseases. At an individual level, having good hygiene practices reduces both the spread of communicable diseases and the economic burden of preventable illnesses.
7. Rational and responsible use of products, services, diagnostics and medicines	Using self-care-related products and services correctly is an important element of maintaining health and wellness. A rational and responsible use of products or services can delay or prevent the development of existing conditions. Likewise, appropriate knowledge and usage of such tools empowers patients and promotes increased quality of life.

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For our own study into the self-care landscape in Malaysia (the findings of which feed into this report), we defined self-care in terms of the types of behaviours and products involved (see Figure 2). Behaviours included general health and wellness, prevention, management of minor ailments, and management of chronic

conditions. Products supporting these behaviours included OTC medicines, devices and products to monitor and treat health conditions, supplements, and personal care products such as medicated toiletries.

PRODUCTS	BEHAVIOURS			
	General health & wellness <i>without any existing pre-conditions</i>	Preventative care <i>to prevent the onset of ailments</i>	Managing minor conditions <i>(e.g. cough, colds, acute pains)</i>	Managing existing chronic diseases <i>(e.g. diabetes, hypertension)</i>
	OTC medicine: registered medicines sold without doctors prescription (e.g. paracetamol, anti-histamines, charcoal pills, topical creams)	Birth control*	Nicotine cessation*	Paracetamol Anti-histamines Mefenamic acid*
	Patient Care products to treat/ monitor health conditions (e.g. blood glucose test kits, blood pressure monitors, plaster for wounds, ankle guard)	Heart rate monitor	Mouth guards	Wound care
	Supplements: herbal medicine, vitamins, minerals and other nutritional supplements (e.g. Vitamin C, Omega 3, Rosehip oil, Calcium tablets etc.)	Vitamin C Omega 3	Vitamin D Calcium tablets	Peil Pa Koa Hurix cough syrup
	Personal care: medicated toiletries (e.g. anti-dandruff shampoo, Minoxidil hair growth spray, eczema medicated lotion etc.)	Suncare	Minoxidil Stretch marks gel	Aloe Vera Eczema creams
				Anti-dandruff

Figure 2. Self-care in terms of products and behaviours. Note: * denotes Class C drugs.

Self-care now—existing needs and existing practices in Malaysia

Why does Malaysia need self-care?

Malaysia has made great efforts to develop its healthcare system. This is reflected by the increase in life expectancy of its people, from 74 years in 2010 to 75.3 in 2016.¹² However, this is being accompanied by a shift towards a larger, older population (see Figure 3). The country's population is expected to reach 33.8m by 2020 and 41.5m by 2040. In 2020 2.4m Malaysians will be aged 65 years and above; by 2040 this number will rise above 6m, representing about 14.5% of the total population.¹³

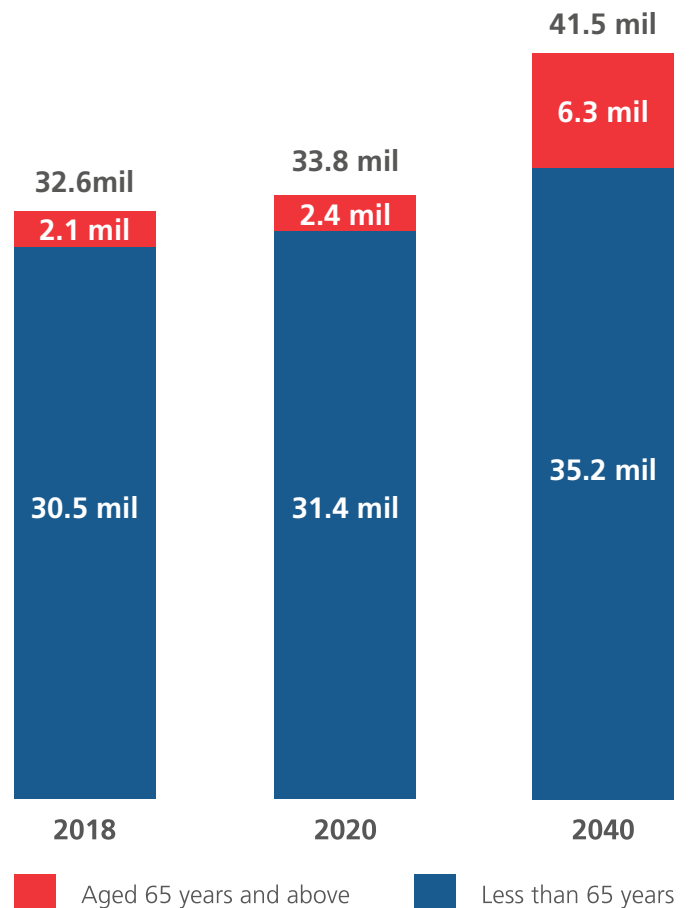


Figure 3. Malaysia's shift towards a larger, older population.
(Department of Statistics Malaysia)

With the transformation in Malaysia's demographic landscape, there is expected to be a significant shift in disease patterns in the country. The country will see a large shift from acute to chronic diseases, and from patients being affected by single diseases to suffering from multiple conditions, all of which will contribute to an increase in healthcare costs and place additional pressure on healthcare infrastructure. Speaking in 2018, the then health minister, Dzulkefly Ahmad, said that health industry spending is expected to reach RM80bn (US\$18.5bn) by 2020.¹⁴ Over-reliance on public healthcare facilities and services has caused overcrowding and a shortage of resources, leading to an increase in public-sector healthcare expenditure.

Self-care now

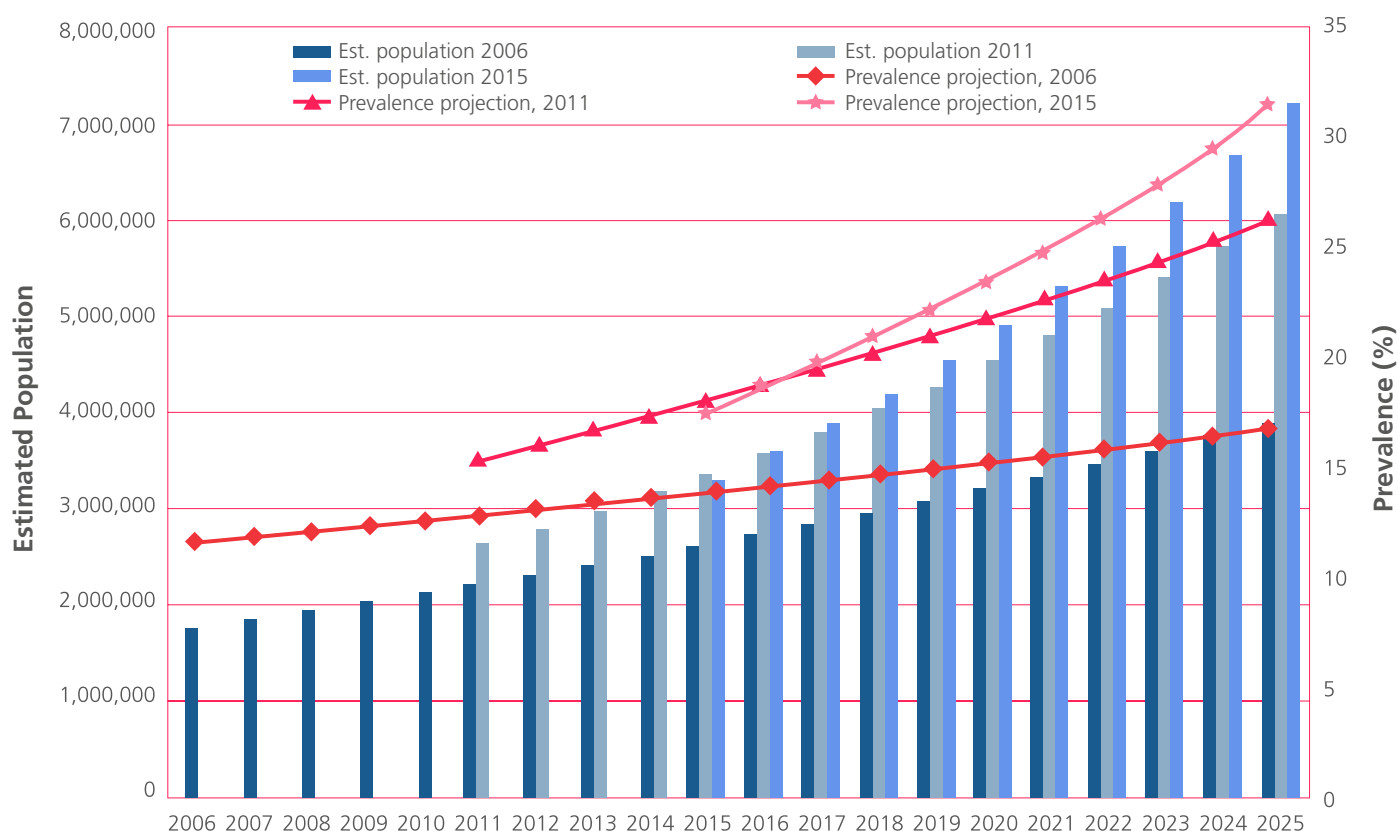


Figure 4. Projections of overall population and the prevalence of diabetes in Malaysia. (National Strategic Plan for NCDs 2016-25)

The global epidemic of Non-Communicable Diseases (NCDs) and so-called “lifestyle diseases” (to which Malaysia is far from immune—see Figure 4) such as diabetes, obesity and heart disease results directly from our inability to self-care.^{9,15,16} Consequently, policymakers and health commissioners in the UK and elsewhere are increasingly looking at self-care initiatives as a potential means to promote health and wellbeing in individuals and communities while reducing costs and demand on strained national healthcare resources.¹⁶

Rising total healthcare expenditure

A major challenge faced today by many countries is ensuring the long-term sustainability of their healthcare system. Malaysia’s healthcare expenditure in 2017 was equivalent to 3.9% of GDP, an increase from 3.5% of GDP in 2012 and equivalent to 8.9% of the government’s total budget for that year.¹² Malaysia’s total healthcare spending is forecast to increase from US\$13.8bn in 2018 to US\$20.8bn in 2023.¹⁸

To combat increasing healthcare demands, the healthcare budget has increased by 7.8%, bringing it to RM29bn (US\$6.7bn) in 2019.¹⁸ Similarly, private spending, especially out-of-pocket (OOP) expenditure, has increased (see Figure 5), accounting for 36% of total health expenditure in 2015, far exceeding the 20% recommended by the WHO and the World Bank. It is foreseeable that, without action being taken to counter this trend, both OOP spending and total health expenditure will outpace GDP growth.

Self-care now

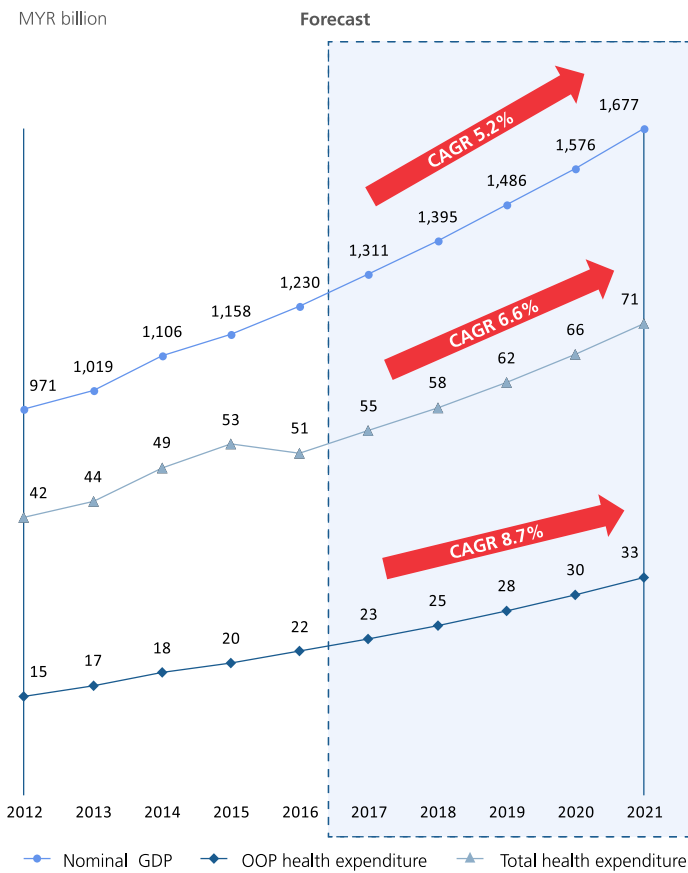


Figure 5. Historical and forecasted macroeconomic trends related to nominal GDP, OOP health expenditure and total health expenditure, billions RM (EIU Internal Survey Report, 2018).

Evidence suggests that adoption of self-care practices can reduce healthcare costs while improving population health.¹⁹ For instance, a 2017 study by the Conference Board of Canada on economic savings found that scientifically well-founded rescheduling of three drug classes from prescription to OTC status would offer savings of around C\$1bn (US\$728m) as a consequence of increased efficiency and productivity driven by fewer primary care visits. The study highlighted the potential of increased access to care for people in lower income brackets, although it did also point out that some of the overall economic benefit would be offset by costs arising from misdiagnosis and potential adverse events associated with OTC self-treatment.²⁰

Beyond longer-term healthcare utilisation and expenditure trends, the Covid-19 pandemic has shown the catastrophic potential of large-scale health and environmental events in terms of social, health and economic impacts. But although Covid-19 has unleashed an almost unprecedented, immediate burden on health and social care systems, governments, and economies globally, it has also demonstrated the ability of self-care utilisation to aid health systems as they respond to a large-scale health challenge while retaining response capacity. And once the worst of the Covid-19 pandemic passes, self-care is likely to offer health systems a way to ease the burden on manpower and budgets as they look to return to some form of normality.

An ageing population and increased incidence of non-communicable diseases

Rising healthcare expenditure is also fuelled by an ageing population and increasing incidence of NCDs. An estimated 6.5% of Malaysians were 65 or over in 2017, a proportion expected to increase to 7.8% by 2023.¹⁷ According to the WHO, NCDs accounted for 74% of total deaths in Malaysia in 2016.²¹ Analysis of the top causes of mortality (see Figure 6) attributed 35% of deaths to cardiovascular diseases, followed by communicable, maternal, perinatal and nutritional conditions (17%), and cancers (16%).²¹

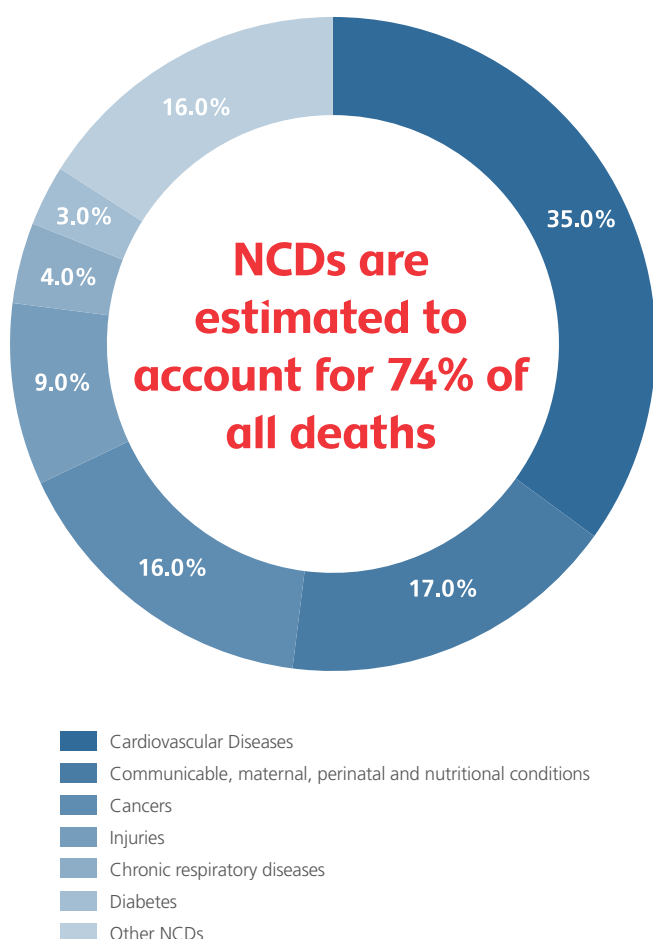


Figure 6. The mortality burden of NCDs in Malaysia. (World Health Organisation)

Malaysia is also seeing increasing urbanisation and changing lifestyles, leading to increased prevalence of other NCDs such as obesity, diabetes and hypertension. The Malaysia National Health and Morbidity Survey for 2015 found that 17.7% of the population was obese and 30% was overweight.²² These figures marked a sharp increase from an obesity rate of 4.4% in 1996 and positioned Malaysia as one of the most obese countries in the world. In response, the government announced that it would impose a tax on sweetened beverages, effective from April 2019.²³

To cope with the changing demographic and disease landscape, an enhanced focus on self-care is vital to ensuring that healthy lifestyles are practiced. Dissemination of information and programmes promoting regular exercise and the adoption of a healthy diet are ongoing in Malaysia, with one example being the “10,000 Steps A Day” campaign to increase physical activity. In addition, in 2017 the government introduced the so-called “Lifestyle Tax Relief”, which includes tax relief on purchases of sports equipment and gym memberships for those who earn over RM3,600 (US\$832) per month.²⁴

As the major disease burden confronting Malaysia today correlates closely to lifestyle choices, the government is on the right track. However, a broad strategy to inculcate behavioural change among individuals and communities is fundamental. It requires the integrated, cohesive and continuous participation of numerous agencies at a federal and state level.²⁵

Overcrowding and regional disparity in primary health facilities

Disparities in healthcare access exist across Malaysia. For instance, the states of Johor and Selangor respectively have 24.1 and 36.1 GP clinics per 100,000 population, compared with only 14.4 clinics per 100,000 population in Pahang (see Figure 7).²⁶ Private primary care providers are clustered in urban areas, especially in the west coast of Peninsular Malaysia, whereas public primary care providers serve both rural and urban populations—about 68% of Malaysia’s population live within 30 minutes’ drive of a government-run health clinic.²⁶ As such, most patients rely on subsidised public healthcare services rather than private facilities—public-sector health services deliver about 70% of healthcare services in Malaysia.²⁷ Evidence suggests that the high usage of public health services has an impact on the quality of service offered. For example, patients in the public health system have reported dissatisfaction with lengthy wait times.²⁸

Self-care now

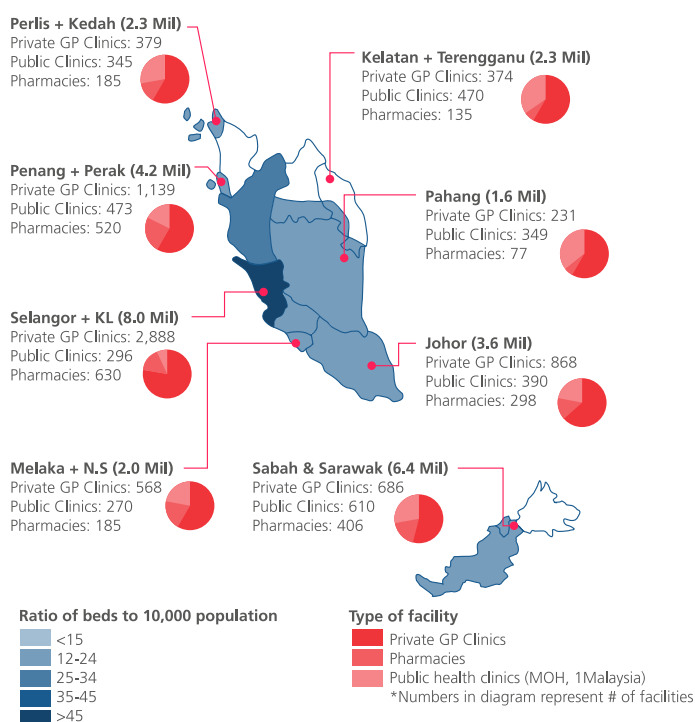


Figure 7. Distribution of primary medical clinics and pharmacies in Malaysia in 2016. (EIU Internal Survey Report, 2018).

In addition to hospitals being understaffed, underfunded and underequipped, National Audit Department data confirm overcrowding in public health facilities.²⁹ This makes it challenging for the Ministry of Health to deliver uninterrupted healthcare services.

Self-care has the potential to reduce the burden on healthcare facilities and save patients and healthcare providers significant time. Our survey of doctors, pharmacists and members of the public found that self-care is seen as complementary to primary healthcare in the short term and can reduce the burden on primary healthcare services in the long term.

Nationwide shortage of doctors

The problems that arise as a result of the regional disparity of primary health facilities in Malaysia is exacerbated by a shortage of doctors, predominantly in rural areas. In 2018 there were 1.6 doctors per 1,000 population, much lower than the OECD average of 3.4 per 1,000 population.²⁸ Regional disparities also exist, with the ratio in less developed states such as Sabah and Sarawak being only 0.9 per 1,000. To reduce overcrowding, the Ministry of Health has estimated that at least 3,000 more family medicine specialists are required at public health facilities.²⁸

The burden resulting from the shortage of healthcare professionals could be attenuated by the effective involvement of community pharmacists in the patient care pathway.³⁰ The current activities of community pharmacists could be effectively extended towards this endeavour.

The current status of self-care in Malaysia

Currently, a broad foundation of self-care is being laid out to develop the potential positive impact that it can bring to the healthcare landscape in Malaysia. Opportunities for discussion of how to advocate and implement self-care strategies in Malaysia have been well received. Roadmaps and foundations have been developed or proposed and are in initial stages of discussion. Plans to ensure that such moves are more specific and goal-driven are needed (for instance, government policy on the regulation of self-care is too broad), and to some extent are in process.

The role already played by pharmacists

Community pharmacists play a significant role in healthcare delivery in Malaysia. Over the past decade pharmacists have voluntarily adopted the pharmaceutical care concept, transforming a product-oriented approach to a patient-oriented one.³¹

The Pharmaceutical Services Programme, operated under the Ministry of Health, has already undertaken steps to enhance the pharmacy landscape in Malaysia through a nationwide blueprint, the *Pharmacy Programme Strategic Plan (2017-20)*.³² With a focus on innovation and technology, heightened co-operation with stakeholders, and empowerment of communities, this national plan aims to ensure that the governance of Malaysia's pharmacy programme and the delivery of pharmaceutical services continues to be strengthened.

Given the improved oversight, education and practices of community pharmacies seen in Malaysia in recent years, the mounting pressure on the public system could potentially be managed in part by the promotion of self-care within the pharmacy sector. This is certainly the view taken by the International Pharmaceutical Federation, which uses a 14-point list to advocate that pharmacists hold certain responsibilities in relation to healthcare provision.³³

Polypharmacy (the concurrent use of more than one medication) is one area where pharmacists have a role to play. In Malaysia, the prevalence of polypharmacy is about 46% among urban-dwelling elderly adults receiving medications for chronic illnesses.³⁴ Community pharmacists could play a vital role in preventing and managing negative consequences associated with polypharmacy (such as adverse drug reactions, drug interactions and higher costs) through extended services such as medication reviews, patient education and pharmacist outreach programmes.³⁵ Whereas hospital-based pharmacists in Malaysia already play a significant role in this area, the role played by community pharmacists appears to be more limited.³⁶ More training, increased interaction with doctors and overall higher community pharmacy workforce numbers have been identified as areas of improvement.³⁷

The importance of self-care has been acknowledged by various stakeholders, including policymakers, healthcare professionals, pharmacists, the Ministry of Education and the Ministry of Health. Dialogue between key players is progressing, with the aim of understanding the nature and existence of gaps, so that alignment can be achieved and plans can be built on existing best practices and policies. For instance, good practices backed by government funding are already in place to address self-care—anti-smoking campaigns are one such example. A shift from a broad view of self-care to specific focus areas has been identified as a necessary next step. One such initial focus should be on enhancing health literacy.

The current status of self-care in Malaysia

Programmes are in place to increase the number of pharmacists in Malaysia. For instance, in June 2017 the Provisionally Registered Pharmacist Training Programme was liberalised to increase the number of pharmacists, especially community pharmacists. Similarly, overall doctor numbers are forecast to increase (see Figure 8) and the doctor/patient ratio is also expected to improve slightly, reaching 1.8 per 1,000 people by 2023

under the 11th Malaysia Plan, a broad national development blueprint.¹⁸ Although self-care can ease the burden on healthcare providers, increased numbers of pharmacists and doctors are imperative, as both community pharmacists and GPs play a key role in advocating for self-care to ensure that it is practised safely and effectively, while partnering with patients to manage existing conditions.

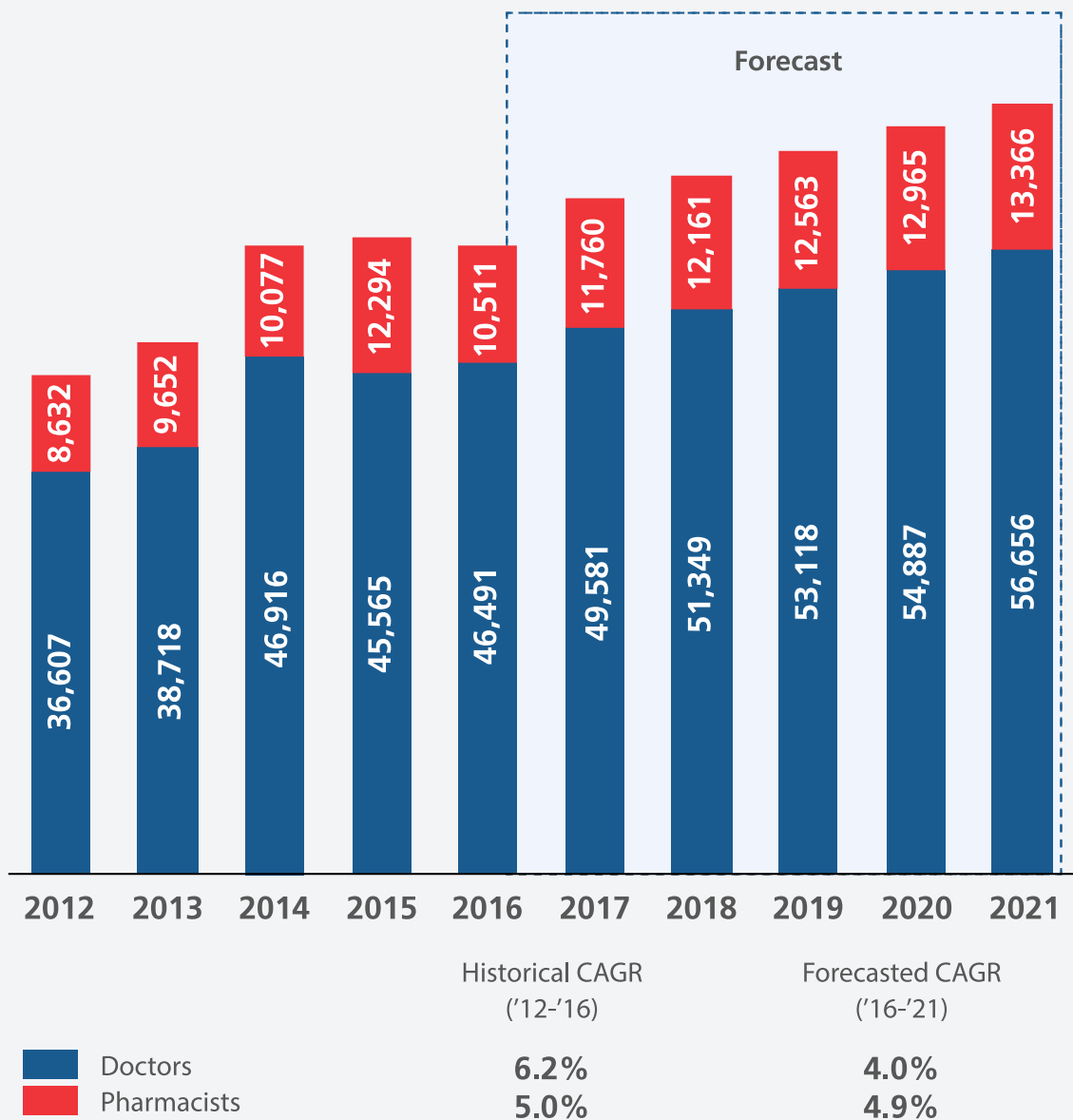


Figure 8. Historical and forecasted trend of total number of doctors and pharmacists in Malaysia (EIU Internal Survey Report, 2018; Ministry of Health Pharmaceutical Services Division, 2016).

The current status of self-care in Malaysia

Consumers' active usage of self-care products

Robust consumption of self-care products reflects increasing consumer demand for such products. The compound annual growth rate (CAGR) of sales of OTC medications in 2011-16 was 7.6%, while the CAGR for vitamins was 4.6% and that for wound care products was 3.7% (see Figure 9). Rising adult literacy rates have contributed to growing health consciousness among Malaysian consumers, driving demand for prevention and wellness products.

According to a study conducted by Monash University, supplements and vitamins are the most commonly consumed self-care product, followed by analgesics, flu and cough remedies, and sore throat products.³⁸ Participants also showed a higher level of awareness regarding the dosage and treatment duration of OTC drugs.

The EIU's own survey of 500 Malaysian consumers found that OTC medications were the most commonly purchased self-care products, followed by supplements such as vitamins and minerals. Our survey also reported that the majority of consumers engage in preventive self-care to head off the onset of predisposed diseases, reflecting the attitude that "prevention is better than cure".

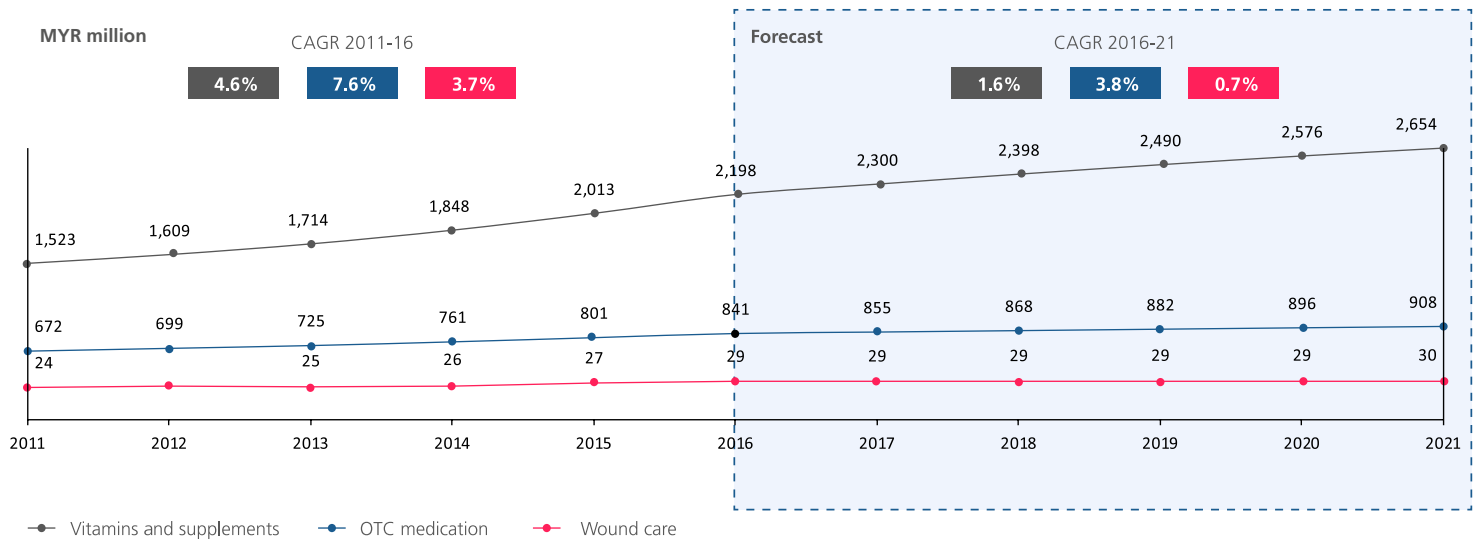


Figure 9. Consumer health product sales in million RM (EIU Internal Survey Report, 2018).

The benefits of self-care

The widespread adoption of self-care as a cornerstone of healthcare practice offers clear benefits both on an individual patient level and in terms of economic and efficiency savings for hospitals, health systems and national economies.

Better Individual Health

Self-care can empower people to transform their own health and that of their families and communities. It helps to decrease individuals' dependency on the healthcare system and lets them take a more proactive role in managing their own health. When patients actively participate in decision-making aspects of their care, such as making choices about preferred mode of treatment and management, the results include better adherence to medications and improved management of long-term conditions.³⁹

Self-care can and does influence behaviour in important ways throughout all stages of life, and it will become increasingly important to the management and prevention of chronic health conditions that are becoming more common. By acquiring relevant knowledge, skills and competencies, people can be better equipped to engage in self-care activities and positively influence their own health. Health literacy is key.

Economic and efficiency savings

Self-care offers proven economic benefits both at the individual and national level. It impacts the ability of individuals to improve their quality of life by empowering them to be knowledgeable and proactive in engaging with their health, in turn making them less reliant on the healthcare system.

◀ Reduced individual healthcare costs

As a result, practising self-care yields time and cost savings at the individual level, as well as reducing the cost burden on healthcare systems and wider state support frameworks. A report by the Asociación de Fabricantes de Medicamentos de Libre Acceso (AFAMELA), a medical manufacturing association in Mexico, revealed that families who self-manage common ailments with OTC drugs incur significantly lower costs (an average per capita spend of US\$22 each year) compared with those seeking treatment from Mexico's public healthcare system (US\$123 per capita each year).⁴⁰

◀ Reduced social security and healthcare system expenses

As well as lowering individuals' healthcare costs, engendering good health literacy on self-management and proper use of OTC medicines also considerably reduces the expenses of social security systems and national healthcare services. Economic analysis by the Consumer Healthcare Products Association, a US industry body, reported significant cost savings for the US healthcare system with every dollar spent on OTC drugs rather than treatment via public healthcare systems, providing annual savings of about US\$146bn.⁴¹

◀ Reduced expenditure on visits to doctors

A reduction in the number of doctor visits is another main outcome of self-care. According to a study by IMS Health, a healthcare information provider, 75% of total cases in the UK involve discussion of common, minor ailments such as back pain, dermatitis and nasal congestion, resulting in costs of £2bn (US\$2.5bn) to the NHS when factoring in GP time.⁴² Fewer consultations on minor illnesses would also allow doctors to spend more time treating serious conditions, providing real impact on quality of care.

The benefits of self-care

◀ Reduced economic costs in terms of travel and working time lost

Patients also spend less time travelling to the pharmacy than they do to visit their GP, and the increased flexibility around when they can do so means that any loss of working time incurred via purchases of non-prescription medicines is less likely.² Hence, self-care provides economic benefits through reduced absenteeism and greater productivity. In a study assessing the likely impact of rescheduling 5% of prescription medicines to OTC status in seven European countries (Austria, France, Germany, Portugal, Spain, Switzerland and the UK), the Association of the European Self-Care Industry calculated total economic and health system savings of €11.5bn (US\$12.8bn), equivalent to €35.6 (US\$39.6) per capita²

Although upfront spending would be needed to finance a concerted drive to implement self-care, the cost of this would be low compared with the expense of primary, secondary and tertiary care. And although less visible in its execution, self-care offers far greater value to patients, payers and providers in terms of cost and usage (see Figure 10). Furthermore, the requirement for and usage of self-care tend to be higher than those of other levels of care. As such, self-care is vital in realising economic savings related to healthcare expenditure.

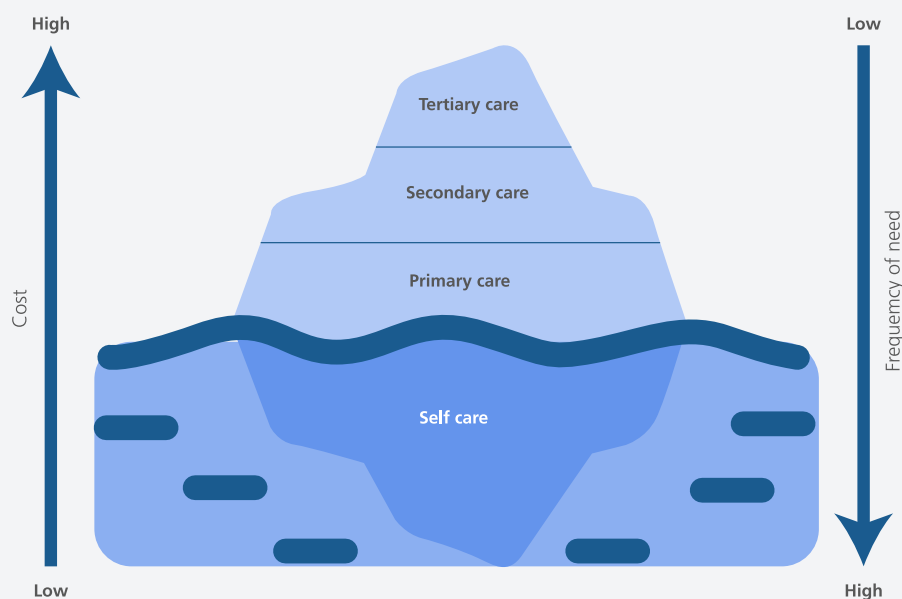


Figure 10. The self-care iceberg.

Case study 1. How much money can OTC medicines save a country's healthcare system?

One study modelled the costs associated with payment for doctor visits in a hypothetical non-OTC Australian healthcare system.³ The study involved eight categories of common OTC medicines that were rescheduled to prescription only. These included products for coughs, smoking cessation, digestive health, allergies and pain relief, as well as muscle pain rubs, antiseptics and medicated skin products.

The study was based on certain assumptions: patients spent an average of 29.9 minutes in the doctor's waiting room per visit, took 30 minutes travel to the clinic and spent 10 minutes dealing with administration. The reported number of extra days off work for delayed treatment for each condition was also included in the cost of lost productivity.

The study found that an additional A\$3.8bn (US\$2.3bn) would be required for doctors' visits alone. Of this, the government's share through the Medicare system would be A\$2.5bn. Another A\$360m (US\$221.9m) would have been incurred by health insurance and approximately A\$1bn by individual consumers. The study also predicted that rescheduling 11 categories of current prescription medicines to OTC status would save Australia's healthcare system A\$1.1bn.

Similarly, a European study found that rescheduling 5% of prescription drugs to OTC status could potentially yield the EU's member states combined total savings—in terms of public funds and the economies of all countries—of €16.4bn (US\$18.1bn).²

The benefits of self-care

Case study 2. Rescheduling drugs is important, but so is driving uptake of OTC medicines

The US Centre for Workforce Health and Performance analysed self-reported data on treatment rates of FDA-approved OTC medications for 26 common chronic conditions, alongside the costs associated with the time and productivity lost.⁴³ The drugs involved included treatments for heartburn, migraine, common colds and cardiovascular conditions. The 26 chronic conditions studied account for about US\$165bn annually in lost productivity costs, and the 12 of those for which FDA-approved non-prescription drugs are available contribute respective net losses in productivity costs of between US\$3.4bn and US\$44.9bn.

Despite the existence of non-prescription medications, self-reported treatment rates were low, ranging from 15% to 39% (see Figure 11), suggesting that uptake of self-care requires additional drivers besides down-scheduling to OTC medications. These include improving healthcare literacy and empowering community pharmacists. Broad stakeholder engagement is necessary.

Self-management of chronic conditions has been reported to yield enhanced clinical outcomes and a higher quality of life compared with those seen among patients with lower levels of engagement.⁴⁴ However, OTC availability by itself may not be enough to encourage uptake.

Self-reported treatment rates with FDA approved OTC drugs

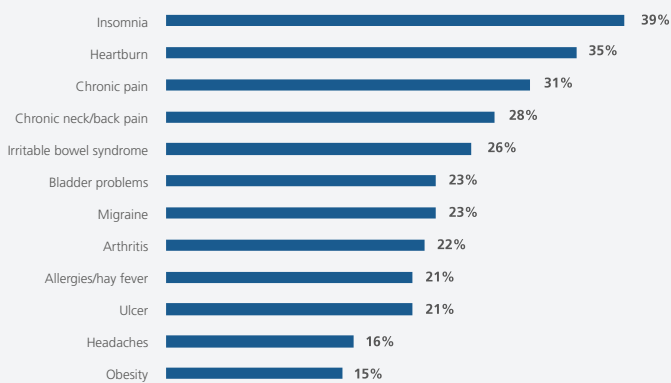


Figure 11. Adoption rates for conditions with FDA-approved OTC drugs (Jinett, 2016).⁴³

Self-care adoption

Barriers to progress

Although the potential benefits are clear, policies and programmes designed to facilitate the broad adoption of self-care remain limited in Malaysia. Self-care programmes have been initiated by the Ministry of Health and certain professional associations (see Table 2), but there is no specific self-care act or regulation in Malaysia. As far as the manufacture, marketing, sale and possession of drugs are concerned, various laws dating back to the 1950s are still in effect, although a new pharmacy bill has been under discussion in recent few years. However, this focuses purely on medications rather than broader self-care in general. Moreover, under the terms of the original legislation, there is no regular review of drug classification, meaning that rescheduling of drugs is possible by individual application only. Regular reviews of drug classification could systematically incorporate potential benefits to self-care practices as one motivating factor. This might at least ease the process of rescheduling drugs to OTC status, should such a move be deemed safe and effective.

The respondents in our survey highlighted certain guidelines as being helpful, although again, these are not self-care specific, and awareness was generally higher among pharmacists than doctors and key opinion leaders. The most widely known of these among our respondents was the Community Pharmacy Benchmarking Guideline, which provides guidance on the infrastructure, equipment, personnel and practices involved in community pharmacy to ensure quality pharmacy practice.⁴⁵

As is the case with legislation and guidance, there are also no specific self-care campaigns in progress in Malaysia, with the focus again on medicines. The Know Your Medicines programme, initiated in 2009 by the Ministry of Health, the Federation of Malaysian Consumers Associations and the Malaysian Pharmaceutical Society is the most well-known of these.⁴⁶ Designed to educate the public on rational use of medicines, Know Your Medicines offers talks, exhibitions and online resources. Of specific use in terms of self-care, the programme's online portal provides educational materials on subjects including drug interaction and registered medicines.

Beyond Know Your Medicines and two lesser-known government-led initiatives, the Ambassador Programme and the Home Medication Review Programme, self-care-related efforts are largely isolated and disease-specific, limiting the scale of their impact. "I can hardly think of any self-care-specific promotion," the vice-chairman of one NGO told us when participating in our survey.

Table 2. Self-care programmes initiated by the Ministry of Health and professional associations in Malaysia.

PROGRAMME	DESCRIPTION
Know Your Medicines Programme	Initiated in 2009 by the Ministry of Health, the Federation of Malaysian Consumers Associations and the Malaysian Pharmaceutical Society to educate the public on rational use of medicines through talks, exhibitions and online resources. The programme's online portal provides educational materials to support consumers efforts to care for own health.
Ambassador Programme	Initiated in 2012 by the Ministry of Health and community representatives to educate local communities on basic information related to medicine. One of the peer education methods employed was used to disseminate information to remote areas of Malaysia.
Home Medication Review Programme	Piloted in 2015, healthcare practitioners conduct home visits to assess medication compliance and provide healthcare advice to three patient groups, namely those receiving stroke, psychiatry or geriatric care.

Misapplication and misinformation

Misinformation is a potential issue that may increase the risk involved in self-care adoption among consumers. Our survey found that, out of consumers, GPs and pharmacists, consumers themselves were the least likely to question their own medical knowledge in relation to self-care or to believe that they are likely to be misinformed by inaccurate health and medical information.

Perhaps the most obvious global example of the dangers posed by misinformation is the anti-vaccine movement, which has proliferated to the extent that vaccine hesitancy was identified by the WHO as one of the top ten global public health threats in 2019. In December 2019 the first case of polio in 27 years was reported in Malaysia, a country declared polio-free by the WHO in 2000.⁴⁷ More recently, the COVID-19 outbreak has seen large amounts of health-related misinformation concerning both epidemiology and self-care spread through communities, actively hindering efforts to contain the impact of the virus.⁴⁸

The most effective countermeasure to misinformation, as well as being equally important in preventing misapplication of self-care by patients, is clear guidance from healthcare providers. In our survey, the majority of consumers, doctors and pharmacists agreed that a lack of guidance in relation to self-care could increase the risk of delayed treatment, as consumers may be unaware of the appropriate time to seek professional help. In addition, the vast majority of GPs and pharmacists were concerned that people may not be aware of proper administration practices and possible contra-indications, as with any new healthcare intervention. Clearly, effective communication to patients—and reliable, far-reaching overall guidance—is as vital to successful self-care as it is to any element of healthcare.



Engage, educate— making progress happen

Although elements of self-care are familiar to all stakeholders in Malaysia, what lacks is the concerted, co-ordinated combination of regulation, advocacy and implementation needed to see self-care broadly adopted as a healthcare strategy in its own right. This will require educating and engaging all stakeholders (healthcare providers, government, industry and patients)—and to some extent all of these groups will have a role to play in this.

A multi-stakeholder approach, drawing together a broad array of knowledge and resources, is the only systematic way to comprehensively promote self-care and develop the most appropriate and impactful programmes and strategies. Furthermore, the synergistic effect of multi-stakeholder engagement will spread the benefits of self-care beyond the individual patient to the healthcare system and the broader economy.

A broad-based, concerted approach will be key to the success of putting self-care at the centre of healthcare culture in Malaysia in the coming years. Putting education and engagement at the heart of the matter, we have expanded on seven avenues through which a culture of self-care could be nurtured and embraced by consumers, pharmacists, healthcare providers and government.

1. Government policies to regulate self-care

Self-care should be made a health policy priority involving ministers and policymakers. At both the national and subnational levels, policy and legislative support, along with national plans and adequate budgeting, will be essential to the implementation of self-care programmes. Self-care components could even be included in other relevant health and wellness programmes and initiatives. This would encourage the implementation of comprehensive self-care initiatives at the local, regional and state levels.

It is vital to embed the concept of self-care within the Ministry of Health's policy agenda in order to ensure the long-term effectiveness and sustainability of the initiative. This could be driven by influential Ministry of Health personnel, as well as healthcare-focused professional and industry associations who are in a position to shape the conversation around existing laws and regulations.

2. Boost self-care uptake through enhanced health literacy

Health literacy is vital to the effectiveness of self-care. Although sources of health information are ample, health literacy among the Malaysian population is at a nascent stage. Reliable sources of information are available online, such as through the Ministry of Health's platform, but there is a tendency for people to obtain health information from unreliable sources. Making matters worse is the proliferation of unreliable health information made possible by the wide-spread usage of the internet. Digital platforms should be kept updated to combat misinformation encountered in the public domain; it may help if such channels were to be endorsed by local healthcare providers.

One mode of knowledge dissemination for patients regarding self-care practice and relevant medication could be through advertisements approved by health ministries. In Malaysia, the Medicine Advertisements Board, which operates under the auspices of the Ministry of Health, is already responsible for issuing approval of medical advertisements, reviewing and revising (when necessary) the policies or guidelines contained within an advertisement, and cancelling or withdrawing approval for previously approved advertisements.⁴⁹

Proper—and clearly presented—regulation and approval of advertising can have a wide range of benefits, such as ensuring that information provided to patients is comprehensive and balanced, that patients are able to develop expectations of how accurate health information (as opposed to eye-catching claims and soundbites) is presented, and that scepticism about medical messaging—one upshot of the spread of misinformation and less scrupulous advertising—is convincingly responded to.⁵⁰

Behavioural studies to identify issues faced and the health goals of individuals are imperative to address people's consumption and comprehension of health-related information. Such studies should be tailored to meet the complex intricacies of the Malaysian context, such as differing needs faced by different age groups or those of differing cultural backgrounds.

Developing a multifaceted understanding of the situation specific to the country and its constituent demographics would unleash opportunities to improve health literacy uptake. For instance, one trend seen regarding health-seeking behaviour in Malaysia is that 80% of patients are return patients and 20% are new patients.

The rapport established between healthcare professionals and patients is one avenue through which to improve individuals' health literacy. But although healthcare professionals are able to direct patients towards reliable information to make decisions, the role played by external sources of influence cannot be ignored. These external factors, potentially arising from cultural differences, age-related factors or even commercial interests, could stir confusion regarding which products or services to consume or avoid. This demonstrates the need to set frameworks through which to direct people towards reliable sources of information.

As the lack of existing policy hinders attempts by pharmacists to promote self-care to the public, newly designed frameworks should consider empowering pharmacists to supplement the work being done in this area by other healthcare professionals.

3. Platforms that encourage healthcare providers to support and facilitate self-care

Improving the training of physicians in relation to communications skills and patient literacy has been shown to have a positive influence on the health outcomes of patients.⁵¹ Physicians must be trained how to focus on delivering medical information in a clear and simple way and ensuring that the information provided is understood by patient and caregiver.⁵² Medical conferences and workshops targeted at healthcare professionals could be used to share expert insights on recent developments within the sphere of self-care in Malaysia and beyond. Such platforms would enable healthcare professionals to exchange ideas and validate their understanding of self-care, as well as obtaining more knowledge on its clinical benefits and relevant guidelines. The organisation of such events should involve professional and industry associations, as well as healthcare practitioners.

In the UK, for example, the Proprietary Association of Great Britain (PAGB), an industry body representing manufacturers of OTC medicines,

self-care devices and food supplements, has used its annual series of self-care conferences to emphasise the key role that self-care could play in addressing challenges faced by the NHS (similarly to the situation in Malaysia, these include rising costs, uneven healthcare provision and an ageing population). Conferences like those run by the PAGB help self-care to be recognised as a fundamental driver for improvements to care and the delivery of health services in hospitals. The PAGB's conferences have also advocated for a broader acknowledgement of the increased efforts required to help clinicians recognise the clinical benefits of self-care.

In addition to conferences, the Malaysian context requires that policymakers and regulators participate in international discussion around regulation of self-care medicines. In the past five years Malaysian authorities have participated in Global Self-Care Federation meetings and the Self-medication Consultative Asian Regulator Expert Roundtable (self-CARER) forum, allowing them to exchange experiences and information on OTC regulation.⁵³ Such engagement should be encouraged as it will assure that Malaysia can leverage experiences from the international arena to formulate self-care policy within the country's healthcare system.

4. Publicity campaigns, both online and offline

Publicity campaigns and the dissemination of information on self-care can take place via media and digital platforms. There appears to be enthusiasm for such initiatives among Malaysians—one study, for example, found that 56% of participating diabetes patients in a predominantly medium to low social class area were interested in using internet-based self-management programmes.⁵⁴ However, it is important that the other 44% are not left behind. Less tech-savvy members of the population could be reached through a variety of different channels including print media, posters and brochures.

In the UK, the NHS found that an existing annual initiative, Self Care Week, was ineffective as the only means to spread awareness around the issue of self-care.⁵⁵ The NHS therefore decided to engage local county councils in a more targeted manner. A team consisting of clinical commissioning groups, district councils and volunteer organisations identified social media and local press as the two priority mediums best equipped to share relevant information, such as inspirational cases of how self-care improved quality of life, with the local community. In the county of Lincolnshire, information was disseminated through 70,000 pocket guides, reaching in excess of 250,000 people.

Given the diversity of Malaysia's population, a similar targeted approach could be employed in order to disseminate clear, motivating and actionable messages to specific groups of people from different cultural backgrounds and socio-economic levels. For instance, certain types of media campaigns can be used as a channel to target middle-income patients, who tend to have higher health literacy and may be more receptive to direct advice on lifestyle improvements. But social media can also further enhance the range of health literacy campaigns, thus improving the healthcare knowledge of harder to reach groups.⁵⁶

The key message should be that "healthcare begins with self-care", a message that must be accompanied by comprehensive information on

the impact of lifestyle changes to health, health devices, supplements and complementary medicine, alongside efforts to improve health literacy. Such campaigns will require the backing of public-private partnerships that engage the Ministry of Health, industry associations, patient groups and paramedics to ensure that the information provided is factual and the campaign is effective.

5. Direct community engagement

Collaborative, community-based programmes are vital to addressing common healthcare issues while promoting awareness of issues related to self-management and care. This is especially relevant in the context of the current disease landscape, where the prevalence and burden of non-communicable diseases is increasing. For instance, Huntingdonshire District Council in the UK engaged the local region's Eastern Academic Health Science Network (EAHSN; the NHS operates 15 regional AHSNs as its innovation arm) to help it increase awareness of potential improvements to quality of life and reduced risk of death to those living with cancer and cardiac disease. The EAHSN educated patients to use remote monitoring technologies to track their own health status via devices such as activity trackers, blood pressure monitors and peak flow. Overcoming initial resistance, the programme helped to increase patients' confidence, self-esteem and sense of security.

Similar community-focused collaboration between the government, professional associations, local authorities and academic institutions is required in Malaysia. Government stakeholders should include the Ministry of Rural Development, in order to implement community programmes in rural areas; the Ministry of Education, so as to embed the concept of self-care in education programmes; and the Ministry of Women, Family and Community, to help develop an awareness of appropriate self-care in local communities. In addition, universities could offer modules on self-care to help to nurture future ambassadors of self-care.

6. Engage patient groups

Patient groups offer a potential avenue for self-care advocacy and support, offering the benefit of being existing, trusted organisations that are likely to already have played some role in patients' care. In the UK, for example, a number of charities and associations offer condition-specific self-care initiatives. These include Asthma UK, which has developed materials under the "Be in Control" and "My Asthma" banners to help people self-manage their asthma; Arthritis Care, which offers self-care-focused workshops and courses; and Diabetes UK, which offers workplace training and events-based care such as family support weekends.⁵⁷ A dedicated UK body, the Self Care Forum, also offers patient-focused tools and advice as part of a broad range of engagement efforts involving all stakeholders.⁵⁸

On a smaller scale, support groups can offer a more direct and intimate avenue through which to help people self-care. The US Agency for Healthcare Research and Quality specifically advocates for the use of support groups as a way of providing for patient self-care needs that doctors cannot provide, such as emotional support, advice, comfort, and counselling around developing better self-care skills.⁵⁹

Likewise, medical societies and professional associations could communicate the benefits and advantages of self-care to healthcare professionals.

One area in which patient groups of all sizes can have an important role is improving health literacy. Poor health literacy has negative influence on health outcomes, including increased mortality, lower patient satisfaction with care, lower quality of care, reduced patient safety, higher healthcare costs and overuse of emergency departments.⁵²

7. Cultivate future ambassadors through schools

An inclination towards self-care could be encouraged early on among Malaysians, through school education or even at pre-school level. One country to look to for an example of such a culture of early childhood education is Japan, where, for instance, mental health education is promoted in childhood to positively shape infants' social functions. Another Japanese example is education related to food—in elementary school, children are taught the importance of a healthy, balanced diet, and are also given a balanced meal at lunchtime.

The results seem to speak for themselves. People in Japan have been seen to exhibit a higher tendency towards self-care for both mild and serious symptoms, as well as showing less of a preference for physician care than individuals in the US.⁶⁰

Consistent views on the importance of self-care education are also seen in other countries. For example, a UK-based survey on public self-care attitudes and behaviours revealed that 71% of participants felt that there should be better education around self-treatable conditions to encourage wider practice of self-care.¹

In Malaysia, as well as introducing education on self-care at a younger age, more comprehensive self-care modules could be embedded into the medical and health curricula in universities, in order to enhance health literacy and train future healthcare providers to safely and effectively prescribe self-care practices to patients.

Case study 3. Twenty years of community-focused, multiple-audience diabetes self-care outreach in the US.

Several programmes have been implemented to promote self-care among minority communities hindered by expensive or difficult to access care. One such initiative, the National Diabetes Education Programme (NDEP) was launched by the US National Institutes of Health (NIH) and Centres for Disease Control and Prevention (CDC) in 1997 to adapt research studies on intensive blood glucose control into public health practice as a means to reduce the adverse complications of type 2 diabetes for multiple population audiences.⁶¹

The NDEP consulted and partnered with stakeholder groups representing patients of various ethnic backgrounds to provide information on diabetes self-management (see Figure 12). An education and support plan was then established to disseminate knowledge among each group on type-2 diabetes, glucose monitoring, glycaemic control and dietary control based on behavioural change strategies. The plan was implemented through interactive sessions rather than a didactic educational approach.

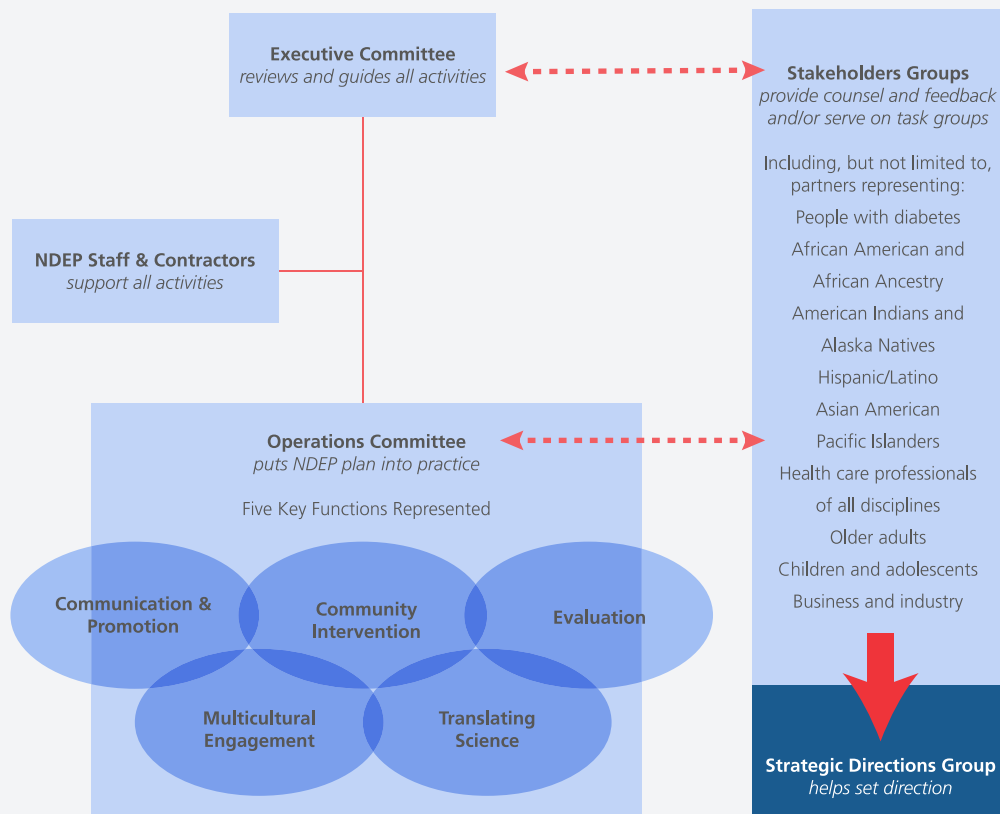


Figure 12. The structure, stakeholders and operations of the National Diabetes Education Programme. (NIH)

Evolving in tandem with advances in nutrition strategies, therapies, glucose-monitoring technologies and insulin delivery methods, it has helped patients to achieve significant reductions in weight and blood glucose measurements, alongside positive changes in dietary patterns and physical activity, thus delaying and even preventing the onset of type 2 diabetes in high-risk patients. Its 2014-19 phase sought to enhance its impact by placing additional emphasis on community-based interventions, as well as providing streamlined resources to partners to help them to increase the effectiveness of communication channels.

Conclusion

Malaysia is not the first country to find itself faced with the challenge of an ageing population and the subsequent related burden on its healthcare system. Countries such as the UK, the US, Japan and Australia have already faced this issue and attempted to alleviate this burden. As examples from these and other countries show, the design and implementation of a sound self-care system can help to manage major health challenges.

In a good self-care system, patients are educated and empowered to manage minor conditions, such as colds and acute pains, as well as—to an extent—chronic diseases, in addition to providing themselves with preventive care. To achieve this requires input from all stakeholders, including doctors, the public and private sectors, government agencies and patients. A key role can also be played by community pharmacists, as they often function as the early point of contact for patients and may provide screening, information and lifestyle advice, as well as informing patients when further intervention may be needed.

A defined and holistic approach to moving self-care forward in Malaysia

Aside from improving the processes that can facilitate self-care, ongoing, holistic discussion is required, even within small stakeholder groups. A narrowing of focus would suit the Malaysian context for various reasons, ranging from the cultural and behavioural to the political. Although more focused discussion could yield an entirely new approach, an alternate consideration could be to tap into existing and upcoming blueprints, such as the National Children Well-Being Roadmap, developed as part of the National Plan of Action for Nutrition of Malaysia.

Consultation with policymakers should be sought, with detailed scope laid out to ensure purposeful and effective progress. In fact, holistic engagement efforts are well underway, and the evidence suggests that all stakeholders agree on the importance of promoting self-care, as well as how to safely and effectively implement self-care strategies that are beneficial and applicable to the entire Malaysian population.

One major aspect to consider is health literacy. If self-care is to be established in a safe and effective fashion, patients' knowledge of what will and will not have a beneficial impact is vital. Improving individual health literacy requires great effort from government, the public healthcare system, the education system and society overall.

More broadly speaking, engendering a culture of self-care within any country, Malaysia included, requires the committed engagement of stakeholders from across the healthcare landscape and beyond—but it also offers significant benefits to all of those involved.

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