

2ND EUROPEAN OBSERVATORY ON SELF-MEDICATION IN 2013



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Introduction











50th Annual AESGP Annual Meeting: Key learnings

- □ **A favourable context** for the development of the self-medication market:
 - ageing population
 - increase in chronic diseases
 - o growing desire by patients to play a role in the management of their own healthcare
- **Switching**, a win-win solution for patients, healthcare systems, and public authorities
 - Growing role of pharmacists, economic and financial benefits due notably to fewer visits to the GP, etc.
- Pharma industry: credible players in launching initiatives to promote correct use
 - AFIPA: a Risk Minimisation Plan for Vasoconstrictors
 - CHPA (US consumer healthcare association): risk minimisation strategy to prevent teen abuse of dextromethorphan







Self-medication in France in 2013: a break in growth momentum

- A market in **recession and weakened** for the first time in 5 years (–3.0% in value)
- Despite attractive political initiatives for the sector (Conseil stratégique de filière[CSF])
- Political willingness nevertheless remains to be confirmed if new ways of thinking or working are to emerge.













Objectives and methodology











Objectives of the 2nd Observatory

- □ Following on from the 1st European Observatory on Self-Medication conducted in June 2013, this 2nd Observatory aims to assess developments in European markets and regulatory frameworks...
- ... Via an analysis of 8 European countries



This Observatory seeks to determine the state of play of the self-medication landscape in Europe, in particular in France, through an analysis of relevant indicators.







Methodology of the 2nd Observatory (1/2)

- The data on which the Observatory is based were collected from questionnaires carried out with:
 - The Association of the European Self-Medication Industry
 - Self-medication associations in the 8 European countries analysed:



The expert and experienced consultants of Agora Consulting







AESGP 👺



Methodology of the 2nd Observatory (2/2)

- □ French distribution data were collected from a real-time panel of retail pharmacies, representative of all French retail pharmacies, that were then extrapolated in a dynamic manner to all retail pharmacies in France.
- □ The data collected was analysed by Celtipharm consultants.
- □ The data and analyses were approved by a **Scientific Committee**:
 - Health economists
 - Retail pharmacists













Healthcare systems



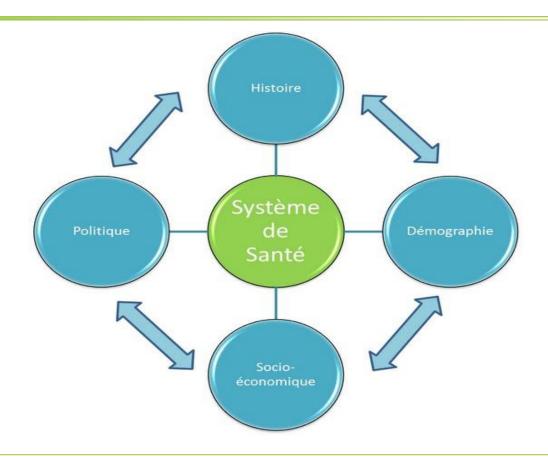








Principal elements of healthcare systems



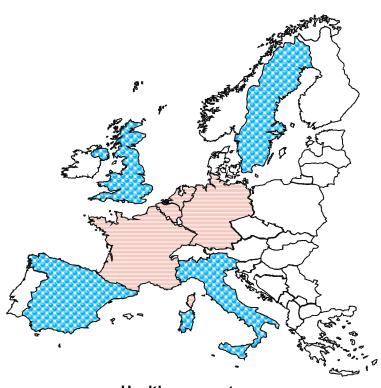
- Two healthcare systems are based on these elements: the Bismarck system and the Beveridge system
- Today, healthcare systems operate on the basis of **both systems** with a Bismarckian or Beveridgean influence depending on their origins.







Features and mapping of European healthcare systems



	Bismarck	Beveridge		
Country				
Coverage	Professional social insurance	Universal		
Mandatory for	Wage earners below a certain ceiling	All		
Funding base	Employee contributions	Tax system		
Management model	Decentralised (Funds)	Centralised (Government)		
Market access	Centralised	Decentralised		
Benefits	Flat rate	Proportional to wages and capped		

Healthcare systems



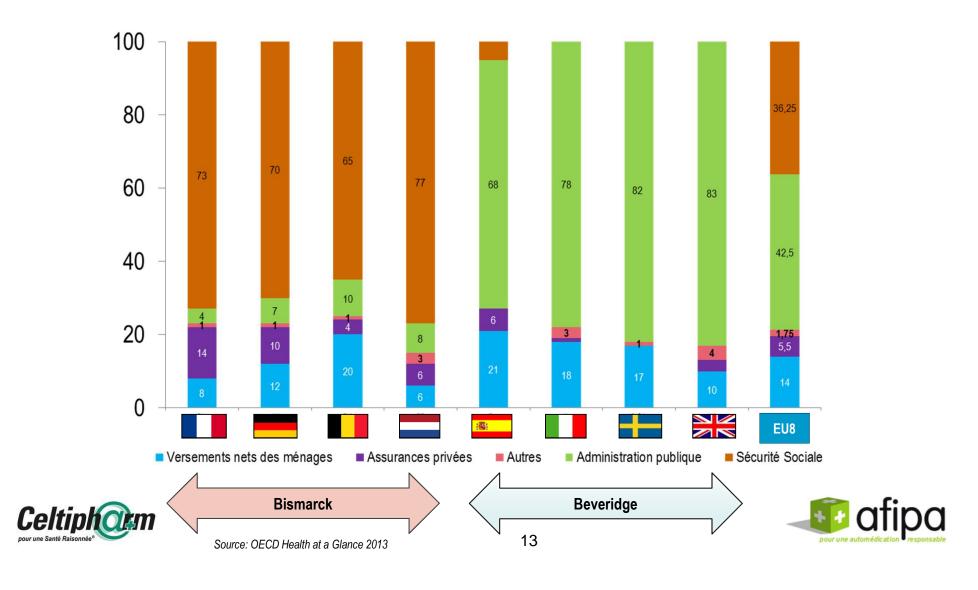






Overview of healthcare spending by type of financing

Dépenses de santé par type de financement





The organisation of primary care in Europe (1/2)

- 1		Bisn	narck		Beveridge				
							-		EU8
Density of GPs (per capita)	3.3	3.8	2.9	3.0	3.8	4.1	3.9	2.8	3.45
Remuneration	Fee for service	Mixed	Fee for service	Mixed	Salary	Capitation	Salary	3 modes	
Gatekeeper	Limited	Limited	×	Limited	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	
Rate of prescription following GP consultation	75%	50%	80%	60%	<30%	<40%	<30%	24%	47%
Density of nurses (per capita)	8.7	11.4	15.4	11.8	5.5	6.3	11.1	8.6	9.85
Remuneration	Salary	Salary	Salary	Salary	Salary	Salary	Salary	Salary	
Right to prescribe	×	×	×	×	×	×	V	V	

- Bismarck systems are characterised by a lack of gatekeepers and a remuneration system that encourages GPs to play a role in minor ailments, despite the ready availability of nurses.
- o France organisation of its medical system favours the role of GPs in the treatment of minor ailments.







The organisation of primary care in Europe (2/2)

	Bismarck		Beveridge						
					i š i		+		EU8
Grouped primary care	39%	28%	30%	57%	23%	20%	98%	92%	48%
Venue	Private	Private	Private	Private	Private	Private	Public Centre	Private*	
Professional concerned	GP	GP	GP	GP	GP	GP	Multiple	Multiple	
GP/Nurse cooperation	×	×	×	×	V	V	V	V	

^{*} Under contract with the local authorities

- o There is a wide diversity in the organisation of primary care between the Bismarck and Beveridge systems.
- Cooperation in the organisation of primary care between nurses and GPs is highly developed in the UK and Sweden,
 countries where the GP is the entry point for the healthcare system.
- France is close to the average in terms of the density of GPs and nurses.







The culture of patient responsibility is unequal and diversified

Country	% population with complementary Payment of out-of-pocket expenses					Responsabilisation of patient
Country	cover	Excess	Co-payment (fee/pack or prescription)	User fee	Reference fee	Responsabilisation of patient
	93%	-	€0.50/pack	35, 65, or 85%	V	<u> </u>
	11%	-	10% of the reference price for medicines	-	V	0
	80%	-	-	25, 50, 60, 80%	√ √	<u> </u>
	90%	€360	-	-	V	
essy	13%	-	10, 40, 50 or 60% of the sales price (means tested) Prescription fee in certain regions	10 or 40%	V	<u>—</u>
	15%	-	Prescription fee in certain regions Fee applicable to medicines in certain regions (€0.50 to €4.50)	-	V	
-	5%	€250	-	10, 25, 50 or 100%	V	
	12%	-	Prescription fee: €9.60	-	×	



Notable differences in the culture of patient responsibility exist between the Nordics and Southern European countries.





ORGANISATION OF HEALTHCARE SYSTEMS: KEY CONCLUSIONS

- With its combined Bismarck system (Universal Health Cover [CMU] / long term illnesses [ALD]), France is a highly protective country that extends medical cover to minor ailments.
- □ As such, the self-medication market in France has 3 specificities:
 - The same molecule is frequently the subject of both Mandatory Medical Prescription and Optional Medical Prescription
 - A culture specific to France of extending medical cover to minor ailments
 - Confusion between individual responsibility for treatment and product efficacy (insufficient therapeutic value)













Evolution in self-medication markets in 2013







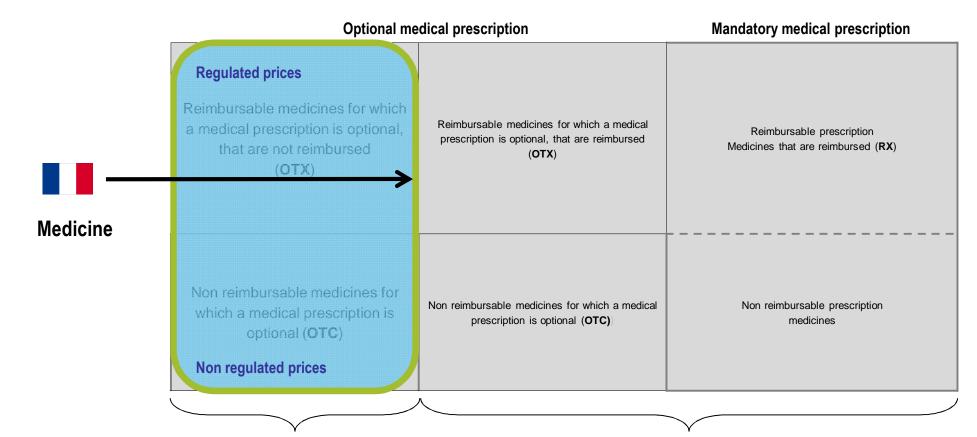




Self-medication as defined by AFIPA

Self-medication medicines are defined in terms of their medical prescription status. Scope of the analysis:

> Only medicines for which a medical prescription is optional were analysed





Prescribed by a physician

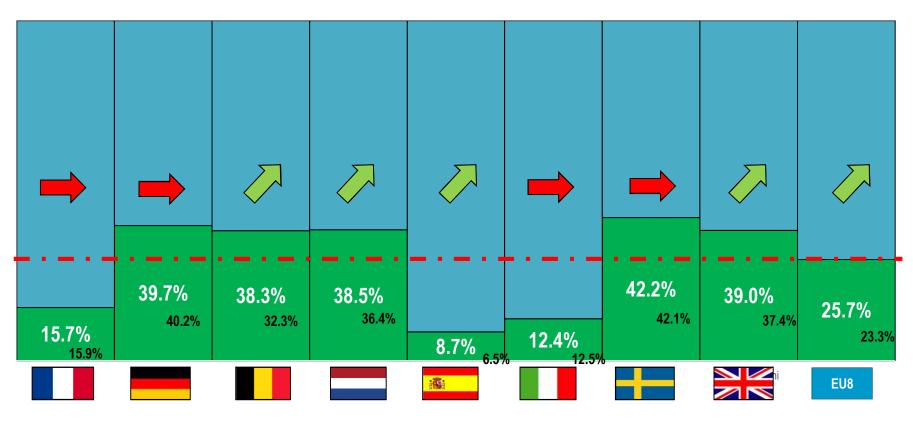




The market share of self-medication in France remains below the European average

Market share of self-medication in 2013 by volume (CU)

■ Part de marché de l'automédication 2013 ■ Part de marché hors-automédication 2013



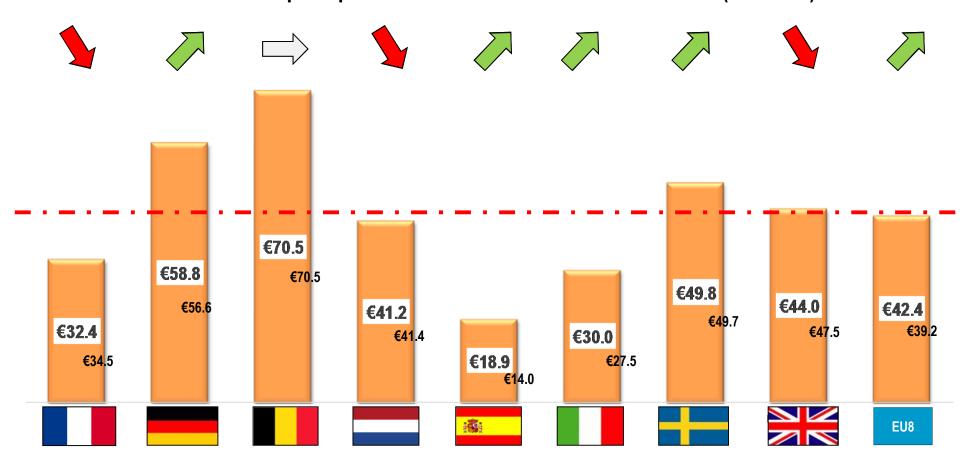






In France, the per capita spend on selfmedication is among the lowest in Europe

Per capita spend on self-medication in 2013 in value (incl. VAT)









The French situation contrasts with that observed in other European countries

€2,123 billion €4,731 billion €787 billion	
€787 billion	
2. 3. 2	
€691 billion	
€885 billion	
€1,792 billion	
€476 billion	
€2,800 billion	
€1,240 billion	
	€2,800 billion



Finding: the development of self-medication in Europe in 2013

Country	Major changes	Switching	Change in self- medication	Comments
FRA	-	-	-	No de-reimbursement in 2013 No major change in self-medication
GER	-	-	-	2013: No major change in development
BEL	-	-	-	2013: No major change
NETH	++	-	-	2013: Volumes increased by 6% Increase in Own Risk to be paid: €220 in 2012 → €360 in 2013 (over a 12-month period)
SP SP	+++	+++	-	2013: similar development over a common scope Many de-reimbursements of reference products (319)
ITA	++	-	++	2013: increase in value and volumes Increase in confidence in self-medication by patients More highly valued by institutions
SWE	-	-	-	2013: Out of pocket fee of €250 before any reimbursement is made (over a 12-month period)
UK	-	+	-	2013: GMS own brand Switching: calcium carbonate







CHANGES IN SELF-MEDICATION MARKETS IN 2013: KEY CONCLUSIONS

- The market share of self-medication in France remains below the European average
- □ Self-medication spending per capita **among the lowest in Europe**

France's lag has increased and could further deteriorate in the absence of concerted action













Distribution channels











Overview of distribution channels for self-medication in Europe

Channel	Pharmacy	Internet	Drug store	Supermarket	Service station
France	\checkmark	√ 2012	×	×	×
Germany	V	√ 2004	√ 2007	√ 2007	×
Belgium	V	√ 2009	×	×	×
Netherlands	V	√	√ 1921	√ 2007	√
Spain	V	2006 (NA)	×	×	×
Italy	V	√ Mars 2014	√ 2006	√ 2006	×
Sweden	V	√ 2006	√ 2009	√ 2009	√
UK	V	√ 2000	V	√ 1991	V

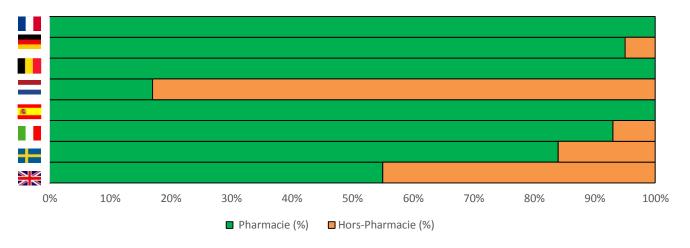






Weight of each distribution circuit in selfmedication around Europe





Points of sale

- Pharmacies:
 Physical pharmacy
 Internet
- Other:
 Drug store
 Supermarket
 Service station

Country	Pharmacy (%)	Internet (%)	Drug store (%)	Supermarket (%)	Service station (%)
France	100	-	-	-	-
Germany	87	8		5	-
Belgium I	93	7	-	-	-
Netherlands =	14	3	71	10	2
Spain	100	-	-	-	-
Italy	93	-	4	3	-
Sweden	01	3	4	10	2
UK 🕌	47	8		45	·













Potential of the self-medication market



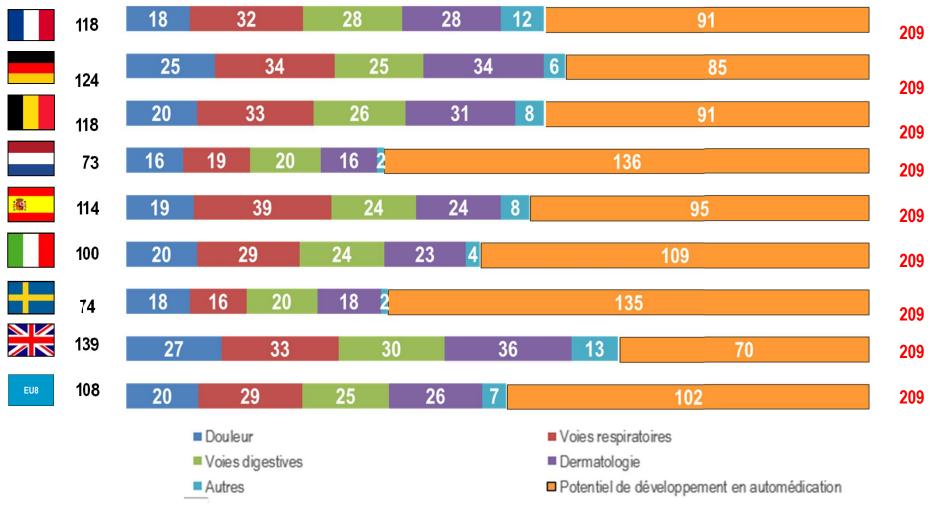








Significant potential for development of self-medication in France





Molecules switched in at least one of the 8 countries among a common range of 209 molecules





Significant switches possible in France with respect to European practices

On the basis of the molecules available under self-medication in the 8 countries, significant switching could be envisaged

Indication	Molecule
Allergic rhinitis, seasonal or non seasonal	Desloratidine, Prednisone, etc.
Acne	Erythromycin
Allergic conjunctivitis, seasonal or non seasonal	Epinastine
Motion sickness	Hyoscine
Insect bites, nettle stings, localised sun burn	Fluticasone







POTENTIAL OF THE SELF-MEDICATION MARKET: KEY CONCLUSIONS

- □ The potential for the development of self-medication in France is considerable
- Thanks to the simple switching of certain molecules...
- ...And others requiring more specific assistance to patients (for example: the treatment of gastric and duodenal ulcers [Nizatidine])

Simple solutions to promote the development of self-medication in France













Self-medication prices: current status and development











The regulation of self-medication prices in Europe

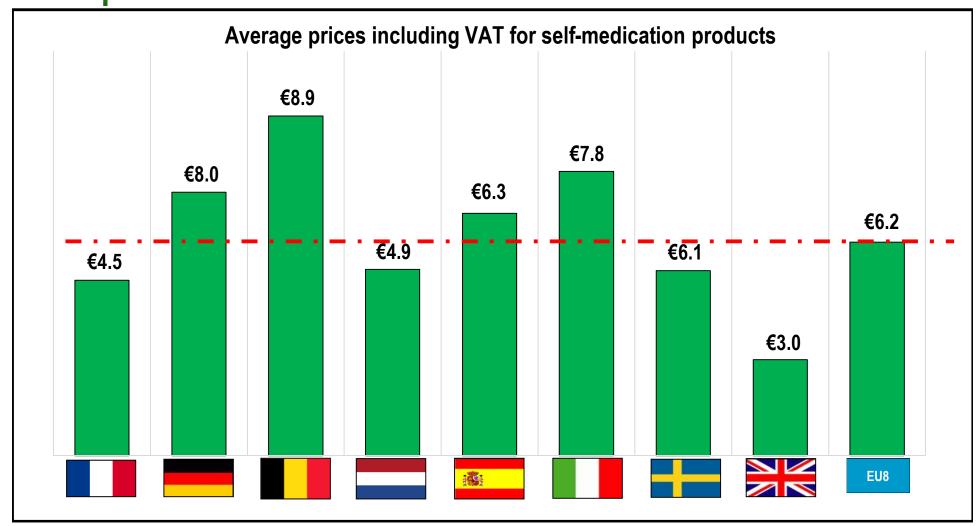
Country		mbursable tion products	Reimbursable self-medication products		
	Regulated prices	Non regulated prices	Regulated prices	Non regulated prices	
	-	$\sqrt{}$	$\sqrt{}$	-	
	-	$\sqrt{}$	-	$\sqrt{}$	
	$\sqrt{}$	-	$\sqrt{}$	-	
	-	V	-	$\sqrt{}$	
a de la companya de l	-	$\sqrt{}$	$\sqrt{}$	-	
	-	$\sqrt{}$	Self-medication products are not reimbursable in Italy		
	-	V	$\sqrt{}$	-	
	-	√		-	







Price levels in France significantly below the European average









Prices per unit very low in France (1/2)

Methodology: Survey of product prices **for the same format and same dosage** in retail pharmacies in each country, compared per dosage unit

Nicorette 2mg Menthol		+				<u> </u>		
	23 ct	23 ct	22 ct	20 ct	19 ct	15 ct	13 ct	13 ct
lmodium 2mg						-		
	72 ct	45 ct	44 ct	37 ct	36 ct	32 ct	32 ct	23 ct
Dulcolax 5mg		+						
	21 ct	17 ct	15 ct	13 ct	13 ct	12 ct	12 ct	12 ct
Strepsil honey- lemon		+						
	33 ct	25 ct	25 ct	22 ct	21 ct	19 ct	18 ct	13 ct

Source: Interviews of pharmacists in the 8 European countries – Celtipharm Analysis







Prices per unit very low in France (2/2)

Methodology: Survey of prices of products **in the same format and same dosage** in retail pharmacies in each country, compared per dosage unit

Rennie Peppermint		+				# ##		
	14 ct	13 ct	11 ct	10 ct	9 ct	8 ct	7 ct	6 ct
Nurofen 200mg							+	
	21 ct	16 ct	17 ct	15 ct	13 ct	12 ct	11 ct	10ct
Maalox 200/400mg		+						
	23 ct	19 ct	17 ct	16 ct	15 ct	12 ct	9 ct	9 ct









Comparison of prices of self-medication products: Italy and France

	Distribution channel	Average price of a self- medication product (€)		Rate of change in average prices of self-medication
		2012	2013	products between 2012 and 2013
	Supermarket	5.80	5.93	2.2%
	Pharmacy*	7.40	7.60	2.7%
	Pharmacy	4.51	4.57	1.3%

The analysis of average prices for self-medication products shows that **prices in French** pharmacies are below those practised in Italy and, in particular, by supermarkets.







DEVELOPMENT OF SELF-MEDICATION MARKETS IN 2013: KEY CONCLUSIONS

- Low prices in France for self-medication products ...
- ... And lower than those practised in the other European countries (regardless of the distribution channel)

Conditions are favourable to the development of self-medication in France













Conclusion











Ensuring the necessary conditions for the development of self-medication in France

- In 2013, in contrast to other European countries, the market for responsible self-medication in France suffered a recession.

 Growth in self-medication in France remained lower than the European average.
- Nevertheless, the potential for the development of self-medication remains significant in France, especially given the favourable underlying conditions:
 - o For example, the level of prices in France is lower than the European average

Self-medication will not develop in France unless there is a real political impetus and a genuine desire by the public authorities.





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