



Vision and practice of self-care for community pharmacy in Switzerland

Noelia Amador-Fernández^{a,b,c,d,*}, Stephen P. Jenkinson^e, Jérôme Berger^{a,b,c,d}

^a Centre for Primary Care and Public Health (Unisanté), University of Lausanne, Lausanne, Switzerland

^b Centre for Research and Innovation in Clinical Pharmaceutical Sciences, Lausanne University Hospital and University of Lausanne, Switzerland

^c Institute of Pharmaceutical Sciences of Western Switzerland, University of Geneva, University of Lausanne, Geneva, Switzerland

^d School of Pharmaceutical Sciences, University of Geneva, Switzerland

^e Institute of Primary Health Care (BIHAM), University of Bern, Bern, Switzerland



ARTICLE INFO

Keywords:

Selfcare
Community pharmacy services
Health policy
Primary health care
Health services
Pharmacists

ABSTRACT

Switzerland is a federal country with a liberal health system built on private mandatory health insurance where the government has three different roles (health protector, guarantor of the offered care and regulator). Health is mostly considered as a responsibility that lies with the individual person. Swiss health policies do not include the term “self-care”, although, the federal policy strategy established for this decade (Health2030) includes objectives and lines of action, some of which could be classified as self-care.

Swiss policies do not specify the role of health professionals; therefore, it is up to each canton (the terminology used to describe a state of the Swiss Confederation), organization or enterprise to stipulate it. Regarding pharmacists, 1844 community pharmacies (CPs) take care of nearly 260,000 patients each day. The CPs play an important role in self-care that includes activities such as improving patients' health literacy, screening for different health problems, self-medication education or recommendation related to non-prescription medication. The government understands and emphasizes the importance of CPs' role in primary health care to overcome some of the health care system challenges, part of these actions related to self-care. However, there is scope for expansion regarding the role of the CPs in self-care. Nowadays the services and activities related are driven by health authorities (i.e., pharmacists' autonomous prescribing, vaccination, strategy for the prevention of non-communicable diseases or digitization of electronic patients' record), professional pharmacy associations (i.e., netCare® or screening tests), health foundations (i.e., prevention of addiction) and/or private stakeholders such as chain pharmacies (i.e., screening tests). The possibility of including some of these services related to self-care (even when no medication is supplied) as covered services for the mandatory health insurance is currently politically discussed. Long-term actions that also include remuneration, monitoring and quality assurance, or communication/information to public should be considered to support a broader implementation and the sustainability of CPs' services related to self-care.

1. Aims and frameworks

This paper presents the vision, objectives, activities and services developed in Switzerland in community pharmacies which under the auspices of the definition of self-care by the World Health Organization (WHO)¹ and the seven pillars of self-care, developed by the International Self-care Foundation.² These seven pillars are knowledge and health literacy, mental wellbeing, physical activity, healthy eating, risk avoidance, good hygiene and rational use of products and services.² Further, the relations to the model proposed for community pharmacy and self-care (detection and screening, minor ailments and chronic conditions) are observed.³

The Swiss government's health strategy and policy address factors that influence the determinants of health (Fig. 1). It is important to note that the Swiss government approaches for health policy and the specific strategies do not include the term “self-care”. Nevertheless, the terms “disease prevention”, “promotion of health”, “health literacy” or “addiction prevention” are used. Interestingly, knowledge of the term “self-care” by

regulators and policymakers is one of the fourteen indicators adopted by the Global Self-Care Federation to evaluate the self-care readiness index.⁴ This paper therefore focusses on activities that are part of the concept of self-care.²

2. Selfcare within the health system

The population of Switzerland reached 8.7 million in 2021,⁵ 19.9% being aged between 0 and 19 years old, 61.0% between 20 and 64 years and 19% 65 years or over. The population has grown from 6.8 million in 1990 and it is expected to continue growing to 10.4 million in 2050, when it is also expected that 25.6% of the population (2.7 million) will be 65 years or more.⁵ The majority of the population (7.4 million) lives in urban areas.⁵ It is the second country worldwide, after Japan, in terms of life expectancy (83.6 years old) and mortality rate (630/100000 inhabitants).⁶

<http://dx.doi.org/10.1016/j.rcsop.2023.100253>

Received 23 March 2023; Accepted 26 March 2023

2667-2766/© 2023 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).



Fig. 1. Health determinants as a basis for action (Federal Office of Public Health, 2019).⁵

Switzerland is a federal country with a liberal healthcare system built on private mandatory health insurance where the federal and cantonal governments have three different roles (health protector, guarantor of the care offer and regulator).⁷ In 2020, health expenditure was CHF 83 billion (USD 89 billion), which represented 11.8% of the gross domestic product (GDP) with a month capita of CHF 801 per person (USD 864).⁸ The hospital health care cost was 37.1% (CHF 30.9 billion or USD 33.5 billion), nursing and residential care facilities was 16.7% (CHF 14 billion or USD 15.1 billion) and primary care through medical practices and outpatient centers was 14.4% (CHF 12 billion or USD 13 billion),⁸ excluding medication (CHF 13 billion or USD 14 billion). In Switzerland, health is considered as a responsibility that lies with the individual person in the Federal Constitution.^{9,10} The amount contributed by out of pocket patients to health costs: people's contribution to health costs is similar (21.6%) to the government's contribution (21.8%) and, in addition, they contribute paying mandatory health insurance allowances, which represents 37.9% of the total health costs.¹¹

As a federal country Swiss health policies are established at federal and canton (the terminology used to describe a state of the Swiss Confederation) levels. There is also a federal law for the healthcare professions¹² that is complemented by the laws in each canton. A federal law on illness insurance¹³ establishes the concepts and rules for the mandatory insurance that covers illness treatment and does not cover for prevention or self-care (with the exception of some pediatric vaccines).¹⁴

Between 2010 and 2019, the expenditure on prevention and health promotion in Switzerland accounted for only 2.2–2.7% of all health care costs (without public campaigns), placing Switzerland in the lower half of OECD states.⁶ In 2019, CHF 1.8 billion (USD 1.94 billion) were expended for prevention and health promotion: over 15.0% of the total expenditure was used for organization and management, 10.5% to addiction and non-communicable disease prevention projects at cantonal and local levels, 9.7% for health care in schools, 8.6% for food security and 6.1% for the prevention of occupational accidents and diseases, as well as recreational accidents.¹⁵

The federal policy strategy established for this decade (Health2030) includes four challenges, eight objectives and sixteen lines of action (Fig. 2), some of which could be classified as self-care.¹⁶ These are: the promotion of health literacy by improving public information and the way information on health is handled; ensure healthy ageing by enhancing prevention of non-communicable diseases and promoting child and adolescent health; support health through a healthy environment by reducing environmental health risk and preserving and supporting nature and landscape quality;

and promote health at work by preventing negative health effects of new forms of employment and fostering healthy work environments.

Although the term “self-care” is not generally used in Swiss policies, as mentioned previously, there are indications that the term is gaining recognition. For example, one report of the FOPH released in 2022¹⁷ included for the first time the term “self-management” (“autogestion” in French) when dealing with addiction, non-communicable and mental diseases. The term refers to “what people with long-term diseases and their relatives undertake to regain balance in their lives with the disease and its daily challenges. Through their experiences, people with long-term diseases develop self-management skills. They strengthen their sense of self-efficacy, their ability to take action and to adopt health-promoting behaviors. They become actively involved in the health pathway, in partnership with health professionals and other actors in the promotion of self-management. Self-management thus contributes to the empowerment of the people concerned, their quality of life and the best possible health for them and their families”. The report included the skills required for self-management as part of the health skills which are the “ability, knowledge and motivation to find, understand and use health information that enables to make everyday decisions that have a positive impact on health”.¹⁷ It also mentions the advantages of promoting self-management and the three core dimensions for promotion, which are applicable to stakeholders (Fig. 3).

One of the government's strategies have resulted in the creation of the MonAM (Swiss Monitoring System of Addiction and Non-Communicable Diseases) which is a cooperation project between the FOPH and the Swiss Health Observatory (Obsan). This project has two federal strategies related to the prevention of non-communicable diseases and addiction.¹⁸ Its objectives are evaluated through 129 indicators such as years of life lost, work-related stress, physical activity, distribution of health literacy, fruit and vegetable consumption or quality of life (Table 1).¹⁸ All these indicators are in line with the seven pillars of self-care.²

3. Health care professionals

One of the six building blocks for the health system defined by the WHO is the health workforce.¹⁹ In Switzerland, policies and strategies include health professionals, however the role of each healthcare professional is not specified. For example, objective two of the strategy Health2030¹⁶ on health literacy contains a line of action for developing and coordinating measures to equip healthcare professionals to improve the way information on health and diseases is handled. Since it does not specify which health professionals should be involved, it will be up to each canton, organization or enterprise to specify the processes.

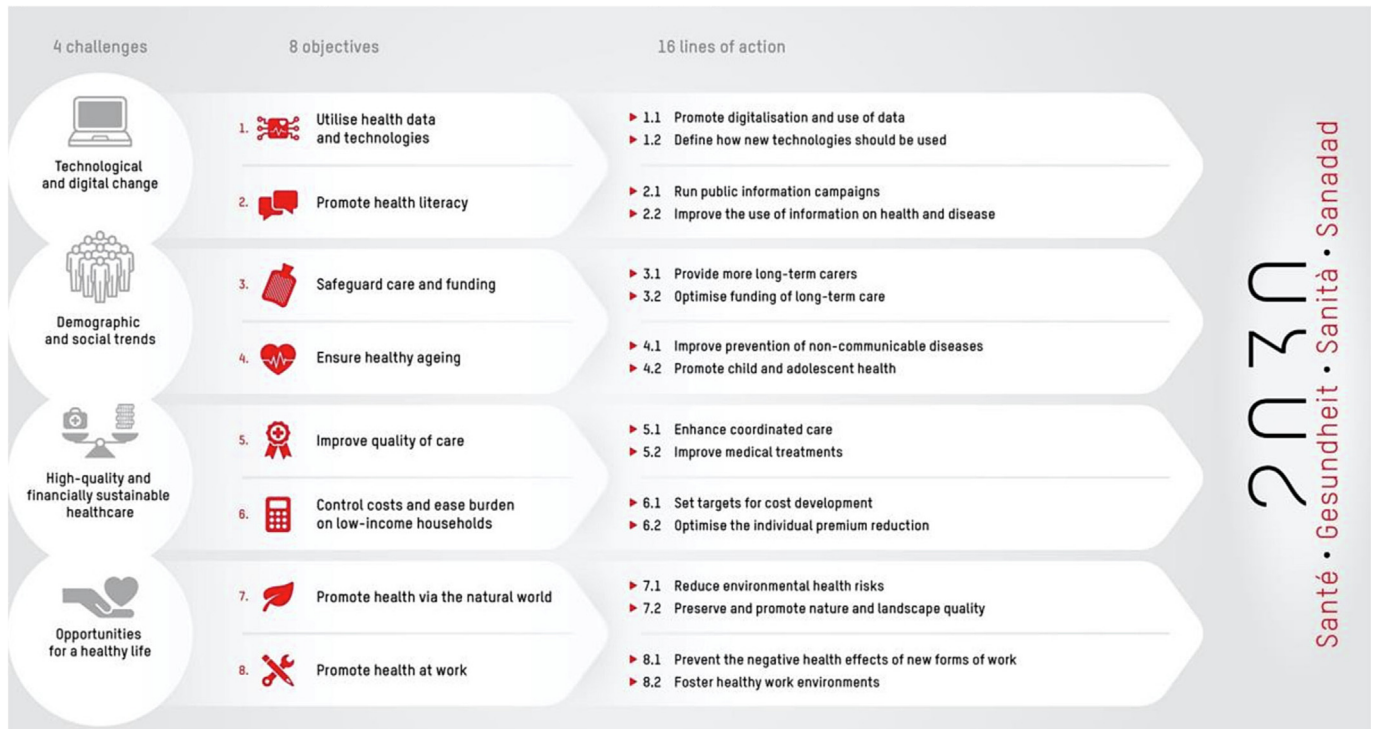


Fig. 2. Federal Council's health policy strategy 2020-2030: challenges, objectives and lines of action.⁵

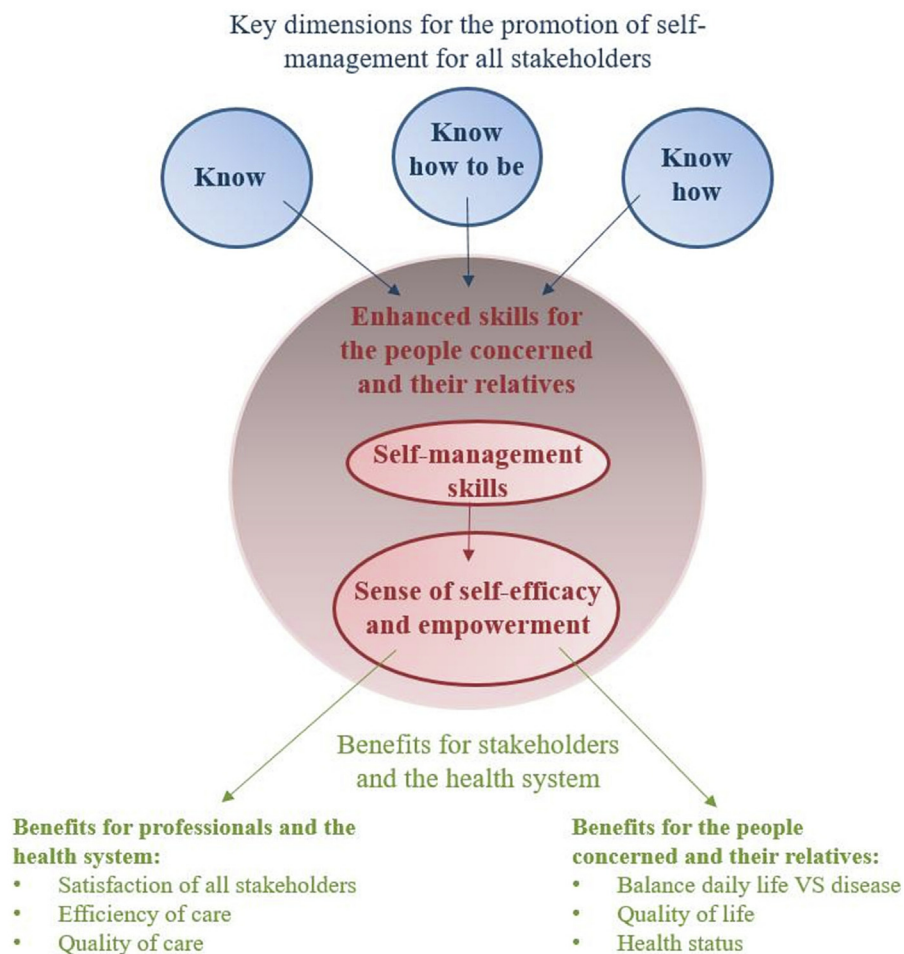


Fig. 3. Advantages and core dimensions of "self-management" promotion. Translated from the Federal Office of Public Health.¹⁷

Table 1
Strategies and indicators of the Swiss Monitoring System of Addiction and Non-Communicable Diseases (MonAM).¹⁸

Strategies	Specific objectives	Number of indicators	Examples of indicators
Prevention of non-communicable diseases	Risk factors	39	Fruit and vegetable consumption, overweight and obesity, sitting, work-related stress.
	Health literacy	7	Knowledge of health risks, knowledge of health benefits, mortality from physical inactivity.
	Health-promoting conditions	5	Population's opinion on structural measures (alcohol, active mobility, tobacco), alcohol and tobacco regulations in the cantons.
	Equal opportunities	3	State of health, unmet needs for necessary medical or dental services due to lack of financial resources.
	Vulnerable groups	15	Alcohol-attributable mortality, diabetes, high blood pressure, overweight and obesity, waist circumference, fruit and vegetable consumption.
Addiction	Quality of life and need for care	5	Physical independence, informal care, social support.
	Addiction	35	Alcohol or cannabis consumption, gambling problems, problematic buying behavior.
	Support and treatment	7	Opioid substitution, smoking cessation.
	Damage to health and social costs	7	Substance use and health status, alcohol-attributable mortality.
	Adverse impacts on society	8	Willingness to stop smoking, drug-related deaths, hospital admissions with main or secondary diagnosis of substance-related disorder or economic costs.

4. Community pharmacists

In Switzerland, 22,700 people work in 1844 community pharmacies dealing with nearly 260,000 patients each day.¹¹ Community pharmacies may be owned by non-pharmacists, but they must have a responsible pharmacist in charge. 38.0% (*n* = 700) are chain pharmacies, 32.0% (*n* = 591) are pharmacies included in purchasing communities, 25.7% (*n* = 474) are grouped pharmacies with a common market positioning and the remaining 4.3% (*n* = 79) are independent pharmacies.¹¹ The density of pharmacies differs by canton, i.e., in the canton of Ticino there were 59 community pharmacies per 100,000 habitants in 2021 compared to 8 pharmacies in Lucerne.²⁰ Not surprisingly the population density of pharmacies is lower in German speaking cantons where medical practitioners are allowed to deliver medications.¹¹

Each community pharmacy employs a mean of 12.3 people of which 3.1 are pharmacists (*n* = 5753) with many working part time.¹¹ Responsible pharmacists are not necessarily the owners of the pharmacy (37.5%).

In accordance with law for health professions,¹² the pharmacist must, among others, “contribute to the promotion and maintenance of health and disease prevention, and to acquire the corresponding skills, particularly in the field of vaccinations”. PharmaSuisse, the professional body for pharmacists, has established the roles of community pharmacists (financed by the health system) to provide care to the population including self-care activities such as improving patients' health literacy, screening for different health problems, self-medication education or recommendation related to non-prescription medication (i.e., over-the-counter (OTC) or non-prescription products or medication prescribed by pharmacists) (Fig. 4).²¹

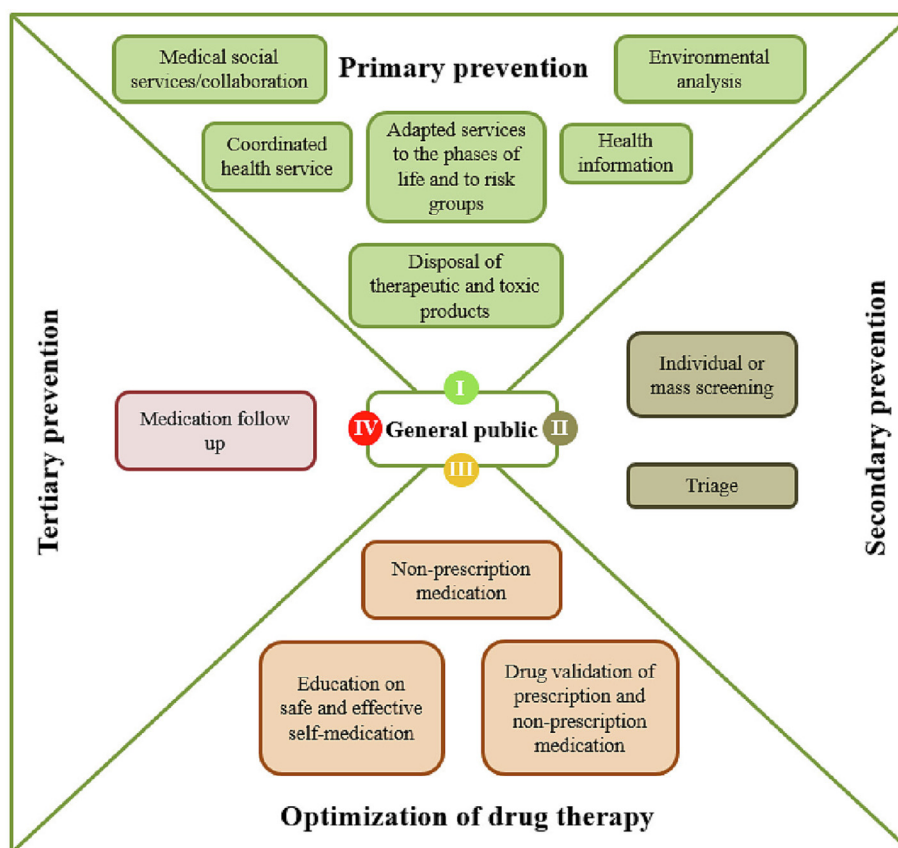


Fig. 4. Community pharmacists' roles depending on level of patient care. Translated from Bugnon et al.²¹

To practice as a community pharmacist, five years of University are required which include a Bachelor's degree (3 years), a Master's degree (2 years including 20 to 25-week training in community pharmacy²²) and completing successfully the federal pharmacy exam. The curriculum covers health promotion and triage. The federal objectives for the training in pharmacy include the knowledge of non-pharmacological treatments and the skills for the contribution to health promotion and disease prevention.²³

In addition to the mandatory studies, since 2018, a postgraduate education program (the federal specialized postgraduate diploma, FSPD) in community pharmacy is compulsory to practice independently as the responsible pharmacist, for those pharmacists who did not have the authorization at that time. Since 2013, 1235 pharmacists have acquired the FSPD,²⁴ 93.4% of them were obtained since 2018 when the law changed.²⁴ The program has been developed and includes seven roles and key competencies for the pharmacists: pharmaceutical expert, communicator, inter-professional partner, scientist and teacher, manager, professional role

model and health advisor.²³ The pharmacist must acquire the skills to be health coach to promote self-care and to explain and interpret health-related information: the training for this role represents 12 days of the total program (100 days). A core competency includes complementary and herbal medicine, a core competence for pharmacists.²⁵ A FSPD in phytotherapy has also been developed, although, only seven FSPD in phytotherapy have been issued since 2010.¹¹

5. Community pharmacies' services and activities

A report from the Swiss federal government²⁶ indicated the importance of the inclusion of community pharmacies in primary health care. It highlighted the tasks pharmacies could perform in the field of public health and the changes needed in pre and post graduate education. The report recommendations and actions emphasized the important role of pharmacists in primary health care to overcome some of the health care system

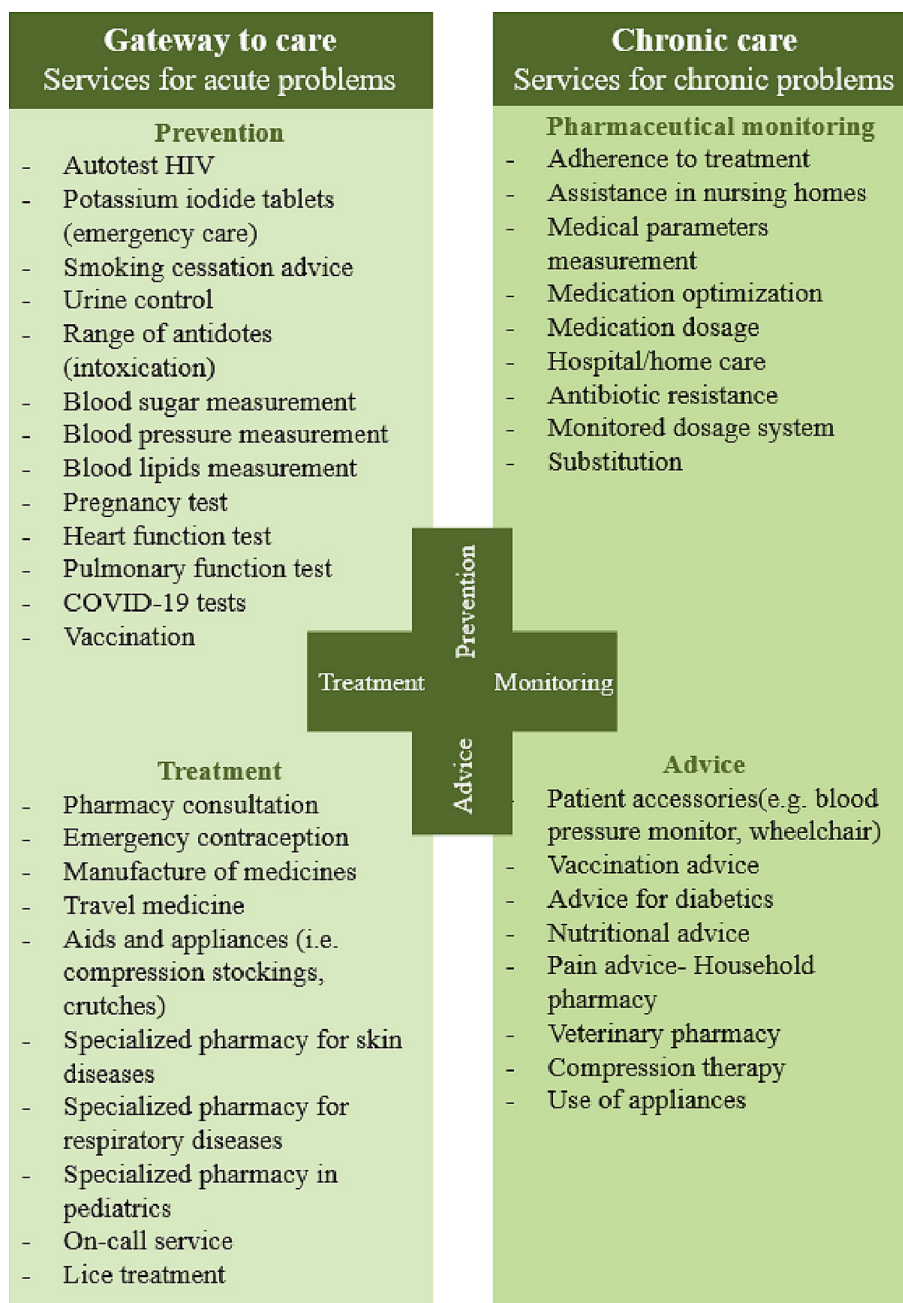


Fig. 5. Community pharmacies' activities and health care services. Translated from pharmaSuisse.¹¹

challenges (i.e., hospital emergencies too often consulted for minor ailments or shortage of general practitioners). Some of those recommendations include actions related to self-care. To achieve such a role in primary health care, various activities and health services are now delivered by community pharmacies and pharmacists (Fig. 5).¹¹

These services and activities can be seen to be related to self-care as envisaged in the seven pillars of self-care² and the 14 indicators adopted by the Global Self-Care Federation to evaluate the development levels of self-care for global health systems and markets.⁴ These services and activities can be driven by health authorities (i.e., pharmacists' autonomous prescribing, vaccination, strategy for the prevention of non-communicable diseases or digitization of electronic patients' record), pharmacy associations (i.e., netCare® or screening tests), health foundations (i.e., prevention of addiction) and/or private stakeholders such as chain pharmacies (i.e., screening tests). In addition, they can be developed at a federal or cantonal level. For this paper, only services carried out at a federal level are presented as examples.

Common or minor ailments are one of the areas included in the model proposed for community pharmacy and self-care.³ Health regulations allow pharmacists autonomous prescribing of "listed medications".²⁷ In 2019, in the context of the revised Therapeutic Products Act, the government decided to make better use of the pharmacists' skills for supplying medicinal products.²⁸ An updated medication classification was made in accordance with one of the self-care indicators "drug reclassification" (Table 2): firstly, medications previously only available in pharmacy were reclassified to be available in other shops to facilitate access. Secondly, a selection of around 100 medications have been switched from medical prescription to autonomous prescription by a pharmacist to treat a list of common illnesses.²⁸ No additional accreditation for the pharmacist is needed to supply these treatments; therefore, any community pharmacy can supply them without a medical prescription. One of patients' preferences to treat some of the minor ailments included in the list is through self-care and/or self-medication.²⁹ Therefore, the new classification allows pharmacists to assist patients with their minor ailments who wish to self-medicate. Pharmacists may help patients choose the appropriate medication drug and/or evaluating the self-selected medication requested by patients. This reclassification strengthens self-medication through a broadened list of medication that can be dispensed without the presence of a pharmacist, i.e., outside community pharmacies such as druggists.

A pharmacy service was previously introduced by the national pharmacy association in 2012 to help community pharmacists triage patients. Decision trees for 27 different ailments are available to pharmacists through the netCare® website.³¹ These provide structured patient assessment. The outcomes of the consultation may be 1. guided self-medication, 2. self-care (advise about hygiene, diet, physical activity, etc.) and/or dispensing of a non-prescription medication, 3. Pharmacists' autonomous prescription, 4. management by the pharmacist with telemedicine support with a medical practitioner (i.e., supply of prescription medication) or 5. referral.³²

Vaccination is also considered self-care in this paper since it contributes to patients' prevention.³ All 26 cantons allow vaccination in community pharmacy without a medical prescription,¹¹ in accordance with the National vaccination strategy adopted at a federal level in 2017,³³ although different vaccinations are permitted depending on the canton (Table 3).³⁴ The strategy has been supported by the national pharmacy association with the accreditation of pharmacists to vaccinate through the development of a postgraduate certificate. In addition, different federal strategies have been put in place for the prevention of the flu (undertaken between 2015 and 2020 with the ultimate aim of increasing research in public health, protecting patients and promoting vaccination)³⁵ and the elimination of measles (undertaken between 2011 and 2015).³⁶

The "MNT Strategy"³⁷ for the prevention of non-communicable diseases to delay their onset or reduce their consequences is a program to last until 2024. It includes the prevention in primary care and focuses on the reduction of risk factors (tobacco, alcohol, etc.) and the increasing of protection factors (food and physical activity) while encouraging equality of opportunities through funding of projects that aim at self-management, education, etc. As it is a strategy piloted at a federal level, every community pharmacy can participate. However, no monitoring of such services in pharmacies is currently available in Switzerland.

Finally, a strategy carried out by health authorities for all community pharmacies to coordinate digitization around the electronic patient record and to disseminate the electronic patient record have been in place between 2018 and 2022.³⁸ The aims are not only to establish the electronic patient record but also to increase the competencies of patients and health care professionals for its utilization in a responsible manner. "Digital health tools and resources accessible to people" is one of the self-care indicators proposed by the Global Self-Care Federation.⁴

Table 2

Characteristics of medications included in the list of indications and medicinal products under medical prescription which may be directly supplied in pharmacies.^{28,30}

	Pharmacist prescribing list to be supplied by pharmacists	Pharmacist prescribing list to be supplied under the supervision of a pharmacist
Previous category (before 2019)	Under prescription medication.	Pharmacist-only medication.
Requirements related to their prescription	Name, surname, date of birth and sex of the patient. Designation of the point of delivery, date of delivery and visa of the person who prescribed the medical product (pharmacist). The delivery visa includes a personal interview with the pharmacist and validation of the delivery. The information that needs to be recorded is: - Indication and triage - Risk evaluation (contraindication, interaction, allergies) - Medication delivered and justification - Dosage and posology - Follow up consultation - Tests, clinical parameters (if available) - Patient's information	In most cases it is sufficient to record the indication, so that the decision process can be reconstructed. Example: irritative cough and preparations containing codeine. For substances presenting a risk of abuse, it is recommended to add a statement including that the history has largely excluded the likelihood of abuse. It is also recommended to include the absence of interactions with other patient's medication.
Expert group for determining the list	Federal Office of Public Health (FOPH).	Swissmedic.
Expansion	Periodically. Responsible for determination: under what circumstances, for what indication, and under what restrictions, a pharmacist can dispense medications without a prescription.	Finished. Exception of medical companies proposing a switch of a medication.
Indications	Seasonal allergic rhinitis and rhinoconjunctivitis, acute diseases of the respiratory system, diseases of the digestive tract, eye diseases, dermatitis, urogenital tract diseases, acute pain, migraine, vitamin and mineral deficiencies, caries prophylaxis, difficulty falling asleep, smoking cessation.	Vitamin and mineral deficiencies, difficulty falling asleep, low blood pressure, travel sickness and dizziness, emergency contraception, emergency treatment of opioid overdose.

Table 3
Vaccinations in community pharmacy depending on cantons (February 2023).³⁴

Canton	Flu	Tick-borne meningoencephalitis	Hepatitis A	Hepatitis B	Hepatitis AB	Measles Mumps rubella	Diphtheria Tetanus Pertussis	Human papillomavirus	Meningococcus	Pneumococcus	Herpes zoster	Varicella	Covid-19
Argovia	Yes	Yes	No	No	No	No	Yes + Polio	No	No	No	No	No	Yes
Appenzell Inner-Rhodes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	Yes
Appenzell Outer-Rhodes	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes
Bern	Yes	Yes	Yes*	Yes*	Yes*	No	No	No	No	No	No	No	Yes
Basel-Country	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basel-City	Yes	Yes	Yes	Yes	Yes	Yes	Yes + Polio	Yes	Yes	Yes	Yes	Yes	Yes
Friburg	Yes	Yes	No	No	No	Yes	Yes + Polio	No	No	No	No	No	Yes
Geneva	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	Yes**
Glarus	Yes	Yes	Yes*	Yes*	Yes*	Yes*	No	No	No	No	No	No	Yes
Grisons	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes
Jura	Yes	Yes	Yes*	Yes*	Yes*	No	No	No	No	No	No	No	Yes
Lucerne	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes
Neuchâtel	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	Yes
Nidwald	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes
Obwald	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
St. Gall	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	Yes
Schaffhouse	Yes	Yes	Yes*	Yes*	Yes*	No	No	No	No	No	No	No	Yes
Soleure	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Schwyz	Yes	Yes	Yes*	Yes*	Yes*	No	No	No	No	No	No	No	Yes
Thurgovia	Yes	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes
Ticino	Yes!	No	No	No	No	No	No	No	No	No	No	No	Yes
Uri	Yes	Yes	Yes*	Yes*	Yes*	No	No	No	No	No	No	No	Yes
Vaud	Yes	Yes	Yes*	Yes*	Yes*	No	No	No	No	No	No	No	Yes
Valais	Yes	Yes	Yes*	Yes*	Yes*	No	No	No	No	No	No	No	Yes
Zoug	Yes	Yes	No	No	No	No	No	No	No	No	No	No	Yes
Zurich	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	Yes

All vaccinations can be delivered in community pharmacy with a medical prescription.

All vaccinations included in the table can be delivered in community pharmacy to people who are over 16 years old.

* Only follow-up vaccines are approved.

** Only for booster vaccination with Moderna®.

! Vaccination only allowed up to 65 years old.

“Promotion Santé Suisse” or “*Swiss Health Promotion*” is a private foundation engage in health promotion and disease prevention. Their objectives are the promotion of mental health, healthy eating and physical activity at a cantonal level, the promotion of mental health at work and the prevention of non-communicable diseases or addiction.³⁹ For example, one of the projects being carried out aims to prevent the addiction to opioid analgesics and gabapentinoids.⁴⁰

There have been screening activities and services for the prevention of chronic health problems promoted by professional associations and by private stakeholders (such as chain pharmacies). For example, the CardioTest®/Herz-Check® for the measurement of cholesterol, glycaemia and blood pressure,⁴¹ specific tests for the detection of allergies⁴² and the Asthma-Check® for asthma control and treatment adjustment.⁴³ There is a national strategy for colorectal cancer screening undertaken between 2014 and 2020⁴⁴ that permitted patients to obtain an immunological test for blood in stool in community pharmacies, general medical practitioners or gastroenterologists for a screening, the cost covered by the mandatory health insurance. The program is ongoing in some cantons. Pharmacists must undertake training and pharmacies must have the tools to deliver those services, therefore, not every pharmacy provides them to patients.

Several strategies and services related to patients' self-care have been considered and put in place in Switzerland. A study undertaken in 2022⁴⁵ to evaluate the implementation of drug reclassification and pharmacists autonomous prescribing identified some of the barriers and facilitators for the implementation of such services. One of the main limitations for the implementation of services is often the remuneration, fear of a negative perception by general medical practitioners or lack of resources to provide the service. The Swiss payment scheme for pharmacist's services - known as RBP for the French acronym of “*Rémunération Basée sur les Prestations*” - remunerates pharmacists for some clinical activities on a fee-for-service basis.⁴⁶ Such activities are only related to drug supply following a medical prescription (i.e., management of drug-drug interactions or patient's advice related to the proper use of the treatment). No payment is dedicated to other activities that are not strictly linked to drug supply, such as advisory activities related to self-care (i.e., transmission of information on physical activity, healthy eating or risk avoidance). The possibility of including some of the services related to self-care such as prevention, even when no medication is supplied, as covered services for the mandatory health insurance is currently politically discussed in Switzerland.⁴⁷

6. Conclusion

Many services and activities related to self-care are facilitated in Swiss community pharmacies, however, they are not officially labelled as “self-care” services. Authorities mostly set a national framework through legal requirement or health strategy and do not specify the group of health professionals that should be involved. Consequently, most actions and services related to self-care are driven by professional associations or private parties to contribute to public health while reinforcing the role of community pharmacy in primary health care. The importance of including the term “self-care” in policies and strategies lies on the acknowledgment of the activity for the further use of theories, evidence-based frameworks, remuneration schemes and educational programs. Therefore, it is important that federal and cantonal governments and organizations take the term into account in the future. In addition, many of these services and actions have been included as specific strategies, however, long-term actions that also include remuneration, monitoring and quality assurance, or communication/information to public should be considered to support a broader implementation and sustainability.

Funding statement

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of Competing Interest

None.

References

1. WHO. WHO guideline on self-care interventions for health and well-being, 2022 revision. W.H. Organization, Editor. Geneva: World Health Organization. 2022.
2. ISF. The seven pillars of self-care. 05.12.2022]; Available from: www.isfglobal.org 2022.
3. Benrimoj SI, Dineen-Griffin S, Garcia-Cardenas V. Self-care for health system sustainability: An international series on the role of community pharmacy. 28.02.2023]; Available from: www.sciencedirect.com/journal/exploratory-research-in-clinical-and-social-pharmacy/about/call-for-papers#self-care-for-health-system-sustainability-an-international-series-on-the-role-of-community-pharmacy 2023.
4. FGSC. *Self-care readiness index 2.0*. Nyon: Global Self-Care Federation. 2022.
5. FOS. Switzerland's population in 2021. 05.12.2022]; Available from: www.statistique.ch 2022.
6. OECD. *Health at a Glance 2019: OECD indicators*. Paris: Organisation for Economic Co-operation and Development. 2019.
7. Monod S, Grandchamp C. Système de santé suisse : aux origines de la machine [Swiss health care system: the origins of the machine]. *Rev Med Suisse* 2022;18:1617–1620.
8. FOS. Cost, financing: what's new? 05.12.2022]; Available from: www.bfs.admin.ch/bfs/en/home/statistics/health/costs-financing.html 2022.
9. Burgherr T. Renforcer la responsabilité individuelle dans le système de santé [Strengthening individual responsibility in the health system]. [cited 2022 15.12.2022]; Available from: www.parlament.ch/fr/ratsbetrieb/suche-curia-vista/geschaefte?AffairId=20170452.
10. CSS. Promouvoir la responsabilité individuelle [Promoting individual responsibility]. 15.12.2022]; Available from: www.css.ch/fr/a-propos-de-css/motivation/responsabilite/politique-sante/responsabilite-individuelle.html 2022.
11. pharmaSuisse. *Faits et chiffres: pharmacies suisses [Facts and figures: Swiss pharmacies]*. Bern: pharmaSuisse. 2022.
12. Fedlex. Loi fédérale sur les professions médicales universitaires (Loi sur les professions médicales, LPMéd) [Federal law on university medical professions (Law on medical professions)]. [cited 2022 05.12.2022]; Available from: www.fedlex.admin.ch/eli/cc/2015/833/fr 2015.
13. Fedlex. Loi fédérale sur l'assurance-maladie [Federal law on health insurance]. 05.12.2022]; Available from: www.fedlex.admin.ch/eli/cc/1995/1328_1328_1328/fr 1994.
14. FOPH. Plan de vaccination Suisse [Swiss vaccination plan]. [cited 2022 15.12.2022]; Available from: www.bag.admin.ch/bag/fr/home/gesund-leben/gesundheitsfoerderung-und-praevention/impfungen-prophylaxe/schweizerischer-impfplan.html 2022.
15. MonAM. Expenditure on prevention and health promotion by service. 05.12.2022]; Available from: <https://ind.obsan.admin.ch> 2022.
16. FOPH. The Federal Council's health policy strategy 2020–2030. [cited 2022 05.12.2022]; Available from: www.bag.admin.ch 2022.
17. FOPH. *Concept for the Promotion of Self-Management in Non-communicable, Mental and Addictive Diseases*. Bern: Federal Office of Public Health. 2022.
18. MonAM. Swiss Monitoring System of Addiction and Noncommunicable Diseases. 05.12.2022]; Available from: <https://ind.obsan.admin.ch/en/monam> 2022.
19. WHO. *Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies*. Geneva: World Health Organisation. 2010.
20. FOS. Effectif et densité des médecins, des cabinets dentaires et des pharmacies, par canton [Number and density of general medical practitioner, dental practices and pharmacies by canton]. 15.15.2022]; Available from: www.bfs.admin.ch/bfs/fr/home/statistiques/sante/systeme-sante/autres-prestataires.assetdetail.23546475.html 2022.
21. Bugnon O, Berger J. Introduction au conseil pharmaceutique [Introduction to pharmaceutical advice]. *pharManuel: Manuel pratique du pharmacien suisse [pharManual: Practical manual for Swiss pharmacists]*. Bern: pharmaSuisse; 2016.
22. Unige. Etudier en sciences pharmaceutiques 2022–2023 [Studying Pharmaceutical Sciences 2022–2023]. 15.12.2022]; Available from: https://ispsou.unige.ch/ispsou/docs/informations/Etudier_en_sciences_pharmaceutiques_22-23.pdf?v=4 2022.
23. pharmaSuisse. Société de discipline FPH Officine. Profil professionnel du pharmacien d'officine et mission de la formation postgrade en pharmacie d'officine [Disciplinary society FSPD community pharmacy. Professional profile of the community pharmacist and the mission of postgraduate training in retail pharmacy]. [cited 2022 05.12.2022]; Available from: www.fphch.org/documents/50227/142161/Berufsbild+des+Offizinapothekers+und+Leitbild+%C3%BCr+die+Weiterbildung+in+Offizinpharmazie_F.pdf/0abc6386-80bf-3bfa-ae07-d0f5b95cd657?t=1649231073093 2017.
24. FOPH. Pharmaciens 2021 [Pharmacists 2021]. [cited 2022 05.12.2022]; Available from: www.bag.admin.ch 2022.
25. pharmaSuisse. Société de discipline pharmaceutique pour la médecine complémentaire et phytothérapie [Pharmaceutical Society for Complementary Medicine and Herbal Medicine]. [cited 2022 05.12.2022]; Available from: www.fphch.org/fr/spmcphty 2022.
26. SwissFederalAssembly. Place des pharmacies dans les soins de base. Rapport du Conseil fédéral élaboré en réponse au postulat Humbel (12.3864) du 27 septembre 2012 [The place of pharmacies in primary care. Swiss Federal Assembly rapport in response to the Humbel rapport (12.3864) of 27th September 2012]. 05.12.2022]; Available from: www.bag.admin.ch 2016.
27. Ogundipe A, Sim TF, Emmerton L. Health information communication technology evaluation frameworks for pharmacist prescribing: a systematic scoping review. *Res Social Adm Pharm* 2023;19(2):218–234.
28. FOPH. Simplified supply of medicinal products subject to prescription. 05.12.2022]; Available from: www.bag.admin.ch/bag/en/home/medizin-und-forschung/heilmittel/abgabe-von-arzneimitteln.html 2019.

29. Noyce P. The landscape of self-care. *SelfCare* 2011;2(4):93–97.
30. pharmaSuisse. Tutoriels et liste de quiz B+ [Tutorials and quiz for the B+ list]. 19.01.2023; Available from: <https://www.pharmasuisse.org/de/1528/Wissensprodukt-e-Tutorials-und-Quiz-Liste-B.htm?ShopArticle=4462070> 2023.
31. Stämpfli D, et al. Assessment of minor health disorders with decision tree-based triage in community pharmacies. *Res Social Adm Pharm* 2022;18(5):2867–2873.
32. IfakData. netCare. [cited 2022 05.12.2022]; Available from: www.netcare.pharma-info.ch 2022.
33. FOPH. *National vaccination Strategy*. Bern: Federal Office of Public Health. 2017.
34. pharmaSuisse. Faites-vous vacciner en pharmacie [Vaccination in pharmacy]. [cited 2023 28.02.2023]; Available from: www.ihre-apotheke.ch/fr/2187/Vaccinations.htm 2023.
35. FOPH. Stratégie nationale de prévention de la grippe (GRIPS) [National strategy for the prevention of flu]. [cited 2022 05.12.2022]; Available from: <https://www.bag.admin.ch/bag/fr/home/strategie-und-politik/nationale-gesundheitsstrategien/nationale-strategie-der-saisonalen-grippe.html#:~:text=La%20strat%C3%A9gie%20nationale%20GRIPS%20a,risque%20se%20font%20insuffisamment%20vacciner> 2019.
36. FOPH. Stratégie nationale d'élimination de la rougeole. [cited 2022 05.12.2022]; Available from: www.bag.admin.ch/bag/fr/home/strategie-und-politik/nationale-gesundheitssstrategien/nationale-strategie-masernelimination.html 2018.
37. FOPH. Plan de mesures 2021–2024 de la Stratégie nationale Prévention des maladies non transmissibles (stratégie MNT) 2017–2024 [Action Plan 2021–2024 of the National Strategy for the Prevention of Noncommunicable Diseases (NCD Strategy) 2017–2024]. [cited 2022 15.12.2022]; Available from: www.bag.admin.ch 2020.
38. eHealthSuisse. *Stratégie Cybersanté Suisse 2.0. 2018–2022. Objectifs et mesures de la Confédération et des cantons pour diffuser le dossier électronique du patient et coordonner la numérisation autour du dossier électronique du patient. [Swiss eHealth Strategy 2.0. 2018–2022. Objectives and measures of the Confederation and cantons to disseminate the electronic patient record and to coordinate digitalisation around the electronic patient file]*. Bern: eHealth Suisse. 2018.
39. SHP. Foundation Promotion Santé Suisse: mandat, objectives et stratégie [Foundation Swiss Health Promotion: mandate, objectives and strategy]. 2022 15.12.2022; Available from: www.promotionsante.ch/fondation/mandat-objectifs-strategie.
40. SHP. Soutien de projets Prévention dans le domaine des soins (PDS): Projet «Prise en charge de patient.e.s sous antalgiques addictifs (DépendAntalgie)» [Support for Prevention in Primary Care projects: Project "Care of patients on addictive painkillers (DépendAntalgie)"]. [cited 2022 15.12.2022]; Available from: www.promotionsante.ch/prevention-dans-le-domaine-des-soins-pds/soutien-de-projets/projets-soutenus/projet-prise-en-charge 2022.
41. SwissHeart. CardioTest® en pharmacie [CardioTest® in community pharmacy]. [cited 2022 15.12.2022]; Available from: www.swissheart.ch/fr/comment-rester-en-bonne-sante/tests/cardiostest-en-pharmacie 2022.
42. PharmaciePlus. Testez vos allergies en pharmacie [Test your allergies in the pharmacy]. [cited 2022 15.12.2022]; Available from: www.pharmacieplus.ch/publications/articles/allergies-pharmacie/ 2022.
43. pharmaSuisse. Prestation «Asthma-Check» [Service «Asthma-Check»]. [cited 2022 15.12.2022]; Available from: www.pharmasuisse.org/fr/1960/Asthma-Check.htm 2022.
44. pharmaSuisse. Stratégie nationale contre le cancer [National strategy against cancer]. [cited 2022 05.12.2022]; Available from: www.snc-strategiecancer.ch/projet/depistag-e-du-colon/ 2020.
45. Matthey-de-l'Endroit J. L'implémentation de la liste B+ dans les pharmacies communautaires [The implementation of the B+ list in community pharmacies] Unisanté, Editor. 2022. Geneva.
46. pharmaSuisse. Convention tarifaire Rémunération Basée sur les Prestations (RBP) IV/1 [Tariff Agreement for the Performance-Based Remuneration IV/1]. [cited 2022 05.12.2022]; Available from: www.pharmasuisse.org/data/docs/fr/4711/Convention-tarifaire-RBP-IV-1.pdf?v=1.0 2016.
47. Ettlin E. Pharmaciens. Autoriser les prestations qui réduisent les coûts [Pharmacists. Allowing services to save costs]. [cited 2022 15.12.2022]; Available from: www.parlament.ch/fr/ratsbetrieb/suche-curia-vista/geschaefte?AffairId=20184079 2018.