Long-term care for older persons: sub-Saharan African realities

Isabella Aboderin, PhD

Outline

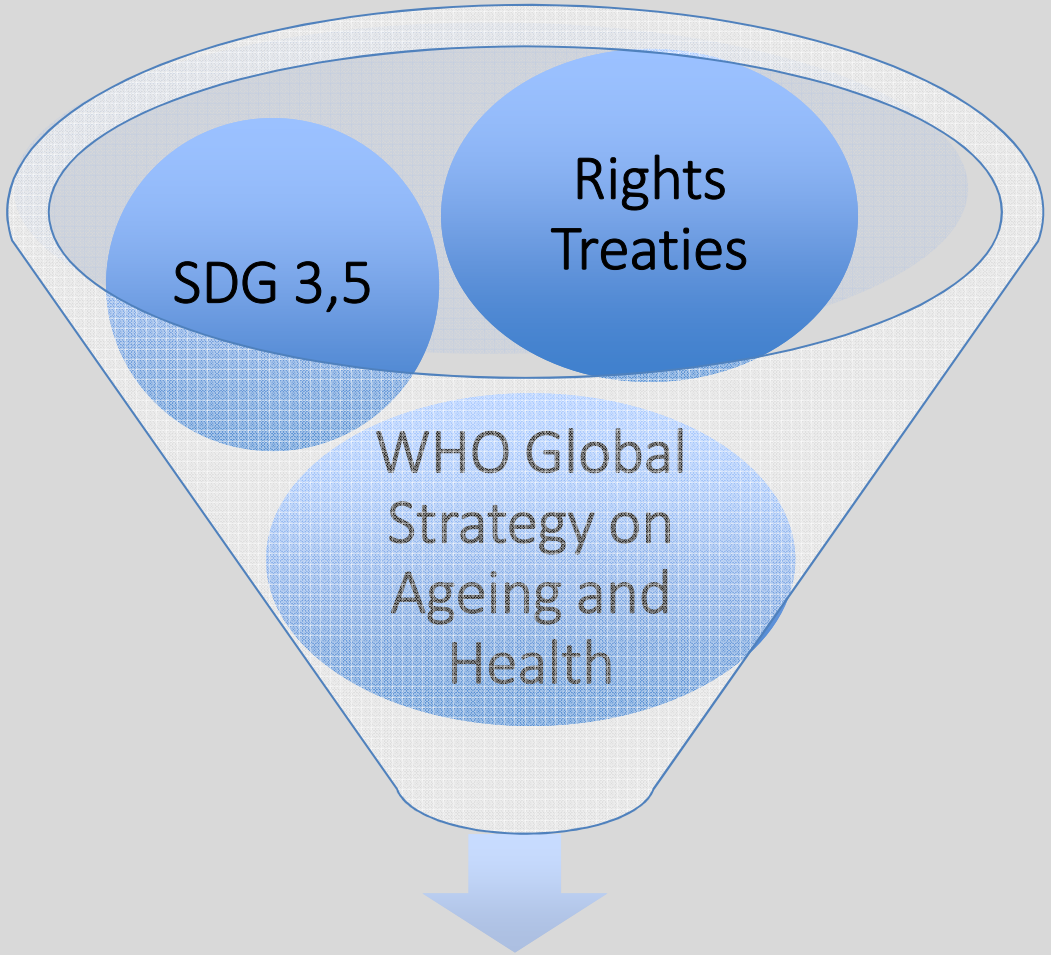
- Context: demographics and policy architecture
- 'Family' and organized care:
  - Landscape, access, quality, trends
- Promising care models?
- Quality regulation: gaps, barriers
- Ageism, rights-based approach: useful lenses, levers?

Demographics and policy architecture

- Already large, rapidly rising no. of older adults: 46 million today → 165 million in 2050

- Considerable, likely growing prevalence of functional impairment in older population

➔ Substantial, expanding need for LTC



Responsive regional / national policy architecture?

REGIONAL

Policy frames:

AU Policy Framework and Plan of Action on Ageing (2002)

Rights frames:

AU Protocol on the Rights of Older People (2016)

NATIONAL

Policy frames:

National policies on older persons/aging

Legislation:

-Constitutions

-Older persons bills

Family care:
configurations, access, quality – trends?

Configurations

- Mainstay of LTC provision
- Flexible format: who provides care, where varies
- Notable features:
  - Women dominate (wives, daughters (-in-law))
  - Non-trivial involvement of men
  - Role of older women, children, (migrant workers)

Access

- Non-negligible gaps:
  - Complete absence of family carer (e.g. ≈ 19% SW Nigeria (Gureje *et al.* 2006))
  - Temporary absence of family carer

Quality

- Complexity of definition
- Multiple dimensions – content, process, outcomes

  (person centred, maximising role and self care of older person, ensuring dignity, well-being, optimising intrinsic capacity, maintain functional ability)

- Ambiguities? (e.g. WHO frame ⇔ cultural scripts)
- Measurement?

Quality gaps:

- Qualitative studies:
  - inconsistent, poor timing of care
  - non-consideration of older persons' wishes
  - abuse (incl. witchcraft accusations)

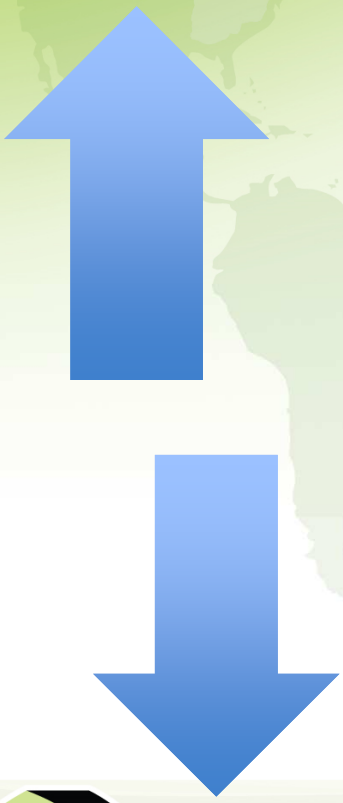
- Surveys:
  - Older adult eating alone
  - Lack of access to biomedical care
  - Level of hygiene ('neglect')

Impacts:

→ Depression, declining functional autonomy, death

→ experienced loss of dignity, autonomy

- Quality gaps pronounced in contexts of poverty
  → family carers' 'dilemma':



Neglect own economic activities, opportunities? obligation to offspring?

Neglect care, support to older kin?

Trends ?

- Common view:
  - Declining family care with social change
- Assumed drivers:
  - rural-urban migration
  - female labor force participation
  - HIV/AIDS
  - nuclearization, loosening of extended family norms
- Need for caution:
  - theory inspired conjecture: weak empirical basis

Organized care:
landscape, trends, access, quality

Landscape

- Largely undocumented for most of SSA
- Some indications:

- Mauritius, South Africa, Seychelles:
  – relatively well established, developed

- Other countries:
  – uncoordinated ‘organic’ expansion (real need / demand)

  –Two dominant service models:
    -charitable welfare care institutions
    -Private-for-profit services (institutions, HBC)

- Patchy provision thus far $\rightarrow$ wide access gaps

Access - gaps

- *Population groups served:*
  - – the poorest, destitute and the affluent
  - → Little / no access for broad majority
- *Geography*:
  - – services clustered in urban metropoles
  - → little access in small towns, rural areas
- *Type of need*
  - → Little/no access for dementia sufferers

Quality

- Gaps in:
  - Delivery of person-centred care
  - Opportunities for purposeful, culturally relevant activities
  - Maximisation of role, self care of older person
  - Promotion of intrinsic capacity
  - Access to requisite medical care
- Greater deficits among charitable, welfare services

Underlying operational gaps

- Reliance on lay, often volunteer, agency staff
- Lack of:
  - Qualified staff with geriatric care skills
  - Conducive conditions for staff
  - Standard quality assurance processes
  - Basic amenities, space, hygiene, financial resources
  - Integration with medical care provision

Promising models ?

- Emergence of novel community-, or home-based care models that retain central family involvement

- Examples: Ghana, Kenya, South Africa, Tanzania

Care quality regulation?

Policy architecture

- Virtual omission of *quality* of family, organized LTC (Focus on *who* ought to provide care)

- Partial exceptions: Mauritius, South Africa policies/bills

Government regulation:

- South Africa, Mauritius, Seychelles:
  - some public oversight, standards, monitoring
  - focus on organized care only
  - enforcement mechanisms less-well developed

- Other countries: no formal regulatory mechanisms

Debate ?

- Virtual absence of debate on quality of family, organized LTC

- Three key barriers

1. Cultural, political scripts:

- Family care, respect for elders part of Africa's identity:
  - Assumption of nothing 'amiss' with family LTC
  - Resistance to considering organized LTC provision

2. Lacking awareness

   – what are purpose, ultimate aims of LTC?

   – what does ‘quality’ LTC encompass?

   – what’s the evidence ?

3. Overriding youth-focused development (and economic growth) agenda (demographic dividend)

   – Issues of LTC viewed as marginal

‘Ageism’ and ‘rights-based approach’: useful lenses, levers?

- Ageism – driver of LTC quality gaps?

- Possibly limited relevance
  - Favoring of older people in other spheres (SP)
  - Interface with ‘generativity’:
    priority on young in context of resource constraints

- Rights-based approach – to enhance LTC quality?
- Necessary but not sufficient
- Additional need for:
  - Awareness raising
  - Pinpointing relevance to broader youth-focused development agenda (incl. intergenerational effects)

AFRICAN UNION

الاتحاد الأفريقي

UNION AFRICAINE

UNIÃO AFRICANA

Addis Ababa, ETHIOPIA P. O. Box 3243 Telephone: +251 11 551 7700 Fax: +251 115182072
Website: www.au.intwww.africa-youth.org

SECOND MEETING OF THE SPECIALISED TECHNICAL COMMITTEE ON SOCIAL DEVELOPMENT, LABOUR AND EMPLOYMENT (STC-SDLE-2)
ALGIERS, ALGERIA
24-28 APRIL 2017

Theme: "Investment in Employment and Social Security for Harnessing the Demographic Dividend"

COMMON AFRICAN POSITION ON LONG-TERM CARE SYSTEMS FOR AFRICA

WHO long-term care series

World Health Organization

Towards establishing sustainable and equitable long-term care systems for all

First report now available: Towards long-term care systems in sub-Saharan Africa

APHRC

A global center of excellence, consistently generating and delivering relevant scientific evidence for policy and action

Thank you