



Population Ageing in Sub-Saharan Africa and the implications for health systems

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Overview of presentation

- Demographic trends in Sub-Saharan Africa
- Health trends in ageing populations in Sub-Saharan Africa
- Health systems preparedness and implications for health systems
- Impact of COVID-19 on older people in SSA
- Priority actions for strengthening health services for older people



Demographic trends

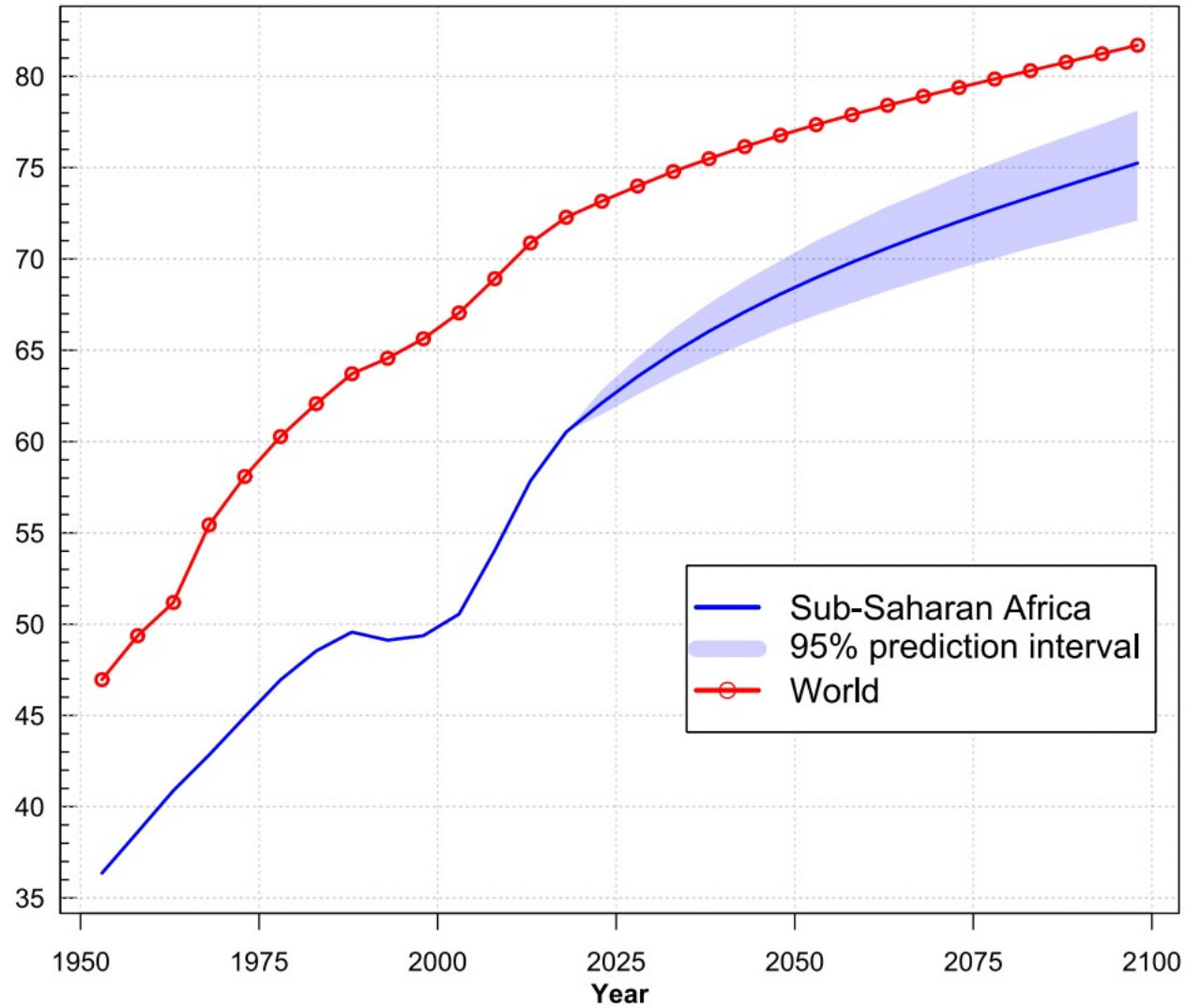


Region	SSA 2020	SSA 2050	Global 2020	Global 2050
Median Age*	18.7	23.9	30.9	36.2
% Population > 60	4.8%	7.4%	13.5%	21.4%
% Population > 70	1.7%	2.8%	5.9%	11.3%
Life expectancy birth	61	68	72	77
Life expectancy at 60	16.4	17.8	20.7	23
Old age dependency ratio	5.5	7.7	14.3	25.3

Population of 60+ is growing rapidly

- Population 60+ in SSA will triple from 52.1 million to 157.5 million by 2050
- While older people will only represent 8% of the population in 2050 the region (vs. 35% predicted in Europe), it will have the world's third-largest population of older people.
- Despite having populations of 4-5% older people, Nigeria, Ethiopia, DRC, Tanzania and Kenya have large absolute numbers of older people.
 - Nigeria has 9.3 million older people (25th in world and will be 16th by 2050 with over 25 million people)
- While proportion of older population is small relative to elsewhere, ageing is happening far more rapidly than happened in other regions – less time to prepare

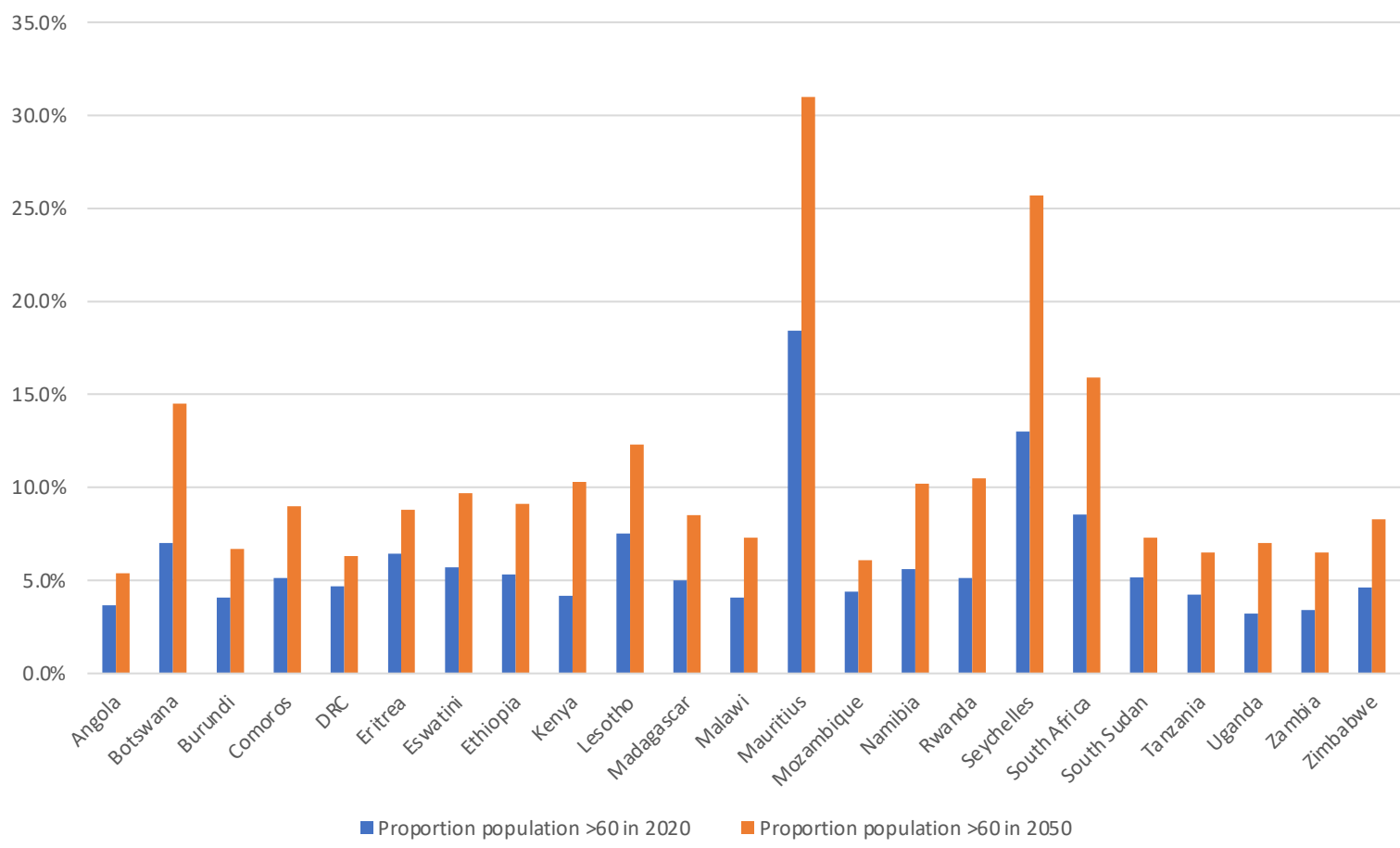
Life expectancy at birth (both sexes combined)



Source: UN Population Prospects, 2019



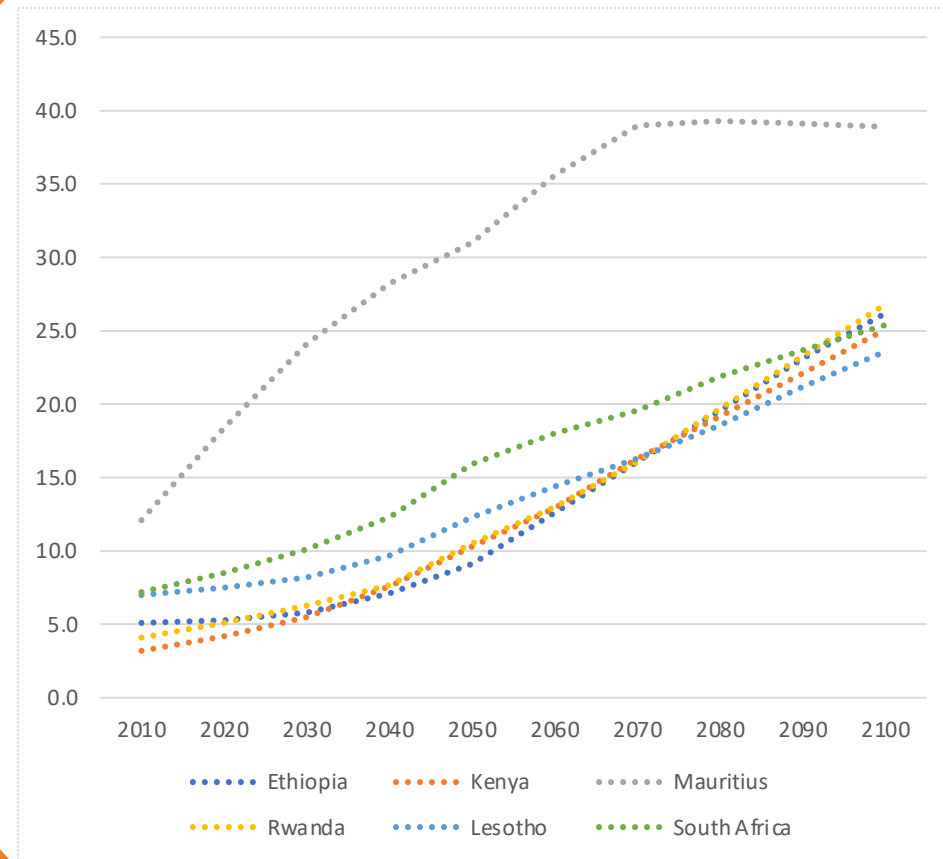
Proportion of population > 60 in ESAR

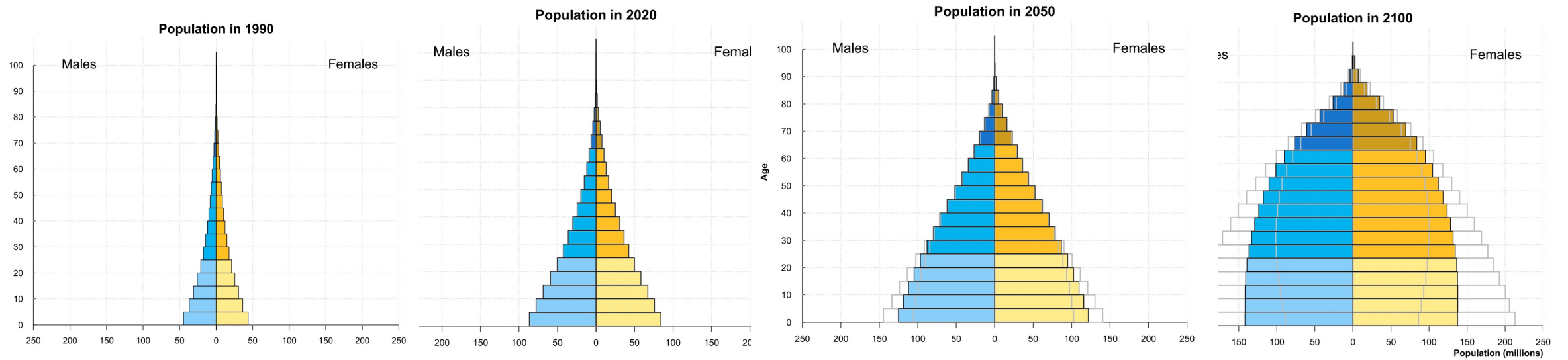


Source: UN Population Prospects, 2019



Ageing Trends over time in 6 countries (% pop >60)





Population Structure in SSA



Health trends in
ageing
populations in
SSA

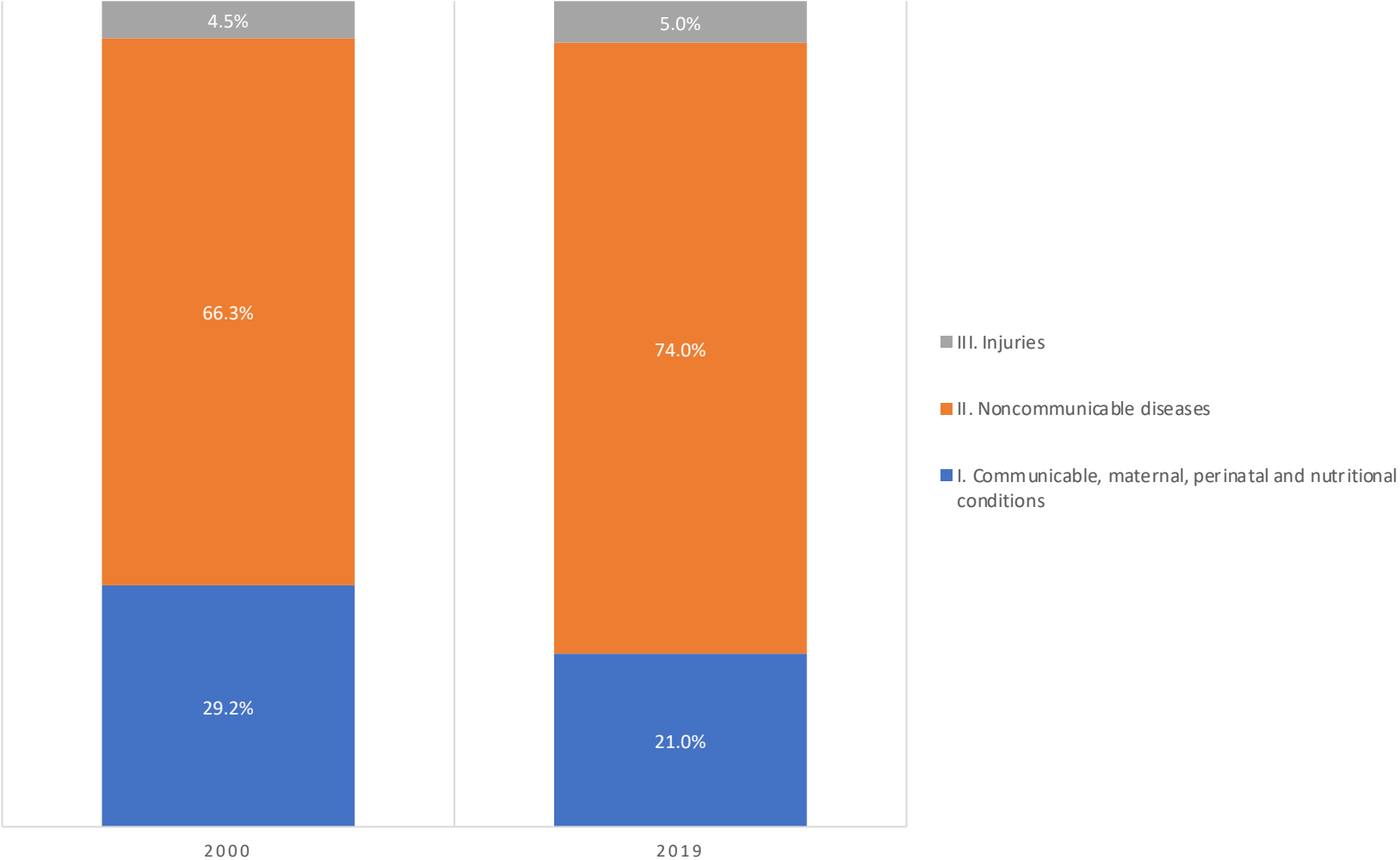
Healthy life expectancy

- Older people living longer, but not necessarily in better health or free of disability
- Significant variation in healthy life expectancy in region – Seychellois and Mauritian women have the longest HALE (66 years) and Basotho men have the shortest (42 years)
- Given that LE at 60 is 18.2 for women and 15.5 for men in the region, women will spend 4.5 years and men will spend 4 years of their life after 60 in ill-health (around 25% of their remaining years).
- Years spent with ill health and disability implications for health and LTC systems as population and proportion of older people grows
- Women tend to live longer than men but experience higher rates of ill health and disability in older age

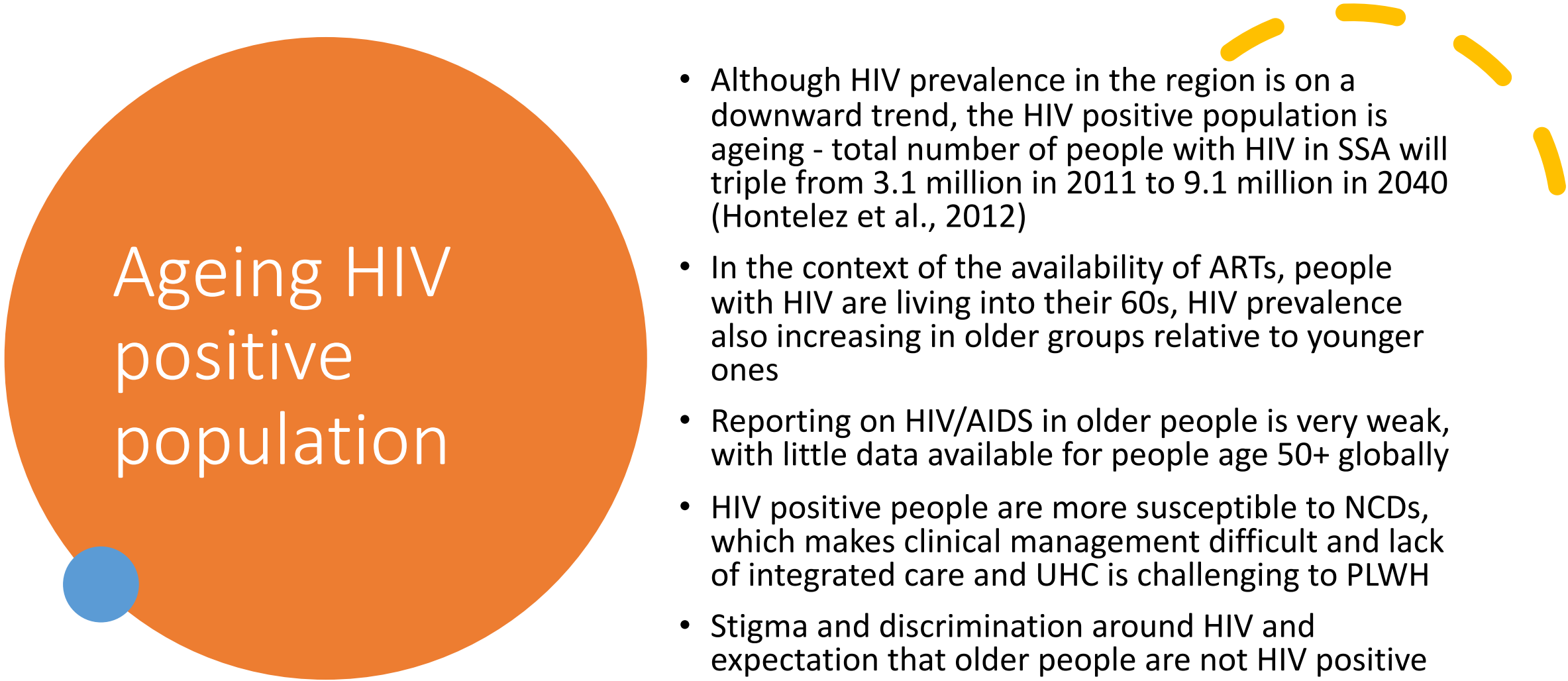
Healthy life expectancy at birth (2019)	SSA	Global	Healthy life expectancy at 60 (2019)	SSA	Global
Both	56	64	Both	13.3	15.8
Male	55	63	Male	12.6	14.8
Female	57	65	Female	13.9	16.6

Source, GHO, 2019

Disability Adjusted Life Years in SSA – growing burden of NCDs



- Older people comprise a significantly higher proportion of the disease burden in terms of DALYs
- NCDs have increased as a proportion of DALYs in this group over the past 20 years
- Older people more likely to have multiple conditions



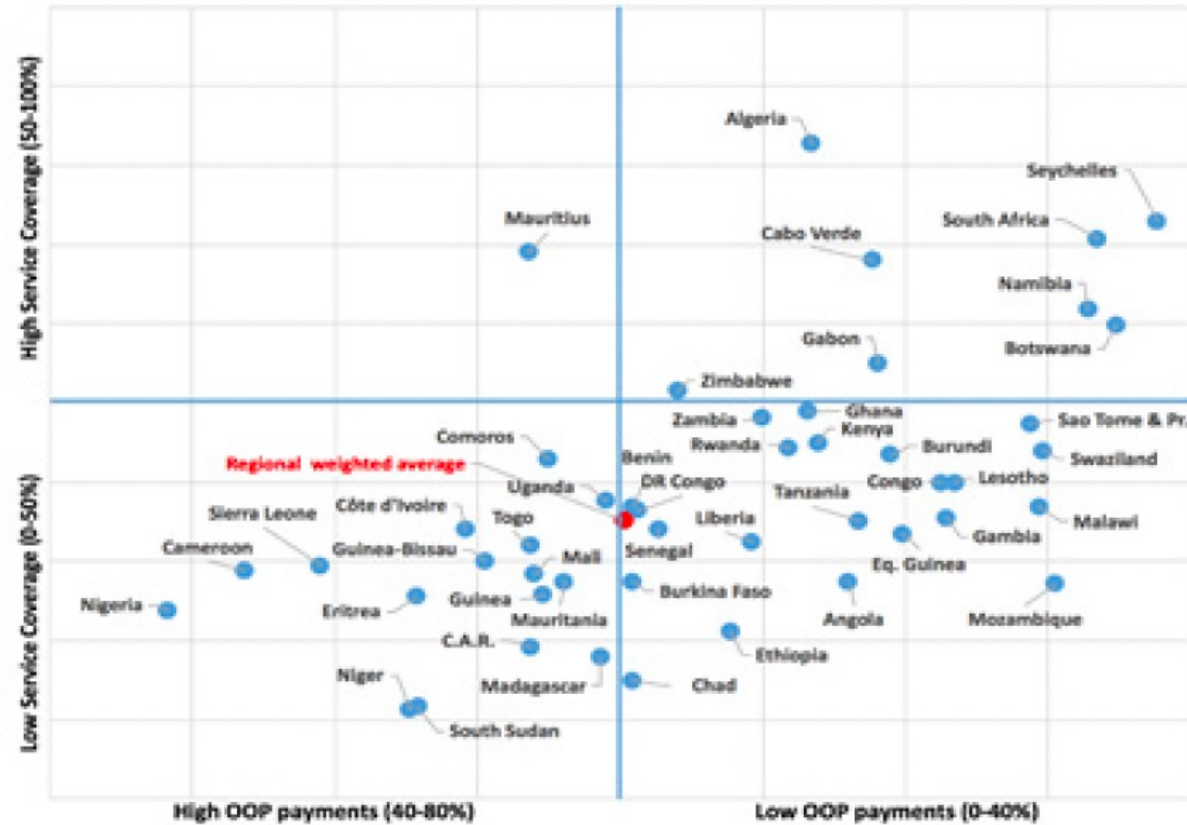
Ageing HIV positive population

- Although HIV prevalence in the region is on a downward trend, the HIV positive population is ageing - total number of people with HIV in SSA will triple from 3.1 million in 2011 to 9.1 million in 2040 (Hontelez et al., 2012)
- In the context of the availability of ARTs, people with HIV are living into their 60s, HIV prevalence also increasing in older groups relative to younger ones
- Reporting on HIV/AIDS in older people is very weak, with little data available for people age 50+ globally
- HIV positive people are more susceptible to NCDs, which makes clinical management difficult and lack of integrated care and UHC is challenging to PLWH
- Stigma and discrimination around HIV and expectation that older people are not HIV positive makes it difficult for older people to get the treatment they need

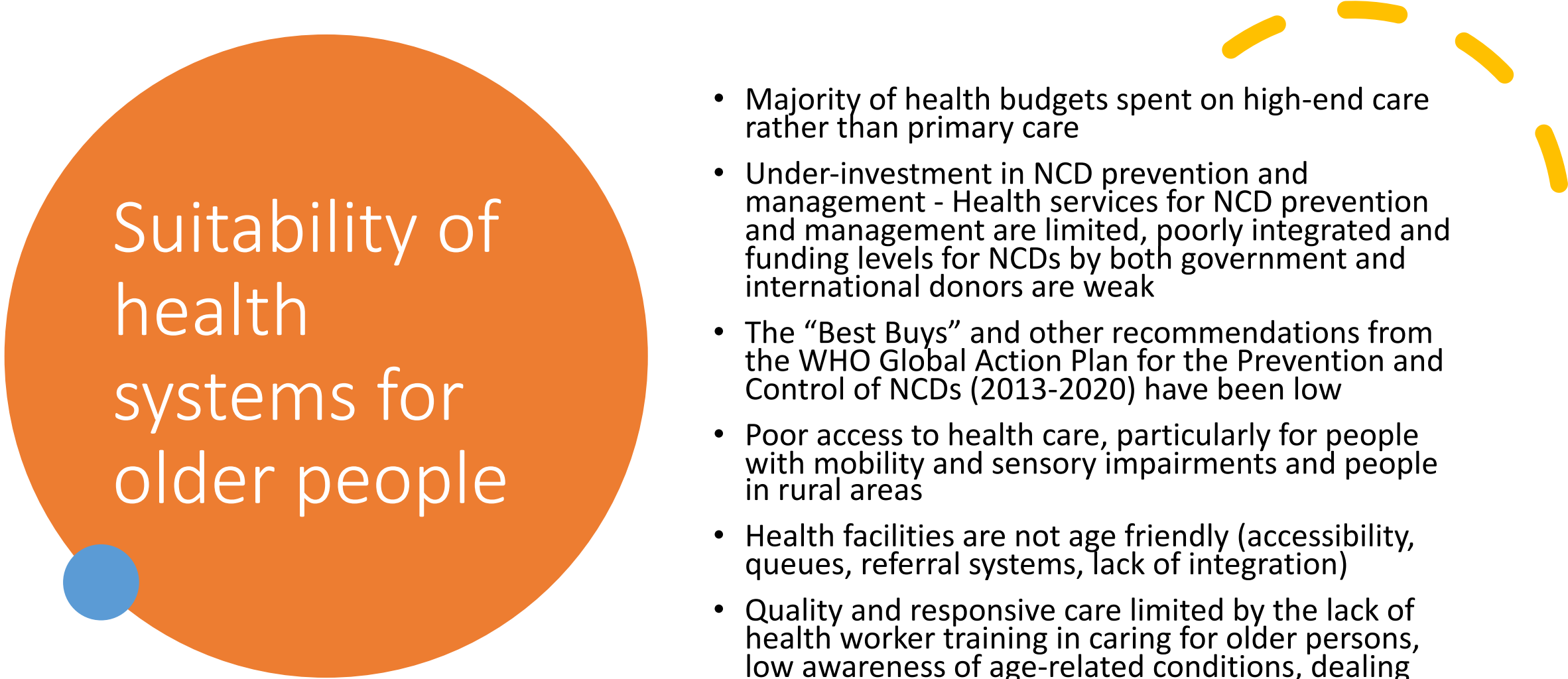


Health systems
preparedness and
implications

Access to Universal Healthcare



Mapping UHC Service Coverage and OOP Source: WHO, 2017

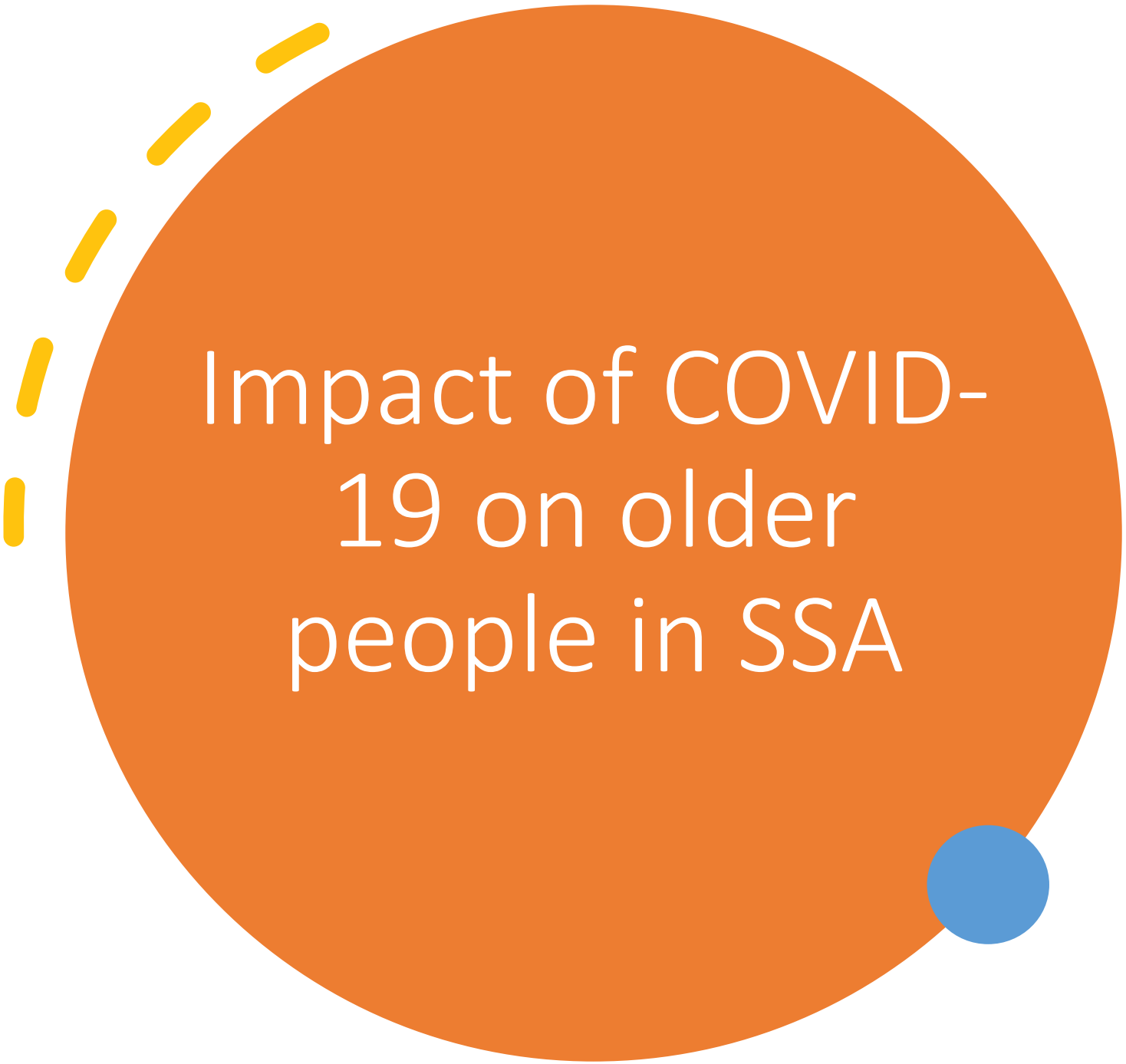


Suitability of health systems for older people

- Majority of health budgets spent on high-end care rather than primary care
- Under-investment in NCD prevention and management - Health services for NCD prevention and management are limited, poorly integrated and funding levels for NCDs by both government and international donors are weak
- The “Best Buys” and other recommendations from the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020) have been low
- Poor access to health care, particularly for people with mobility and sensory impairments and people in rural areas
- Health facilities are not age friendly (accessibility, queues, referral systems, lack of integration)
- Quality and responsive care limited by the lack of health worker training in caring for older persons, low awareness of age-related conditions, dealing with multi-morbidity and communicating effectively with older people

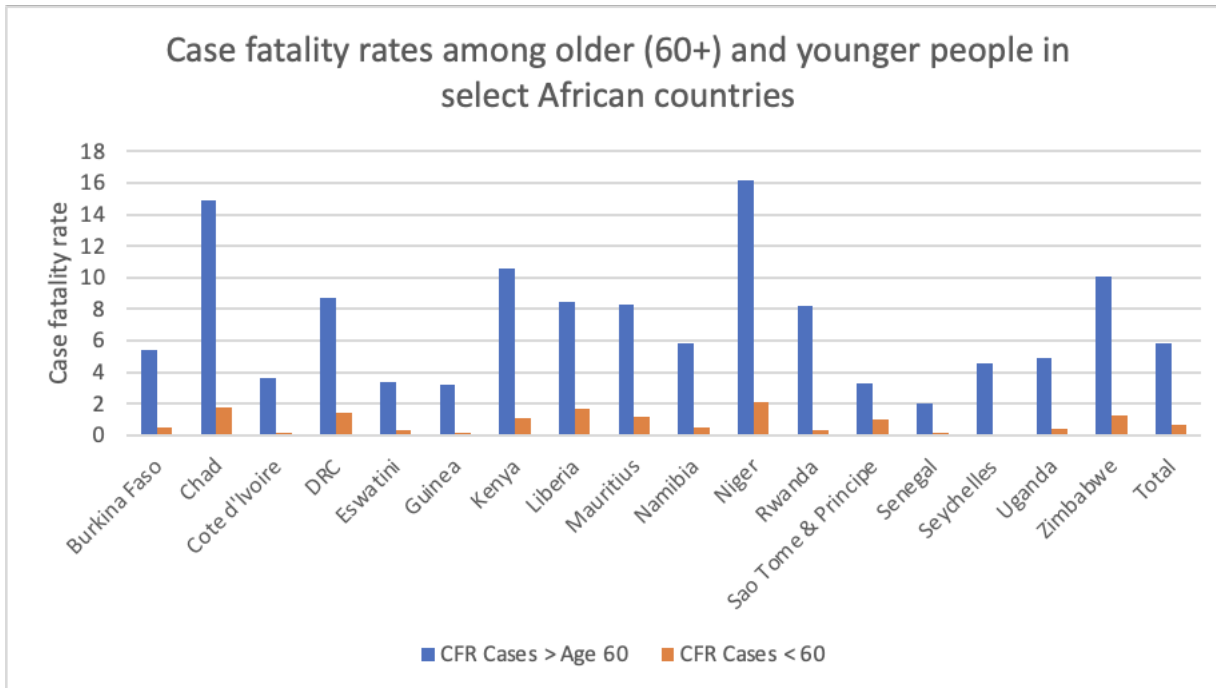
Lack of long-term care policies and structures

- Despite continued normative preference for familial care, and ideals around reciprocity of care between generations, there are significant limitations on care provision by family, especially in low-income contexts
- Limited provision of community-based or facility-based care and very little provision of services for dementia etc. and services that do exist are often poorly funded offering low-quality care
- HIV/AIDS pandemic and missing generation of family carers, migration, changing norms are posited as reasons for gaps in care provision to older people (although limited data)
- Caregiver burden has negative financial and psychological implications for caregivers, and impacts educational participation and outcomes when children are caregivers
- Caregiver stress, financial difficulties and challenging living arrangements make poor quality care and the neglect and abuse of older people more likely
- Impasse regarding policy development and programming in the area and need for contextually and culturally appropriate services as populations age



Impact of COVID-
19 on older
people in SSA

Impact on older people's health and well-being



- Available data indicates that COVID-19 case fatality and excess mortality among older people over the pandemic period is significantly higher than among the younger population on the continent
- Given low testing rates and poor-quality data, the impact on older people may have been underestimated in many countries (excess mortality in SA excess deaths x3 official figure - $\frac{3}{4}$ of which is among 60+)
- Health systems in most countries were poorly prepared - lack of critical care resources has impacted older people more likely to require care - in-hospital mortality within 30 days of admission was 48.2% vs. 31.5% globally, partly due to lack of critical care resources (Biccard et al., 2021)
- Poor NCD management made older people more vulnerable

Health Service	Round 1 (May - July 2020) % services disrupted	Round 2 (Jan-March 2021) % services disrupted
NCD services (overall)	-	43%
Cancer diagnosis and treatment	48%	46%
Diabetes management	58%	54%
Hypertension management	64%	59%
PHC routine scheduled visits	No disaggregated data for African region available	53%
PHC prescription renewals for chronic medications	No disaggregated data for African region available	47%
Long-term care services	No disaggregated data for African region available	35%
Palliative care services	No disaggregated data for African region available	39%
Rehabilitation services	No disaggregated data for African region available	50%
Services for older adults with mental health conditions, disabilities or dementia	68%	46%
Suspension or limited provision of mobile clinics (policy)	70%	43%
Suspension or limited provision of community-based care (policy)	45%	39%

Source: WHO Global Dashboard: Tracking continuity of essential health services during the COVID-19 pandemic (August 2020 and March 2021)

Impact on older people's health and well-being (2)

- Widespread health service interruptions and older persons' fear of infection in health facilities have implications for management of chronic conditions
- COVID-19 highlighted need for early planning and communication for alternative management of co-morbidities in older persons in any future pandemic
- Physical distancing requirements and lockdown of LTC facilities had negative impact on mental health and wellbeing of older people



Socio-economic impacts

- Older people are vulnerable to poverty and informal labour market participation is high among people due to weak social and contributory pension coverage in most of the region (27% of population above retirement age).
- Older people were unable to earn an income due to lockdown and physical distancing requirements - increased poverty and food insecurity among those without access to social protection and increasing dependence.
- Older people who received pensions were less impacted by the economic fallout of COVID-19
- Countries with existing social protection systems were better equipped to respond to older people - those without systems (and databases of older people) struggled to reach older people with cash transfers, food parcels etc.



Socio-economic impacts (2)

- Economic impact of COVID-19 resulting in disinvestment in older persons' care has had big impact on long-term care and older persons' organisations
- Lower levels of education and competence with digital technology leaves older people behind in terms of access to information about COVID-19 and related services limits access to services and social activities that went 'online', increasing isolation
- Societal ageism and abuse of older people has increased in the region and perceptions of older people as vulnerable and dependent have been reinforced by the pandemic

COVID-19 response and older people - strengths

Vaccination of older people in African region as of 31 May 2021

- Significant response by governments to mitigate spread and impact of COVID-19 in region, which benefits older people as a vulnerable group
- Vaccination efforts have lagged behind other regions, but older people are listed as first or second priority and present a fairly high proportion of people vaccinated in most countries where data is available
- Vulnerability of older people and people with NCDs highlighted in risk-communication campaigns
- Countries with existing networks of older persons' organisations or community-based networks were better able to reach older people in terms of targeted and appropriate messaging, provision of socio-economic support and vaccine rollout.
- Government and civil society in countries with formal long-term care systems (Mauritius, Seychelles, South Africa) worked to support older people in long-term care (although not without limitations)
- Countries with experience of Ebola or had prepared for Ebola were better prepared (Senegal) – shows value of planning for emergencies

Country	Older people as % of total number vaccinated ¹
Central African Republic	86.82
Cabo Verde	65.12
Angola	62.82
Togo	62.21
Eswatini	49.20
Botswana	46.00
Ethiopia	44.16
Senegal	41.88
Mali	41.68
Madagascar	40.37
Cote d'Ivoire	33.39
Kenya	30.25
Nigeria	28.72
Cameroon	27.11
Niger	24.80
Zambia	19.85
Ghana	19.14
Gambia	16.15
Uganda	12.04
Liberia	10.85
Malawi	10.69
Sierra Leone	10.42
Namibia	8.56
Guinea	6.25
Mozambique	5.30
Mauritius	4.50
Republic of Congo	4.26

COVID-19 response and older people - weaknesses

- Targeted responses to mitigate the impact of COVID-19 on older people was limited outside of national vaccination campaigns
- Limited consultation with older people on planning or implementing the response resulted in poor reach and inclusion of older people in risk communication campaigns and relief efforts
- Gaps in data on older people has made it difficult to include older people in COVID-19 responses
- Long-term care services provided by CBOs at community level could not take place due to physical distancing requirements and lack of PPE. These organisations were not supported or in fact defunded in providing support to older people during the pandemic.
- Despite efforts to strengthen health systems, gaps in case management capacity (oxygen, ventilators, ICU beds, adequately, trained staff etc.) meant many older people were not able to access care and were de-prioritised in some cases via formal resource allocation policies or clinical decision-making.

Examples of good practice

- Including older people in planning and carrying out age-inclusive responses to COVID-19
- Door-to-door outreach programmes using existing community networks for information sharing (e.g., Mutwarasibos and community registers Rwanda)
- Use of telemedicine not requiring complex technology for COVID management or NCD service continuation
- Innovative models of medication delivery (SA and Uganda) drawing on local networks and resources
- Well-planned and clear communication campaigns to communicate about vaccine drives and fight vaccine hesitancy using multiple media platforms, spokespeople, influencers, partner organizations and community leaders
- Caregivers allowed at bedside (Senegal) to support COVID-sick older people and alleviate pressure on health team

Social protection responses: examples of good practice

Kenya, Lesotho	Extension of social pensions to greater numbers of beneficiaries
South Sudan, Mauritania	Introduced new cash transfer programmes targeted at older people
Kenya, São Tomé And Príncipe, South Africa, Zanzibar	Increase in benefits via lumpsum payments or increased monthly payments for a fixed period
Algeria, Cabo Verde, Eswatini, South Africa	Safe collection – proxies, phone apps, proxies, special payment days
Cabo Verde, Congo, Ghana, Lesotho	Food assistance or other in-kind support (e.g. home care)
Malawi, Zambia, Mozambique, Rwanda	Additional payments of existing cash-transfers targeted at vulnerable groups, including older people
Zimbabwe	Increase in payout of contributory/public service pensions

Examples of lessons learned

- Programmes with better social protection coverage were better able to reach older people
 - Having disaggregated data on the older population is critical to including them in social and economic relief efforts
 - Need to target older people with food aid/social protection/communication campaigns specifically as they are not necessarily included in general responses
- Information campaigns specifically designed to reach older people and present information in an accessible way are critical as older people who may be excluded from more general campaigns, particularly digital media campaigns.
- Need for social interventions to support older people suffering from loneliness, depression etc. especially in LTC facilities
- Poor reach of health services at community level makes it hard for older people to reach services

Proposed Priority Actions to Strengthen Health Services for Older People

1. Strengthen preparation of health system for health risks emergencies, including planning for older people
2. Develop policies, systems and structures that promote the inclusion of older people
3. Include older people in outreach and communication campaigns
4. Strengthen older people's access to essential health services
5. Ensure older person's access to critical care during pandemics
6. Develop contextually and culturally appropriate long-term care systems and services
7. Promote and support research on ageing and data collection across the lifespan with age and gender disaggregation of data
8. Address issues related to ageism, abuse, discrimination that undermine older person's participation in society and their exclusion in emergency responses
9. Improve social protection for and economic inclusion of older people in the region