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:
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’)

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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
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 → 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)
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”

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