

Track 451: Access to Healthcare Services by older persons

Health and Care for Older Persons in Africa

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1.0 Executive Summary

This paper provides an over view of the realities and situation of the ever increasing number, longevity and challenges older people face in accessing health and care system. Despite the gains in life expectancy, greater proportion of older people are living with increased risk of ill health and disability. However, the design and delivery of health and care system rarely consider their needs, resulting in high levels of premature mortality or long term disability. It is important that older persons' right to health and long-term care is attained for the continent to make progress towards achieving the **Universal Health Coverage or Goal 3 of the Sustainable Development Goals: *Ensure healthy lives and promote well-being for all at all ages.***

The paper calls for greater priority by major stakeholders, representing continental and regional bodies, national governments, UN agencies and development partners, to address the health and care concerns for older persons by ensuring that the health operations are age friendly; improved information and research to inform health and care practices, policies and budgeting that meet the needs of all people of all ages; promote community awareness on health issues to enhance prevention and disease management skills; and promote a coordinated and integrated approach among the older people, local governments, civil societies, private sectors and other stakeholders to addressing the issues of older people. Comprehensive public-health action on ageing is urgently needed to avoid the erosion of continent's development gains by the heavy investments the health and care system and households have to make to meet the increasing and expensive health and care needs of older people. HelpAge will share evidence, policy and programmatic interventions which address the health and care for older people in Africa, enabling older people to live healthy and productive lives. Additionally, key recommendations to address the current and increasingly emerging issue of ageing and the health implications will also be highlighted.

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2.0 Introduction

Ageing population and disease burden

The population of older persons in Africa is expected to rise drastically due to increasing longevity. The percentage growth of those aged 50 and over in sub-Saharan Africa will be the highest of any region of the world by 2030, with an expected increase of 108% (76–157 million) (UN, 2009). Ageing has significant social and economic implications, Africa remains a region with the highest proportion of economically active people over the age of 65¹ in the world with very few receiving pensions or a regular source of income or available public services. Older people make important contributions to African societies, from caring for families to engaging in livelihood schemes. It is estimated that 40 – 50% of the children orphaned by HIV and AIDS are under the care of older people while an average age of a smallholder is older than 60 years (WHO, 2015). Meaning that older people play a critical role in maintaining food security in Kenya and in Sub-Saharan region.

Despite the gains in life expectancy and older people's contributions in society, greater proportion of older people are living with increased risk of ill health and disability. Older people main health burdens are related to chronic conditions particularly the NCDs such as heart diseases, cancer and dementia. Data analysis in an on-going HelpAge health programme² running in Ethiopia, Kenya, Tanzania, Zimbabwe and Mozambique reveal that back ache is the most reported condition affecting both older males and females; followed by eye conditions, hypertension, arthritis and chest pain. HIV and AIDS is also seen to be a primary threat to OP (HelpAge, 2015). NCDs are already the single largest cause of both mortality and morbidity in most developing countries³ with people aged 60 and over accounting for 75% of the death from NCDs.

Disability is predominantly concentrated in older populations with blindness and visual impairment cases increasing with age. Over 80% of all people who are visually impaired are aged 50 and older. Increasingly, there is a growing number of people aged 50 years and older who are living with HIV. For example, the prevalence rate for the 50 – 64 age group in Kenya is 5.6% compared to 6.1% for the 15 – 49 age group.

More so, women represent the majority of older people due to their greater longevity and can also carry a burden of ill health. Older women are at risk of "multiple jeopardy" where social disadvantages, such as widowhood and reduced family support, combine to exacerbate age related chronic and disabling conditions. For instance, in Zambia due to migration and the impact of AIDs, 30% of older women are at the head of skipped-generation households in which they have responsibility for at least one grandchild without the presence of middle-generation family members.

Older people and health care

The benefits accruing from increased longevity depends heavily on the health status but poor health does not need to dominate the older age. Good health in old age is an enabler of the ability of an individual to engage in productive activities just like other younger groups. Population ageing therefore requires a more comprehensive public health response which has been compromised by lack of evidence of what can be done or health situation of older people (Zimmer & Dayton 2005) or outdated stereotypes. For example, Demographic and Health Surveys do not include female participants over the age of 49 and often only include men up to age 54 or 59 (Negin & Cumming 2010).

¹ UN (2009) World Population Ageing: Socio economic characteristic of older population

² A three year (2014-17) regional programme running in Ethiopia, Tanzania, Mozambique and Zimbabwe and aims at improving access and care services for older women and men and their households through improved access to age-appropriate health, HIV and care services, to social entitlements and improved accountability of service providers and policy makers.

³ Sub-Saharan Africa remains the exception, though even here NCDs are accounting for a rapidly increasing share of mortality and morbidity

Moreover, health management information systems rarely capture disaggregated data by sex and age or include older people in the health health-related awareness campaigns and prevention programmes. Health education messages are targeted at younger populations and not necessarily age-appropriate. Additionally, the outdated stereotypes of seeing older people as dependant or a burden lead to assumption that older people are a drain to economies and to an emphasis on cost containment – unsustainable increases in Health care costs (WHO, 2015). These assumptions ignore the many contributions older people make to economy and on less tangible areas such as emotional support or mentorship among other things.

As a result, the design and delivery of health and care system rarely consider the needs of older people with majority of the older people experiencing stigma and discrimination in accessing health services, violation of their rights at individual, community and institutional levels simply because of their age. The scarcity of health professionals skilled in managing NCDs or geriatrics and/or social gerontologists coupled with very few community health workers and home-based care providers who are reaching older people further compound their health status. More so, there is less visibility of investments or budgets towards health rights and needs of older people. Most investments are focused towards children and women/girls of reproductive age including youth sexual and reproductive right health agenda.

The health and care systems need to move towards catering for **the older persons' health rights to health and need for long term care** by addressing the legal, social and structural barriers to Health for older people, and clarify the legal obligations of the state and non-state actors to respect , protect and fulfil these rights. All these are necessary to achieve the **Universal Health Coverage or Goal 3 of the Sustainable Development Goals: *Ensure healthy lives and promote well-being for all at all ages.***

3.0 Interventions by HelpAge International

Since the inception of HelpAge International, health and care including HIV and AIDs has been part of its key portfolio resulting to increasing recognition of challenges of improving people's health in older age. In Africa, depending on the level of health care system advancement, HelpAge has piloted and developed integrated health and care approaches to respond to the unique challenges of ageing informed by the country context. The Health and HIV and AIDs work has been undertaken in collaboration with Network members with substantial work undertaken in Mozambique, Tanzania, Ethiopia, Ghana, Burkina Faso, Sudan, Kenya, Uganda and Zimbabwe. The HelpAge work has focused on community based interventions and policy work to improve access and quality of the health services to older people. Key areas of focus have been:

- creating awareness on the health rights of older people among the stakeholders [communities, private and government service providers) and older people themselves;
- Health system strengthening through undertaking outreach services including screening and health education activities, building capacity of the various cadre of health workers on ageing and NCDs, age friendly curriculum development, monitoring of older people's health and assessing the health outcome surveys.
- National and regional health policy influencing through reviewing policy and technical guidelines including HIV, nutrition and NCDs to ensure the inclusion of older people addressing their specific needs; collaboration with Ministry of Health to produce manuals or age friendly policies and strategies; strengthening patient monitoring systems and data disaggregation; and active participation in high level consultations or working groups including contribution to development of national health plans/strategies.
- Multi-sectorial support through creating awareness of the wider rights of older people among the stakeholders; supporting governments and regional bodies to develop and

enact standalone older people policy and legal framework; and ensuring the inclusion of older people in sectorial policies, strategies and programmes particularly those related to social protection and decent work, agriculture and food security, poverty eradication programmes including national and regional sustainable development frameworks.

As a result, there has been a greater awareness of the need to ensure better health outcomes for older people and access to wider rights and entitlements enhancing success in achieving better health outcome for older people enabling them continue being productive members of the society.

The following are some of the successful HelpAge International programmatic and policy interventions on older people health and care:

3.1 Successful Programmatic Interventions

General awareness of the rights of older people and their entitlements

HelpAge and its Network have made deliberate efforts in all the health and HIV and AIDS interventions to promote and create awareness of the wider rights and entitlements of older people among the older people, communities, member states and development partners. This integrated approach to health care of people in old age, recognizes the need to move away from fragmented approach to a more comprehensive response across sectors and stakeholders, helping older people access wide range services. The access to wide range of services reduces stress among older people and their families but also improved their income status enabling

In Tanzania, HelpAge and its Network members have created the rights awareness of older people's rights and entitlements resulting to improved resources for older people and those under their care in regional and district budgets. In Morogoro County Council, since 2010, the annual budget has a dedicated budget line for older people. In 2013, the Kilombero District Council allocated a budget of \$29,000 to meet the needs of older people and those under their care. The budget items for older people budget include items such as education grants for orphans; provision of identity cards for older people to access health and social services; registration of older people to access the Community Health Fund; income generation training for older people; and monitoring needs of older people in villages to target future support.

Increased understanding and articulation among the older people on their rights have given them confidence to demand for their rights. In Tanzania, Uganda, Kenya, Ethiopia and Mozambique older people are reported to be demanding for health services, grants and revolving funds. These has in turn helped older people and their families access health and care services including other services important in boosting the well-being of older people.

them access to health and care services. In Uganda, through HelpAge and its Network member, Uganda Reach the Aged Association (URAA), through the Older People Associations (OPAs), older people have successfully accessed the government funded National Agricultural Advisory Delivery Services (NAADs). This support has enabled older people engage in livestock and crop production improving the food security of older people households with surplus sold to earn income. More than 50 OPAs (about 1250 older people) benefited from NAADs programme during the period between 2012 –14 in Hoima region in Uganda.

The increased awareness on the rights of older people has also improved participation of older people in decision making and increased accessibility and quality of services to older people and their householders. During the financial year 2014/2015, HelpAge and its network members facilitated the formation of over 700 OPAs in Kenya, Uganda, Zimbabwe, Mozambique, Tanzania

and Ethiopia and these structures have undertaken dialogue engagements with various structures enabling more than 20,000 older people households' access services related to poverty alleviation, agriculture, bursary funds for children under their care, social protection and micro finance loans. In Mozambique, in 2012, HelpAge supported formation of Social Assistance Committees (SAC) that identify elderly-headed households caring for orphans and other vulnerable children. The SACs facilitate OVC's access to services available in the community, such as counselling, credit, healthcare and schooling. For example, 2,381 OVCs (1,079 girls) were assisted by the SACs to secure fees waivers allowing them to continue with schooling.

Awareness creation and capacity building on health issues and rights of older people

HelpAge and its network, over the years have increased awareness on older people health issues [increased disease burden particularly the impact of NCDs and HIV on older people] and rights among the older people, communities, the health service providers [private and public]. Major issues raised in such awareness and capacity building sessions relate to the need for change of the health facility structures, distance of health facilities, data disaggregation, community service and skills on older people health issues in health centres among others.

In Addis Ababa and Hawassa, during a study commissioned by HelpAge International in 2014, older people living with HIV and AIDS mentioned that stigma is declining and they are more openly discussing their problems and accessing ART services.

Following a series of awareness and capacity building forums in 2014, a government directive in Tanzania required all hospitals to set up special wards for older people and older people were to enjoy all services by the National Health Insurance Scheme just like the patients who pay subscription to the National Health Insurance Scheme

During these awareness creation forums with stakeholders, HelpAge and its network members have provided skills building and advisory services on ageing and health rights; provided special training on data disaggregation, gerontology and geriatrics and general ageing issues including statutes and guidelines. These activities have helped enhance the knowledge and skills of wide range of stakeholders changing their attitudes, behaviors, practices and policies in favour of older people. Data disaggregation by age, sex and impairment though need great improved has helped understand the realities and health needs of older people resulting to improved access to services, review of curriculum and policies including increased budgeting for older people health needs. Additionally, health institutions have been able to give priority to older people resulting to hospitals setting aside benches for older people and older people have been included in district health planning committees in Uganda, Tanzania, Mozambique and Ethiopia.

Promotion and modeling age-friendly health and HIV services

One of the challenges facing older person's access to health services is stigma and discrimination resulting from lack of availability of older persons friendly health services. Over the years, HelpAge has made major stride in promotion and modeling age friendly health and HIV counseling and testing services. HelpAge has developed tools for assessing health facilities and services on their age friendliness. The assessment findings are utilized to develop appropriate interventions to address identified gaps.

As a result many health facilities have had their health workers trained on provision of services to older persons, establishment of a no queue policy for older people, training older HCT counselors, delivering ART services which recognize and provide special attention to older people who need to understand the benefits from treatment.

With a good number of older carers believing and seeking traditional remedies when they or OVCs in their care fall ill, HelpAge has promoted the engagement of traditional healers especially in psychosocial counseling and referring to formal health care. This partnership model has been tried in HelpAge projects in South Africa with some notable success.

Improve psychosocial services

HelpAge and its Network members in Mozambique, South Africa, Kenya, Uganda, Tanzania and Ethiopia continues to work with communities to enhance access to health and psychosocial services for older people and those under their care to deal with the trauma of loss of their offspring and parents, respectively. In collaboration with REPPSI, HelpAge has developed policy and programming guidelines for psychosocial care and support for older carers of orphaned and vulnerable children; these guidelines have been implemented in the HelpAge countries in Sub Saharan Africa. For instance in Kenya home-based care givers and peer educators have been trained to provide psychosocial support to OVCs and their caregivers in Kisumu, Siaya and Homa Bay counties. In Mozambique, HelpAge has supported home-based care initiatives where trained counsellors regularly visit households with OVC and provide psychosocial support.

3.2 Policy and Advocacy Interventions

Regional policy influencing

HelpAge, its network members and strategic partners have actively engaged both humanitarian and development debates driven by civil societies and regional bodies to ensure older people remain visible in wider development frameworks such as Agenda 2063, sustainable development, data revolution, social protection, health among others. HelpAge played a leading role in getting the AU Social Policy Framework adopted and through intense advocacy managed to secure the inclusion of support to older carers of OVC and data disaggregation by age in the current AU Health Strategy. Further, HelpAge has worked closely with AU Social Affairs to develop older people stand along frameworks such as 2002 AU Policy Framework for Action in Ageing and the 2015 M&E framework for AU Policy Framework for Action in Ageing and the draft Protocol for the Rights of Older People.

National policy responses

HelpAge and its network has worked closely with member states supporting them develop and implement National Ageing Policies which have been a corner stone of its national advocacy and policy influencing work. The Ageing policies have supported in improving awareness of ageing, increased allocation of resources for older people at local and national governments' budgets, and establishment of institutions coordinating and managing older people's rights and issues.

Uganda's Structures for Older People

A Minister of State responsible for older people and people with disabilities under the Ministry of Gender, Labour and Social Development appointed in 2004 and has so far made quite some progress on ageing development. The Ministry has been able to have the National Ageing Policy Approved in 2010 and an Act of Parliament in 2013 to establish a National Council for Older People. The elections of the National Council for Older People officials at all levels from parish to national level is ongoing. A National Plan for Older People (2012-2017) providing interventions on HIV and AIDS, water and sanitation, shelter, security and conflict is in place. A draft National Social Protection Policy is in place and consultation with parliamentarian ongoing. HelpAge and its network members in Uganda have participated in various technical teams to provide technical advice and have held several meetings with key stakeholders including Uganda AIDS Commission and parliamentary committees on health and human rights, ensuring issues of older people are included in national policies, plans and strategies.

More and more countries have national ageing policies, their legislative frameworks and action plans in place including the social protection policies and cash transfer for older people. Some countries have started mainstreaming older people in poverty alleviation programmes, micro finance programmes and agriculture strategies with aim of improving income status of older people. Some countries like Uganda, Tanzania among other have rolled out social pension, universal social pension or in a process of setting up systems. A number of countries have instituted a fully-fledged Ministry for Ageing and Disability like in Uganda and majority have units or desks coordinating ageing issues. In some countries like Uganda, older people structures have been established from local to national level.

Despite the improved integration of older people in development frameworks, older people remain excluded from accessing government programmes and services due to undefined strategy, unclear roles and responsibilities, poor coordination among government agencies and NGOs and a lack of skilled staff as well as poor budgets. Lack of data has been the main setback to improving the policy and practices to be reflective of the realities, vulnerabilities and contribution of older people in sustainable development.

According to research by North-West University South African⁴, municipalities that performed better in improving the lives of older people included those that had dedicated units facilitating a coordinated approach with civil society, involving intergenerational dialogue, translating policies into programmes, and making deliberate efforts to assess the needs of older people to develop tailor made activities.

Creation of health care dialogue forums with policy makers at local and national levels

The OPAs supported by older citizens monitoring groups⁵, have been able to generate data based on tailor made tools such as Age friendly and Health Outcome Tools. These tools have been able to collect relevant data related to accessibility, affordability and quality of health services generating evidence utilised to lobby the policy makers. The advocacy and policy engagements have involved the health technical teams, parliamentarians and local authorities resulting to more budget allocation in community health funds or social protection for older people or those under their care or improved accountability. A HelpAge regional programme evaluation (HelpAge, 2014) noted increased access to VCT and ARV among older people in Kenya, Uganda, Tanzania and Ethiopia. Despite these positive changes, health facilities often reported inconsistent drug supply or lack of drugs that included among others age-related complications such as diabetes and hypertension. When drugs are available, the prohibitive costs of modern medicines often deter older people from treatment and hence their preference of traditional medicine. Long distance, lack of identification documents to access free medical services, cultural barriers such as reproductive health services are not meant for older people and behaviour and attitudes health workers are some of the barriers to older people seeking health services.

Advocacy for access and utilization of services

On increasing access to and utilization of health services including HIV prevention by older persons as part of promoting universal access, HelpAge has experience in using evidence based research, developing policy briefs and undertaking advocacy work. In Kenya, HelpAge has had experience in partnering with National AIDS Council to undertake research on older persons and HIV/AIDS⁶ and to some extent influencing inclusion of older persons in national HIV and AIDS

⁴ *Care needs, services and policies of older people in South Africa* by Jaco Hoffman, Ageing and generational Dynamics Department, North-West University, South Africa and James Martin, Senior Research Fellow, Oxford Institute Policy and Ageing, University of UK, 2012.

⁵ Older citizens monitoring groups are groups that focus on collecting data from older people and their families using the age friendly and health outcome tool – tools used assess age friendliness of the health facilities and services.

⁶ HelpAge International. (2012). Situational Analysis on HIV and AIDS among elderly people and their role in care giving.

reporting. Internationally HelpAge international has been part of the development of the 2013 UNAIDS report on HIV and AIDS and aging as well as the UNAIDS Gap report. In 2013, the HelpAge also conducted a study on the older people access to ART in 4 countries in Africa⁷. The study was utilized in policy discussions to ensure universal access to ensure older persons living with HIV and AIDS have access to ART. Through formation of older persons monitoring groups described elsewhere in this report, HelpAge has influenced access to and utilization of HIV and AIDS services by older persons. In South Africa, HelpAge International through local partners, Government departments and the media helped form HIV thematic advocacy groups. These groups have for instance helped advocate for development of HIV and AIDS IEC materials in language that older persons can understand as well as provision of HTC services in rural areas to reach older persons⁸.

4.0 Recommended references to/actions for older people

People who age in better health can remain productive for longer, continuing to make significant contributions to their families and communities and reduced need for family support and particularly for the emergency care which often causes financial as well as health crises in poor households. As a result the health and care system need to respond to both existing and growing health and care challenges faced by people in older age, providing flexibility for a context specific analysis of the diseases and issues to be addressed to promote a comprehensive public-health response to population ageing. If this is done, it would help in building the abilities of older people to be able to navigate their changing world and be able to be more productive. Health systems should also ensure affordable access to integrated services that are centred on the needs of older people – better outcome for older people with minimal costs increase.

The following are some recommendations:

Health systems operations

Governments should ensure the rights of older people to age-friendly prevention, diagnosis and treatment, as well as home-based services and the economic and social contributions of older people are fully recognised such as caregivers of children orphaned by AIDS to promote healthy ageing⁹ of older populations. The health systems should be aligned to the needs of the older populations and have their health workforce including the community health workers appropriately trained with basic and/or specialised training on gerontological and geriatric skills to meet the health needs of the increasing number of older people. Additionally for the health rights of older people to be enhanced, visible investments on making health operations age friendly be promoted such as dealing with increasing NCDs cases.

Health facilities need to be age-friendly through practical changes such as dedicating special clinic days for older people, promoting a no-queue policy for older people, training older HIV counsellors, and ensuring older patients (as well as their care givers) receive appropriate advice and follow up on the treatment regime which they should follow. More so, the essential drugs list for primary health care facilities should include medicines and consumables to treat the common health conditions related to NCDs, particularly for the prevalent conditions such as hypertension, arthritis, eye care and diabetes.

⁷HelpAge International. (2013). Older people's access to anti-retroviral therapy in Africa, Technical brief

⁸HelpAge International. (2010). Older people and HIV/AIDS in Africa. Issue No. 4

⁹ Health ageing according to WHO (2015) is the process of developing and maintaining the functional ability that enables well-being in older age.

A whole life course approach¹⁰ to health and particularly to NCDs, which are inclusive of all ages, should be adopted on detection and diagnosis, and strategies for prevention, management and treatment, as well as more effective care to be in place. Sexual and reproductive health and rights (SRHR) is another area where older people are frequently neglected because of a focus on reproductive age, yet SRHR needs remain throughout a person's life course.

Health systems should recognise the strong interconnections of NCDs and communicable diseases including HIV and AIDS, working towards an integrated health approach which addresses the spectrum of people's health needs and the interactions between them. Integrated diagnosis of older patients, for example presenting for malaria and TB, to check for underlying chronic conditions would be an effective way to also identify and treat chronic illness.

Health information and research

Health management information should be structured so that it can generate disaggregated data by gender and age for the 50+ age group to inform health policies, strategies and practice. Population based surveys, such as the DHS, should collect, analyse and report disaggregated data by age and gender for the 50+ age group. This would inform the health practices and policies to reflect the needs and rights of all people of all ages.

Community awareness

Awareness raising programmes and campaigns which are age-appropriate are urgently needed to ensure older people have the right information on their rights to prevention, diagnosis and treatment of common health conditions including chronic conditions.

Coordination and partnership

There is need for a coordinated and integrated approach in which older people, local government, private sector, civil society and other stakeholder work together in promoting wholistic approach in promoting health ageing by ensuring stand along frameworks for older people are in place at national and local levels and are well resourced (skilled personnel on ageing and adequate budget). Additionally ensuring that sectors have adequate technical capacity and have included issues and rights of older people in their policies and programmes to ensure that older people benefit.

Livelihood and Social protection

Livelihood and social protection programmes, particularly social transfers which are inclusive of older people, are proving to be an effective strategy to address barriers to access to health services and need to be replicated and scaled up.

¹⁰ Helps in identifying critical points for preventive intervention allowing the health and care system to take into account the biological, behavioral and psychosocial pathways that operate across an individual's life course that influence the onset of health issues.

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