Rapid Review of Healthy Ageing and Long-Term Care Systems in East and Southern Africa

Country summary reports

South Africa

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South Africa had a projected total population of around 59 million in 2020, around 5 million (9 per cent) of whom were aged 60 years and over, and this is projected to increase to 16 per cent by 2050 (United Nations Department of Economic and Social Affairs, 2019). South Africa an upper-middle income country, with a ranking on the Human Development Index of 114 with a score of 0.7. Absolute poverty is high with an extreme poverty rate (those living under $1.90 per day) of 18.9, and there are significant levels of inequality with a GINI coefficient of 63 in 2014, making South Africa the most unequal country in the world (according to this measure). The country's health expenditure is 9.1 per cent of Gross Domestic Product (GDP) (World Health Organization, n.d.). South Africa has greater health systems capacity than most countries in the region, and there is 67 per cent coverage of essential health services as well as a very low percentage of catastrophic health spending due to free primary health care and means-tested contributions for health services. There are, however, significant differences between the public and private health-care system in terms of quality, and waiting time for, services.

South Africa provides an example of a country with a large older population and a well-established set of laws, policies and programmes for older people across various sectors, but the scale of inequality, absolute size of the older population, poor budgetary allocation to the older persons sector, and challenges with governance result in poor implementation.

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Overarching frameworks and plans in place around ageing and older persons

South Africa has a well-developed policy framework around ageing and the rights of older people relative to most other countries in East and Southern Africa (ESA).

The rights of older people are protected in the Bill of Rights and other national legislation; the South African Human Rights Commission and Public Protector monitor and respond to age-related discrimination and other rights-related issues pertaining to older people. However, South Africa has still not ratified the African Union Protocol on the Rights of Older Persons adopted in 2016.

After signing the political declaration adopting the Madrid International Plan of Action on Ageing in 2002, South Africa developed the South African Policy for Older Persons (2005), the South African Plan of Action on Ageing (2006) and enacted the South African Older Persons Act 13 of 2006. This policy and legislative framework was aimed at developing a multisectoral response to ageing, strengthening and regulating service provision for older people, empowering older people and promoting their status, rights, well-being, safety and security, as well as creating a framework for responding to elder abuse. The legislation also promotes a shift from institutional care to community-based care and regulates the registration and management of residential care facilities and community-based care and support services.

These early policies and programmes were put in place in a period of significant activity by the Department of Social Development (DSD), but despite signing onto the World Health Organization (WHO) Global Strategy and Action Plan on Ageing and Health (2016–2020), there has been little policy development, poor funding and relatively weak implementation over the past 16 years (Solanki et al., 2021).

However, there is some promising recent activity worth noting:

- The DSD has reviewed the Older Persons Act and its implementation and the Older Persons Amendment Bill has been approved by Cabinet and will be brought to Parliament. The amendments seek to strengthen measures that protect older persons. It improves the services offered to older persons such as social support, health, and community-based and residential-based care. The proposed Bill introduces the monitoring and evaluation of services offered to older persons.
- The National DSD is also in the process of developing a new National Strategy on Ageing for South Africa 2022-2027 and has carried out consultation with civil society relating to a draft.
- The National Department of Health is in the early phases of developing a National Strategy on Healthy Ageing in-line with the government's commitments to the United Nations Decade for Healthy Ageing (2021-2030) and has made an early draft available for comment.

The National Development Plan 2030 recognizes population ageing and its impact on health, social and financial systems in a context of high unemployment, and includes a strong focus on the impact of the ageing HIV+ population and the value of social protection systems across the life cycle, including old age. The policy takes a "youth lens" aimed at reaping the benefits of the demographic "youth bulge" and investing in younger populations to ensure that they are able to participate in the labour market and save for retirement, ensuring the sustainability of social protection systems in the wake of population ageing.

Coordinating mechanisms

There are participatory processes within national and provincial parliaments and representative non-governmental coordinating structures for the older persons sector such as the South African Older Persons Forum and Age-in-Action. However the sector remains weak and underfunded, and there is a lack of coordinating mechanisms around older persons both within government and between government and civil society in terms of implementation.

Social protection and development services

The right to social assistance is a constitutional right (subject to the condition of progressive realization) and the Social Assistance Act of 2004 makes provision for means-tested non-contributory pensions (Old Age Grant). Although the grant is means-tested, it has wide coverage and is provided to 73 per cent of the population over the age of 60 years. In April 2022 the grant was valued at R1,985 (R2,005 for those age 75+ years) or 54 per cent of the national minimum wage, and on which increases are regularly based, often above the rate of inflation. Older people in receipt of pensions are often financially supporting multiple youth dependents in multi-generational households and may also be exploited by family members and community or targeted by criminals (Kimuna and Makiwane, 2007; Lloyd-Sherlock et al., 2018).

Old Age Grant recipients who are medically assessed to be care dependent are also eligible for a Grant-in-Aid to help support additional care costs and valued at R460 per month. However, uptake of this grant is low due to lack of awareness as well as administrative obstacles in terms of medical assessment requirements.

Services for older people are provided by non-governmental organizations (NGOs) subsidized by the government (subsidies are very small) and include lunch, social clubs and income-generating activities.

Health and long-term care

The National Department of Health's Development Plan 2030 vision does not have a specific focus on health care of older persons. However it is, as noted above, developing a strategy on healthy ageing.

Primary health services (including care for non-communicable diseases and HIV and AIDS management) are widely available at no cost to the general population, including older persons. However, specialized services are less available and accessible outside of urban areas. Secondary and tertiary health-care services are free to all older people in receipt of a social grant (3/4 of the 60+ age group). However, the quality and responsiveness of public health care to the needs of older people is an issue and medical aid coverage rates among older people are very low, particularly among the black (6 per cent) and 'coloured' (16.6 per cent) population groups (Peltzer et al., 2012).

Existing research demonstrates high levels of dissatisfaction among older persons presenting at primary care facilities, with low levels of quality of care, and a lack of trust in public health-care professionals in both rural and urban settings (Kelly et al., 2019; Knight et al., 2018; Peltzer and Phaswana-Mafuya, 2012). The COVID-19 pandemic hit South Africa hardest of all countries and had a particularly large impact on older people. Approximately 73 per cent of the excess deaths between 3 May 2020 to end January 2022 (296,000) were among people aged 60+ years (Bradshaw et al., 2022), 85-95 per cent of which were expected to be attributable directly to COVID-19 and the remainder to the impact of lockdown, particularly reduced access to health services (Moultrie et al., 2021).

The South African Government is in the process of introducing National Health Insurance in its efforts to achieve Universal Health Coverage (UHC), which when introduced will significantly benefit older people who bear the biggest brunt of inequity in health. The Ideal Clinic Realisation and Maintenance (ICRM) programme and Integrated Clinical Services Model (ICSM) is designed to address facility infrastructural issues, make health care more accessible and improve the patient experience. The Ideal Clinic should include provision for older persons and should be physically accessible (using principals of universal design) and include access to assistive devices. Together, the ICDM and ICSM are designed to overcome the difficulties that vertical service delivery creates in terms of multiple patient visits (and therefore travel and waiting times and lost economic and social productivity), multiple patient files, polypharmacy, poor quality of care and poor patient outcomes. The Adult Primary Care (APC) clinical tool has been developed for the National Department of Health (NDoH) from the PACK Adult and is a comprehensive and person-centred approach to the primary care of adults which is being implemented as part of the ICSM model and complemented by the *Health for All* health promotion tool to promote healthy lifestyles and health education. The tool encourages health providers to assess older persons' general health at each health visit and take action if a change in function is detected. It also mental health issues and considers loneliness as a stressor in older persons. However, these guidelines are not sufficient to identify declining physical and mental capacities, nor to identify and address geriatric syndromes and establish care needs, which are the focus of WHO healthy ageing strategies and the ICOPE model.

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Occupational therapists in health services can prescribe heavily subsidized basic assistive devices for older persons. However, knowledge of services, availability and waiting times act as constraints to access, and NGOs act to fill this gap.

Sexual and reproductive health

In terms of sexual and reproductive health (SRH), the National Integrated Sexual and Reproductive Health and Rights Policy does not include any mention of older people, but older people are included in the National AIDS Plan under sub-objective 4.4.1: Reduce risky behaviour through the implementation of programmes that build resilience of individuals, parents and families.

However, it appears that there are no programmes focused specifically on older people's SRH outside of HIV and AIDS services offered by NGOs at local level and SRH needs outside of AIDS do not seem to be addressed at all.

Non-communicable diseases

There are various frameworks that have been put in place for the management of non-communicable diseases (NCDs) and although not explicitly focused upon older people, the effective implementation thereof would improve health services for older people:

- Strategic Plan for the Prevention and control of Non-Communicable Diseases 2021-2026 (Draft) which takes a life-course approach to the management of NCDs.
- The following models: Integrated Chronic Disease Management, Integrated Clinical Services Management and the Ideal Clinic Realization and Maintenance Programme aim to improve the efficiency and decrease the strain on the health-care system by ensuring the coordination of care, transitioning to self-management at a community level and developing an individual's sense of responsibility for their own health.
- The National Health Promotion Policy and Strategy 2015-2019.

Other initiatives are run in partnership with DSD, health and South African Older Persons Forum around active and healthy ageing.

Long-term care

Relative to most other countries in sub-Saharan Africa[3], South Africa has a well-developed long-term care system, providing a combination of residential-based care and community-based care services.

This system was inherited from the apartheid government, which provided heavily subsidized residential care and community-based services, as well as social welfare support to white South Africans (Button et al., 2018). While service-provision is no longer racially-based, the legacy of apartheid remains and there is still significant inequality in availability and accessibility of services in historically black and under-resourced areas (Lloyd-Sherlock, 2019); in a national audit of homes conducted in 2010, fewer than 4 per cent of residents in homes were black (Department of Social Development, 2010).

In the post-apartheid era, the ANC government has sought to move away from an institutional-based model towards a model of family and community-based care that encourages older people to age in place. As a result of these considerations, alongside the huge expense of building more facilities for the African population, residential care for older people was not expanded to accommodate older African people and residential care facilities have instead been systematically defunded by the government over time (Makiwane et al., 2020).

At present, 417 residential facilities are registered with the DSD (although there are many unregistered private facilities), nine of which are managed by government. All registered facilities can apply for subsidies for individual residents, with eligibility restricted to the frail and destitute (South African Government, 2021). Reductions in subsidy amounts paid out by the DSD has become a barrier to care, as it has resulted in facilities failing to provide services to poor, frail persons who are eligible, while admitting wealthier persons who can afford to pay (Lloyd-Sherlock, 2019).

Community services are also available, provided by NGOs which receive small DSD subsidies. The DSD reported in 2021 that there are 1,713 registered community-based care and support services for older people, focused on providing home-based care or community activities, and accessed by 97,923 older persons. These services should include care provision and support for family caregivers, however NGOs providing services are poorly funded and many of the services provided are limited to the provision of food and social activities to active older people who can attend seniors clubs, rather than specialized services to community-dwelling older people in need of long-term care. As a result, many of the challenges of care are placed on families with little resources or support. Old Age Grants and to a lesser extent the Grants-in-Aid go some way in securing family-based care for older people, but in the context of high rates of poverty and unemployment, where other household members are dependent on the older people's pensions just to survive, the quality of care that is provided is very limited.

Disaster situations

Older people are included in disaster management and response efforts in terms of the Disaster Management Act 2002 and National Disaster Management Framework 2005, but there has been weak development of municipal-level plans and funding, and knowledge and capacity are poor.

The Disaster Management Act makes provision for involvement of older people in disaster readiness efforts, and observes that: "In addition, the active engagement of special needs groups, such as women, children and the elderly, improves the quality of the disaster risk assessment findings and increases the likelihood of community ownership in any disaster risk reduction interventions that may follow". It also acknowledges that older people may struggle to resist or recover from external shocks and that vulnerability monitoring systems should include data on elderly adults with dependents.

3 Mauritius being the main exception

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