The current state of long-term care in Africa is rapidly changing, leaving critical gaps yet also offering an opportunity for bold, strategic change. While the African population, like the global population, continues to age, extended family supports are gradually eroding. It is therefore imperative that African governments design innovative measures to improve long-term care for older people. This work must be culturally sensitive and engage not only the government agencies, but also tap non-governmental organizations and social institutions including volunteer groups and other relevant stakeholders.

The rapid aging of the population — those persons ages 60 and older — has been long underway in many African countries. For example, in Ghana, the older population rose from 213,477 in 1960 to 1,643,381 in 2010, with women making up 56 percent and men 44 percent of the population 60 and older (Ghana Statistical Service, 2013). In Uganda, older people comprise 4.5 percent of the total population (Uganda Bureau of Statistics, 2018). And in Nigeria — Africa’s most populous nation and the seventh most populated country in the world — there are 10.9 million older people, according to 2020 data (He et al., 2020). Egypt, Ethiopia, and South Africa each boast elderly populations of more than 5 million.

With larger older populations come more care demands. In Ghana, for example, the World Health Organization (WHO, 2015) estimates more than half of those ages 65 to 75 require some help with daily activities. This development also comes at a time where kinship care for older persons is decreasing due to issues, such as insufficient financial resources, urbanization, and nucleation of the family (Dovie, 2019, Ofori-Dua, 2014). Consequently, governments, corporations, religious groups, and communities must establish long-term care programs to assist older people who are no longer able to care for themselves, including areas of health care, social engagement, housing, and other services. Long-term care aims to support those with any combination of physical, mental, or cognitive limitations. (Bodenheimer, 1999).

A Culture of Family Caregiving

In Africa, family members are primarily responsible for providing care and support to older adults (Essuman et al., 2018). This dependence is a reciprocated act, and one related to an African adage that roughly translates to: “Because you [i.e., one’s older parent] have taken care of me [the child] to grow teeth, I will take care of you until your teeth fall out” (Apt, 1996; Scheil-Adlung, 2015).

A study on such family involvement in urban Kenya and South Africa, suburban Ghana, and rural Tanzania found that relatives are actively involved in developing care plans with social service agencies such that they integrate their own roles and contributions. In some cases, families oversee both the implementation of the care plan and the performance of paid caregivers. The care recipients themselves likewise help to create their care plans, which ensures that their unique needs and preferences are considered (Ananias, 2012).
But dependence on families alone results in unreliable care quality and places economic, psychological, social, and physical burdens on the family caregivers, who tend to be women and girls (Kyomuhendo et al., 2020). Relatedly, family care inadequacies can result from poverty and vulnerable employment. Family caregivers often lack the resources to provide better care, or they are forced to either neglect their work, education/training, or other economic activities or neglect their dependent relative (Mudiare, 2013; Skovdal et al., 2009). Caretaking can often adversely affect the health of caregivers, who lack time to focus on their own well-being. Additionally, the financial costs of caregiving can be considerable (Nortey et al., 2017; Schatz & Seeley, 2015).

Most family caregivers provide care with little or no guidance on how to address complex health issues. For example, few caregivers understand the nature of dementia, how it can influence behavior, and how they can improve the lives of older persons who have it. This lack of knowledge can increase the risk of elder abuse, either physical, or financial—from corrupt caregivers who help themselves to older people’s assets (Pillemer et al., 2016).

Developing Support Systems

Given the challenges and complexities facing family caregivers, many sub-Saharan African researchers and policymakers believe it is no longer feasible to rely on extended families for long-term care of older persons. Rather, they have concluded, organized and paid long-term care services are needed to supplement and strengthen the care of older adults (Clausen et al., 2007; Obrist, 2012; Pype, 2016).

National efforts to develop long-term care systems exist only in three nations in the region with established middle-income economies: Mauritius, Seychelles, and South Africa (World Bank, 2017). These countries have established residential facilities for frail older people and provide some financial assistance to this population. In other African countries, there are piecemeal efforts to provide community supports, but they are often aimed at specific groups and do not serve all older people. For instance, some organizations tied to specific professions offer social support to retirees. Members of the Veterans Association of Ghana, HelpAge Ghana, Akrowa Aged Life Foundation (now Care for Aged Foundation), and Association of Ghana Elders occasionally meet to catch up and socialize (Essuman et al., 2018).

Access to health insurance also provides some older adults with health services, but this is far from universal. In Ghana, the registration fees, as well as the annual premium charges paid by beneficiaries of the National Health Insurance Scheme has been waived for older persons (aged 70 years and above); however, not all medical problems are covered by the scheme. Further, residents of rural areas are left to pay their own health expenses, which is especially difficult when it comes to seeking treatment for severe medical cases (Agyemang, 2014; Dake & Van der Wielen, 2020).
Offering caregiver training programs, making improvements to health care, conducting aging-related research, and creating institutions for long-term care should be explored as opportunities for supporting family caregivers. This should be done in a manner that respects the long-existing roles of families embracing the responsibility of caring for the elderly. Collaboration between government agencies in Africa and community organizations offer a way to include all stakeholders and support the physical, mental, and social needs of older Africans.

Implementing Change

There are four areas African countries need to focus on as policymakers and stakeholders consider improving the long-term care prospects for older adults: assessment, health, economic empowerment, and investment in youth. Each offer a way to not only clearly identify the specific needs facing a community, but also engage the elderly and their families in creating viable solutions.

Assessment. Government agencies should conduct periodic surveys on older residents — especially in higher-poverty areas — to identify their major health, social, and economic challenges. Done well, an assessment can bring together government, families, volunteers, NGOs, professionals, and the private sector to collaborate for the betterment of older people (WHO, 2017).

Health. Health policies that address the needs of older persons — including the provision of health insurance, granting affordable access to medications, and the construction of health care clinic for older adults — should all be considered. If government makes caring for its older citizens a priority, then private-sector organizations will follow suit, seeing it as their corporate social responsibility, and help make it work.

Economic empowerment. Policies should help support older adults working longer. This can include vocational and technical educational programs and finding jobs that are older person-friendly. Employment provides financial security and keeps older adults cognitively sharp and engaged members of their community.

Investment in current youth. Today’s youth will eventually grow old. Government programs aimed at educating younger generations on planning for old age and retirement ensure a better future for all. By planning for old age with information on healthy eating, financial savings, long-term housing needs, physical fitness, and more, younger generations can form the habits that will provide security and comfort in old age.

Conclusion

To effectively address the gaps in caring for an aging society, African governments must support the cohesive development of long-term care systems. While the tradition of relying on extended family to care for older adults should be respected, governments and community organizations need to consider ways to ease the burden with new policies and programs. Taking time to assess the unique needs of individual African countries and remembering to pay particular attention to
the health and economic needs of older adults will help provide a path forward. Additionally, all efforts should include the long-term vision for the future that today’s youth will eventually age and need care.


