

The Aging Readiness & **Competitiveness (ARC) 4.0**



Ghana shares challenges with other low- and middle-income countries (LMICs), such as a large informal economy, pension and health insurance schemes that do not encompass populations in need, and stark male-female and urban-rural divides in quality-of-life measures. However, the changing nature of care for older people stands out: as migration affects the social cohesion and networks of kin that have traditionally provided robust support in old age, care for older people, especially in urban areas, has become increasingly "commodified", available only at a high price.1

Informal employment

% of informal employment

Workers aged 15+

Workers aged 65+

The majority of workers are employed

employment contracts or workers' benefits.

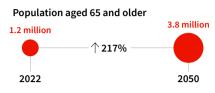
informally, who do not have secure

90

90

Demographic

The share of the population aged 65 and older will increase from 4% to 7% in 2022-50.



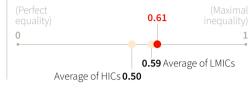
Sources: UN, International Labour Organization, World Inequality Database, Economist Impact

Income inequality

The income inequality is higher than both the averages for low- and middle-income countries (LMICs) and high-income countries (HICs).



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Ecosystem for equitable healthy aging:

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	Forces enabling equity	Str	eng	gth			Str	en	gth	Forces resisting equity
		1 2	3	4		4	3	3	2 1	
Public institutions	Social protection: The country's flagship social protection program, Livelihood Empowerment Against Poverty, which is designed to promote poverty alleviation, provides bi-monthly cash payments to poor households that have at least one older adult living with a disability. ^{2,3} However, overall coverage is low: only 25% of people are covered by at least one social benefit. ⁴ The pension is not enough to live a decent life in older age, and only 18% of people over retirement age receive a pension. ^{5,6}	-							•	Healthcare costs: Although the National Health Insurance plan grants exemptions to older adults, the plan is restrictive and mostly used for basic healthcare. ^{78,9} And although it sets a mandatory retirement age of 60, older persons with a history of working in the informal sector must contribute until age 70. ¹⁰ Healthcare for older people, especially in urban areas, is becoming commodified, rather than provided as a social program, and is only available at a high cost. ¹¹
										 Educational access and quality: Significant educational gaps exist by location (urban vs. rural) and wealth. Only 10.5% of older people have attained secondary or higher levels of education; a gender gap in educational attainment is especially notable.^{12,13}
Legislative and policy landscape for aging	Aging policy: Codified legislation shows a commitment to recognizing the needs of older people. In 2010 the government adopted a national policy on aging, while several other pieces of legislation and initiatives seek to address the needs of older adults, including the Constitution and National Social Protection Strategy. ^{14,15}				Equitable healthy aging	•				Policy implementation: The government has yet to fund or implement the National Aging Policy adopted in 2010. ¹⁷
	Age-friendly data : The government makes an effort to collect basic information, and population census and demographic data are collected by the Ghana Statistical Service. ¹⁶	•								Age discrimination laws: There is no specific legislation on age discrimination. ¹⁸
Age-friendly society	Civil society: Civil society is active and engaged despite being relatively new to taking an interest in older persons. ¹⁹ Many churches run senior centers, visit seniors and provide groceries and support. ²⁰ However, interventions for older persons are centered, and there is a lack of	-								Networks of care: The country is experiencing rapid urbanization: the share of the urban population is expected to expand by nearly 30 percentage points in the first half of this century. ²² Despite a traditionally strong family support

are scattered, and there is a lack of co-ordination among volunteer groups and non-governmental organizations.²¹ system, migration patterns are affecting social cohesion and kin networks.23,24

Geographic divides: A majority (54%) of older people reside in rural areas, which are underdeveloped and lack basic amenities (compared with urban areas).25 Furthermore, due to colonization and the resulting post-colonial development, there is an economic and social divide between northern and southern Ghana; the south has more resources, amenities and infrastructure.^{26,27}

Ageism: There is significant evidence of ageism, especially in the healthcare sector, which impacts the ability of older persons to receive necessary care.28

Methodology: As part of the ARC 4.0 initiative, Economist Impact employed a technique to evaluate the ecosystem for achieving equitable healthy aging in 10 countries based on Kurt Lewin's force field analysis. This approach compares forces that either promote or resist change, allowing for analysis of factors that may not be readily comparable within and across all countries. Building on our desk research and supplemented by expert interviews, we outline the forces that enable and hamper aging equity. We then conduct a qualitative assessment to score their relative strength on a scale from 1 ("weak") to 4 ("strong"). All scores were independently assessed by two raters (with an inter-rater reliability-Cohen's kappa-of .72), who then reconciled differences.

Lack of inclusion of a force does not necessarily indicate its absence from a country. It typically means that we decided to focus elsewhere or that there was not adequate research available on the particular subject. Moreover, because of the nature of evaluation-complex matters are collapsed into simple scores-we note that not all readers will agree with all scores. Further, these scores are not intended to facilitate explicit rating or ranking, but rather to foster qualitative examination of complex dynamics through simplified heuristics. It is our hope that these overviews will encourage reflection and action.

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