



WHO series on long-term care

Towards long-term care systems in sub-Saharan Africa



World Health
Organization

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(WHO series on long-term care)

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Executive summary

Sub-Saharan Africa's need for long-term care is large and growing. Already, 46 million older people live in the region; and this number is expected to more than triple (to 165 million) by 2050. A significant proportion of these people will require long-term care: the activities undertaken by others in order to ensure that people with, or at risk of, a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity.

This report provides an overview of long-term care across sub-Saharan Africa and points to practical next steps that countries can take to establish systems that support older people who need care and support, while ensuring the burden of caregiving is equitably shared. It finds that, in almost all settings, provision of care is left to families who lack support and guidance on what care might be appropriate or how this might be provided. This results in millions of vulnerable older people not having their basic needs met, or in some instances experiencing flagrant abuses of their fundamental rights. It also places an unnecessary burden on caregivers, who are overwhelmingly female.

The report contains three main sections.

Section 1 introduces the report, outlines its scope and the approach that was used in order to assemble the information and evidence concerning long-term care in sub-Saharan Africa. This section also defines key terms used within the report, particularly "long-term care systems", the infrastructure required to ensure that long-term care is available in a sustainable, equitable and integrated manner.

Section 2 describes long-term care as it currently exists in sub-Saharan Africa.

The report presents **general principles of long-term care systems** and identifies **global and regional policy frameworks** to inform action. Despite some progress in the region, focused work on long-term care has been largely absent, reflecting the low policy and political priority accorded to the issue.

Next, the report explores **family care** in sub-Saharan Africa. Currently, families provide most long-term care in sub-Saharan Africa, and generally do so without any training or support. Care quality is often poor, and in some cases incapacitated older people are ostracized, tortured, or even killed. Reliance on families also places a heavy burden on female relatives who are called upon to forego education, employment or other economic engagement in order to care for older relatives. This practice perpetuates and sometimes deepens household poverty and – more broadly – hinders efforts to expand education, employment and economic opportunities to sub-Saharan Africa's women and girls.

Provision of organized long-term care is patchy in sub-Saharan Africa but the report shares what is known overall and presents illustrative emerging models from different parts of the region. Most organized care is clustered in urban settings and two major service models appear to dominate: charitable care for the most destitute older people (typically operated with few resources by faith-based-, civil society- or public welfare bodies); and private for-profit services, mostly in the form of residential homes for those who are able to pay. There appear to be few, if any, organized services for the majority of older people who lie between these extremes of the spectrum.

Within sub-Saharan Africa, **national efforts to develop long-term care systems** exist only in Mauritius, Seychelles and South Africa. The report presents brief case descriptions of each experience, outlining progress to date and the major challenges and gaps still faced. Action has been grounded in a relatively well-developed, rights-based legal architecture.

Section 3 contains practical next steps that can be considered in order to establish systems of long-term care. These steps take into account sub-Saharan Africa's unique cultural and economic context.

Build understanding and commitment for long-term care systems. Long-term care must be recognized both societally and politically as a public good. The enormous social and economic costs of neglecting this challenge also need to be acknowledged and better studied. In particular, more attention needs to be paid to a potential "care economy" and the positive influence it might have on socioeconomic development.

Establish national coordination mechanisms. Governments have an essential coordination role in building and implementing systems of long-term care. This does not mean that governments must fund or provide all services. Combinations of "who does what" will vary but in all cases, effective and integrated partnerships between government, families, volunteers, nongovernmental organizations, professionals and the private sector are essential. Governments should take overall responsibility for ensuring that the system works.

Develop indicators and map long-term care. Countries introducing long-term care systems will need to map what already exists in the country in order to build on it. A prerequisite of this mapping process is the development of a set of indicators that can capture and predict national needs for long-term care and services. Mapping can offer a baseline measure and a basis for comparison and evaluation.

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