QDD.

A Question of Development

Synthesis of AFD studies and research

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How can healthcare for older people in sub-Saharan Africa be improved?

A political necessity in view of population aging

In Africa, the demographic transitions in progress are accompanied by a predicted aging of the population. This phenomenon cannot be ignored in future political decisions. Nations south of the Sahara are excluded from the improvement in life expectancy observed everywhere else in the world – including in North Africa – and hitherto, attention has been focused on the reproductive health of mothers and children, as well as on certain specific pathologies (such as malaria, HIV/AIDS, and tuberculosis). Little is known about the health of older people in particular – it could even be said to be ignored. A review of the literature has enabled us to take stock of existing health statistics and show that the little that is known is essentially based on a few surveys carried out mainly in English-speaking countries.

What are the dynamics of aging in sub-Saharan Africa?

The population of sub-Saharan Africa is still young, but fertility is declining. According to the medium scenario drawn up in 2022 by the United Nations Population Division, based on a continuation of observed trends, the average number of children per woman, estimated at 4.5 in 2022, will be less than 3 in 2050. Similarly, between 2022 and 2050, life expectancy at birth will rise from 60 to 67 years, according to the same source. As a result, sub-Saharan Africa will experience population aging, just like other parts of the world. The United Nations estimates that the size of the population over 60 is likely to triple between 2022 and 2050, reaching 156 million. The proportion of older people within the total population will thus increase from 4.8% in 2022 to 7.4% in 2050. The aging process is most advanced in Southern Africa, where more than 8% of the population is already over 60, and this is expected to increase to 16% by 2050 (United Nations 2022).

Authors

Géraldine DUTHÉ, Institut national d'études démographiques (INED)
Karim OUATTARA, Institut Supérieur des Sciences de la Population (ISSP), Burkina Faso
Serge RABIER, Agence française de développement (AFD)

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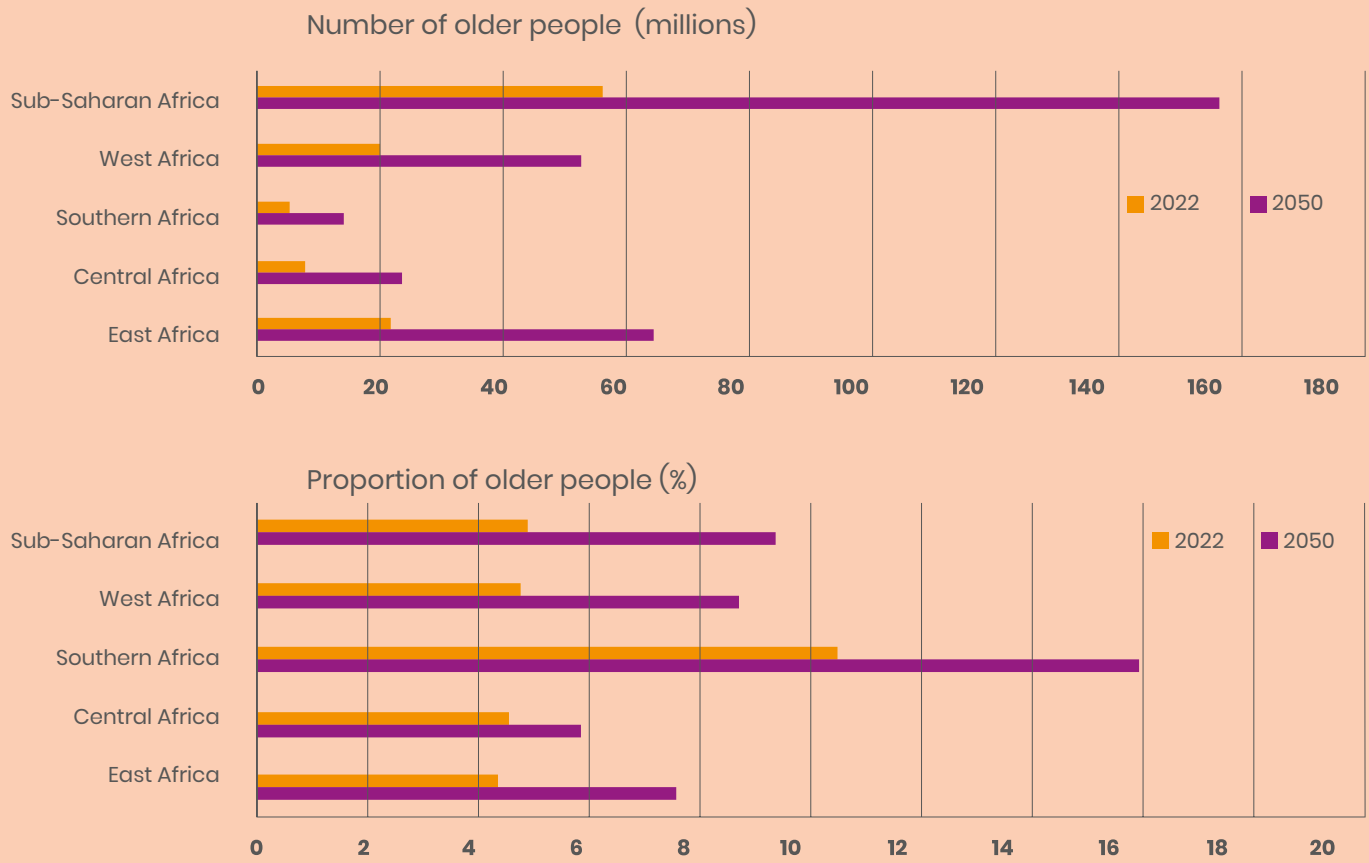
Figure 1. Number and proportion of older people in sub-Saharan Africa in 2022 and 2050



Older people in Africa: Between health vulnerabilities and dependency

As older people remain heavily dependent on family support and on private support systems more broadly, this increase in the older population will require considerable changes to public policies. In a context where few of them receive a retirement pension (Kahou Nzouyem et al. 2023), older people face major socioeconomic and health issues.

Susceptibility to noncommunicable diseases (cardiovascular disease, cancer, diabetes, hypertension, chronic respiratory diseases, and so on) increases with age. The body is also more vulnerable to infectious and parasitic diseases (malaria, tuberculosis, pneumonia, HIV, etc.), and the poorest may suffer from malnutrition due to food insecurity. Older people suffering from chronic pathologies develop functional and cognitive limitations that reduce their autonomy (Aboderin and Beard 2015). In addition, older people also suffer the harmful effects on both physical and psychological or cognitive health of exposure to indoor air pollution (Rani, 2023), which is due to the use of fuels such as biomass (wood, animal dung, agricultural residues), coal, or oil for cooking or heating.

Some countries have put in place policies to reduce the cost of healthcare for older people, or even to provide them with free healthcare, as in Senegal, but these are difficult to implement: the healthcare services are not suited to older people's chronic and multiple health problems, and above all, the funding available does not match the ambitions of these policies. Thus, in Senegal, patients continue to be charged high costs for healthcare, and drug supply problems have been observed (Ferrié and Omary 2019).

The challenge of the virtual absence of health statistics

To be able to adopt and evaluate effective, sustainable health policies and action plans for all sections of the population, it is essential to be able to identify specific needs and monitor the health situation.

Yet, health statistics, particularly those relating to older people, are sorely lacking in most African countries. Very few of them have a functioning vital records system covering their whole territory. Most deaths are not officially recorded, and it is even rarer for causes of death to be recorded. Other sources of data are used for estimating mortality, notably information provided by relatives in nationally representative censuses and surveys. These data are very useful, even though they contain some biases (because of omissions and misreporting of age, especially at extreme ages) and do not provide information on causes of death. As far as routine health statistics are concerned, these come from medical infrastructures, are often aggregated, and reflect only part of population morbidity, whereas older people are the most remote from such infrastructures. Because of development priorities, attention has hitherto been focused on the health of mothers and children or, in the case of adults in general, on certain specific diseases

(such as HIV and tuberculosis). Finally, there are very few health statistics available on the health of older people in sub-Saharan Africa.

Knowledge of aging on the African continent is patchy and unbalanced

A review of scientific articles, reports, and papers on the health and mortality of older people published between January 2018 and May 2023 and available on PubMed and Google Scholar helps to shed light on this hypothesis. Articles were identified using the French and English versions of the following keywords: statistics, health, mortality, people, aging, Africa, sub-Saharan Africa. On this basis, studies using quantitative data from local or national sources but originating from institutions with national or international coverage were selected. Additional research was carried out on a number of resource sites[1].

A total of 132 studies were identified, involving data from 17 of the 48 countries in the region. In order to analyze geographical representation, the 17 studies covering multiple countries (ranging from 2 to 6 countries each) were counted for each of these countries, resulting in 157 country studies. Out of this total, nearly two-thirds were about Ghana (54) and South Africa (46). Far behind these, the third most represented country was Burkina Faso with 14 studies, and the remaining countries had less than 10 studies each. French-speaking countries accounted for 17% of the country studies and were therefore underrepresented compared with English-speaking countries (Ouattara et al. 2023).

Demographic dynamics are the first factor explaining the patchiness of spatial representation. For example, South Africa is one of the few countries in the sub-Saharan region with a relatively high proportion of older people (8.7% in 2022). It is therefore to be expected that more attention would be paid to this age group in South Africa, as in most of the English-speaking countries of Southern Africa. But this correlation is not systematic: for example, Uganda, the country with the fourth highest number of studies, has the lowest proportion of older people (2.9%). Burkina Faso is below the regional average (4.1%).

The overrepresentation of Ghana and South Africa in this overview is partly explained by a single survey. This is the World Health Organization's Study on global AGEing and adult health (SAGE), a multisite[2] survey focusing specifically on aging and the health of adults over 50, and covering both Ghana and South Africa. This longitudinal survey, which has had three waves of data collection (the first dating back to 2002–2003), is the subject of a great deal of research. In addition to this survey, some countries have set up longitudinal surveys specifically targeting older people: these include South Africa, Burkina Faso, and Malawi. Another frequently used source of data is population monitoring (health and demographic surveillance system or HDSS), which provides routine mortality data at the local level and enables complementary surveys to be set up. Very few studies are based on data taken from public statistics.

The example of Burkina Faso

To better understand the situation, it is interesting to consider Burkina Faso, the only French-speaking African country to be relatively well represented in our literature review. Most of the studies identified come either from the longitudinal survey mentioned above, or from population observatories. All these sources are produced by research organizations. Only two studies are based on data produced by the national statistics institute: these are the census and a national survey. None draws on routine health statistics.

Yet there are many interesting data sources that could be exploited to study the health of older people. Burkina Faso's Ministry of Health has at least six[3]. Unfortunately, it is not possible to use these data, for a variety of reasons:

- Data are not aggregated, with some information remaining in paper format.
- Data cannot be disaggregated by age, even though age is, or could be, collected.
- Data are not produced or stored for research or study purposes apart from the production of relatively briefreports.
- Data are not published and remain inaccessible.

[1] The DHS Program – Available Datasets; iSHARE Repository (indepth-ishare org); [IREDA] Inventaire des recensements et enquêtes démographiques en Afrique (Inventory of censuses and demographic surveys in Africa) (ceped org); Demostaf survey inventory (ined.fr); Data Catalog (ihsn.org); WHO AFRO iAHO | AFRO Region data and statistics; Data Catalog (worldbank.org).

[2] The other countries where this survey has been carried out are China, India, Mexico, and Russia.

[3] Entrepôt de données sanitaires (ENDOS-BF) (Health Data Warehouse); Surveillance intégrée de la maladie et de la Riposte (SIMR/Stelab) (Integrated Disease Surveillance and Response); Surveillance rapide de la mortalité (Afenet) (Rapid Mortality Surveillance); Surveillance rapide de la mortalité (ONSP) (Rapid Mortality Surveillance); MS Surveillance COVID-19; Plateforme One Health (One Health Platform).

The major challenge of data

One of the guarantees of success for public policies — whether in terms of awareness, diagnosis, or recommendations for implementation, monitoring, and evaluation — is highly reliable and detailed statistical knowledge. We have identified four broad recommendations, which can be applied to all vulnerable populations:

1) Put an end to the under-exploitation of existing data and support the consolidation of material that is already collected, in particular administrative sources, by:
   - Prioritizing the capture of individual-level sociodemographic information and improving its potential for use.
   - Promoting data sharing, data publication, and data value maximization practices.
   - Encouraging the collection of data for research purposes.

2) Involve older people more systematically in data collection, by:
   - Systematizing the analysis of aggregated data by population groups in published tables.
   - Including specific modules on older people in national household surveys.

3) Provide special support to countries of operation where gaps and critical needs are observed, by:
   - Drawing on the experience of English-speaking countries (encouraging networks and skills exchanges).
   - Extending international surveys on aging to French-speaking countries by lobbying the sponsor institutions concerned.
   - Contributing to the funding and execution of nationally representative surveys focusing specifically on the health of older people.

4) Strengthen the protection of personal data so as to ensure and maintain the confidentiality of the data collected and stored — an aspect that is all the more important when dealing with minority groups, and which is an indispensable condition for guaranteeing human rights, citizens' trust in their institutions, and good governance of the latter.

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