

Ageing and health in emerging
economies:
Policies and programmes in
South Africa

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Demographic overview

- Population aged ≥ 60 years: 4 million in 2013 (8% of total population)
- Ethnic composition of total population:
 - Black African >80%, coloured (mixed ancestry) 9%, Indian/Asian 2%, white 9%
- Ethnic composition of population aged ≥ 60 years:
 - Black African 64.9%, coloured 8.8%, Indian/Asian 3.5%, white 22.7%

Wide socio-economic disparities prevail due to historical racial discrimination and disadvantage. The majority of “black” older persons are cumulatively disadvantaged

Urbanisation trends

- Sixty two percent of the total population lives in urban areas
- More than 52% of older people live in rural areas; the proportion varies by province
- High internal/external migration impacts family structures and older people's support systems



- Policy challenges are mainly aimed at redressing inequalities in the “black” previously disadvantaged population
- Unemployment rate: > 35% in 2013
- Unemployment impacts adult children’s capacity to support and care for ageing parents
- Government priorities are poverty, job creation, education, infrastructure development and communicable disease. Ageing and older persons’ needs are not a priority

- A burden of care falls increasingly on grandparents:
 - HIV and AIDS vulnerable and orphaned grandchildren
 - Migration of young adults to urban areas and young children left with grandmothers in rural areas



Key agencies and programmes

- National policy making on older persons resides within the
 - Department of Social Development (DoSD)
 - Department of Health (DoH)
- DoSD:
 - Social security directorate
 - non-contributory means tested social grants for aged ≥ 60
 - Care and services for older persons
 - subsidized facilities and services (senior centres, old age homes, etc.)
- DoH:
 - Directorate for Chronic Diseases, Disabilities and Geriatrics
 - Three tiered health system
 - No dedicated health services for older clients

- Prior to 1994, the DoH provided services dedicated to older persons – albeit racially segregated
- Post 1994, the new democratic government restructured the health system to
 - focus on primary health care
 - prioritize maternal and child health
 - address HIV and AIDs
- Strategic plans of the directorate for Chronic Diseases, Disabilities and Geriatrics are directed at the population as a whole; they are only indirectly relevant to older persons' health

Key policy responses

- Social security – old age pension programme
- Protection of older persons from abuse
- Subsidisation of community based facilities
- Prevention and control of non-communicable diseases (NCDs) (but sidelining older persons)
- Health promotion campaign, guidelines and protocols
- Concept of long-term care is not fully embraced; responsibility for care is devolved to family

Potential lessons (good practice) for other emerging economies

- Expansive social pension programme with linked benefits, including free health care, subsidised residential/long-term care, etc.
- Potential cumulative life course health benefits through health promotion and prevention of NCDs programmes
- A nascent NHI (National Health Insurance) plan towards ensuring quality health care for all across the life course. Aims to promote private-public partnerships. Implementation and viability of the plan are questionable

Continuing challenges

- Lack of comprehensive, holistic, integrated policy for older persons
 - DoSD's programmes for older persons are patchy
 - DoH only offers guidelines and protocols for management and prevention of health conditions
 - Department of Human Settlements (Housing) has no policy or programme for older persons
- Lack of inter-sectoral collaboration
- Strategic Plan for the Prevention and Control of NCDs focuses on acute and curable diseases in persons ≤ 60 years

- Under development of long-term care and rehabilitative services
- Exclusionary policy and laws that deny older persons an opportunity to work



Issues and materials to share

- Positive impact of social security programme for majority of older persons. Mechanism for wealth redistribution and poverty alleviation broadly. Benefits help reduce household vulnerability and food insecurity, and build human capital. See Barrientos, Moller, Saboia et al. 2013. 'Growing' social protection in developing countries: Lessons from Brazil and South Africa. *Development Southern Africa*, 30(1), 54-68.
- Health promotion and prevention. See Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2013-17. (DOH)

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*Thank
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