

**TICAD VII
TOWARDS POPULATION AGEING IN AFRICA**

Population ageing and health in Africa

Pr Awa Marie Coll Seck
National Committee Chair
Initiative for Transparency in Extractive Industries (ITEI)
Former Minister of health

Senegal

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LIFE EXPECTANCY AT BIRTH BY CONTINENT

Life Expectancy at Birth

- Less than 45.0
- 45.0 - 49.7
- 50.0 - 54.6
- 55.0 - 59.6
- 60.0 - 64.6
- 65.0 - 69.6
- 70.0 - 74.6
- 75.0 - 79.6
- 80.0 - 84.6
- 85.0 - 89.6
- 90.0 or more

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LIFE EXPECTANCY PROGRESSION

Life Expectancy by Region, 1950-2050
Source: UN World Population Prospects, 2017

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AGE PYRAMID BY SEX

Population of Developed and Developing Countries by Age and Sex, 2012
Source: UN Population Centre, World Population Prospects, 2012 (Revised)

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AGEING IN AFRICA

- ▶ In anticipation of the growth in the elderly population, health and social service providers will increasingly turn to government for help.
- ▶ The government will be expected to initiate policies and strategies that will support older people.
- ▶ Governments in the developing countries will be faced with both new and old challenges.

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ELDERLY IS BECOMING A PRIORITY IN AFRICA

- ▶ In sub-Saharan Africa, political and health authorities are clearly announcing that the elderly are one of the priority vulnerable groups are gradually becoming a priority population.
- ▶ Some countries, including South Africa, Benin, Nigeria or Senegal, have developed action plans to protect, promote or care for the elderly. These plans reflect the recommendations of the second World Assembly on Ageing (Madrid 2002) or WHO Strategies.
- ▶ More concretely for the elderly, countries such as South Africa, have set up pension systems different from those reserved only for Retirees. Some, like Senegal, offer free basic health services.

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ELDERLY AND HEALTH STATUTS IN SENEGAL

- ▶ The care of elderly people in Senegal is part of social dynamics and mechanisms that are very different from those in developed countries.
- ▶ Traditionally elders are at the center of the family, guardian of collective heritage of ancestral and religious values, respected and never discriminated.
- ▶ Perceptions and representations around old age and disability are changing a great deal.



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ELDERLY AND HEALTH STATUTS (2)

- ▶ Now, we observe a decline of community solidarity networks, intergenerational distancing and the dependent elderly person appears sometimes as a concern particularly in cities, a challenge for the family.
- ▶ Aid is segmented and fragmented according to the possibilities and role of each family member.
- ▶ In addition, lifestyle changes are accompanied by the development of chronic diseases and age-related pathologies resulting in disabilities.
- ▶ Very few older people have access to a pension and are often disconnected from the few specialized facilities.

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STRATEGIES PUT IN PLACE FOR THE ELDERLY IN SENEGAL

- ▶ Retirement Insurance Institute of Senegal (IPRES) 1958
- ▶ Plan Sesame 2006
- ▶ Gratuity and subsidies including elders
 - Diabetis: Insulin,
 - Dialysis
 - Anticancer drug
- ▶ Special projects. Ex.: RAMA Project 2018
Elderly Support Project
- ▶ Private clinics and home care

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PLAN SESAME

Free minimum Packadge:

- ▶ Consultations;
- ▶ Essential medicines (as part of the Bamako Initiative);
- ▶ Paramedical basic exams;
- ▶ Surgical and medical procedures;
- ▶ Hospitalizations.

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PLAN SESAME INTO ACTION

- ▶ A study was done to determine the leading cause of consultation, costs borne by beneficiaries and/or their families.
- ▶ A one month comprehensive, cross-sectional, quantitative study was conducted in one of the Dakar gerontology centre.
- ▶ The study population was composed of 203 patients with a mean age of 68 years old, with 59% of women.
- ▶ The most common diseases were hypertension (52%), cataract (16%), osteoarthritis (12%) and Diabetis (8%).

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PLAN SESAME INTO ACTION 2

- ▶ Although, the Sesame Health Programme is officially free of charge, most of the drugs used to treat chronic diseases, remained at the charge of patients and/or their families (estimated to be 55\$ per month).
- ▶ Dysfunctions were observed, particularly:
 - the difficulty of targeting beneficiaries,
 - generic stock shortages,
 - absence of generics for the treatment of chronic diseases,
 - delay or no reimbursement to the health structure.

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PROJET RAMA

MANAGEMENT:

- ▶ Ministry of Health and Welfare (MSAS) and First Lady Foundation : Fondation serve Senegal

OBJECTIVE:

- ▶ Improving the well-being of older adults with socio-health vulnerabilities

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PROJECT RAMA DESIGN

- ▶ Identification of elderly people in situations of socio-health vulnerability
- ▶ Health and nutritional care of the elderly (use of the WHO validated guide)
- ▶ Psycho-emotional and social support for seniors
- ▶ Improving the living environment of the elderly
 - Equipment support based on the condition of the elderly person and their environment
 - Support in consumables to improve hygiene according to the condition of the elderly
 - Construction of toilets and/or installation of adapted toilets if the living environment of the elderly person allows

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RECOMMANDATIONS

- ▶ Adoption of a community based approach strengthening families
- ▶ Holistic approach
- ▶ Provide training for specialized geriatric personnel
- ▶ Strengthening health system with decentralized structures for elders
- ▶ Include in the list of essential medicines those for most common diseases in the elderly;
- ▶ Integrate elderly specificity in all relevant health and social national programs (vaccination, nutrition, community health...)
- ▶ Appropriate financing of ageing action Plan

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CONCLUSION

Although the proportion of elders is still lower than 5% in Senegal, their number is increasing.

We need to propose strategies and action plan adapted to our socio economic and cultural context which highly considers the elderly.

Senegalese proverbs are very enlightening, i.e.:

- « An elderly who dies is an burning library »
- « An old person is the cement of the community ».

There are many challenges ahead!

At the same time, we have to learn and to be open to countries experimenting already an ageing population situation.

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