



# **AFRICA AGEING**

## **Long-Term Care Systems for Africa**

### **Setting Agendas**

### **2<sup>nd</sup> Africa Region Conference**

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**International Association of Gerontology  
and Geriatrics**

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## **Policy –Practice Case Study**

**Sandhya A Singh**  
**Department of Health**  
**South Africa**



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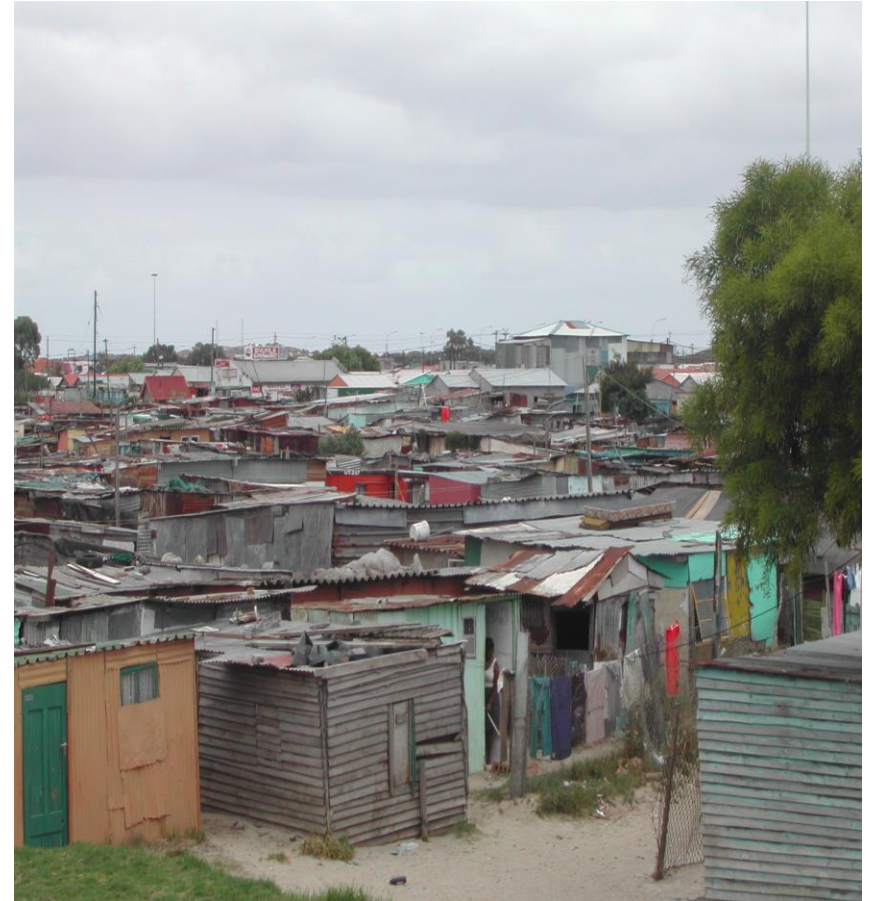
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# Outline



- Government Obligations
- Older Persons within a SA context
- The Older Person's Voice
- Realising the DOH Mandate
- Innovative service delivery
- Conclusion

## Making LTCs “Everybody’s Business”



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# Government's obligations.....



- Global: UN (SDGs), WHO (Objective 4)
- Regional: AU Protocol
- National
  - National Development Plan: Equity + Poverty
    - DOSD
      - Old Persons Act
        - » Community based and residential care
        - » Treasury funded mandate
    - DOH
      - “A Long and Healthy Life for all South Africans”



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# Older Persons in SA



- SA Population
  - T = 55.91m (mid 2016)
  - Older Persons = 8% (2011)
  - 2030 – 7 m
- Poverty > 50 %
- Education – low formal education
- 2011 > 50% lived with extended family
- Disease Profile
  - NCDs
  - Mental Health
  - Injuries Disability
  - HIV and AIDS, TB
  - Multiple Morbidities



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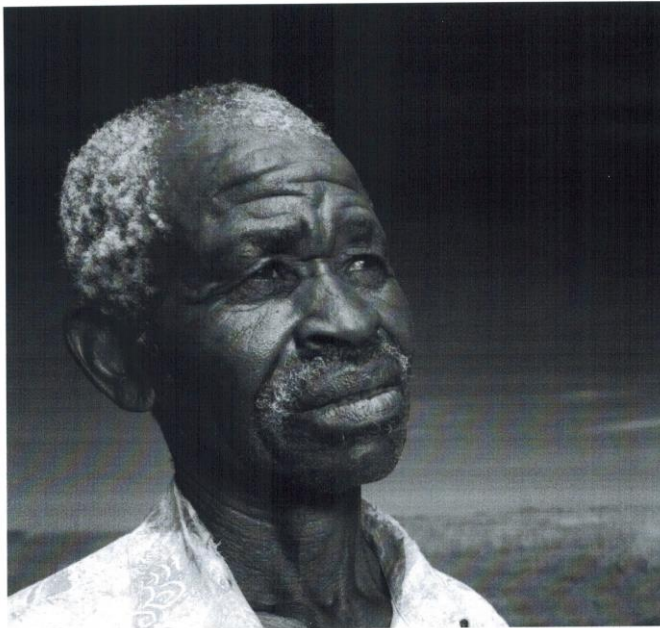


# Listening to the Voice of the Older Person



CENSUS 2011

Profile of older persons in South Africa



The South Africa I know, the home I understand



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- Caregivers
- Despair, desperation, anxiety
- All live off a single income; old age grant
- Needs never come first
- Cannot afford transport
- Clinical staff don't show respect
- So many needs
- Women cannot talk about taboo subjects
- Hope, comfort, caring

# DOH Mandate



Strengthening DOH capacity to deliver on  
its obligations on LTC

Health services implemented before &  
between 3 common periods of

**INTRINSIC CAPACITY**



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# Political Commitment



## Achieve Universal Health Coverage:

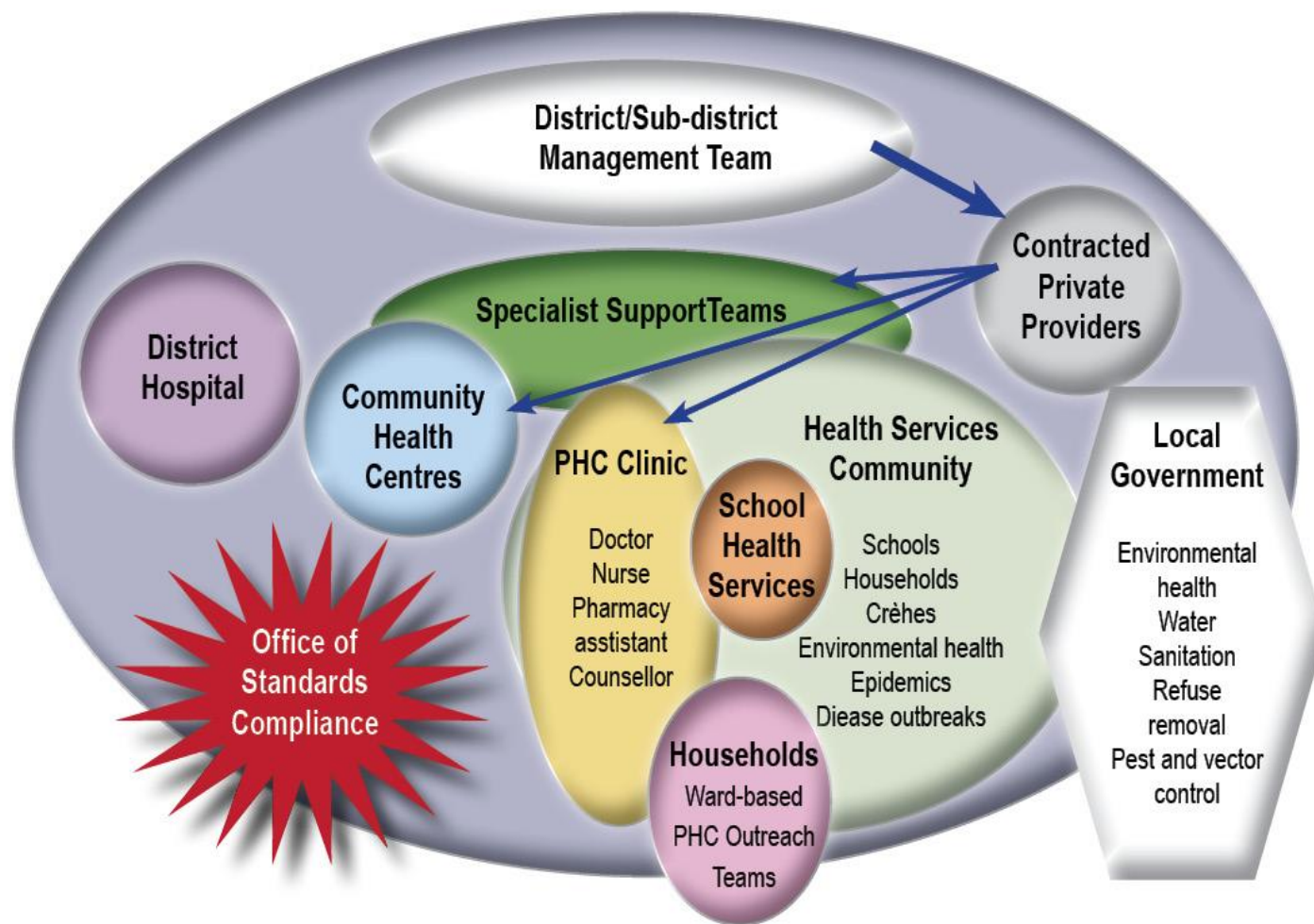
- Re-engineering of PHC:
  - 3 Pillars: Ward Based Outreach Teams
    - Interface between Home /Community & health sector
    - Health Systems Based
    - Social Determinants of Health
- National Health Insurance
- Key Principles
  - Integration with Programmes, across levels of care; from home to quaternary
  - Life Course



**health** Leveraging on the HIV experience & lessons learnt

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# PHC Re-engineering



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# Integration to benefit Older Persons



- Legislation
- Policy
- Strategy
- Implementation
- M & E of Implementation
- NCDs
- Mental health
- Disability & Rehabilitation
- Eye Health
- Health promotion, Nutrition
- HIV & AIDS
- Palliative Care
- Essential medicines
- HRD



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# Service Innovation



- Establishment of “Ideal Clinics”
  - Optimal functioning of a clinic requiring various elements to be present & rated
    - Administration
    - Medicines Supplies & Lab
    - HR for Health
    - District Health System Support
    - Implementing partners & Stakeholders
  - Integrated Clinical Services Model (ICSM)



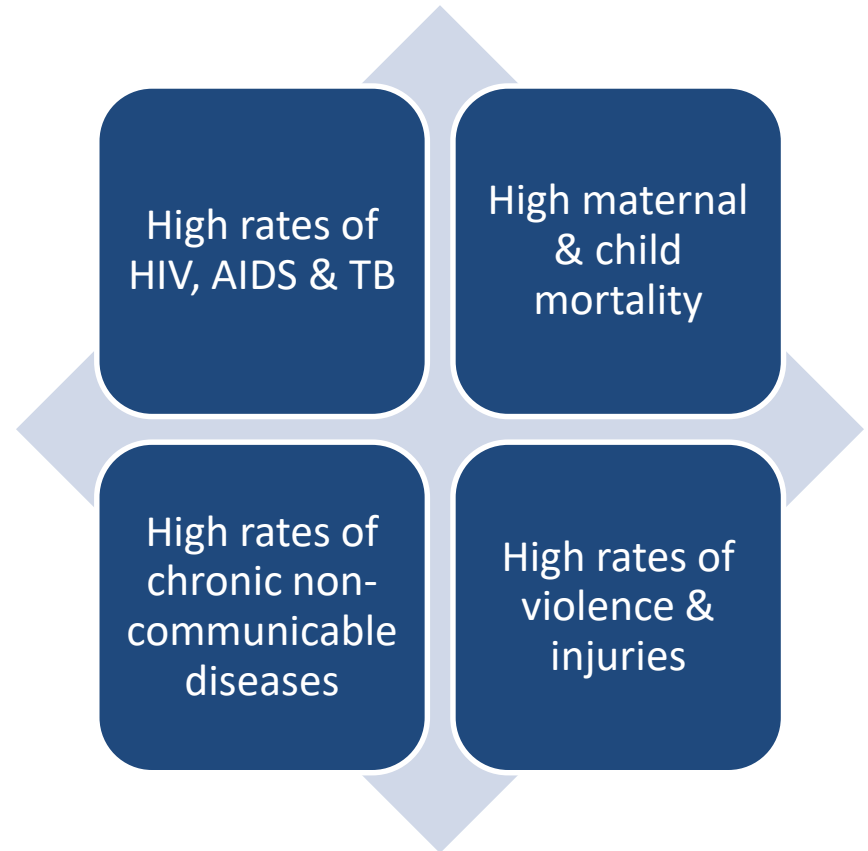
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# Why do we need ICSM?



- South Africa has poor health indicators and outcomes despite spending more on health than any other African country.
- 2 significant contributors to the poor health outcomes:
  - The quadruple burden of disease
  - The health system challenges



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# Integrated Clinical Services Management

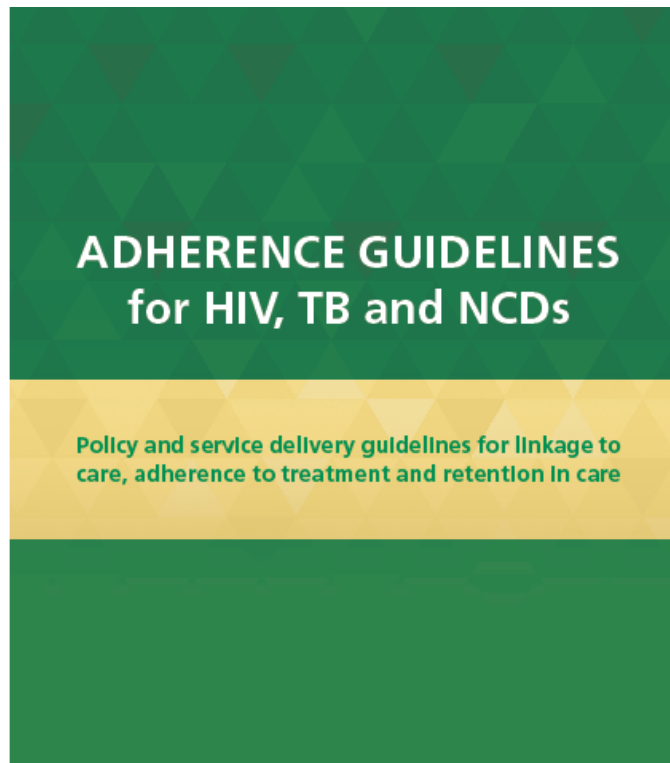
(ICSM) Model



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# Adherence Guidelines for HIV, TB and NCDs (AGL)



- Strengthen access to appropriate services and interventions in order to improve clinical outcomes
- Assist service providers to ensure that people with chronic diseases are linked to care, retained in care and supported in adhering to treatment
- Address client and service-provider barriers



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# Innovation: AGL



## Support roles of home based carers

- Case Finding
- Linkage to care
- Empowering Caregivers
- Support Groups
- Adherence Clubs

## Centralised Chronic Medicines Dispensing Distribution

- Accessible, convenient
- No longer require monthly clinic visits @ great cost & inconvenience



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# Home Based carers(CHWs/CCGs) per Province (Estimate)



PROVINCE	Number of Home Based Carers
EC	2 922
FS	2 715
GP	6 326
KZN	9 668
LP	8 901
MP	4 353
NC	1 925
NW	6 439
WC	3 592
<b>TOTAL</b>	<b>46 841</b>
*Data as at Q3 2015/2016 FY	



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# Support groups and membership (estimate)



PROVINCE	Number of support groups	Number of participants
EC	64	972
FS	104	820
GP	222	4552
KZN	342	4088
LP	1 571	138 165
MP	79	3692
NC	72	965
NW	120	918
WC	96	113714
<b>ZA</b>	<b>2 670</b>	<b>267 148</b>
<b>*Data as at Q3 2015/16 FY</b>		



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# Continuum of Care: Focus on Older Persons



- National Policy Framework and Strategy on Disability and Rehabilitation
  - Community, Home based Rehabilitation
  - Assistive devices
- National Policy Framework and Strategy on Palliative Care
  - WHA Resolution
    - Leveraging HR
    - Pain Management
    - Inclusive of Care of Dying



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# Considerations to make LIC “Everybody’s Business



- Common Understanding
- What is the Business Case: What happens if we DON'T consider & meet comprehensive needs of older persons
- Governance: What is coordinating platform? How will governments “organise”& demand accountability
- Integrated Programme Budgeting
- Legislative mandates of lead departments
- Interpreting global obligations; – Objective 4”Stewardship
- Engaging Partners & Stakeholders, trust & transparency
- Clarification of roles
- Health System Strengthening



# Thank you!



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