AFRICA AGEING
Long-Term Care Systems for Africa
Setting Agendas
2nd Africa Region Conference

International Association of Gerontology and Geriatrics

Policy –Practice Case Study

Sandhya A Singh
Department of Health
South Africa
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”
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”
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
Listening to the Voice of the Older Person

- 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
Political Commitment

Achieve Universal Health Coverage:

• Re-engineering of PHC:
  – 3Pillars: 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

Leveraging on the HIV experience & lessons learnt
PHC Re-engineering

- District/Sub-district Management Team
- Contracted Private Providers
- District Hospital
- Community Health Centres
- Specialist Support Teams
- PHC Clinic
  - Doctor
  - Nurse
  - Pharmacy assistant
  - Counsellor
- Health Services Community
  - Schools
  - Households
  - Crèches
  - Environmental health
  - Epidemics
  - Disease outbreaks
- School Health Services
- Households
  - Ward-based
  - PHC Outreach Teams
- Office of Standards Compliance
- Local Government
  - Environmental health
  - Water
  - Sanitation
  - Refuse removal
  - Pest and vector control
Integration to benefit Older Persons

- Legislation
- Policy
- Strategy
- Implementation

- NCDs
- Mental health
- Disability & Rehabilitation
- Eye Health
- Health promotion, Nutrition
- HIV & AIDS
- Palliative Care
- Essential medicines
- HRD
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)
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

- High rates of HIV, AIDS & TB
- High maternal & child mortality
- High rates of chronic non-communicable diseases
- High rates of violence & injuries
Integrated Clinical Services Management (ICSM) Model
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
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
### Home Based carers (CHWs/CCGs) per Province (Estimate)

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<th>PROVINCE</th>
<th>Number of Home Based Carers</th>
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<td>WC</td>
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<td><strong>TOTAL</strong></td>
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*Data as at Q3 2015/2016 FY*
## Support groups and membership (estimate)

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<tr>
<th>PROVINCE</th>
<th>Number of support groups</th>
<th>Number of participants</th>
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*Data as at Q3 2015/16 FY
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
Considerations to make LTC “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

“Leave No Older Person Behind”
Thank you!

Sandhya Arjun Singh
Director:
Non-Communicable Chronic Diseases, Disability, Geriatrics, Eye Health
Department of Health
South Africa
SinghS@health.gov.za