

# Inter-regional disparities

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# Outline

- Disparities in healthy aging: SSA - Global North
- Structural drivers
- Necessary strategies





Global North



Sub-Saharan Africa



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## Life expectancy (years) at age 60, 2015 selected regions

	men	women	both
Americas	21.2	24.3	22.8
Europe	19.9	23.9	22
Africa	15.7	17.2	16.5

△ Americas: Africa - 6.3 years



# Life expectancy (years) at age 60, 2015

## Nigeria - Germany

	men	women	both
Germany	21.9	25.4	23.7
Nigeria	13.9	14.5	14.2

Δ Germany: Nigeria - 9.5 years



# Healthy life expectancy (years) at age 60, 2015

## Kenya, Nigeria, Germany, US

	men	women	both
Germany	17.2	19.9	18.6
Nigeria	9.5	10	9.8

△ Germany: Nigeria - 8.8 years



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# Structural drivers



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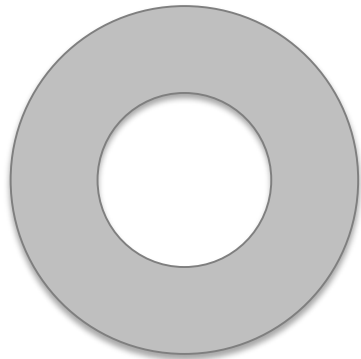
- Major social determinant of health in older age
- May be addressed (relatively) easily (?)





1. Different framing of regional 'population and economic development' agendas
  
  2. Global health policy priorities
- Different levels of policy attention, resources, systems capacities for advancing health in older age





Different framing of  
'population and economic  
development' agendas



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## Populations are getting older



Percentage aged  
60 years or older:

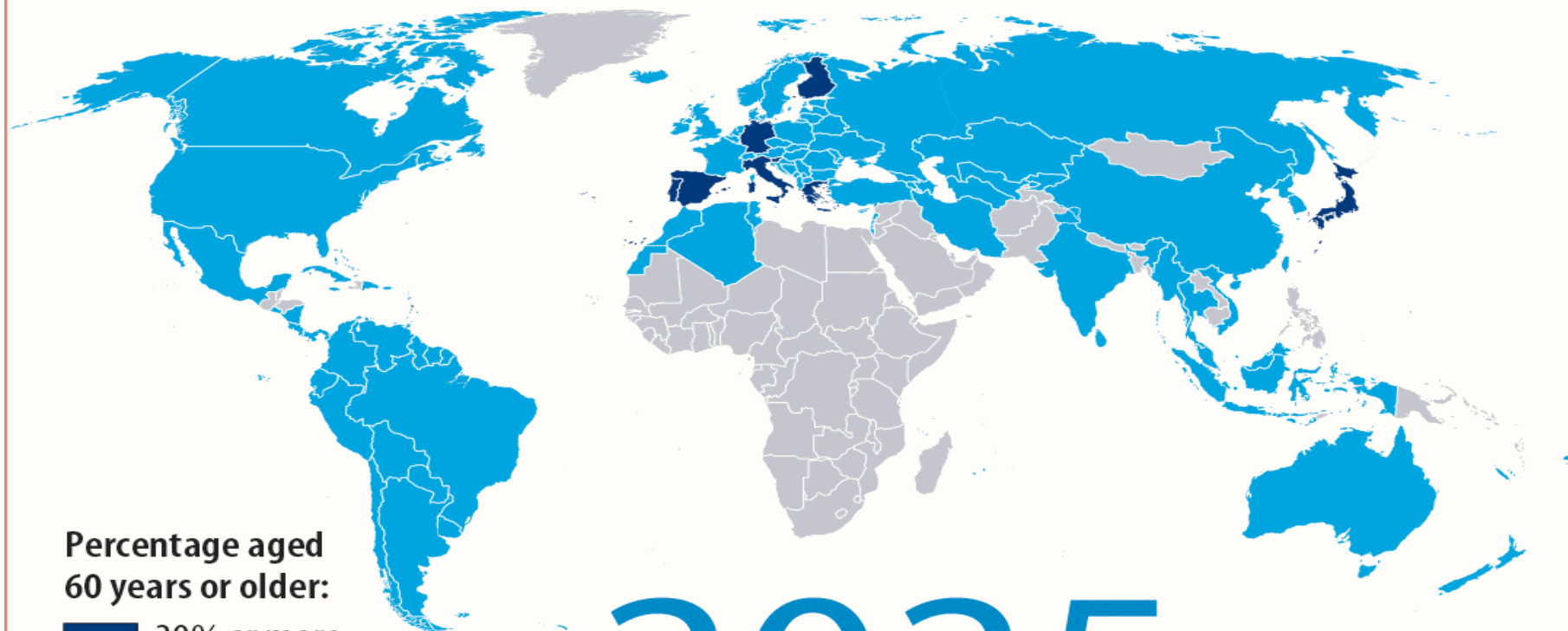
- 30% or more
- 10 to <30%
- <10%

# 2015



World Health  
Organization

# Populations are getting older



Percentage aged  
60 years or older:

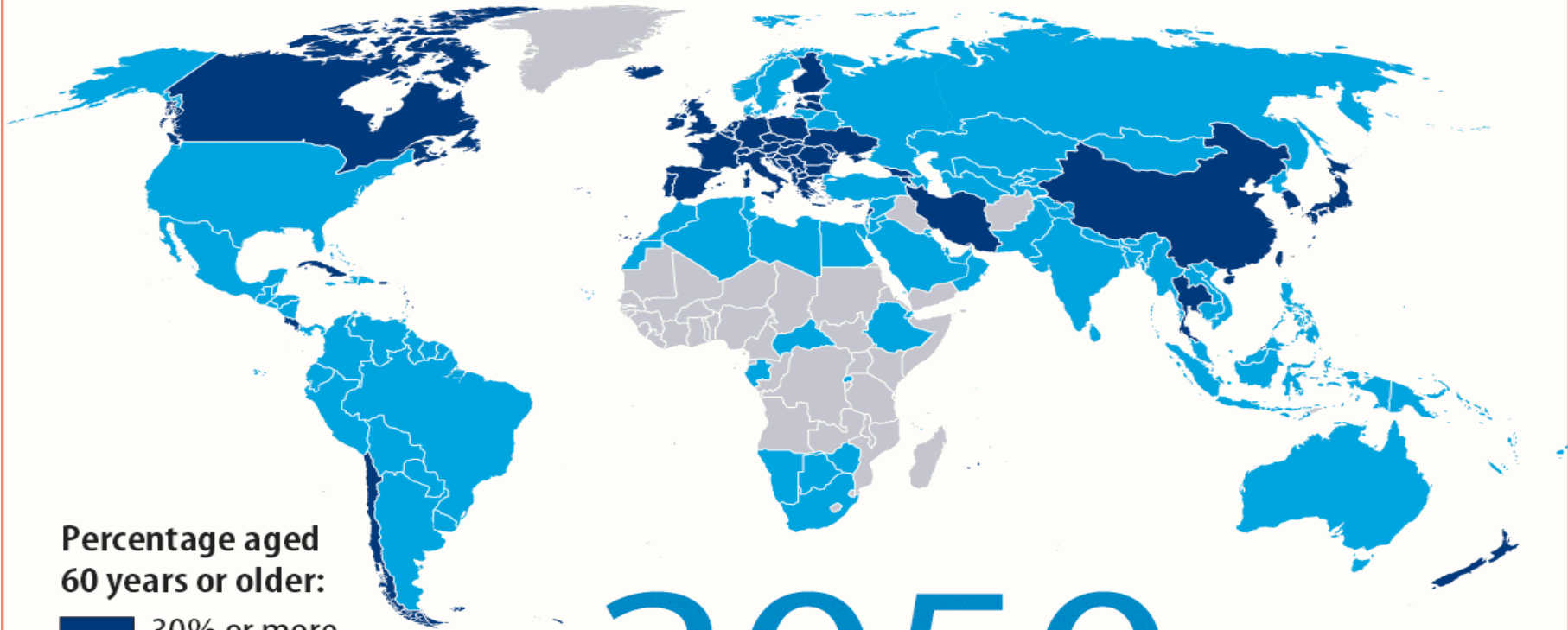
- 30% or more
- 10 to <30%
- <10%

# 2025



World Health  
Organization

# Populations are getting older



Percentage aged  
60 years or older:

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# 2050



World Health  
Organization

## *Global North*

- Agendas turn on maturing of populations and implications for sustaining social care and security systems, labor markets

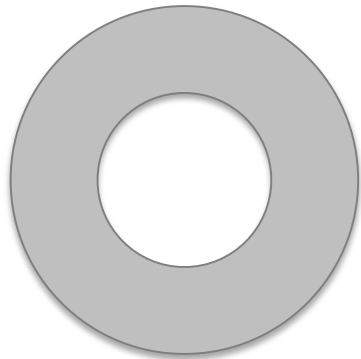
→ advancing older people's health, autonomy (and continued 'productivity') an economic interest



## SSA

- Agendas turn enhancing prospects for huge population of children + youth (62% < 25 y) – toward 1<sup>st</sup> demographic dividend. Focus on: MCH, ECD, SRH, education + skills, jobs
  - advancing older people's health, autonomy **not** an economic interest (for gov'ts, donors, technical partners)





Global health policy  
priorities (+ indicators)



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- Global NCD agenda:

- Narrow focus on prevention of *premature* mortality (before age 70 y) (SDG 3.4)

- 1<sup>o</sup> prevention, management of ‘big four’ at younger ages

∴ No focus on key health conditions (MSK, depression, dementia) or function of older adults



- Global UCH agenda:
  - Narrow focus of ‘essential service’ packages on MCH, communicable disease, (early NCD prevention, management)
- ∴ No consideration of key health conditions (MSK, depression, dementia) or function of older adults

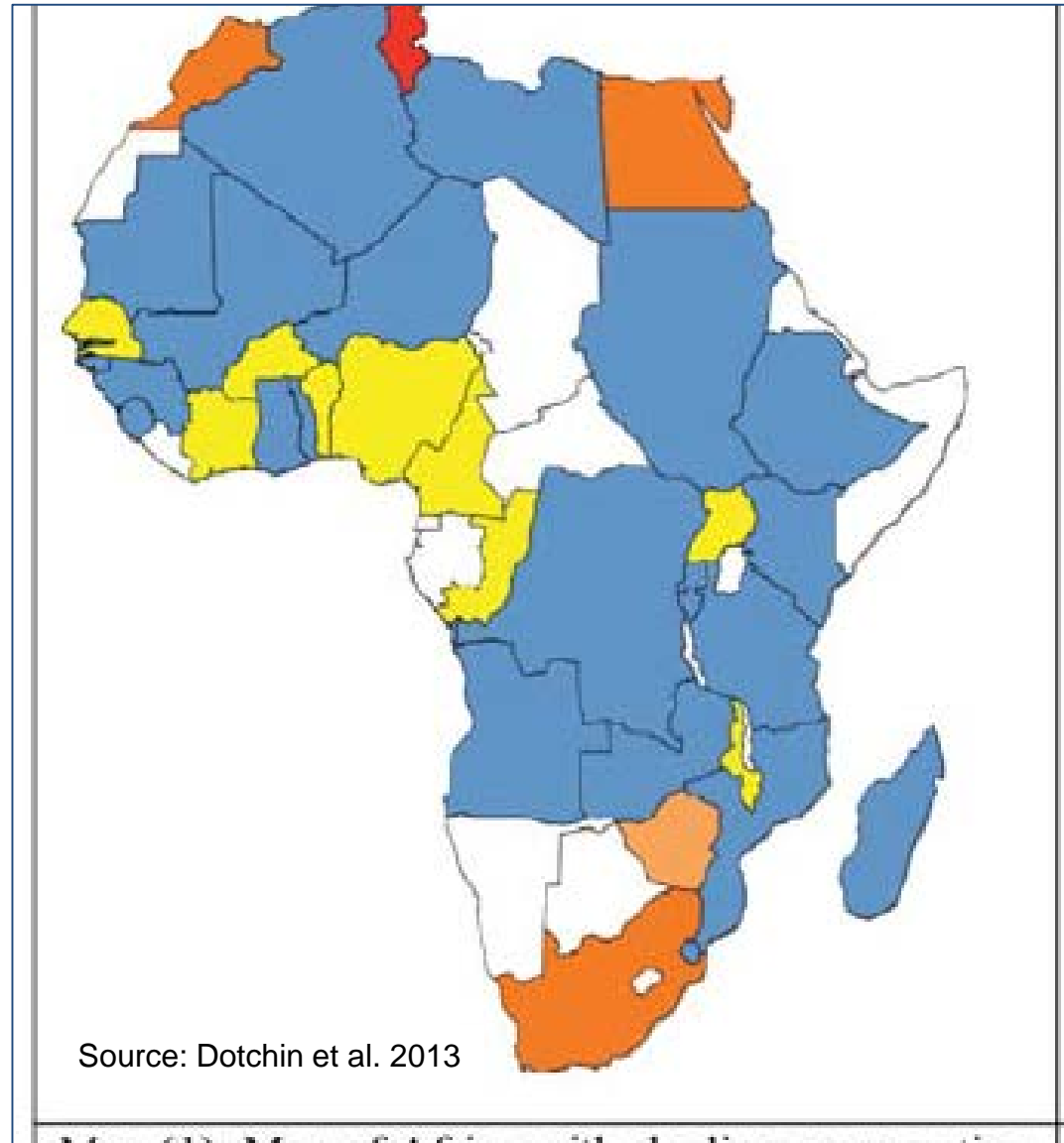


- No 'geriatrically knowledgeable' health systems
- Few investments to this end



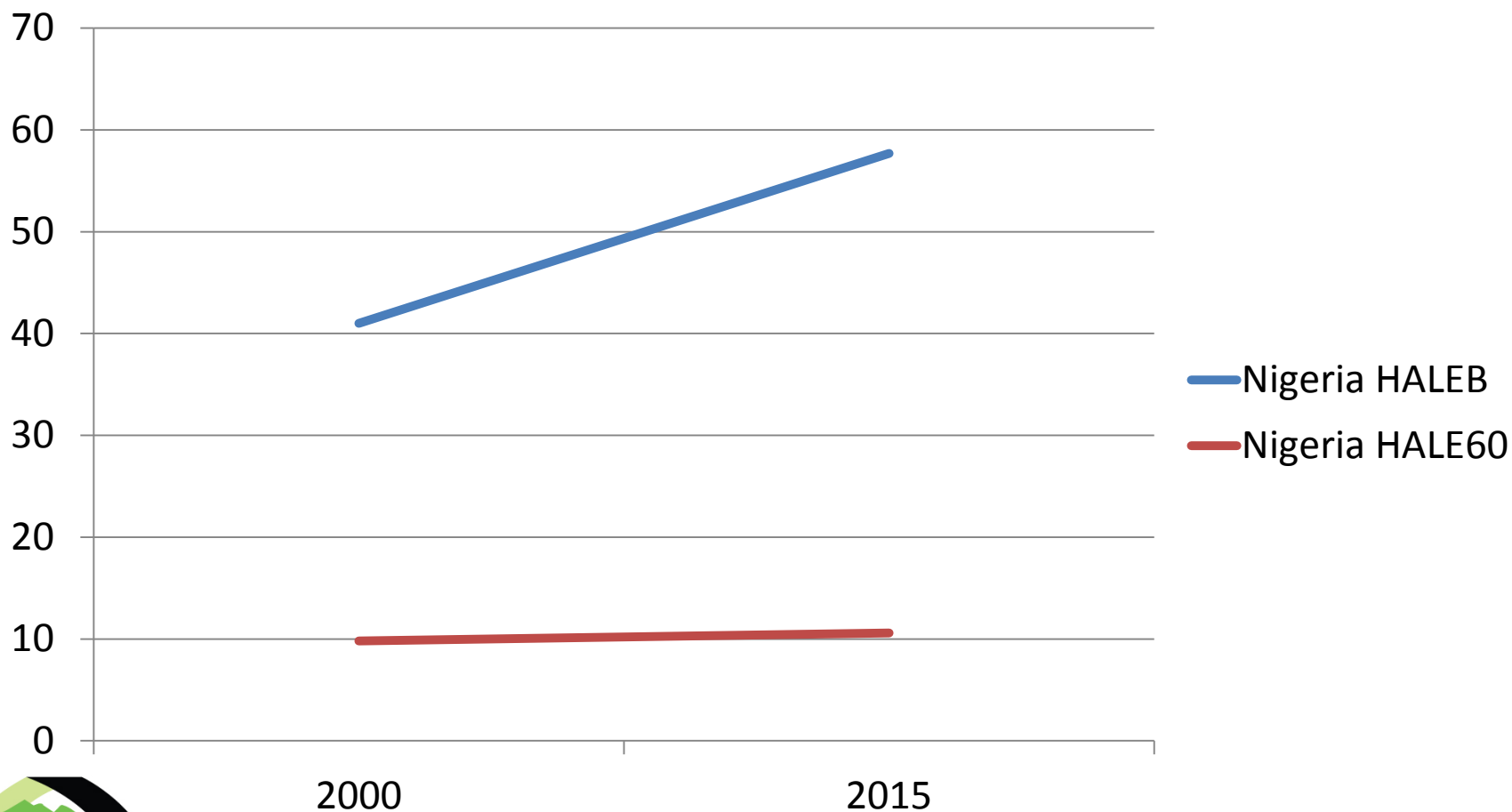
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# Number of Geriatricians per country



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# Trends in healthy life expectancy at birth and age 60 y Nigeria



- Continued omission of older adults' health or function in future frameworks for health in SSA:
  - AU Africa Health Strategy 2016 – 2030
  - Lancet commission on the future of health in SSA 2017

(AUC: budget for aging (+ health) in 2018)



# Necessary (winning?) strategies



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1. Connect older adults' health to SSA's core population and economic development agendas:
  - Where and how are investments to enhance later life health and function relevant for advancing SSAs' child- and youth focused demographic dividend efforts?





## 2. Expand the UHC debate (conceptual, empirical):

- Essential packages must embrace a life cycle approach (link to social protection floors agenda)
- What services (incl. promotive, preventive) ought to form part of essential package for older adults?



### 3. Accelerate building of geriatric + gerontological capacity in SSA's health workforce



Thank you



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