

**SPECIAL ARTICLES****GROWING OLD IN GHANA: HEALTH AND ECONOMIC IMPLICATIONS\*****Kwankye SO**

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**Introduction**

The topic: "Growing Old in Ghana: Health and Economic Implications" is very relevant and timely in our present circumstances as ageing populations are becoming a common feature of many countries all over the world, both developed and developing, including Ghana. This growing phenomenon which is projected to occur rapidly in developing countries<sup>1</sup> is, however, not without challenges. Yet, ageing is not very visible in many policy dialogues and budgetary allocations especially in developing countries. Therefore, a discussion on the implications of the Ghanaian population that is steadily growing old is an opportunity to draw the attention of policy and decision-makers to the need to put in place the necessary interventions to cater for the needs of the elderly or older persons in our society while inviting each person to consider issues regarding ageing in order to plan towards it at the individual level.

In this lecture, I wish to submit that although currently, the proportion of Ghana's population considered as old is still very small (less than 5%) compared to 20% or higher in some developed countries like Japan, this population is projected to increase steadily as fertility declines and the size of the population of youth shrinks in the face of increasing life expectancy of Ghanaians. At the same time, even if the proportion of the elderly population remains the same, the numbers involved will increase with population growth thereby, inviting more health and economic challenges both at the national and individual levels. Against this background, I will attempt to provide a brief overview of the trend and future growth of the population of older persons in Ghana within the global and African contexts, highlight the major health and economic implications of an increasingly growing population of the elderly, point out some of the policy interventions that have been put in place and finally, make some recommendations. The implications of a population that is growing old have been discussed

to include declining labour force participation, sustaining social security schemes, changes in consumption patterns and demand on health care with regard to life-style and non-communicable diseases.

In sum, I argue that considering that the extended family support system is fast eroding, policies and programmes that have so far been evolved should be strengthened at the national, regional, district and community levels to prepare to meet these obvious challenges. These policies and programmes will, however, be successful only if the nation considers as top priority the functional integration of population variables into development planning by strengthening institutions that have been constitutionally established to coordinate and oversee population-related programmes and activities in the country and not merely evolving policies.

The population of any country is described as growing old when the median age of that population is rapidly increasing, resulting in a gradual shift in the age structure of that population in favour of older persons. This is a consequence of a number of factors, including declining fertility rates, decreasing premature deaths and prolonged life expectancies. I must state at the outset, however, that growing old commences right after birth and not when one is preparing to go on retirement. Unfortunately, many people particularly in the formal economic sector begin to realise they have grown old or have aged only when they are served with a notice that they have one or two years to go on retirement at which time it would have been too late to plan towards one's life in old age.

The UNFPA projects that within a decade, the number of people aged more than 60 years will surpass the one billion mark and would reach two billion by 2050<sup>1</sup>. The United Nations, consequently, has warned that the world needs to do more to prepare for the impact of a rapidly ageing population especially in developing countries<sup>1</sup>. This was reiterated by the UN Secretary General, H.E. Ban Ki Moon that a rapidly growing ageing population and increase in human longevity worldwide represented one of the greatest social, economic and political transformations of the time<sup>2</sup>.

In Ghana, the report of the 2010 Population and Housing Census clearly shows a substantial increase in the size of the population 60 years and above: from 0.9 million in 2000 to 1.6 million in 2010 (an increase of more than 77 percent over a ten-year period); the median age has also increased by one year from 19 in 2000 to

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20 in 2010. These indicate that our population is also gradually beginning to show signs of growing old. Recent national interventions in Ghana such as the launch of the National Ageing Policy in December 2011 by the Ministry of Employment and Social Welfare, steps taken towards the promulgation of a law on the National Ageing Policy to back the establishment of a National Ageing Council and the preparation and submission of the Second Ghana Country Report on the Madrid Plan of Action on Ageing<sup>3</sup> are indications that something is being done about a population that is growing old. However, compared to other issues pertaining to children, women and the youth for example, at least in terms of rhetoric, matters about the population that is growing old have visibly lagged behind. In the face of projected growth of the population of older persons, a lot more needs to be done to prepare both at the national and individual levels for the obvious which many people do not even consider or ponder over until they are caught unawares when they suddenly realise that they have aged and come face to face with challenging realities.

### Conceptual framework

There are strong interrelationships between population dynamics and development. As a result, transformations in demographic regimes otherwise conceptualised as the demographic transition constitute one of the demographic changes that are intricately related to development. Indeed, in terms of its direct effect on human well-being and its social and economic implications, demographic transformation is arguably the most important of those changes<sup>4</sup>.

According to Bloom *et al.*<sup>5</sup>, in their paper on “The Implications of Population Ageing and Economic Growth”, people’s economic needs and contributions vary over the various stages of life. Therefore, the key drivers of economic growth such as aggregate labour supply, productivity, consumption, savings and investments will tend to vary depending on where most people fall in the life cycle. Each age group in a population behaves differently, with distinct social and economic consequences. Therefore, effects of a changing age structure must be factored in any analysis of economic and human development interrelationships. Obviously, labour supply and savings are higher among the working-age adults than among the elderly population 60 years and above. Thus, countries with large proportions of youth and or elderly populations are likely to suffer from economic growth challenges than one with a high proportion of working-age population which is put into full capacity utilisation. This evidently underlines the interrelationships that exist between population and development which is the basic context within which this presentation is made.

## Trend in ageing populations

### Global

In 1950, there were 205 million persons aged 60 years and over in the world. By 2012, the number of older persons has increased to almost 810 million. This number is projected to reach one billion in less than ten years and double by 2050. At the same time, persons 80 years and older will be almost 400 million by 2050 if current projections prevail. Indeed, all countries are projected to see a higher share of people aged 60 years and over in 2050 than in 2000, with the percentage-point increase ranging from one in Niger to 34 in Macao. These are quite unprecedented projections never observed in the past between 1950 and 2000<sup>5</sup>.

The phenomenon of population ageing, is not uniform across countries, and varies between the developed and developing across regions: 20 per cent of the population of developed countries is recorded to be over 60 years today, and according to current forecasts this proportion will rise to over 30 per cent in the next four decades. In the developing world, less than 10 per cent of the population is classified to be 60 years and over but this is likely to change sooner than later. By 2050, the proportion is expected to more than double with the 60+ age group making up 20 per cent of India’s population and 31 per cent of China’s by the middle of this century, reaching a total of over 750 million people<sup>5</sup>.

With regard to regional variations, six per cent of the population in Africa is currently 60 years and over, compared with 10% in Latin America and the Caribbean, 11% in Asia, 15% in Oceania, 19% in Northern America, and 22% in Europe. By 2050, it is estimated that 10% of the population in Africa will be 60 years and over, compared with 24% in Asia and Oceania, 25% in Latin America and the Caribbean, 27% in Northern America, and 34% in Europe<sup>1</sup>.

Three main factors have facilitated these increases in the share of the elderly global population. First, declining fertility rates in recent decades have reduced the relative number of young people and pushed up the share of the elderly. The global total fertility rate fell from approximately five children per woman in 1950 to just over 2.5 in 2005, and the UN projects that it will fall to two children per woman by 2050<sup>6</sup>. Interestingly, much of this decline has occurred in the developing world; this will contribute to a near halving of the share of children in the population of developing countries between 1965 and 2050.

The second key factor relates to recent increases in life expectancy. Global life expectancy has increased from 47 years in 1950 to over 65 today, and it is projected to reach 75 years by 2050. Developed and developing countries alike are experiencing rises in life expectancy, despite HIV and AIDS reversing the trend in some low and middle-income countries. As higher num-

bers of people survive into their 60s and beyond, the absolute number of elderly persons will rapidly increase. Combined with fertility declines, the obvious outcome will be a sharp increase in the proportionate share of elderly persons in the overall global population.

The third factor relates to past variations in birth and death rates. For example, baby booms resulting from increased fertility in rich countries after World War II are now shifting population structure as the cohort of babies born at the time crosses the 60 age mark. In parts of the developing world as well, some particularly large cohorts resulting from sustained high fertility rates in the presence of rapidly declining child mortality are now moving towards the 60+ age range, substantially altering the age structure of the population.

Fertility rates have declined below the replacement rate of 2.1 in many industrialized countries. Similarly, the average life expectancy at birth continues to rise. In Organisation for Economic Cooperation and Development (OECD) countries, for example, the average life expectancy in 2007 was 79.1 years, up by 10.6 years since 1960<sup>7</sup>. The elderly population now constitutes substantial proportions of the population in many developed countries. Globally, the population in Japan is noted as ageing the quickest. In 1950, Japan had a very young population: in 1990, only about 12% of Japanese population was 65 years or older; by 2010, the number of people aged 65 years and older had almost doubled from 15 million to 29 million: 23% of the population and was the highest in the world. The absolute number of older people will soon level off, at about 40 million, but the number of younger people will continue to fall rapidly. Accordingly, Japan's population will have the largest proportion of old people in the world in 2050 when 40% of its population will be 65 years and over. Yet, the fastest demographic changes are now occurring in low and middle income countries.

### *Africa*

As of 2010, 36 million people aged 65 years and over accounted for 3.6% of Africa's population, up from 3.3% ten years earlier. In 1980, 3.1% of the population was recorded to be 65+ years, and there has been a steady increase during the last 40 years to 3.5% in 2010. Women aged 65 years and older represented 3.4–3.9% of the total female population between 1980 and 2010. Men in this age group correspondingly represented 2.8–3.2% during the same period.

The population of older persons in Africa is expected to accelerate between 2010 and 2030, as more people reach 65 years. Projections show that the elderly population could account for 4.5% of the population by 2030 and nearly 10% by 2050<sup>8</sup>. In many African countries, the proportion of older persons will be close to that of industrialized countries by 2030 and 2050. Life expectancy records show that Africa is also experiencing a shift in her population structure.

While the rise in the elderly population in many African countries corresponds to a sharp decline in the fertility rates, many of these countries have also made remarkable strides in improving health care delivery systems, reducing child mortality and as a result are experiencing improved life expectancies at birth. However, for countries such as South Africa, Botswana, Lesotho, Zimbabwe and Swaziland, the increase in the size of the elderly population as a proportion of the national population can be attributed to a shrinking adult age cohort due to a high prevalence of HIV and AIDS, considering that HIV and AIDS have concentrated in the younger population. Africa's population is also growing old simultaneously with its unprecedented growth of the population of the youth and its related challenges, thereby making Africa face challenges that are quite different from those being experienced by the developed countries.

### *Ghana*

In Ghana, issues about the population classified as old gained prominence in the late 1980s when the proportion of the elderly population to the total population began to witness some increases, having grown steadily since 1960. Thus, even though Ghana's population remains largely youthful, consisting of a large proportion of children under 15 years of age (reported at 44.5% in 1960; 46.9% in 1970; 45% in 1984; 41.3% in 2000 and 38.3% in 2010), the size of the elderly population has been growing. The 2010 Population and Housing Census showed that although the proportion of older persons (60+ years) decreased from 7.2 percent in 2000 to 6.7 percent in 2010, in terms of absolute numbers there was an increase from 215,258 in 1960 to 1,643,978 in 2010: 918,378 (55.9%) were female and 725,003 (44.1%) were male. For the population 65+, the trend shows that it has increased from 3.2% in 1960 to 3.6% in 1970, 4.0% in 1984, 5.3% in 2000 and declined to 4.7% in 2010 (See Population Census reports, 1960–2010).

Life expectancy at birth is reported to have increased from an estimated 45.5 years in 1960 to 48.6 and 52.7 years respectively in 1970 and 1984 (representing an increase of 4.1 years over a period of 14 years between 1970 and 1984). A Ghana Health Service report in 2003 indicated that life expectancy at birth in Ghana was 58 years which, according to the Ministry of Employment and Social Welfare<sup>3</sup>, increased to 60 years in 2009. In 2010, the GSS reports that life expectancy increased to 60.7 years for males and 61.8 for females. Most elderly persons in Ghana live in rural areas but today, a little more than half (50.9%) of Ghana's population live in urban areas. The 2010 PHC indicated that 890,488 (54.1%) of older persons in Ghana, live in rural communities. With regard to the age cohort of the elderly population, those aged between 60 and 74 years constitute the largest proportion. All these developments have implications for the health and economic status of

the elderly population and by extension, the whole population.

## Implications

Growing old in many instances is framed in negative terms and questions have been raised as to whether health services, welfare provision, and economic growth are sustainable as the population grows old. Some have, however, argued that instead of being portrayed as a problem, increased human longevity should be a cause for celebration. Moreover, population ageing also provides opportunities for a re-thinking of social and economic policies for the benefit of both the young and old.

The implications of an ageing population are conceived against the background of experiences of developed countries where the size of the elderly population is quite substantial and exhibits visible health and economic challenges not only for the elderly people but also the entire population. In Ghana, these challenges are not comparable with those of the developed countries on account of the very small size of the population of older persons. However, from all indications, we may soon be confronted with similar challenges if not greater considering the demographic changes that we are beginning to observe in the country. It is important, therefore, to identify these challenges in order to plan to meet the inevitable.

## Health

Changes in age-specific health profiles are important for characterizing the phenomenon of population ageing. If people advancing into their 60s and 70s are healthier than preceding generations, the demands for health care will be less intense and many will be able to work and contribute to their economies for longer periods<sup>9</sup>. If they remain no healthier than earlier cohorts, they will have to endure more years of poor health and will burden their societies with additional years of health care costs. Studies on whether increased life expectancy is accompanied by a compression of morbidity, where the relative or absolute length of life spent in chronic ill-health falls, have mainly focused on the United States. Most studies suggest that compression of morbidity has indeed occurred, meaning that the burden of ageing is not as large as anticipated<sup>10</sup>. More broadly, an ageing population will require increased support of various types, including income security and greater access to health care. While families have traditionally provided such support in many developing countries, increasingly this support is less reliable – particularly when women enter the workforce in larger numbers. Lower birth rates, the tendency of children to move away from their parents, widespread rural to urban migration and new cultural norms regarding filial obligations are increasingly leaving the elderly bereft of the security they once had. Ageing is highly correlated with long-term physical and mental disability and a number of long-term chronic

conditions and this is likely to increase personal care requirements<sup>11</sup>.

In 2006, the World Health Organization (WHO) projected that diseases associated with ageing such as Parkinson's disease, Alzheimer's and other forms of dementia, accounted for 6.3% of disability-adjusted life years. Alzheimer's and other forms of dementia alone account for 12% of the burden of neurological disorders. More recent studies suggest that these conditions are on the rise as more people grow older. More alarming is the evidence suggesting that these conditions will increase more rapidly in developing countries than in the developed.

A population that is growing old, therefore, has a huge impact on the health care delivery system, especially in terms of supply of and demand for health care services and workers. The supply of health care workers may decrease as they become old and large numbers retire and/or reduce their working hours. At the same time, older adults consume a disproportionately large share of health care services, so demand for health services will grow. The ageing of the population will also affect the nature of the skills and services the health care workforce must be equipped with to provide services as well as the settings in which this care is provided.

A study on the impact of ageing on the American health system undertaken by the Center for Health Workforce Studies, School of Public Health, University of Albany in 2006<sup>12</sup>, found the following among others:

- (i) That the demographics may lead to changing patterns of utilization and different demands for health services than those seen in past generations of older adults
- (ii) Older adults use more and different health services than younger people; and
- (iii) The projected demand for health services from older adults is most likely an under-estimation of their true need for services, which is influenced by their ability to find or pay for health care services.

With a growing population of older persons comes about an increase in degenerative and non-communicable diseases including high blood pressure, diabetes, cancers and cardiac related diseases. This will require the training of health professionals not only on care to older adults but most importantly health professionals with diversity including those with specialisation on diseases of the older persons. Unfortunately, in Ghana, today, apart from the fact that health professionals are also fast ageing, we do not have much diversity among them particularly in terms of health professionals that are required to serve older adults in the country.

Currently, most African governments spend far less per capita on health care in general, and have limited social protection programmes for the elderly population. As a result, many older persons largely rely on traditional extended family structures for social protection.

For example, in 2005, governments in 48 of the 53 African countries were reported to have spent US\$25.7 per capita on health on households, while the households spent more than twice that amount (US\$58.2) per capita<sup>13</sup>.

Another key challenge of ageing is the issue of disability. As the elderly advance in age, many report one disability or another. Therefore, the concept “Healthy Expectancy” seeks to extend not only the length of life but also its quality. Living a life free of disability is essential in discussions on the implications of populations that are growing old.

Older persons in Ghana, like other developing countries, suffer from non-communicable diseases such as heart diseases, stroke, visual impairment, hearing loss and dementia. The Ghana Health Service (GHS) lists hypertension, skin diseases, diarrheal, acute eye and ear infections, rheumatic and joint diseases among the top 20 diseases affecting Ghanaians<sup>14</sup>. Ayernor<sup>15</sup>, in his paper on “Diseases of Ageing in Ghana”, also postulates that chronic non-communicable diseases will have significant health and economic implications for the individual, family and the country. He further states that the prevalence of chronic non-communicable diseases among the elderly in the country will increase. Furthermore, the odds ratio of having a chronic non-communicable condition if one lived in a rural area was twice as likely compared to those who resided in an urban area. This shows a higher prevalence of non-communicable diseases among the older populations in rural areas compared to the urban.

With these highlights, it is quite obvious that as the size of the population of older persons 65 years and over increases, these health challenges would be enormous and will require serious priority attention at the highest political levels in the country.

## Economic

A population with a substantial proportion that is growing old affects the size and composition of the labour force and has important implications for economic growth and the participation of older persons in society. Countries with low and decreasing fertility rates; mostly the developed economies and economies in transition such as Ghana's, will face a slower increase or even a decline in the labour supply when the population continues to grow old. A reduction in the number of workers may have negative implications for growth and for securing the well-being of the population at large. Lower economic growth also implies that addressing the needs of a larger dependent older population will become a heavier task for the nation to carry.

In the short term, however, the labour force participation may grow because large, unemployed or underemployed working-age populations could be drawn into the labour market if the ageing population threatens to cause labour shortages. Yet, relatively strong labour-force growth will take place in low-income countries

that are already experiencing significant labour surpluses, while limited gains (or even reductions) in the workforce are projected for most middle- and high-income countries. Meanwhile, the labour force will increase rather quickly in most countries of Africa (except for Southern Africa) owing to the persistence of high levels of fertility in many countries of this region<sup>16</sup>.

Furthermore, as older workers undertake to handle a growing portion of the production of goods and services, it may impact on the way in which goods and services are produced and on the overall efficiency of the economy. A particular challenge for economies with declining fertility rates such as Ghana is, therefore, how to sustain levels of material well-being while their labour forces are growing older and eventually shrink in size. Employers could face increased costs that stem from absenteeism, lower productivity, and direct financial outlays to cover medical care and disability. This challenge poses a number of economic policy questions, not only about how to increase labour productivity, but also about what can be done to reverse declining trends in labour force participation relative to the retirement age.

It has, however, been pointed out that changes in age structure will affect economic growth through human capital investment. With the declines in fertility rates observed over the last decades, school enrolment and educational attainment have improved across countries as parents choose to invest more in fewer, but highly educated children. Lee and Mason<sup>17</sup> summarize this point: “If small cohorts of workers have high levels of human capital because parents and/or taxpayers have invested more in each child, standards of living may rise despite the seemingly unfavourable age structure”. Even more succinctly, they state: “The [effects] of population ageing are reversed as large cohorts of less productive members are replaced with small cohorts of more productive members”.

Economies may also respond to labour shortages by gradually increasing the capital-to-labour ratio. To the extent that population ageing tends to reduce available labour, the natural response of firms, and of an economy as a whole, will be to invest in equipment and technology that would make labour more productive with fewer hands. The question is whether Ghana is prepared and indeed, is capable to meet this challenge.

In addition, a population that is growing old affects consumer patterns as consumption patterns change with age. For instance, older people tend to spend a higher share of their incomes on housing and social services compared with younger population cohorts. More importantly, other factors (especially income growth) tend to be more influential in determining the level and composition of consumption expenditures of old and young people alike. Labour earnings are a major component in an individual's income but tend to vary throughout the life cycle, often reaching a peak when that individual is in the prime working years of mid-life. If income declines with age, consumption levels may decline during

older ages. Economic growth could then be negatively affected as the population of consumers grows older.

Similarly, the capacity to save may diminish with age, which could impact on the generation of savings in the economy as a greater number of persons grow older. This may have implications for the level of savings and availability of investment finance at both the national and individual levels.

A Baseline Survey on older persons' access to basic social services and employment opportunities commissioned in 2009 by HelpAge Ghana and carried out in Ashanti, Greater Accra and Volta regions, revealed that only 31% of older persons were in active employment (mostly in the informal economy). About 69 percent of them were engaged in crop farming but 71 percent of the farmers did not own the land. The study also revealed that their income levels were very low. Respondents interviewed reported that they earned an average GHC49.26 (approximately \$25.00 per month). With majority of older persons engaged in farming, the implication is that crop production would suffer as the elderly get older and are unable to farm and the youth are reluctant to replace the elderly due to the subsistence nature of farming in Ghana and the low income it generates.

Furthermore, there is evidence to show that economic indicators for the elderly present households headed by older persons to be among the poorest. For example, in Kenya and Tanzania, households headed by older people have a poverty rate that is over 20% higher than the national average<sup>11</sup>. Poverty in old age often reflects poorer economic status earlier in life and has the potential to be transmitted to the next generations if effective interventions are not applied.

In Ghana and other sub-Saharan African countries, most socio-economic indicators for the elderly especially are not good, and poverty rates among the elderly are significantly higher than the national average. It will, therefore, appear that Ghana and many other African countries are not well prepared for a major increase in its ageing population. For example, contributory pension schemes cover very few people due to the fact that most livelihood activities and employment are concentrated within the informal sector which is not covered by any pension scheme while those that are in operation do not go far enough to take care of the informal sector.

In Ghana, according to the GSS (2012), public sector employment constitutes 6.3%, private formal 7% and private informal 86.7%. The vast majority of Ghanaians who work in the informal sector of the economy, therefore, grow into old age without any formal social security. The informal sector of the economy is also dominated by women because of its minimum skills, education and capital that are required. Older persons in Ghana, particularly women are, therefore, poor and without any significant regular sources of income to maintain dignified living conditions. Meanwhile, most of older women are widows, and are faced with all kinds

of challenges relative to intestate succession when their husbands die.

An additional challenge is the change in family structures and shrinking social support networks. Traditionally, informal social protection has been effective for generations in providing a major share of support to elderly parents, relations and the most vulnerable. In contemporary times, however, the extended family support system that previously provided safety nets for its members particularly during old age is fast breaking down due to out-migration and eroding incomes of household members, making even working family members become incapable to adequately take care of themselves let alone their ageing or older relations.

Despite these serious demographic shifts, ageing is not visible in most policy dialogues and national development plans. While the MDGs provide specific targets for children, youth and women, they do not refer to older people as a specific group. As a result, older people are less likely to benefit from targeted development support. Lack of recognition of ageing even in the MDG Agenda, which is the overarching framework for international development priorities, contributes to this limited attention. Governments' development priorities are tending to favour expenditures that invest in the long-term productive potential of the young. In recent years, governments (including Ghana) have focused on the youth because of high levels of youth unemployment and their potential to create social and political unrest if their demands and expectations are not fulfilled. In the process, ageing populations attract little or no serious priority attention.

## Interventions

Ageing issues first received international recognition at the first World Assembly in Vienna, Austria in 1982. Since then several ageing related conferences and sessions have been held to discuss this emerging issue. They include the 1994 International Conference on Population and Development (ICPD), the 22nd Ordinary Session of the OAU Labour and Social Affairs Commission held in Windhoek, Namibia in 1999, the Experts Meeting hosted by the African Union in 2000, the 38th Session of Heads of State and Government held in Durban, South Africa in 2002 and the Second World Assembly on Ageing held in Madrid in 2002. These conferences have led to the adoption of international agreements and conventions on ageing to guide country level interventions to provide support and improvement in the quality of life of the aged. Specific among these include the United Nations Plan of Action on Ageing, 1982, the United Nations Principles for Older Persons, 1991 and the United Nations Proclamation on Ageing, 1992.

These international conventions and laws have served as the basis for the development of national laws and policies to facilitate the full integration and participation of the aged in national development. These laws

and policies do not only protect the rights of the elderly but also their dependents.

In Ghana, national policy documents as well as social protection programmes and projects such as the 1992 Republican Constitution of Ghana, the Ghana Shared Growth and Development Agenda 2010-2013, the National Population Policy (Revised Edition, 1994), the National Ageing Policy (2010), the National Health Insurance Act 2003 (Act 650), and the National Social Protection Strategy provide for the aged in the Ghanaian society.

According to Article 37(2) (b) of the 1992 Republican Constitution of Ghana, the “state shall enact appropriate laws to assure the protection and promotion of all other basic human rights and freedoms, including the rights of the disabled, the aged, children and other vulnerable groups in development processes”. Article 37 (6) (b) of the same constitution also adds that the “state shall provide social assistance to the aged such as will enable them to maintain a decent standard of living”. It is again gratifying to note that two years ago (2010), the Government of Ghana in response to the report of the Constitutional Review Commission that reviewed aspects of the 1992 Republican Constitution in its White Paper (2012) among other things accepted the Commission’s recommendation that “the right of the Aged to live in dignity, free from abuse be guaranteed in the constitution”.

The National Health Insurance Act (Act 650) of 2003 makes provision for exemption for poor older persons who are over 70 years and non-contributors to the Social Security and National Insurance Trust (Non-SSNIT) and cannot pay premium. Additionally, exemption is provided for poor older persons who are 65 years and above, registered by the Livelihood Empowerment against Poverty (LEAP) Cash Transfer Programme from the payment of registration fees and premium. The scheme also unconditionally exempts all persons 70 years and above from paying the minimum premium.

In 2008, the Government of Ghana enacted the Persons with Disability Act, 2008 (Act 715). The Act provides for the establishment of a National Council on Persons with Disability together with its Secretariat. The goal of the Act is to mainstream issues of disability into the socio-economic development of Ghana and empower them to contribute their quota to national development. Government has also developed a Strategic Plan and a Monitoring & Evaluation Plan to facilitate implementation and monitoring. Although this Act and its accompanying strategic plan are not restricted to disability issues of older persons in Ghana, it is undeniable that the majority of Ghanaians who benefit from these direct interventions are older people.

Prior to the new Pension Scheme under Act 766, there was the “CAP 30” Pension System (Chapter 30 of 1950 Pension Ordinance) which was established for public servants and the Social Security and National Insurance Trust (SSNIT) which is a contributory pension

scheme. Older persons, who are unable to access any of the pension schemes thus, find themselves in extreme poverty. The new National Pension Act (Act 766) provides for the creation of two more separate Tiers to the existing scheme. The Second Tier which pays a lump sum on retirement is mandatory for all SSNIT contributors. The third, however, is voluntary for both formal and informal sector workers to make contributions to preferred registered trustees towards their pension in their old age. This reform was intended to reduce old age income poverty and vulnerability.

As part of efforts towards addressing issues pertaining to ageing, government developed and approved the National Ageing Policy in October, 2010 under the theme ‘Ageing with Security and Dignity’. The Policy Document and its Implementation Action Plan were launched in 2011. This is perhaps in response to proposals under the Ghana Shared Growth and Development Agenda (GSGDA 2010-2013), the National Medium-Term Development Policy Framework of Ghana calling for the adoption of a national policy on ageing to address the numerous challenges confronting the elderly population. Among other things, the National Ageing Policy recommends nutrition programmes, long-life health, health promotion and disease prevention, assistive technology, rehabilitative care, mental health services, promotion of healthy lifestyles and supportive environment for older persons.

The 1994 Revised National Population Policy of Ghana<sup>18</sup> recognizes older persons as an important segment of the population of Ghana and outlines actions to promote their full integration into all aspects of national life through advocacy, enactment of laws and collaboration between all stakeholders. The LEAP programme also targets poor older persons 65 years and above among others for financial support.

While these policies and programmes are wonderful steps towards addressing issues and challenges that confront the population of the elderly, it is not enough to have these policies merely written down without any force behind their implementation. Unfortunately, that appears to be the situation with most of the policies standing in the books in Ghana. Each of these policies has well-structured institutional frameworks to facilitate its implementation and yet, the institutions mandated for their implementation scarcely have their full funding support to be effective. The result is that the implementing organisations/institutions are often left weak, and even paralysed to the extent that they are unable to effectively drive the implementation of the policies.

Another concern is the extent to which the elderly are aware of their rights that are provided for under some of these policies. Currently, a higher proportion of the elderly population in Ghana did not benefit from formal education and worked mainly in the informal sector and, therefore, not on any formal pension benefits. They are also not aware they are entitled to some reliefs like free health care under the NHIS and, therefore, may not be

able to insist on their right to enjoy these benefits when they report sick at any public health facility. What is more serious is whether service providers are also aware of these rights/benefits enshrined in some of the ageing-related policies to apply them even if the elderly are unaware of what they may be entitled to. These are happening primarily because often after policies are adopted, they are not disseminated widely, the result of which is that many people who are affected by them remain in the dark and, consequently, do not benefit from their provisions. Policies, thus, sadly, become mere documents with no force behind them.

Linked to the foregoing is that in many cases, no legislative instruments are enacted to give policies the force of power for implementation. Consequently, when policies are flouted in the course of their implementation, no sanctions are enforceable. For example, if the elderly (above 70 years) is denied access to free health care services as enshrined under the NHIS in a public health facility, how do we deal with the offending service provider in the absence of a legislative instrument that makes such an action punishable by law? Linked to the foregoing is that in many cases, no legislative instruments are enacted to give policies the force of power for implementation. Consequently, when policies are flouted in the course of their implementation, no sanctions are enforceable. For example, if the elderly (above 70 years) is denied access to free health care services as enshrined under the NHIS in a public health facility, how do we deal with the offending service provider in the absence of a legislative instrument that makes such an action punishable by law?

## Recommendations

Recommendations made in this lecture are premised against the background that care for the elderly is not just a constitutional requirement but also a moral obligation that is deeply rooted in the customs and beliefs of the people. Unfortunately, as earlier stated, the relevance of the traditional extended family care support system is fast breaking down in the face of a rapidly urbanizing Ghanaian society, leaving an increasing number of the elderly population with no care and support from family members who have either out-migrated or are not in position to lend any support to them, thereby making the elderly become susceptible to violence, abuse and financially vulnerable. At the same time, it is quite contrary to our culture and tradition to introduce old age homes for the elderly where interested persons could access for their elderly family members. And even if this may be welcome, shall we not be asking too much from the state to discharge this additional responsibility? Perhaps, a way out is to have public-private partnerships in this venture. As already stated, the problem with Ghana is not the absence of policies but their effective enforcement.

The National Ageing Policy borrowed extensively from the principles and Priority Directions of the Madrid

International Plan of Action on Ageing (MIPAA). Furthermore, the initiation of action to establish a National Ageing Council to coordinate issues on ageing is a clear indication of the determination of government to effectively implement the policy and realize the objectives of the MIPAA under Priority Direction II: Advancing Health and Well-being into Old Age. However, with the increasing numbers of the elderly population in the country, more needs to be done to address the challenges that have been identified. The following recommendations are, therefore, presented for consideration.

### *National Budgetary provisions*

In order to facilitate implementation and coordination of national policies for the ageing population, it is important to make adequate allocation and releases from the national budgets for programmes and activities on ageing. This will also enhance the scaling up of social protection schemes to expand coverage of all senior citizens.

### *National old-age pension schemes*

As earlier stated, a majority of Ghana's population is either self-employed or work in the informal sector particularly agriculture which does not offer sustainable social security and protection especially during old age. While the National Pension Scheme makes provision for people in the informal sector under the second and third tiers, these are largely voluntary and the extent to which people are well informed about these opportunities is in doubt. There is therefore, an urgent need for more sustained dissemination of the provisions of the National Pension Scheme particularly among the less educated and informal sector workers as a way of encouraging and strengthening public-private partnerships (PPPs) towards promoting and expanding the scope of contributory pension schemes to cover more people to prepare before growing old.

### *Targeted health care*

Health care systems will need to be responsive to the needs and demands of all persons including the elderly. The different age cohorts have different health needs. With growing old come different degenerative/non-communicable diseases that require special attention by well-trained health care practitioners. At old age, they require greater access to specialist health care services and treatment. In particular, the state should enforce the full implementation of the free health care for the elderly under the NHIS and consider reducing the minimum age for beneficiaries under the scheme from 70 to 65 years in order to cover many older people. It should also be possible for the state to consider introducing a completely new policy to guarantee all older persons of a minimum age of 65 years access to free health care services outside the NHIS in order to make health care more accessible to the elderly. In addition, the Ministry of Health and the Ghana Health Service should, as



a matter of urgency, consider incorporating effective geriatric care into their training programmes and train more health workers in geriatric skills to adequately take care of the growing elderly population in Ghana.

### ***Community and family care***

The family and community in Ghana will for a long time remain the basic resource for the care and protection of older persons in the face of publicly funded social security schemes that do not cover all elderly persons. There is need to support and promote community-based care in order to ensure that better services are provided to the ageing population. There is need to inculcate the values of care that are enshrined in the extended family system, particularly care for the aged in young persons in Ghana so that they will not abandon their ageing parents and relations since the state alone cannot shoulder the responsibility of catering for the increasing elderly population. In order to sustain social protection through the extended family system, avenues for sustainable employment opportunities should be created for the youth in rural homes in order to be able to mobilise resources to discharge their responsibility towards their ageing relations. Therefore, policies should aim at improving the situation of rural communities, and specifically target women who make up the majority of the elderly population. Also, the implementation of a health care system that allows for service providers to deliver services to very old people in their own homes can be helpful.

### ***Scaling-up the availability of age-disaggregated data***

Government is called upon to strengthen the national statistical systems to collect age-disaggregated data for all relevant sectors. This will allow government to design appropriate interventions and monitor progress in the implementation of programmes. Such data should be made readily available and accessible to policy makers and other data users, including development partners and academia. Further research is also needed to build the evidence base on ageing to inform policy-making and programming within the context of the country.

### ***Learning from experiences of older populations***

As Ghana's population gradually ages, the country has an opportunity to learn from countries that have large proportions of population ageing. Japan with a huge ageing population has put in place laws, policies, institutions and strategies to support the elderly. The Long Term Care Insurance Policy enacted in 1997 and implemented in 2000 aims at supporting those in need of long-term care "to maintain dignity and an independent daily life routine according to each person's own level of abilities"<sup>19</sup>. Another key area worth exploring is the labour participation of the aged. Learning from the experiences of other countries would assist in developing good programmes adapted to suit the Ghanaian situation to support the elderly and also to enable them continue to participate and contribute to the economy of

Ghana and ultimately to the development of the country while continuing to live in dignity until their call to eternity.

## **Conclusion**

As part of the growing global population phenomenon, Ghana's population is also gradually ageing as clearly shown by census reports. Population ageing has implications for all sectors of the economy as the needs of this segment of the population must be catered for just like the other segments of the population. Comparatively, however, issues of ageing do not attract much attention and resources. Yet, as more and more people live longer lives as a result of improvements in health and prolonged lives, the necessary laws, policies, institutions, strategies and programmes that have been put in place must be made to work not only to enable the elderly continue to live healthy and comfortable lives but most importantly to enable this important segment of the population continue to contribute to national development for as long as they are capable. This would, however, be successfully achieved if the nation considers as top priority the functional integration of population variables into development planning by strengthening institutions that have been constitutionally established to coordinate and oversee population-related programmes and activities in the country, including a population that is projected to steadily grow older in Ghana, Africa and the world over.

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