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Navigating the complexities of long-term care service delivery for older people in South Africa

Significance:

This Commentary addresses the fundamental difficulties in providing equitable and sustainable long-term care services to older people in South Africa. It emphasises the long-term consequences of apartheid and structural racial inequities, as well as the necessity for a comprehensive regulatory framework and integrated policies. The critical need for workforce development, proper funding, and the integration of health and social care services are also highlighted. The goal is to increase service delivery efficacy, improve the quality of life for older people, and promote sustainability in the long-term care sector by suggesting actionable solutions.

Introduction

The World Health Organization (WHO) recommends that all countries have a long-term care (LTC) system, defining LTC broadly as: "Activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity."¹

The WHO further stipulates that LTC must be affordable and easily accessible, with special attention paid to ensuring that the marginalised have access to services. With the increasing population, there is a greater need to focus on LTC for older people as the demand is likely to increase.^{2,3} The provision of LTC services for older people (an 'older person' means a person who is 60 years of age or older according to the *Older Persons Act*); in South Africa presents a multifaceted challenge that requires immediate attention.^{4,5} The care and experiences of older people in LTC facilities such as nursing homes and assisted living communities reflect historical legacies, systemic deficiencies, and socio-economic disparities.⁶⁻⁸ The aim of this Commentary is to provide a critical examination of the intricate dimensions of LTC service delivery in South Africa, highlighting disparities, regulatory frameworks, workforce capacity, and funding challenges. Based on scientific insights and empirical evidence, I propose actionable solutions to enhance service delivery effectiveness and promote sustainability.

Unravelling the complexities

Racial disparities and historical legacies

The legacy of apartheid policies in South Africa, a historical system of institutionalised racial segregation and discrimination until the early 1990s, continues to influence contemporary society. For many years before and during the apartheid era, there was a clear disparity in service provision, healthcare access and socio-economic status among different ethnic groups in South Africa.⁹ Specifically, residential care facilities were accessible only to older white individuals during that period. However, with the end of apartheid in 1994 and the implementation of the Transformation Act, access to these facilities became available to all racial groups.¹⁰ Despite this transformed access for all racial groups, residential care in African contexts has often been viewed as unconventional due to its perceived contradiction with traditional African values, which centre on family-based care.^{11,12} This view is supported by the existing research, which indicates a prevalent belief in African communities that old age homes primarily accommodate childless older people or those whose families neglect them and leave them with no alternative.¹³ Studies conducted in the last decade, though, show that there has been a change in attitudes towards the family-centred model of care for older people in sub-Saharan African countries, as more people are making use of the various LTC facilities. This change is being driven partly by urbanisation and industrialisation.^{14,15}

The impact of HIV/AIDS and dementia on LTC

In South Africa, despite the change in care models, the enduring legacy of apartheid compounded by the HIV/AIDS epidemic continues to cast a long shadow over LTC provision in South Africa. The impact of HIV in LTC is multifaceted, especially as the population of older people living with HIV has increased due to improved antiretroviral therapy (ART) and life expectancy.^{16,17} Studies show that while ART has extended life expectancy, it also leads to various chronic conditions such as cardiovascular disease, low bone mineral density, and increased risk of falls.^{18,19} Additionally, ageing with HIV presents unique challenges in LTC settings, with higher rates of dementia, antipsychotic use, and potential adverse effects from polypharmacy, including drug interactions and neurocognitive side effects.²⁰ The adoption of universal HIV treatment guidelines has shown lower retention rates after ART initiation, emphasising the need for continuous monitoring of long-term care outcomes to address gaps in care quality and patient attrition for older people.²¹

Notwithstanding the impact of HIV alone, older people living with dementia in LTC facilities in South Africa face various challenges, including socio-economic deprivation, lack of appropriate care and support services, and barriers to diagnosis and treatment.²² Additionally, the lack of advanced technology and appropriate medication in LTC facilities poses challenges in providing adequate care for patients with dementia.²³ Furthermore, structural factors create barriers to diagnosis, support, and care for people living with dementia in South Africa, highlighting the urgent need for intersectoral policy responses to strengthen health and social care systems for patients with dementia and their families.²⁴



As highlighted by Lloyd-Sherlock's seminal work, racial disparities in service delivery are deeply entrenched and contribute to the gaps in service availability and uneven service quality.²⁵ Beyond these disparities, there is a significant lack of recognition for the necessity of an overarching LTC policy and system. This gap stems from a poor understanding and inadequate attention to the needs of older people, particularly those living with dementia.

Regulatory frameworks and coordination challenges

The legal and policy framework governing LTC in South Africa is anchored by the *Older Persons Act of 2006* (OPA), complemented by broader legal and policy instruments including The United Nations Decade of Healthy Ageing (2021–2030) that aligns healthy ageing with the United Nations' Sustainable Development Goals (SDGs).²⁶ Despite the policy framework mapping out inclusivity and reform, studies conducted in South Africa inform us that only a minority of older people receive publicly funded LTC.^{25,27} Adding to the reflected historical racial divides, most facilities are also managed by non-governmental and faith-based organisations, and the standard of care in these facilities is highly variable.²⁸ Reflecting on data from the 2010 audit of residential facilities for older people in South Africa (conducted by Umhlaba Development Services), reveals that residential services for older people remain one of the most immutable areas in the provision of social welfare services. Although services for older people were simplified and de-racialised nearly 20 years ago, it was found at the time of the audit, that black and white residents of 10 facilities were physically separated and residents did not appear to receive the same quality and service standards.²⁹ The coordination and implementation of these regulatory frameworks mentioned above as well as policies primarily fall within the purview of the Department of Social Development (DSD) as indicated in the audit, and the Department of Health. The former administers old-age pensions and finances and oversees residential, community and home-based care, while the latter addresses older people's healthcare needs. Overall, coordination of LTC across these departments is lacking and clinical-level integration of health and social care is limited. This fragmentation hinders the development of comprehensive and cohesive strategies to address the multifaceted needs of older people and the delivery of much-needed services.

Workforce capacity and training deficits

Amidst this burgeoning ageing population in South Africa, concerns have been raised regarding the healthcare system's capacity to meet escalating demands, particularly within LTC settings.^{30,31} Compounding the problem is the shortage of trained and experienced nurses and care workers, which hampers the sector's ability to provide adequate care. Evidence suggests that the current workforce lacks adequate training to address the evolving needs of the ageing population effectively.³²⁻³⁴ A large number of learning goals for older people are included in medical and nursing training programmes; however, it is with limited coverage and lack of discrete assessment in this area.³² This further perpetuates the notion that older people are not prioritised in the South African agenda, thus hindering their quality of life, social inclusion, and LTC service delivery.^{33,35} A South African national survey of 405 supervised long-term care facilities conducted in 2010 found that only a quarter of the staff knew about official norms and standards pertaining to the quality of care and life of older people.³⁶ This finding was later reflected in a report written by Makgoba on the unlawful deaths and catastrophic transfer of residents at the Life Esidimeni Centre.³⁷ Professional training for care workers is often inadequate, inconsistent, and unaccredited, as reflected in Makgoba's work, and the survey conducted by DSD furthermore revealed that care workers' skills certificates are not acknowledged for career progression, leading to job dissatisfaction and viewing care work as a "career-less" job. The African Union advocates public policies that ensure care workers have the skills and knowledge required for their roles.³⁸ In addition to advocacy efforts, the South African government enacted the OPA and its regulations, and set policies through the Health and Safety Sector Education and Training Authority to provide training and support for care workers. However, a career pathway and accreditation for care workers within the LTC sector is still lacking.³⁹ The Policy on Social Service Practitioners intended to regulate care work

and create an occupational framework for care workers; however, this too fell short of implementation.^{40,41} The lack of implementation has left care workers grappling with challenges due to insufficient government recognition and policy support.^{40,42,43}

Dwindling funds impact LTC service delivery

In the backdrop of these challenges, during the parliamentary monitoring committee meeting on 27 March 2024, the committee reviewed the legacy report on the DSD's quarterly performance. The committee highlighted that the older persons programme is experiencing a financial crisis, exacerbated by a ZAR16 million budget cut in the last financial year. This funding shortfall has led to the closure of several older persons' service centres. Over and above the budget cuts, the government social grants for older people and subsidies for LTC facilities are not keeping pace with rising costs, forcing many facilities to close their doors. Financial struggles are widespread among organisations that provide social care services across South Africa^{44,45}, and the pandemic has exacerbated these challenges, curtailing fundraising activities and increasing financial pressure.⁴⁶ Many non-profit organisations and associations find their funds inadequate to cover the escalating costs of services, leading to growing deficits and further closures. Two reports from the Family Caregiving of Older Persons in South Africa Programme highlight that most funding is allocated to the Older Persons Grant, which benefits 75% of the older people population. However, only 2% of the funding supports community-based and residential care, reaching a small fraction of those in need.^{47,48} There are also vast disparities in funding allocation. There is a need to review the funding model for LTC for older people in order to improve the sustainability and quality of older people care in South Africa.⁴⁹

Enhancing LTC service delivery

To enhance the quality of LTC, policies should prioritise increased public spending and improved regulations, including establishing quality assessment and continuous improvement monitoring systems. While governments in many countries are taking a more proactive approach, LTC within South Africa still lags behind acute health care in terms of measurement and quality improvement strategies.⁵⁰ Addressing this gap requires greater investment, with standards focusing on improving outcomes rather than just infrastructure. A critical issue the South African government needs to address is the gaps in staffing and training. Current staffing levels in LTC are insufficient to support sustainable service delivery in the future. Furthermore, the significant shortage of trained nurses and care workers compromises the ability to deliver sufficient care. Existing workforce training fails to adequately address the evolving needs of older adults, perpetuating a cycle in which older people care is marginalised within national priorities. Organisational shortcomings, such as a lack of adherence to quality norms and insufficient policy frameworks, further hinder the provision of effective LTC services. Addressing these shortages and gaps in implementation now is crucial to prevent further deterioration of older people's quality of life. Moreover, to promote equitable access to care and improve the quality of life for older persons, inclusive policies, tailored interventions, and community-based activities are essential. Investing in community-based services can improve access for older people in underserved areas, fostering an inclusive and equitable system, as there is a growing move towards 'ageing in place' as an alternative model of care to institutional living.⁵¹ Investing in LTC requires adequate funding models and this includes moving away from relying solely on government funds and instead integrating private contributions and involvement. Establishing a robust policy on public-private partnerships is essential for strategically financing LTC services for older people. This approach could adequately prepare for an ageing population by engaging a wide range of stakeholders and utilising resources from the private sector. A scoping review by Aghdash and colleagues found that public-private partnerships enhance older people's access to healthcare services, improve care effectiveness, and reduce costs for both health systems and older people.⁵² Previous implementation of public-private partnerships shows valuable insights into best practices for future initiatives, such as enhancing LTC service delivery and addressing financial challenges. Applying these principles



could similarly combine private sector investments with government funding to enhance access to the quality of older people's care.

Conclusion

The delivery of LTC services to older adults in South Africa is a complex endeavour that necessitates a varied and collaborative approach. South Africa can improve service delivery effectiveness and promote sustainability in the LTC sector by implementing evidence-based policies, investing in infrastructure and workforce development, supporting family caregivers and community-based care, and encouraging collaboration among various stakeholders.

Recommendations

Call to action: Formulate a comprehensive long-term care policy

There is an urgent need for a comprehensive LTC policy to ensure the needs of older people are recognised and systematically addressed. The OPA, although including components of residential care, does not address the needs of older people within the LTC system, and thus the recommendation for a call for a dedicated LTC policy. This policy should integrate LTC into national health strategies, social protection systems, and development plans, providing a robust regulatory framework to guide these initiatives effectively. It should support family and community-based care by establishing a system that prioritises home-based care and strengthens community services, including respite care, day care centres, and stimulation programmes. While residential care should be available, it should not be the primary focus. The policy must also address the needs of older people requiring LTC due to severe mental illness, intellectual disabilities, or mobility impairments. By addressing the needs of older people, the policy should be inclusive of the required training by prioritising the training and professional development of care workers, acknowledging their critical role in LTC. A well-trained, supported workforce is essential for delivering high-quality care and for promoting compliance with standards. The policy proposed should clearly stipulate the implementation process of upholding the rigorous quality standards for LTC services across all care settings, including family, community-based, and residential facilities. This ensures a consistent level of care and supports the well-being of older people receiving LTC. Beyond this proposed LTC policy, data on the functional health and socio-economic status of older adults need to be gathered systematically. This information is vital for effective planning, resource allocation, and the development of responsive, relevant LTC services that meet the actual needs of the population. Filling these gaps is crucial to ensuring the quality of life and dignity of older people and their caregivers. By also investing in research and developing culturally relevant, context-specific care models, we can better support older people and caregivers, ensuring their basic rights and fundamental freedoms are upheld.

It is imperative for government, civil society, and academia to collaborate in leading the development and implementation of LTC policies. This collective effort will support an often-overlooked sector of society, ensuring a dignified and well-supported life for older people in South Africa.

Declarations

I have no competing interests to declare. AI was not used in the writing or editing of this manuscript.

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