

# FIXING GHANA'S NON-EXISTENT ADULT SOCIAL CARE SYSTEM

Sarpong Aseidu & Adjei Boakye

## Key points

Historically, the larger family structure (nuclear and extended) has been responsible for elderly care. There has been a gradual decoupling of the extended family from the nuclear family over the years, particularly in urban and peri-urban areas, to the point where the expectation of old age care from this structure is practically non-existent.

The Ghana Statistical Service (GSS) reveals that the elderly population (60 years and older) has increased almost 10 times in the past six decades from a little over 213,477 in 1960 to 1,991,736 in 2021. Of these, 43.3% are males and 56.7% are females.

This paper highlights the need and proffers solutions to evolve an elderly care model that takes cognizance of our social structures, ensures dignity is preserved in old age, and minimizes the potential for elderly abuse while creating sustainable jobs for caregivers with the requisite skills.

## PREAMBLE

Following Ghana's announcement that an International Monetary Fund (IMF) program was being sought to help the country go through the current economic downturn, a domestic debt exchange program (DDEP) was announced. As the DDEP progressed it became obvious that many old-age pensioners with bond investments were going to be adversely affected. This led to picketing by some of those affected at the Ministry of Finance. Many who joined were of the view that should their funds be included, their health will be adversely affected.

Though the full details of Ghana's program with the IMF would not be known for a while, it is accepted that it will aim to address the current macroeconomic imbalances and attempt to promote sustainable economic growth. This will require the implementation of measures that ensure fiscal and monetary reforms and prudent debt management. Such reforms either reduce subsidies or increase taxes which invariably increase the cost of living. This disproportionately affects people on a fixed income such as the elderly.

In a country like Ghana where there isn't a social safety net for the elderly, and with the cost of chronic disease medicines on the rise this could have an impact on the quality-adjusted health years (QALYs) of this segment of our population.

This could be a result of a combination of the following:

- Social isolation, due to a lack of social care options, could lead to poor health outcomes
- Limited access to healthcare emanates from the lack of social care options that could impact their physical and mental health
- Reduction in their independence as they become more reliant on caregivers
- An increased risk of abuse and neglect, this abuse could be physical, emotional, or financial or a mix of all three

We are concerned that without deliberate actions many may come to harm in old age as adult social care has not been given the necessary attention by health and social welfare authorities in Ghana over the years.

Historically, old age care has been the responsibility of the larger family (nuclear and extended) structure. Over the years there has been a gradual decoupling of the extended family from the nuclear, especially in the urban and peri-urban areas to the point that the expectation of old age care from that structure is all but non-existent.

From an administrative standpoint, the Department of Social Welfare under the Ministry of Gender, Children and Social Protection has the responsibility to provide elderly social care services. Their services are supposed to include home-based care, daycare services, rehabilitation services, and residential care services. However, due to inadequate funding, they have been unable to deliver these services nationally.

To help augment government efforts, non-governmental and community-based organizations have been involved in providing social care services for the elderly in Ghana. We aim to provide options and begin a conversation that will opine that even under the current austere conditions a viable social care system can be



THE ELDERLY POPULATION (60 YEARS AND OLDER) HAS INCREASED ALMOST 10 TIMES IN THE PAST SIX DECADES

## INTRODUCTION

The Ghana Statistical Service (GSS) reveals that the elderly population (60 years and older) has increased almost 10 times in the past six decades from a little over 213,477 in 1960 to 1,991,736 in 2021. Of these, 43.3% are males and 56.7% are females. This segment represents approximately 6.7% of the 32 million population of the country (Ghana Statistical Service, 2021). The statistics also suggest that our ageing population is growing rapidly at a rate higher than Ghana's average population growth rate of 2.1%. It is projected that by 2050, 16.6% of Ghana's population will be sixty years and over.

According to a study published in the Journal of Aging Research, the average older adult in Ghana has two or more chronic conditions. They further state that the most common chronic diseases among the elderly in Ghana are hypertension, arthritis, diabetes, and visual impairment. These are some of the most expensive conditions to live with as the cost of medical reviews, laboratory tests and medicines can put a drain on finances. On average the monthly cost of medicines increased by approximately 171% from GHC112 in December 2021 to GHC208 by October 2022.

As at December 2021, the minimum monthly pension under the Social Security and National Insurance Trust (SSNIT) scheme in Ghana was GHC300 and the maximum was GHC3,663. In that month SSNIT increased monthly pension payments by a Fixed Rate of 9.68% plus a redistributed flat amount of GHC3.44. Without factoring other erosions to the elderly's ability to spend, such as inflation and the rise in the cost of medicines in 2022 alone significantly affected their ability to spend as their annual increase didn't match the appreciating cost of medicines.

It must be stated that though people over the age of 60 years are to have access to free healthcare under the National Health Insurance Scheme (NHIS), they may find that the specialist medication they require to improve

their quality of life is not covered under the scheme. For those that are covered, the inability of the NHIS to reimburse its providers leaves the elderly in a situation where they have to pay for their medication and other health requirements out of pocket. How they manage to pay for their social care needs after these expenditures is a question we have no answers for.

## CARE PROVISION OPTIONS FOR THE ELDERLY

Old age care is of global concern and has attracted considerable discussion in Organization for Economic Co-operation and Development (OECD) countries. This is because the cost of their care has an impact on their personal as well as the country's finances. High-income countries like Germany have developed a tax system which serves as viable funding for adult health and social care. However, we are of the view that simply imposing a tax will do little to fix the fundamentals of a viable social care system.

This is because we need to evolve an elderly care model that takes cognizance of our social structures, ensures dignity is preserved in old age, and minimizes the potential for elderly abuse while creating sustainable jobs for caregivers with the requisite skills. The sector will have to be regulated to prevent financial exploitation of the elderly by any potential private social care providers.

Such a system can only be built through collaborative discussions between all stakeholders such as health professionals, local communities, NGOs, and the Department of Social Welfare. This is because elderly social care provision requires a joint multidisciplinary approach held together by mid-level care providers who attend to the elderly and coordinate with all partners in the team. This discussion should also be aimed at identifying the specific needs of the elderly population, the cost of meeting these needs and funding options to ensure that these can be provided viably.

There is a place for cost-sharing with the government, families and the elderly contributing to ensure services are paid for. If there is any learning from the impact the current DDEP is having on elderly bondholders, it because isolated investments to hedge against the cost of elderly care are not sustainable. It will be better for a social care insurance fund similar to the National Health Insurance Fund to be set up after a careful costing of the care provision of the elderly has been made. This costing must be followed by actuarial projections based on the elderly population growth rate in Ghana and an estimated funding requirement arrived at.

It is at this point that any payable premiums can be estimated, and the cost-sharing structure worked out. This could then be followed by limited pilots, data collection, evaluation of any learnings and a possible final rollout.

## PRIVATE OR PUBLIC FUNDING

With Ghana seeking an IMF program, it will be naïve to expect the government to wholly fund an adult social care system. That said, there are benefits to a state-funded setup. This includes the provision of service to citizens at the point of use regardless of their ability to pay. This could ensure equity regardless of a

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pensioner's income level. The risk is that such a system would more than likely be underfunded and may face bureaucratic bottlenecks and inefficiency.

A wholly privately funded scheme could be profit-driven as private individuals or companies that will fund it would expect a return on their investment. This in our view will defeat the concept of social care although we suspect this could potentially result in the provision of more efficient service with high-quality care. Also, it could create inequalities in access to social care based on income level and the rural-urban divide.

A middle ground that provides a national scheme based on a mixed funding model catering to all with clear service specifications but with the option for the regulator to license private operators can be reached.

### MID-LEVEL CARE PROVIDERS

In all elderly social care models, we looked at, caregivers were the fulcrum around which the system operated. They are in constant touch with the elderly and will be the providers of care at various levels of dependency. However, data suggests that globally, care work is undervalued, and practitioners are underpaid. This results in a high human resource turnover and difficulty in training and retaining caregivers. The fallout is that they can become perpetrators of elderly abuse.

The country has a backlog of nursing assistants who have been trained in both the private and public sectors lacking employment, they could become human resources that could form the core of mid-level care providers. This if done properly could provide them with sustainable jobs from which the state could derive income tax and help improve Ghana's tax-to-GDP ratio. Although local data is hard to come by [payscale.com](https://payscale.com) suggests that on average agencies in Accra pay a monthly salary of around GHC1,500- GHC2,000 to their caregivers. There is little information as to whether this salary is taxed.

For these professionals to meet the needs of the elderly, it will be essential to assess their qualifications and competencies to determine if they have the necessary skills and to identify any training, they will need to help provide elderly social care services. There must be training and upskilling available if necessary, to equip them with the required knowledge and skills to deliver high-quality care.

A pay structure will need to be agreed upon and factored into any funding model that ensures they are motivated and committed to providing social care services. This if done properly could prevent the high turnover of caregivers that social care provision has experienced in other countries. It could also become a disincentive to old age abuse.

These practitioners should also have opportunities for career advancement and structured continuous training and professional development opportunities can help to improve the quality of care they provide and the quality of care of the clients they serve.



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## THE SIZE OF THE TASK

Any worker who monitored the picketing of the elderly bondholders at the Ministry of Finance and has followed their recent pronouncements that they will resort to picketing again if their payments are not restored must remember that all of them not too long ago were in active employment. However, with a lack of a social care structure and the erosion of our distant family's social safety net found themselves in their current predicament where their state pensions are not enough and are being eroded and their bonds are locked up.

The current generation can't afford to fall into a similar trap. It is in our interest to fix this for the following reasons:

- **Retirement planning:** As it stands, even if one has a financial windfall, our generation may struggle to find secured investment options locally due to dwindling trust in Ghanaian financial instruments. Therefore, even though planning for care in our old age may be a consideration, going by it alone as the bondholders did may not be prudent. By ensuring that social care is properly set up and funded, we can take steps to ensure that we will have the structures and resources needed to meet our future care needs.
- **Financial security:** As stated earlier the cost of care in old age is expensive, and many Ghanaians may not have the financial resources to pay for it out of pocket. By planning for their care needs, Ghanaian workers can help ensure their financial security in retirement and avoid the stress of financial hardship later in life and the associated impact on their quality of life.
- **Quality of care:** The quality of care received in old age is currently influenced by the elderly person's ability to pay. Even then many retirees cannot be sure of the qualifications and or professional ability of the caregivers. Fixing the social care system will ensure that we are not confronted with these challenges when we are most vulnerable.
- **The burden on family and well-wishers:** For many pensioners currently, their care needs are heavily dependent on their nuclear family, mainly children. Some may be fortunate to receive occasional gifts from well-wishers. Both sources are not guaranteed as these individuals have pressures of their own. With the increased decoupling of the extended family our generation may be worse off should we fail at building a robust social care system.
- **Long-term care insurance:** It is our responsibility to insure our dignity in old age. Selfish as this may sound, we must be guided by the hardships we have seen others experience post-retirement and the difficulties encountered by those who can afford to even secure the services of quality caregivers.

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## Politics and Social Care

We cannot afford to approach fixing this social care conundrum with our usual partisanship. This crisis is bigger than any single political party or individual. Many of our past political and public officeholders are currently grappling with the lack of a social safety net. Fixing this may take longer than a four-year electoral cycle and will require the buy-in of all.

Also, partisanship will create a polarized political environment around the subject in which political parties will be more interested in scoring points and finding faults rather than dealing with the critical situation we are confronted with.

This is a technical area that requires significant technocratic input backed by broad political will. The politicians for once may want to prove to us that they can be saved from themselves by understanding this.

## CONCLUSION

There are no short-term fixes for adult social care. Countries that have got systems in place are constantly rethinking their models and updating them to meet the demands of their populations. Ghana should have been having a conversation by now to get a system in place. Unfortunately, this hasn't happened. The current financial crisis is an opportunity for us to start this conversation. If not for anything, it must be to preserve our dignity in our later years. In our view, there can't be any better compelling reasons.

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