

Longevity - The demographic disruptor

South Africa | 07 June 2019 | Issue

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We start by looking at some of the dynamics impacting on **ageing** in South Africa, beginning with a discussion on different cultural experiences and 'traditions' relating to retirement and death – and how these are starting to shift. We see how advances in medicine and the systems that support our physical well-being mean we're not only living for longer but are also better able to enjoy our 'golden years' in good health.

A closer exploration of the particular **demographics of ageing** in our country makes it clear that the way our population is ageing requires our serious attention. Research shows that our lifestyle choices (or circumstances) have a greater impact on how long we live than genetics and family history. For some time, at least, our differentiated histories will provide the most powerful explanation for how we experience the ageing process: because of our past, the ageing experience is – and will be – different for different populations.

The traditional model of intergenerational family support is starting to take strain. The **shifting sands** of demographic flow are playing out against a background of growing economic prosperity, which is slowing down fertility rates and speeding up urbanisation, and the after-effects of the HIV/AIDS epidemic, which has 'hollowed out' a population of economically active adults.

On the one hand, a small portion of our population is hitting the same type of ageing wall as ageing populations in developed countries. On the other, the rest of the South African population is in a state of flux, potentially even a point of inflection.

Understanding the interplay between the different trajectories of these population groups will have implications for addressing the needs of all South Africans. The questions we ask about a **policy on ageing** suggest that we need a far more inclusive discourse on the topic. If the expression 'it takes a village' springs to mind here, it's because getting it right across our complex population will demand just that.

In '**reimagining long-term care**', we use lessons from developed economies as a starting point for considering how to address this issue. We explore how ageing has moved from being a natural, family-centred problem to a medical problem (people dying in hospitals), then an institutional problem (people dying in retirement homes). We look at three interventions that point to a process which reduces healthcare costs and increases quality of life at the end by reaffirming the family and community support systems: palliative care, gerontology, and asking older patients what constitutes a life worth living (and under what conditions) in an effort to improve quality of care.

So, how are we doing here?

In South Africa, the litany of issues is particularly concerning. While the attention of policymakers is focused on the issues of our youth and unemployment, demographic changes – specifically increasing longevity and urban migration – are placing an increasing strain on our assumptions that a culture of reciprocity will mean that families will take care of their elders.

It's the fact that we remain so much a 'barbell economy' that's problematic. For higher income groups, retirement may not be desirable because of longevity, but it's do-able. For lower income groups, this is almost untenable without the support of family.

The answer may lie with the private sector, or with a hybrid for-profit/notfor-profit model. We end by considering some creative approaches to addressing the inequality of health and care, and set out an **action plan for ageing** reform that suggests a way forward for different stakeholders: government; health professionals and carers; health insurance and financial services providers;

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